Northern Health and Social Care Trust

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:

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.

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)

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 prepared a surge plan which detailed the reconfiguration of some services, as temporary measures. We are now past the first peak of the COVID-19 outbreak in Northern Ireland, and the Rebuilding Services Plan details how we will begin to rebuild our health and social care services.

The Trust has, and is continuing to, work closely with the Department of Health (DoH), 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 Department of Health (DoH) have, following Ministerial approval introduced a new "Strategic Framework for Rebuilding HSC Services" and has taken the lead on planning and preparation of a "Stage 2 plan" covering the period from 1July 2020 to 30 September 2020.It is recognised that Coronavirus will be with us for some time and that a second wave of the virus is also widely expected and this will change the way we provide many of our services.

Phase 2, Rebuilding Services plan for the period July to September 2020 is detailed within this rural needs screening aligned to services provided by the Trust.

What is official title of this Policy, Strategy, Plan or Public service (if any)?

Rebuilding HSC Services – phase 2 (July to September 2020)
Our Approach: Rebuilding Health and Social Care Services in the Northern Trust

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 faced 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 placed on the whole HSC system.

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.

In the surge period of the pandemic Trust service areas concentrated on delivery of essential services only in order to maximize the number of staff and resources available to respond to emerging needs/demands, safeguard lives and prevent the HSC system from becoming overwhelmed.

This Phase 2 Plan aligns to the principles of the Phase 1 plan and focuses on the need to reinstate services in an incremental way while ensuring the delivery of high quality and safe patient/client services.

Rebuilding HSC Services – Phase 2 (July 2020 to September 2020)
Our Approach: Rebuilding Health and Social Care Services in the Northern Trust
Our plan for July-September 2020 is detailed below and shows how we will continue the journey of rebuilding health and social care across all our services, following on from the Phase 1 (June 2020) published on 9th June. Along with our partners across Northern Ireland, our priorities will remain:

- Ensuring equity of access for the treatment of patients across Northern Ireland
- Minimising the transmission of COVID-19, and
- Protecting the most urgent services.

We expect to be able to see more patients across July, August and September than in previous months as services begin to rebuild. However many of our services will still be running at lower levels of activity than before the pandemic. Social distancing rules mean we have to reduce the number of patients in our facilities at any one time. We need to ensure the correct PPE is used to protect our staff and service users, and in some areas this will take extra time and reduce the number of patients treated in each session. We need to monitor pressures on supplies of medicines and ensure that our hospital laboratories can manage the increase in activity alongside the ongoing demands of Coronavirus testing. We also need to stay prepared for a potential second surge which could coincide with winter pressures, meaning we cannot return all our services back to the way they were before the pandemic. We need to prioritise and focus on treating the most urgent cases first, and as a result some patients will wait longer than we would like.

Throughout this rebuilding phase we will continue to ensure the safety of our patients, service users and staff. All our patient treatment facilities, offices and staff accommodation will be risk assessed to ensure that appropriate social distancing arrangements are in place, with clear signage where required. PPE requirements are captured as part of our planning process so we can ensure the right PPE is available where needed. We will give clear instructions to patients and service users on how to access services, including advice on being accompanied and in some instances

guidance on self-isolation and COVID testing before treatment. In all cases we draw on the best available expert advice and support.

This Phase 2 plan details how we began the process of rebuilding during June 2020 across the Trust's services and how we will continue in July, August and September. We have detailed, where possible, the activity we delivered in April 2020 as a baseline against which we will measure any increase in capacity from July to September. This reflects the incremental approach we must take in rebuilding services working within the constraints outlined above around staffing, social distancing measures, public health and Infection Prevention and Control guidelines, PPE and remaining prepared for a second surge.

