

Rural Needs Impact Assessment

Section 1: Define activity subject to Section 1(1) of Rural Needs Act (NI) 2016

1A. Short title describing activity being undertaken that is subject to Section 1(1) of the Rural Needs Act (NI) 2016

Southern Trust (SHSCT) Future Provision of Inpatient Dementia Services

1B. Are you Developing, Adopting, Implementing or Revising a Policy a Strategy or a Plan? (Underline or Circle) Or are you delivering or designing a public service? (Underline or Circle) What is official title of this Policy, Strategy, Plan or Public service (if any)?

New proposal for the future provision of Inpatient Dementia Services.

1C. Give details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service:

Background and Context

Psychiatry of Old Age (POA) and Memory Services in the SHSCT are delivered through a mixed care model. Psychiatry of Old Age services sit within Mental Health Support and Recovery and offer assessment and intervention for individual's over-65 with a functional mental illness. Memory is a stand-alone service that offers assessment and treatment to individuals with dementia.

Medical staff work across both POA and Memory Services, on a sectorised basis across the three SHSCT localities, i.e. Craigavon & Banbridge, Newry & Mourne and Armagh and Dungannon.

There is a single inpatient dementia assessment and treatment unit for SHSCT (Gillis ward) on the St Luke's hospital site in Armagh with equity of access to all SHSCT patients and a single responsible Consultant. Older people with a functional mental illness are admitted to the Bluestone Unit on the Craigavon Area Hospital (CAH) site with a single Consultant responsible for their care.

Due to significant staffing recruitment and retention challenges in relation to Consultant Psychiatrists of Old Age, it has been necessary to review Inpatient Dementia Service provision across SHSCT. It is recognised that there are significant challenges relating to service provision and that a new approach is required to be considered.

The Trust has been proactive in seeking to attract Consultants in Psychiatry of Old Age to join our services, including a recent permanent recruitment campaign.

Recruitment efforts include:

- Psychiatry of Old Age posts were recently advertised, recruitment campaign was unsuccessful.
- There has been regular attempted sourcing of locums.
- SHSCT has attended a recruitment drive at International Congress during June 2022.
- All five NI Trusts have advertised Consultant Psychiatry of Old Age positions over the last 6 months.
- Regional work regarding medical workforce has been raised at DoH, Faculty and NIMDTA on several occasions.
- Further recruitment campaigns are planned.

As of 31 March 2022, there has been no aligned / available Consultant Psychiatry cover for the 18 bedded unit Gillis dementia assessment and treatment unit. Gillis is a stand-alone unit on the St Luke's hospital site, Armagh looking after a vulnerable patient group who have a dementia diagnosis, often in addition to multiple comorbidities and significant behavioural challenges.

Service provision was unsustainable and as such, the Trust instigated an interim change in service delivery to ensure safe and effective care. Gillis ward, as an interim contingency arrangement, relocated from the St Luke's hospital site, Armagh to Willows Ward, Bluestone site, Craigavon Area Hospital on 4th May 2022.

As a consequence of this interim contingency arrangement bed capacity is currently:

- 10 inpatient dementia assessment and treatment beds (reduction of 8)
- 10 inpatient functionally mentally ill assessment and treatment beds (reduction of 6)
- Reduction of four inpatient general adult psychiatry beds.

Co-location of the two units does offer more robust access to the wider multi-disciplinary team than was available in the Gillis unit and allows the Specialty Doctor from Gillis ward greater access to Consultant Grade Psychiatrists on-site.

This is a temporary interim arrangement to ensure safe and effective patient care, which is monitored closely on an ongoing basis.

As part of the process embarked on to review the ongoing situation and to enable the creation of the interim contingency arrangement, consideration was given to both the risks and consequences on Gillis and other services such as beds for functional mental illness and beds for general adult

psychiatry. In an attempt to ensure service provision of dementia inpatient beds locally and prevent greater regional pressure, a reduction and move of site was considered the safest and most appropriate interim arrangement.

The purpose of this document is to formally consider the rural needs of people living in rural areas with regards to the preferred model for the future provision of Inpatient Dementia Services. The preferred option was identified as **Creation of an inpatient dementia unit within the Bluestone Mental Health unit.**

The Aims/objectives of this proposal

The aim of this project is to outline the proposed reconfigured service model for Inpatient Dementia Services, which aims to provide safe, sustainable, high quality care for all residents of the Southern Trust Area.

