

Rural Needs Screening Template

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:

Northern Health and Social Care Trust (NHSCT) response to outbreak of Covid 19

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) New – plans have been developed to support and respond to Covid 19.

What is official title of this Policy, Strategy, Plan or Public service (if any)? NHSCT response to outbreak of COVID 19 pandemic

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

On 11th March 2020, the World Health Organisation officially declared COVID-19 a pandemic due to the speed and scale of transmission of the virus. As a result the Health and Social Care (HSC) sector is facing unprecedented pressure to:

- safeguard lives by reducing the further spread of the COVID-19 virus; and to
- prevent the HSC system from becoming overwhelmed due to the COVID-19 pandemic and the demands this is placing on the whole HSC system.

The COVID-19 Emergency has prompted the need to adopt new ways of working to balance the challenges of protecting the health of the population and safeguarding the health and wellbeing of the most vulnerable people in the community, whilst continuing to delivery high quality, safe patient/client services and a safe working environment for staff and all those who come into contact with our services. The Trust, as will the wider HSC sector, continue to examine all options as they face and adapt to the challenges posed by this pandemic.

During this emergency situation, Trust service areas will focus on essential work in order to maximize the number of staff and resources available, safeguard lives and prevent the HSC system from becoming overwhelmed. The Trust has prepared a surge plan which details the reconfiguration of some services, as temporary measures. This together with steps taken to postpone some services such as non-urgent elective appointments is aimed at creating capacity within the system by freeing up staff and resources to respond to emerging needs/demands.

In parallel the regional workforce appeal and other associated workforce measures such as deployment of final year nursing and medical students and the call for retired employees to return to service will increase capacity within the Trust and across the wider HSC.

The Trust has and is continuing to work closely with the Department of Health, the Health and Social Care Board, the Public Health Agency and with General Practitioners in Primary Care to deliver a robust and cohesive partnership approach to tackling the pressures of COVID-19.

The pace and scale of change required is unparalleled and one of the greatest challenges faced by the HSC System. The following urgent measures and modified ways of working have been essential across the system at both an acute and community level to mitigate the impact of the virus and

ensure that there is sufficient capacity within the system to meet the expected increase in demand. It is important to note that the list of measures is not exhaustive and further measures may be taken as and when required. There may be further waves of COVID-19 when decisions will have to be made quickly. Services may be reinstated but may then have to be stood down again in response to future outbreaks. Given the uncertainty of the current situation the surge plan will be reviewed on an ongoing basis in order to respond to the need of the HSC system.

Changes to Acute Hospital Services

All routine elective hospital activity, including outpatient, day case and inpatient procedures have ceased with the exception of a managed level of Red Flag surgery, which will be carried out in Causeway Hospital only. An element of Red Flag surgery may also be undertaken in the independent sector, under a collaborative arrangement, overseen by the Health and Social Care Board. This will continue in June while the capacity in the independent sector has been commissioned by the Department of Health (DoH). The remainder of the breast surgery and some colorectal and gynaecological surgery has transferred to Causeway Hospital.

Virtual clinics have been introduced to replace the majority of face to face clinics. Antenatal, biological therapies and triaged haematology clinics continue. Dedicated phlebotomy clinics have been established to support remote clinical decision making. The use of self-check in facilities has also been stood down.

There has been a reduction in other routine outpatient activity such as physiotherapy to allow staff to be realigned to support acute and community teams.

There have been some changes in the profile of diagnostic services i.e. radiology, clinical physiology and endoscopy to create capacity to support new clinical pathways.

A virology team has been established in Antrim lab. This service provides the Trust with in-house testing for COVID-19, reducing turnaround times for results. Daily collections from primary care have been downturned to allow lab vans to transport samples from Causeway to Antrim more frequently throughout the day.

There has been completion of some response related estates work e.g. relocation of critical care to A1 on the Antrim Site, additional shower facilities, building works in Causeway ICU and establishment of alternative patient triage and streaming in Causeway ED.

Changes have been made to how chaplaincy services are delivered to patients. Contingency arrangements have been put in place whereby only fit-tested chaplains are able to respond to emergencies. In order to support patients and staff we have introduced a direct dial number (02894 481709) which has been distributed among patients who require support. A written resource has also been produced which can be used with patients who require intervention. On site access to chaplains will be available for staff at set times during the week.

Stringent restrictions on patient visiting have been implemented – contact with family is now facilitated with the support of telephone calls and ICT.

Inpatient rehabilitation beds in Whiteabbey Hospital have been temporarily reduced due to vulnerability of medical cover.