Rebuilding our services is a complex process and requires a large number of risks and constraints to be factored in to our decision making. Key challenges include, but are not limited to:

- Ensuring a safe working environment and a planned safe restart of services and providing assurance to patients, service users and staff that the Trust is taking all reasonable steps to ensure safety and manage risk;
- Continuing to maintain COVID and non-COVID pathways in line with Infection Prevention Control advice and guidance to safely manage the flow of staff and patients and utilisation of PPE.
- Providing a safe physical environment for patients and staff. Our hospital and community based infrastructure is poor and achieving effective implementation of social distancing measures will present significant challenges including a reduction in capacity and productivity.
- Availability and flexibility of our workforce across our 7-day service including requirement for staff leave, existing staff vacancies, carer commitments and continued shielding of staff;
- Ongoing local discussion and agreement to ensure our plans reflect our commitment to co-production, engagement and informed decision making;
- Ensuring we harness opportunities to deliver services differently and innovatively that reduce the need for direct patient contact but still provide effective and safe services;
- Balancing safety and risk through regional agreements in respect of ensuring both effective ongoing response to COVID-19 locally and the need to rebuild services for prioritised clinical groups on an equitable basis for the Northern Ireland population;
- Providing the necessary support and resources to the care home sector as required alongside running our core Trust services;
- Availability of testing for patients prior to admission for elective procedures;
- Availability of staff who are currently redeployed to new or expanded services, stood up in response to COVID, and who are required to return to core roles;
- Providing adequate support to staff in terms of increase in psychological and occupational health related matters;

Maintaining new services set up in response to COVID19 such as the Testing Service for Health Care Workers and Care Homes; In terms of rebuilding services the Trust has been considering the infrastructure implications that may arise as a consequence of maintaining social distancing, and potential impact in the event of a further surge. There may be a need for refurbishment of existing, or additional accommodation beyond equipment and ICT costs to support rebuild. The Trust anticipates on-going additional costs to support the necessary increased staffing

to support alternative or new ways of working such as extended days, weekend working, separated work flows which require supplementary teams to support and associated support costs such as transport, cleaning and administration. These would have capital and revenue funding consequences and be subject to securing approval.

During the first phase of COVID-19, our staff have embraced new ways of working in order to continue to deliver services to their patients and service users and we will continue to build on these as we move forward. These changes cover a range of areas including:

- Changes to working practices and processes, in particular the significant increase in virtual outpatient clinics and virtual group sessions using rapid roll out of technology solutions;
- Changes to pathways such as the Gynae Assessment Unit which contributed to shorter inpatient stays and reduced attendance at ED and GPs, the acceleration of use of q-Fit Tests which significantly reduced the need for colonoscopies, and in-reach to service users who would normally have used our day care and day opportunities services.
- Collaboration within the Trust and with our partners, minimising boundaries and optimising patient care. Examples include creation of Health Care Worker testing process and support to Care Homes in response to the pandemic through our Partnerhub.

During July, August and September 2020, we will continue to build on new ways of working to continue to provide safe and effective care. This will involve working closely with our partners and clinical leaders, using flexible and remote working where appropriate and rapid scaling of technology such as telephone and video calls. We are engaging with our frontline staff to reflect on the many 'lessons learned' and further work on this will be crucial to inform our plans going forward. This learning and sharing of best practice will inform our longer-term operational, strategic and financial planning as well as the wider regional priorities.
In addition, there is agreement that following submission of the plans, Trusts and HSCB will work together to harmonise how we measure and monitor activity.

Details of Services (By Service Area)

SERVICE AREA: OUR HOSPITALS

Urgent and Emergency Care During pandemic protocols were put in place to manage patients suspected / diagnosed with covid-19 and non-covid-19 at Antrim Area Hospital and Causeway Hospital Emergency Departments. In Phase One of rebuilding services we reviewed access to emergency care services within the Trust in light of social distancing requirements and maximised Primary Care Partnerships to develop RESET plans in collaboration. In Phase Two we intend to examine the potential to expand services via a focus on Urgent Care pathways to facilitate appropriate streaming of urgent conditions and effective use of ED front door, stemming the ability to 'crowd' ED.

Critical Care

As response to the pandemic Intensive Care provision at AAH was scaled up in line with the agreed regional critical care 'surge' plan to provide up to 20 ICU beds and staff with appropriate skills and training were re-deployed from other areas to support an increase in critical care provision locally. In Phase One we returned Intensive Care provision to 'pre-surge COVID status' to provide 8 level 3 ICU beds at AAH and 4 at Causeway Hospital and enable a number of non-ICU staff to return to support additional urgent and emergency services.
From July to September 2020, as part of Phase Two Rebuilding Services, ICU at AAH will be re-housed temporarily in Ward C7 and will have side rooms to accommodate up to a maximum of 4 Covid-19 patients and up to a maximum of 6 non-Covid patients within two separate areas. The AAH unit will be staffed for a maximum of 6 Level 3 ICU patients and the CH unit will be staffed for 4 beds. Beds will open and close within the Covid and Non-Covid areas, depending on the Covid-19 status of the patients to be admitted.

