

Appendix 2 - Template for Information to be Compiled

Information to be compiled by Public Authorities under Section 3(1) (a) of the Rural Needs Act (NI) 2016.

(To be completed and included in public authorities' own annual reports and submitted to DAERA for inclusion in the Rural Needs Annual Monitoring Report).

Name of Public Authority:	Southern Health and Social Care Trust							
Reporting Period:	April	20	20	to	March	20	21	

The Trust is committed to its reporting and monitoring obligations in accordance with Rural Needs Act (NI) (2016). The Trust has carried out the following activity to comply with and mainstream the duties.

- The Trust's Senior Management Team has been briefed to ensure ownership of these duties at strategic level. The definition of "rural" (the default definition for the public sector has been adopted) and was agreed by the Trust.
- o The Directorate of Performance & Reform is responsible for central co-ordination of the monitoring report on behalf of the Trust.
- HSC Trusts have worked collaboratively to ensure the rural needs assessment template in user-friendly and relevant to HSC business. The key components of the template issued by DAERA have been used in compliance with the legislative obligations.
- Advice and guidance is provided on the Trust's Sharepoint site to raise awareness and support staff when completing rural needs assessments.
- To ensure effective mainstreaming the Trust's mandatory policy development process includes a section on requirements relating to the Rural Needs Act.
- This Annual Monitoring report on rural needs has been considered by the Senior Management before submission to DAERA and will be shared with Trust Board at a later date for information with the annual equality report. Monitoring information in this report will be included in the Trust's Annual Report.

The Trust is committed to promoting and upholding its duties in relation to the Rural Needs Act (NI) 2016 and will have due regard to

rural needs in the development of all our policy and public service delivery decisions. The Trust is mindful that the level of 'regard' due will depend on the circumstances and, in particular, on the relevance of rural needs to the decision or function in question. The greater the relevance and potential impact for people in rural needs, the greater the regard required by the duty. In the table below, the Trust has provided detail on those policies which were considered as having a bearing on rural needs and therefore subject to a rural needs assessment. In preparing this monitoring template the Trust considered policies in respect of the social and economic needs of persons in rural areas and for the majority, no rural needs were identified. Many of these policies are clinical or technical in nature and have no bearing on rural needs. In the interests of openness and transparency, the Trust has provided the following hyperlinks to S75 equality screenings of Trust policies.

Policy screening outcome reports | Southern Health & Social Care Trust (hscni.net)

The following information should be compiled in respect of each policy, strategy and plan which has been developed, adopted, implemented or revised and each public service which has been designed or delivered by the public authority during the reporting period.

Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016 ¹ .	The rural policy area(s) which the activity relates to ² .	Describe how the public authority has had due regard to rural needs when developing, adopting, implementing or revising the policy, strategy or plan or when designing or delivering the public service ³ .
Regional procurement of independent sector foster care placements.	Health and Social Care	A Rural Needs Impact Assessment has been carried out. No adverse impact has been identified for people living in rural areas. This proposal will result in adequate provision of foster care placements across the Trusts region including rural localities to meet the needs of looked after children from rural backgrounds.
Southern Trusts response to the outbreak of COVID-19 virus.	Health and Social Care	A Rural Needs Impact Assessment has been carried out. The temporary measures put in place in response to COVID-19 are likely to impact on people living in both rural and urban areas.

		Consideration and mitigating measures for potential impact
		on staff and service users living in rural areas are listed
		below:
		 Approximately 4000 staff do not have access to the Trust network. SHSCT developed a Staff App which is now available for all staff to download onto any electric device which gives access to Covid 19 updates, training, podcasts, updates re hospital services, staff support re health & wellbeing. Travel time to be included as a provision for staff redeployed during the Covid-19 pandemic. Staff were eligible to claim payment for an additional travel time incurred. Telephone (land line or mobile) or video calls are available to health and care professionals as an alternative to face to face contact. Regular communication and updates are provided to staff and service users through all available communication channels. Remote access has been made available to facilitate staff to work from home. IPad were made available on all wards for friends and family to video call inpatients to increase
		contact as visiting restrictions have been implemented across the wards.
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 The Trusts Rebuilding HSC Services – Phase Plan (June 2020) describes how the Trust 	Health and Social	A Rural Needs Impact Assessment has been carried out.
will rebuild health and social services following	Care	
first peak of COVID-19 outbreak.		The Trust's Phase 1 Plan includes actions that relate to
·		reinstating services in an incremental way while
		ensuring the delivery of high quality and