Community hospital beds have been ring-fenced to prevent unnecessary secondary care admissions. These will be used for patients requiring isolation, prior to returning to their place of residence.

There has been a reconfiguration of adult wards and other clinical spaces, within both Antrim Area and Causeway Hospital, to accommodate COVID-19 wards.

Changes to Services for Women, Children & Families

All inpatient paediatric and maternity services have been temporarily consolidated in Antrim Area Hospital from Thursday the 9th of April 2020. From this date women who are in labour, including those who are having planned Caesarean Sections, will all birth in Antrim Area Hospital only. Women with pregnancy related concerns can attend Causeway Maternity Unit, Mon to Fri 9am- 5 pm or Antrim Area Hospital from this date. The ambulatory paediatric service has continued in Causeway Hospital Mon to Fri, 9am – 9pm and Sat to Sun, 12pm – 5pm. Outside these hours, Causeway patients with paediatric concerns are advised to contact GP Out of Hours or go directly to Antrim Area Hospital Emergency Department. Families who have children with complex health needs have all been directly written to so that they know they can access to the inpatient Paediatric Ward in Antrim directly. Children with high level needs will continue to be supported by nursing teams at home.

Consultant led maternity outpatient clinics continue in both Antrim Area and Causeway Hospitals with Consultant led clinics that had previously been offered in Ballymena Health & Care Centre, Moyle and Mid Ulster Hospitals being centralised in Antrim Hospital. Early discharge from Antrim maternity unit is being supported through enhanced post-natal support by the Community Midwifery Team.

A direct referral Gynae ambulatory pathway has been established in Antrim Hospital to provide women who require a gynae assessment with direct access within the gynae ward. All routine Gynae outpatient clinics have been cancelled but red flag outpatient clinics and procedures have been retained in Causeway and Antrim Hospitals. The weekly red flag clinic has also been retained. A number of virtual clinic sessions have been put in place.

Registered Midwives have established a dedicated Pregnancy Helpline to support any women who are booked to NHSCT or any pregnant member of staff. The Helpline will deal with any queries and signpost women as required.

The Rowan is the regional sexual assault referral centre (SARC) in NI. It continues to be operational for all regional referrals 24/7. A contingency plan has been put in place to mitigate Covid-19 risks to service users, and staff. All cases, where there is a clinical necessity, will continue to have face to face examination and a self-swabbing protocol has been developed in line with National Guidance.

All routine Family Planning Clinics have been suspended with telephone advice and support available along with postal service for any medications required. Facilities have been retained through a weekly clinic for emergency appointments. The Trust extended the online sexual health pilot

service to ensure screening and testing continued to be offered to at risk groups. Telephone contact will be maintained as clinically indicated.

Social Work advice and support will be available from Social Work offices, staffed on a rota basis where a Duty System will continue to operate.

Social Work visits to looked after children have been ceased with exception of priority cases. Statutory visits are undertaken through Zoom or Facetime as an alternative. Technology is also being used for contact between children, parents and siblings.

Respite arrangements for foster carers have been downturned and petty cash has been increased for families known to the Trust who may require support under Article 18 and Article 35.

Residential care placements for children and young people have been reviewed and where appropriate children have been discharged home.

Reviews for young people in receipt of the 16+ and aftercare services will be prioritised with ongoing reviews happening through Zoom. Contact is being maintained with the most vulnerable cases. Petty cash has also been increased for this service.

All family support meetings have been postponed and all existing plans and child protection plans remain in place. Child protection cases are prioritised for initial and review case conferences.

Cases will be allocated from the Gateway Teams on a priority basis and contact will be maintained with families and children using ICT. Only referrals meeting child protection threshold will be allocated for investigation and assessment and unallocated referrals will be subject to ongoing review.

All routine registration and inspection activity in the early years' service have been stood down however a duty system will be maintained to respond to early years' service providers and all vetting of relief staff will be continued.

Helplines will be set up out of hours for family support and children with disabilities.

Tier 2 services for children's mental health and emotional wellbeing have continued to be delivered through virtual working and group work has been stood down with alternative interventions being offered. The Crisis Response Team and Eating Disorder Services have continued. Step 3 Child and Adult Mental Health Services (CAMHS) remains in place with interventions offered through telephone and video calls, with priority face to face clinics where clinically indicated.

All referrals for children's emotional health and wellbeing services are being managed through the single point of contact where they will be triaged and there is daily oversight of referral and priority cases. A Safe & Well Helpline has been established.

An emergency helpline has been established for the ASD service and paediatric occupational therapy services continue to support complex

children.

The speech and language therapy (SLT) acute service has been maintained for both adults and children and support continues from the SLT children's community service via ICT.