Diagnostics (X-Ray, MRI, CT, cardiac investigations)
Whilst services continued for both elective (red flag) and unscheduled patients routine investigations were ceased on 20th April. As part of Phase One rebuilding services we continued inpatient, red flag and urgent investigations across (all sites). Scheduled diagnostics l resumed with reduced capacity due to infection control constraints. We continued to pursue access to additional independent sector provision to increase availability for MRI investigations. Breast Surveillance, although initially paused, has been fully restored since early May.

In Phase Two:

- ED service provision given priority followed by wards.
- Routine paediatric imaging commencing
- Utilisation of IS capacity for urgent CT and MRI referrals
- Additional funding has been sought to increase use of IS.
- Review of COVID staff rotas to increase plain film and Nuc Med capacity.
- Ongoing review of appointing templates to maximise capacity.
- Modality leads have been instructed to benchmark their appointing templates with regional colleagues to ensure maximum efficiency.
- Regional process to 'smooth' waiting lists is ongoing.

Cancer Treatment Services
During surge, cancer surgery continued in line with NHS England and NICaN prioritisation.
Oncology, haematology and systemic anticancer treatments (SACT) continue and in accordance with national and NICaN regional guidance with

20% reduction in capacity.
During June 2020 SACT continued to be provided in response to demand.
Surgical activity increased in a phased way. Activity has been gradually increasing since early May with an increase in phone/video assessments.
Between July and September 2020 it is planned to:

- Continue with Oncology and Haematology new and review clinics with mixture of Face to Face and virtual appointments
- Continue with Oncology and Haematology Treatment clinics
- Continue with Oncology and CNS NMP clinics as telephone assessment
- Continue with Oral meds being delivered to patient's home.
- Screening as directed by PHA

Day Surgery & Endoscopy Services
Only emergency and in-patient procedures were carried out during Covid-19 with Red Flag surgery, breast surgery, some colorectal and gynaecological surgery transferring to Causeway Hospital. In Phase 1, Rebuilding of Services, all endoscopy procedures were re-established, albeit with reduced capacity due to COVID related Infection Control and Social Distancing.
Between July and September 2020:

- The Trust's Day Surgery provision will be increased.
- Causeway Day Surgery unit increasing to 10 sessions per week; Urology, Pain, Gen Surgery, Dental (Learning Dis & Children) ENT and Gynaecology.
- The Cataract Elective Care centre will be re-established on the Mid-Ulster Hospital providing 6 sessions / week.
- Whiteabbey Hospital will continue to deliver 2 Urology Daycase sessions for BHSCT
- Antrim Hospital's Day Surgery capacity - None planned – due to the need to maintain surge capacity in ICU – will be kept under review
- The Trust's Endoscopy capacity will be increased with 23 endoscopy lists, 3 Bronchoscopy lists, 4 ERCP and 4 Bowel cancer screening lists delivered across the four Endoscopy sites.

Outpatient Services
During surge period reduced services continued using phone/video and some face-to-face clinics where required for urgent and red flag patients. Over a 6 week period (mid- March to end of April) there was a total of 2542 new Outpatient appointments, 42% of which were by phone/video and 11231 review appointments of which 48% were by phone/video. Risk assessment was introduced in LGI and UGI e.g. qFIT, to triage those patients most in need of further assessment. In Phase 1, during June 2020, telephone and video assessments for urgent, red flag and review were carried out as well as limited priority face to face (Trust wide). A step up plan taking account of social distancing and access requirements was developed. In Phase 2, a phased step-up plan has been agreed for July to September. Face to face activity will be re-established as well as the continued development of virtual activity. The ratio of face to face appointments as opposed to virtual appointments will be approximately 1: 3.

Integrated Maternity and Women's Health
As a response to pandemic we consolidated inpatient obstetrics on the Antrim Hospital site to ensure safe delivery of care during the pandemic.

Causeway Maternity Unit provided
outpatient antenatal care and community midwifery continued across the Trust in the antenatal and postnatal period. Gynaecological services such as cervical screening, botox, routine outpatient clinics and See and Treat Gynae clinics were severely affected by Covid-19.