The key objectives of the project are to provide a comprehensive Inpatient Dementia Service that:

- Is attractive for potential new staff, with opportunities to develop specialist skills that aids both recruitment and retention in Southern Health & Social Care Trust (SHSCT)
- Will provide improved training opportunities through access to adequate peer support and mentoring for newly appointed Consultants and doctors in training, which is essential to ensure the provision of a safe, high quality service.
- Ensures alignment with other services
- Ensures alignment with national and regional strategic direction.

The key reasons for this recommendation and why it should be located at Bluestone Mental Health unit include:

- It allows for the future provision of inpatient dementia service that are safe, secure and effective providing services that are in the right place, with access to a range of specialist support.
- It is important to have ease of access to a range of professionals within a multi-disciplinary team with expertise in delivery of safe and effective care for patients with mental ill health.
- Enhance opportunities for provision of input from and access to Consultant Psychiatrist for assessment and treatment pathway which is critically important. It is important to maximise opportunities to recruit and retain adequate Consultant staff to deliver the proposed service model.
- Provision of safe and effective care, reflecting current strategic direction and best practice.
- Supports interface from Acute Services, Psychiatry of Old Age and Older People's services.
- Supports on integrated approach to working across community and inpatient settings.
- Provides inpatient beds to meet the future projected demand.

- Provision of an inpatient environment for the care of dementia patients aligning with current recommendations.
- Ability to progress a solution that will comply with Health Building Notes, statutory standards, RQIA standards and recommendations relating to inpatient dementia units. The proposed environment should be dementia friendly and for purpose with private spaces, safe internal and external therapeutic spaces.

Next Steps

The public Consultation will commence on 3rd October and will finish on 23rd December 2022 to consult on the preferred option of the future provision of Inpatient Dementia Services.

1D. What definition of ‘rural’ is the Trust using in respect of the Policy, Strategy, Plan or Public Service:

For the purposes of this exercise rural is defined as “those settlements with fewer than 5,000 residents together with the open countryside”.

Section 2 - Understanding impact of Policy, Strategy, Plan or Public Service

2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?

Yes No If response is NO Go To Section 2E.

Northern Ireland is a region that is composed of a range of settlement structures. These range from cities such as Belfast and Londonderry through to much smaller settlements of less than 5,000 people, the level that is relevant for consideration under rural needs impact assessment screening (Band F, intermediate settlements, Band G, villages and Band H, open countryside). According to the most recent population census taken in 2011, 644,087 people lived in rural areas in Northern Ireland, which equated to 36% of the population (see Table 1 below), and a further 79,052 resided in mixed urban/rural areas (approximately 4% of the population in 2011). The census findings also show that 14% of rural areas are more than 20 minutes from a settlement with a population of 10,000 or more, and 13% are more than 60 minutes from Belfast.

Table 1: Census 2011 Population Statistics

	%	Number
Mixed urban/rural	4%	79052
All rural	36%	644087
Rural <=20 mins from settlement¹	21%	383224
Rural >20 mins from settlement¹	14%	260863
Rural <=60mins from Belfast	23%	410184

Rural >60mins from Belfast	13%	233903
Urban	60%	1087724
Total	100%	1810863

¹ Settlement with a population of 10,000 or more *Source:* <https://www.daera-ni.gov.uk/topics/statistics/rural-statistics>

As per the 2011 Census, Southern Trust had a population of 358,034 of which 147,289 (41%) people lived in a rural area. There were 46 rural super output areas within the Southern Trust. Five of which have a population of less than 3,000 – Carrigatuke – 2440; Gilford - 2552; Keady – 1795; Killylea – 2474; Quilly – 2432.

The Northern Ireland Multiple Deprivation Measure (2017) findings illustrate that 3 of the rural areas served by SHSCT are rank amongst the top 100 most deprived Super Output Areas (SOAs) – Crossmaglen (57), Forkhill 2 (100) and Silver Bridge 1 (94).

In relation to health deprivation and disability, none of the rural areas served by SHSCT were ranked amongst the top 100, Bessbrook was ranked the highest at 128.

In relation to Access to Services, there are 24 rural areas served by SHSCT that rank amongst the top 100 most deprived Super Output Areas (SOAs) – Ballyward being the 4th highest ranking and Carrigatuke ranking 100th.

The statistics above demonstrates that the Southern Trust has both an urban and rural service user profile.