The Regional Intervention Service in Education (RISE) has been stood down, as have the low priority cases in the Child Development Centre.

Core Health visiting service has been maintained and a Helplines has been established and support for vulnerable mothers has been maintained. The immunisations programme has continued.

Changes to Community Care Services

Prior to the surge the number of community beds available has been increased by reviewing, and discharging where possible, all residents from Mid Ulster, Robinson, Dalriada, Inver and residential care homes.

A new 19 bedded ward (Ward 3) has been developed in the Mid Ulster Hospital to extend community capacity and the MacMillan Unit at Antrim Area Hospital site was relocated to a vacant ward space on the Mid Ulster Hospital site allowing inpatient expansion on the Antrim Hospital site.

Admissions to care homes in many areas have been stopped and existing bed capacity has been maintained in statutory residential homes. Rosedale Unit was emptied in anticipation of the surge.

In order to maintain effective domiciliary care service provision a review has been carried out of all service users who receive domiciliary care to explore care options - seeking family assistance where possible. Rapid response capacity has been increased to deal with surge and critical service users have been identified.

Community capacity has been freed up to support critical service areas and **some** non-critical work in some service areas has been stood down or reduced. Areas that have been affected include day care, Treatment Rooms and some non-critical areas in AHP and Social Work. Staff have been redeployed from those areas into other critical areas including Community Hospitals, Residential Care, Domiciliary Care, District Nursing and Care Home Support.

Mental Health, Learning Disability and Community Wellbeing

A ward has been established for COVID-19 positive patients who require admission in Holywell. The Addictions Ward is temporarily downturned – this was only adequate available space for COVID-19 positive patients as it has single rooms. It is important to note that admissions to the Addictions Ward are always planned and community addition services are still running.

The three Tobernaven mental health inpatient wards on the Holywell site admitted patients from different geographical areas based on a locality

model. This meant that when a patient was admitted to one of the three wards, they were then transferred to the appropriate ward, depending on locality. This arrangement has now been stood down to avoid cross contamination between wards. Patients now remain in the ward to which they are first admitted.

Visiting restrictions have been implemented across the wards, including routine visits from the advocacy service. Alternative technological solutions are in place to facilitate continued family/carer contact.

The Mental Health Review Tribunal process continues via video link.

Occupational therapy (OT) activities continue on wards but groups now meet in smaller numbers to comply with social distancing regulations. OT activities are dependent on individual care plans. Patients also continue to avail of daily walks around the Holywell site (also dependent on care plan).

The Crisis Response Home Treatment Team now triage referrals received to consider appropriateness of face to face or telephone contact. Telephone and video link is now operational where appropriate. Face to face contact is still facilitated and home treatment is provided if required.

The 24 hour supported living service to adults with learning disability has been maintained and additional workforce requirements have been provided by day care staff. Tenants in supported living have agreed not to attend day care and to follow social distancing guidelines. They also agreed to engage with their families via social media/zoom. A number of activities have been developed online to help feel less isolated. User friendly information was developed and provided to them to explain the virus, social distancing and visiting.

Learning Disability Services continue to support the most vulnerable clients in the community. This includes maintenance of the Intensive Support Service, management of learning disability crisis beds and support to private sector providers to maintain placements. Adult Centres have closed but telephone contact has been maintained with attendees to avoid family breakdown.

Condition Management Programme has been stood down – this was a regional decision.

The Recovery College is working on the development of on-line courses to ensure the ongoing support for the many people who avail of the courses available.

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

Rural areas have been classified by whether they are within a 20 or 30 minute drive-time from the centre of a settlement containing at least 10,000 usual residents.

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?**

Northern Ireland is a region that is composed of a range of settlement structures. As can be demonstrated by Appendix 1, which is based on the results of the most recent population census taken in 2011 as available on NISRA website, 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). As at 2011 these categories of settlements of less than 5,000 people equated to a total of 678,939 people in a total population for the region of 1,810,863. It can be seen that, based on 2011 census information available from NISRA website, 37.5% of the population of NI therefore live in settlements that would require the application of rural needs assessment screening therefore some of the actions taken in response to Covid 19 are likely to have an impact on people in rural areas in the Trust - see section 2B.

Please note that Appendix 1 also usefully indicates travel time distances attributed to each of the settlements detailed for Northern Ireland in the categories Band A to Band G, travel time exceeding 20 minutes or 30 minutes from the centre of a settlement containing at least 10,000 residents is another way of identifying areas that may be subject to rural needs assessment; it is this latter definition that has been applied to this RNIA.