It has been noted that the provision of inpatient Obstetrics on the Causeway site has been heavily dependent upon locums, several of whom are no longer available for a variety of COVID-related reasons. As part of Phase 1 Rebuilding of Services the Trust undertook an options appraisal which included consideration of all possible options to maintain the service at Causeway. The Causeway Maternity Unit continued to provide Outpatient antenatal care Monday to Friday 9am-5pm and Community midwifery across the Trust continued in the antenatal and postnatal Period.

In Phase 2

- July's service provision and capacity will remain at Phase 1 levels.
- In August the Trust plans to resume service provision on both its sites, AAH + CAU, depending on the availability of Middle Tier doctors in the August 2020 rotation.
- The outpatient service will remain at Phase 1 service provision levels throughout July – Sept, with the exception of Gynae outpatient provision, which will resume on peripheral sites. In addition, some Gynae Outpatients will resume on the CAU site, with the focus being on urgent referrals.

Inpatient Elective and Emergency Surgery for Adults and Paediatrics
During surge, and throughout the pandemic, emergency surgical services have continued.
EMSU was established to deal with surgical emergencies directly from GP. All routine elective work was stood down during COVID surge. Cancer surgery was transferred to Causeway Hospital. The Paediatric Inpatient service at Causeway Hospital was diverted to AAH to provide a stable rota. Significant resources from AAH paediatrics were redeployed to the Covid-19 surge effort resulting in a reduced inpatient and Ambulatory Service.

During Phase One elective inpatient surgery increased in a phased way with a continued focus on red flag & urgent patients in the first instance due to COVID related constraints. The
reformed Emergency Surgical Pathway in Antrim Hospital was continued. The paediatric inpatient facility in Causeway and the Ambulatory Unit in Antrim Area Hospital returned to normal activity by 15th June. A temporary reduction in bed capacity at AAH children's ward was necessary as result of staffing deficits.

From July to September 2020:

- On the Antrim site, 2 elective beds will be allocated within Surgical C5 ward each day and 6 elective beds in Gynaecology C1 and 4 elective beds in Paediatrics. Anaesthetics and Nursing is available to support 10 sessions per week.
- On the Causeway Site, 6 elective beds will be allocated within Surgical 2 ward each day and 5 elective beds allocated within Gynaecology ward. Anaesthetics and Nursing is available to support 15 sessions per week. Lists to be allocated as follows; General Surgery, Breast, Gynae and Urology (WHSCT).
- This is the maximum capacity which is available; Red Flag patients will be booked first to this capacity. Any capacity which is available

after this will be used to operate on urgent patients
- The reformed Emergency Surgical Pathway will be embedded, in order to support the reconfiguration of surgery capacity, implemented as part of the Trust's surge planning.
- Inpatient Emergency Paediatric Services as for Phase 1 - AAH A2 and CAU Children's Ward activity resumes. From 15th June both Causeway I/P and AAH Ambulatory services returned to normal activity.

Pharmacy

Whilst the majority of Pharmacy Services were maintained during the pandemic, a downtown in some activities e.g. Discharge Follow-Up, Pre-admission Clinics, Antimicrobial Stewardship, facilitated redeployment of staff to support the Covid-19 effort in Critical Care / Palliative Care / PPE management and distribution. Pharmacy-led clinics in Rheumatology / Anticoagulation / Renal continued as phone/video clinics. In Phase One, rebuilding, discharge follow-up and antimicrobial stewardship restarted and 7 day service to Critical Care and Palliative Care continued. Seven day distribution PPE and telephone/video clinics continued.

In Phase Two,

- Pharmacy aims to fully re-establish the Discharge Follow-up Service
- Pharmacy aims to continue the 7-Day Critical Care service.
- Distribution of PPE will continue.

SERVICE AREA: MENTAL HEALTH AND LEARNING DISABILITY

Community Health & Well being

Community H&WB Services such as Farm Families, Arts for Health and Mental Health initiatives were initially stood down before being restarted by phone/video from 4th May 2020.

A new Arts for Health programme for shielding clients and mental wellbeing under pandemic was available from early June 2020. By the end of June a plan to re-establish Loneliness Networks was prepared with the importance and profile increased during the pandemic. New volunteer roles such as 'End of Life Companion' role are being developed in line with Trust services reset. In Phase two, from July to September 2020, we will be moving remaining services onto remote delivery e.g. Training for Sexual Health, Mental Wellbeing etc., Loneliness networks/parcels and kits. Farmers Health Checks.