2B. How is it likely to impact on people in rural areas? N/A - Go To Section 2E

The SHSCT Inpatient Dementia service has been centralised to the St Luke's site, Armagh over recent years.

As of 31 March 2022 there has been no aligned / available Consultant Psychiatry cover for the 18 bedded unit Gillis dementia assessment and treatment unit. Gillis is a stand-alone unit on the St Luke's hospital site, Armagh looking after a vulnerable patient group who have a dementia diagnosis, often in addition to multiple comorbidities and significant behavioural challenges.

Service provision was unsustainable and as such, the Trust instigated an interim change in service delivery to ensure safe and effective care. Gillis ward, as an interim contingency arrangement, relocated from the St Luke's hospital site, Armagh to Willows Ward, Bluestone site, Craigavon Area Hospital on 4th May 2022.

As the SHSCT Inpatient Dementia service has already been centralised (historically to Armagh and more recently to Bluestone, Craigavon Area Hospital site on a temporary basis) the proposed change to provide future service provision within the Bluestone Mental Health unit seeks to continue this centralised approach of service provision. This supports the wider aims and objectives as referenced in 1C, more specifically:

- It allows for the future provision of dementia inpatient service that are safe, secure and effective providing services that are in the right place, with access to a range of specialist support.
- It is important to have ease of access to a range of professionals within a multi-disciplinary team with expertise in delivery of safe and effective care for patients with mental ill health.
- Enhance opportunities for provision of input from and access to Consultant Psychiatrist for assessment and treatment pathway, which is critically important. It is important to maximise opportunities to recruit and retain adequate Consultant staff to deliver the proposed service model.
- Provision of safe and effective care, reflecting current strategic direction and best practice.
- Supports interface from Acute Services, Psychiatry of Old Age and Older People's services.
- Supports on integrated approach to working across community and inpatient settings.
- Provides inpatient beds to meet the future projected demand.
- Provision of an inpatient environment for the care of dementia patients aligning with current recommendations.
- Ability to progress a solution that will comply with Health Building Notes, statutory standards, RQIA standards and recommendations relating to inpatient dementia units. The proposed environment should be dementia friendly and for purpose with private spaces, safe internal and external therapeutic spaces.

This is a Trust wide facility, servicing and available to all of the population within the Southern Trust area. Patients in this facility will be drawn from across the Trust area; some families and carers may live at some distance apart from this facility including rurally, resulting in the potential for visiting difficulties/ transport links. Some mitigations already put in place include use of virtual visiting or remote tablets.

The Trust has reviewed admissions to Gillis ward, Armagh over recent years by patient address/postcode. This analysis indicates that patients have been admitted to Gillis ward from various locations across SHSCT. The Trust expects this pattern to continue.

2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas differently from people in urban areas, please explain how it is likely to impact on people in rural areas differently? N/A - Go To Section 2E

Potential impact on patients and families who live in a rural areas:

- The economic cost of travelling to Craigavon Area Hospital to visit relatives
- The ability of individuals in rural areas to travel to Craigavon Area Hospital to visit relatives, including the availability and timing of public/community transportation.
- Access to adequate Broadband and mobile communication in rural areas for remote access to services
- For staff redeployments – availability of public or community transportation plus child care concerns
- Nursing staff who wish to remain on the St Luke’s site, Armagh will have the option to be redeployed to suitable alternative vacancies under the Trust’s Management of Change arrangements.

The Trust continues to consider the needs of people living in rural areas and to implement mitigating measures where possible. Please refer to Section 4a for more detail. Mindful of its obligations under Section 1 (1) of the Rural Needs Act (NI) 2016 the Trust has completed this Rural Needs screening template. The changes to the Inpatient Dementia Service remains under review and the Trust commits to monitoring for any potential adverse impact on our Service Users. The Trust will also continue to engage with stakeholders as part of the formal and informal Consultation.

2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.

Jobs or Employment in Rural Areas		Community Safety or Rural Crime		Agriculture-Environment	
Education or Training in Rural Areas		Health or Social Care Services in Rural Areas	√	Other, please state below;	
Rural Development		Broadband/Mobile Communications in Rural Areas			
Poverty or Deprivation in Rural Areas		Rural Business, Tourism or Housing			

2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.