2B. How is it likely to impact on people in rural areas?

The Trust's response to Covid 19 includes actions that relate to the temporary standing down of services to allow for capacity to be created to deal with the pandemic – this will impact on people living in both rural and urban areas. This screening for rural needs concentrates on services created or existing services still being provided but where the location of these services has changed.

Actions that are likely to be relevant for rural needs

- **Acute Services-provision of red flag surgery in independent sector (using regional contracts with DoH in place until end of June 2020)**
- **Acute Services – transfer of breast surgery and some colorectal and gynaecological surgery to Causeway Hospital from Antrim Area Hospital**
- **Women and Children's Services – move of paediatrics and maternity services to Antrim Area Hospital from Causeway Hospital**
- **Community Care – Transfer of palliative care patients from Macmillan Unit to Mid Ulster Hospital Magherafelt**
- **Mental Health Services – Creation of Covid 19 ward in Holywell Hospital Antrim for Covid 19 +ve patients requiring admission**
- **General staff related – redeployments across the Trust area in response to identified staffing needs**
- **Services that are contacting service users remotely and require access to adequate Broadband or mobile communication in rural areas.**

Please note in normal circumstances, this temporary reconfiguration of services would be subject to a full rural needs assessment and public consultation. In order to protect public health and ensure capacity in the service to protect life and respond to the potential impact of COVID-19 these measures have had to be put in place as a matter of urgency. Mindful of its obligations under Section 1(1) of the Rural Needs Act (NI) 2016 the Trust has completed and published this rural needs screening template. The Trust's response to COVID-19 is under constant review and further measures may have to be taken at any stage to protect public health. The Trust is also committed to carrying out further rural needs impact assessments and public consultation on any actions that it proposes to take forward on a permanent basis.

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?

- Economic cost of travel and travel time to services which are centrally based in urban areas or in one centralised location in the Trust area
- Ability of individuals in rural areas to travel to clinics which are centrally based in urban areas – availability of public or community transportation.
- For staff redeployments – availability of public or community transportation (travel costs will be reimbursed)
- Access to adequate Broadband or mobile communication in rural areas for remote access to services.

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	X	Other, please state below;	
Rural Development		Broadband/Mobile Communications in Rural Areas	X		
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?

Consultation with relevant stakeholders / Survey or Questionnaire / Research / Statistics / Publications / Other methods.

Please provide details:

Research and Statistics at regional level for NI

NI geography specific anticipated rural needs:

- High level information about extent of potential impact based on 2011 census information available from NISRA – Northern Ireland Neighbourhood Information Service (NINIS)
- NISRA – NI multiple deprivation measure 2017 as a combination of the aggregate results of the 7 domains plus specifically the domains of health deprivation and disability and access to services

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

The aggregated Northern Ireland Multiple Deprivation Measure (2017) indicates that, of the top 100 most deprived super output areas (SOAs) none are related to rural areas in NHSCT. Deprivation at high levels appears to exist primarily in urban areas.

Two domains were identified as sub sets relevant to rural needs impact assessment screening for the Covid 19 pandemic Programme; health deprivation and disability and access to services.

Specifically examining the 2017 results in the domain of health deprivation and disability it was found that none of the top 100 most deprived areas were rural in nature.

In the other domain identified as relevant to rural needs impact assessment for health and social care service change, that of access to services, it was identified that, in 2017, 95 out of the top 100 most deprived areas across NI were rural in nature. This is in line with anticipated findings as it is the issue of transport availability and cost of transport that can make access to services difficult for those who reside in rural areas. Alongside this access to adequate Broadband or mobile communication is required for people living in rural areas when accessing services remotely.

Appendix 2 fully analyses the top 100 most deprived wards in respect of access to services and aligns to the relevant Health Trust area. NHSCT has the highest number of areas in the top 100 (39). This information will be relevant for any further analysis or screening carried on any measures proposed to be taken forward on a permanent basis.

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 and availability of public transport**

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?

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

Please note, in normal circumstances, this temporary reconfiguration of services in response to Covid 19 would be subject to a full Rural Needs Impact Assessment (RNIA) and public consultation. In order to protect public health and ensure capacity in the service to protect life and respond to the potential impact of Covid 19 these measures have had to be put in place as a matter of urgency. Mindful of its obligations under the Rural Needs Act 2016, the Trust has completed and published this screening template. The Trust's response to Covid 19 is under constant review and further measures may have to be taken at any stage to protect public health. The Trust is also committed to carrying out a full RNIA and public consultation on any actions that may be taken forward on a permanent basis.

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

Approved by: NHSCT Bronze

Date: 2nd June 2020