		safe patient/client services. It is acknowledged that COVID-19 is still infecting people in our community.
		This will continue to impact on people living in both rural and urban areas.
		This screening for rural needs concentrates on services created, services being delivered remotely to accommodate social distancing by use of broadband or mobile technology or existing services still being provided but where the location of these services have changed.
4. The Trust's Rebuilding HSC Services – Phase 2 Plan (July to Sept 2020) describes how the Trust will rebuild health and social services following first peak of COVID-19 outbreak.	Health and Social Care	A Rural Needs Impact Assessment has been carried out. In line with the Trust's Phase 1 Plan, in this second phase, the Trust will continue to build on new ways of working and innovations to provide safe and effective care during July through September 2020. It is acknowledged that COVID-19 is still infecting people in our community. This will continue to impact on people living in both rural and urban areas.
		Recognising that there has been a vast amount of innovations successfully implemented including widespread use of telephone triage, virtual clinics and video calls, building on this will involve working closely with our primary care and community partners and our clinical leaders, using flexible and remote working where appropriate and rapid scaling of technology. While the

		Trust continues with its collective leadership approach, mitigating measures remain in place during Phase 2.
5. Trust Resilience Plan to address winter pressures and and/or any subsequent waves of Covid-19 Pandemic 2020/2021	Health and Social Care	A Rural Needs Impact Assessment has been carried out The Southern Health and Social Care Trust (SHSCT) Resilience Plan outlines initiatives required to help respond to additional demand pressures arising during Winter 2020/2021 and through any subsequent waves of COVID-19 Pandemic. Winter pressures impact mainly on our urgent and unscheduled care services however this along with a second COVID 19 surge has the potential to have a wider and more profound impact on services. This will continue to impact on people living in both rural and urban areas.
		Consideration and mitigating measures are in place for potential impact on people in rural areas such as the Trust's intention to move towards providing increased care in homes and community settings which has the potential to benefit rural service users in terms of reducing travel to hospital settings; the Trust services continue to offer service users alternatives to video calls depending on access to technology/broadband e.g. telephone calls; the Trust continues to recognise the importance of enabling staff to have flexibility and has introduced a series of flexible working options to facilitate staff being redeployed from rural to urban areas; the Trust continues to engage with frontline staff, key

		partners, comice users and corers to ensure that plans
		partners, service users and carers to ensure that plans
		are representative of and include the valuable input of
		those who use its services; the Trust continues to
		facilitate virtual visiting for families/carers.
6. The procurement of a range of advocacy services across the Southern Health & Social	Health and Social	A Rural Needs Impact Assessment has been carried out.
Care Trust area for adults in receipt of Mental Health & Disability services and those aged		No adverse impact has been identified for people living
17.5 transitioning to these services.		in rural areas.
		Advocacy service providers will deliver services from
		appropriate facilities that are accessible to service users
		across each of the Trust geographical areas. The provider
		will take into account the rural nature of each geographical
		area and will ensure equity of access to services for those
		living in both rural and urban locations. The Provider must
		be able to deliver services from appropriate non-Trust
		facilities. These facilities must be accessible to service
		users across the Trust area, in line with service user choice
		of location and at neutral venues.
7. The procurement of a design and delivery		
contract for a support service for adult carers	Health and Social	A Rural Needs Impact Assessment has been carried out.
residing within the Southern Health and Social Care Trust area.	Care	
Social Care Trust area.		No adverse impact has been identified for people living
		in rural areas.
		The service will be available to carers in both rural and
		urban areas across each of the Trust geographical areas
		and will take into account the rural nature of each and will
		ensure equity of access to services for those living in both
		rural and urban locations, depending on identified carer

need. Actions taken by the provider to encourage new
carer referrals will be evidenced at quarterly review
meetings.

NOTES

- 1. This information should normally be contained in section 1B of the RNIA Template completed in respect of the activity.
- 2. This information should normally be contained in section 2D of the RNIA Template completed in respect of the activity.
- 3. The information contained in sections 3D, 4A & 5B of the RNIA Template should be considered when completing this section.