N/A

If you completed 2E above GO TO Section 6

SECTION 3 - Identifying Social and Economic Needs of Persons in Rural Areas

3A. Has the Trust taken steps to identify the social and economic needs of people in rural areas, relevant to the Policy, Strategy, Plan or Public Service? Yes No if the response is NO, GO TO Section 3D

3B. Which of following methods or information sources were used by the Trust to identify these needs? GO TO Section 3D
Consultation with relevant stakeholders / Survey or Questionnaire / Research / Statistics / Publications / Other methods.
Please provide details:

From the outset the Trust has worked in collaboration with the following stakeholders:

- Willows and Gillis staff
- User Representative / Carers
- RQIA
- GPs
- Local media
- Staff Side/ Trade Unions
- DOH / SPPG / PHA

Regional publications and statistics highlighting the social and economic needs of rural areas in Northern Ireland were considered including for example;

- Rural Statistics on DAERA website including statistics on employment and income, access to services, transport and telecommunications

- NISRA Rural Statistics – NI multiple deprivation measure 2017 as a combination of the aggregate results of 7 domains, plus specifically the domains of ‘Health Deprivation and Disability’ and ‘Access to services’
- Northern Ireland Census – high level information about the extent of potential impact based on 2011 census information available from NISRA – Northern Ireland Information Service (NINIS)
- NISRA – dataset on Home Internet and Broadband Access
- Bed modelling exercise was completed for Inpatient Dementia Beds – bed days, admissions, discharges, bed occupancy.

Stakeholders will also have a further opportunity to raise any matters of concern during the formal consultation phase and to seek clarification. The Trust will prepare a Themed Consultation Outcome Report setting out the views of all consultees. The views of consultees will be taken into account in making any final recommendation(s) to Trust Board.

3C. What social and economic needs of the people in rural areas have been identified? GO TO Section 3D

The publications listed in section 3B above highlight a number of social and economic needs of rural people in Northern Ireland, including for example:

- Transport can present an issue for people living in rural areas due to geographical isolation. e.g. people living in rural areas may have to travel further to access public transport, there can sometimes be a lack of public transport, and timing of public transport may be an issue
- Poverty/income – there are often additional costs of living in a rural area such higher fuel/transport costs. Earnings and household incomes are often lower in rural areas, which can result in a higher risk of poverty.
- Lack of information/communication of information – internet availability/quality can be an issue in rural areas. This can create issues surrounding connectedness, information and knowledge. Statistics published on DEARA website show that 67% and 98% of rural and urban areas respectively had coverage of superfast broadband in 2018.
- Certain groups e.g. elderly/young people/disabled may experience increased difficulties accessing public transport
- Greater risk of social isolation and loneliness due to above issues e.g. transport, telecommunications

3D Please explain why no steps were taken by the Trust to identify the social and economic needs of people in rural areas?

N/A

SECTION 4 - Considering Social and Economic Needs of Persons in Rural Areas

4A. What issues were considered in relation to the social and economic needs of people in rural areas?

Access to services in terms of economic cost, availability of public transport and broadband/internet/mobile communication access.

This approach has been assessed as an on-going screening to monitor the impact of the proposals on an on-going basis and to consider feedback as part of the public consultation exercise.

Consideration and mitigating measures for potential impact on people in rural areas below:

- Virtual access to family/carers through use of online meeting platforms or alternatives to video calls depending on access to technology/broadband e.g. telephone calls.
- Multidisciplinary teams contributing to delivery of care
- Enhanced communication and engagement with carers/families

SECTION 5 - Influencing the Policy, Strategy, Plan or Public Service

5A. Has the policy, strategy, plan or public service been changed by consideration of the rural needs identified?

Yes No if the response is NO, GO TO Section 5C

5B. If yes, how have rural needs influenced the policy, strategy plan or public service? GO TO Section 5C

See mitigations as detailed above.

The Southern Trust are mindful of the mix of urban and rural service users / families and carers within the Trust area.

5C. If no, why have the rural needs identified not influenced the policy, strategy, plan or public service?

Section 6: Documentation:

6A. Please tick below to confirm that the RNIA Template will be retained by the Trust and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.

I confirm that the RNIA Template will be retained and relevant information compiled.

Rural Needs Impact Assessment undertaken by:	Cathy Lavery		
Job Title/Directorate	Head of Equality, Diversity & Inclusion SHSCT		
Signature:		Date:	7 Sept 2022
Approved by:	Jan McGall		
Job Title/Directorate	Director of Mental Health and Disability		
Signature:		Date:	