Mental Health Inpatient facilities

During COVID-19 pandemic adult Inpatient facilities at Holywell Hospital and Ross Thompson Unit remained open with the exception of the Inpatient Addictions Unit at Holywell which closed to elective admissions to accommodate the COVID 19 ward. Inpatients prepared, during June 2020, for the reopening of the Addiction ward in July. In Phase Two the inpatient addiction ward at Holywell Hospital will be re-opened by mid-July 2020. The ward will operate at the reduced capacity of five beds (out of full complement of 10). All five beds will be occupied, with an average LoS of approximately 3 weeks.

Community Addictions
During both surge and Phase 1 plans Community Addictions carried out reduced face to face contact with clients. Virtual clinics were held, as well as increased telephone contact. Clients on OST were reviewed by telephone and still received OST via pharmacy. The supervision of OST by Trust staff was stood down. During Phase 2 it is planned that face to face Community Addiction clinics will resume, including a review of the OST waiting list, with a view to resuming initiation of OST for those clients who require it.

Mental Health for Older People (MHOP)
Memory assessments did not take place during surge response or Phase One. Dementia OT services carried out urgent new initial assessments, using a combination of telephone triage and video conferencing. Equipment drop offs took place, with instructions on usage being carried out in a socially distanced way. The service also facilitated face to face contact for those patients deemed to be in critical need. The service facilitated a total of 47 contacts in June 2020. During July to September 2020 it is planned that Memory assessments will restart through a combination of virtual solutions and face to face contact and Dementia OT services will also restart.

Learning Disability (Day Services)
Adult Centre facilities were stood down during COVID-19 with Antrim Day Centres being used as a Primary Care COVID-19 Assessment Centre. As a result of closure outreach support in the community and home based support was provided for urgent and critical need. We used Phase 1 to plan for service users to return to Trust Day Centres in a phased way. All facilities were assessed in conjunction with RQIA capacity guidelines. Service Recovery Plans were developed and will be communicated in due course There was continued engagement with service users and carers via telephone/zoom video conferencing and outreach critical support was provided to 62 service users. In Phase 2 Adult centre attendance will restart in July 2020. The regionally agreed criteria for critical care need will be applied for those who attend initially. However, it is planned that all those who previously attended day services will be provided with a service, albeit in a reduced or alternative way.

Learning Disability IS Day Services inc. vocational and training
During surge telephone and zoom video conferencing contact with service users and carers was established. Activities such as quizzes, bingo, chair exercises and music therapy continued in this way. In Phase 1, covering June 2020, there was continued engagement with service users and carers via telephone and zoom video conferencing and introduction of socially distanced visits to service users' homes. Phase 2 plans for the restart of vocational and contracted services. These are unlikely to be at pre-Covid levels. Attendances at Base facilities will restart in July 20 and attendance will be built up on a gradual and planned basis during Phase 2.

Learning Disability Short Breaks
During the initial surge period planned short breaks provision was stood down and adapted to accommodate the establishment of emergency beds; two in Hollybank and one in Ellis Grove.
In Phase 1, June 2020, emergency beds were utilised as individual need presented.
In Phase 2, from July 2020 to September 2020:

- Phased re-start of short break provision across Ellis Grove and Hollybank, targeted at those with the highest needs
- Planned short breaks for both Ellis Court and Hollybank will increase by one bed for each facility, from Monday 6th July, with a maximum

allocation of up to 3 overnights.
- From August alternative short breaks will be introduced, for those transitioning to the short break service. These will include tea breaks, bus trips etc.
- Throughout Phase 2, emergency beds will continue to be available to those who present in need of critical care, including risk of family breakdown.

Community Learning Disability Teams
During surge, the teams provided support to vulnerable service users in the community. Engagement with these service users was via telephone and video conferencing. In Phase 1, June 2020, work relating to the Mental Capacity Act took place and face to face contact with service users was facilitated where required. In Phase 2, July to September 2020, face to face contact with service users and their families will continue where required as per the agreed risk stratification process.

Condition Management Programme
Caseload was suspended in March 2020 due to COVID-19. Service was re-established initially through telephone contact only. In Phase 2 the service continues to restart on a remote basis. It is planning to develop remote working programmes.

Psychology
Services were suspended during surge. In Phase 1, June 2020, there was a phased increase of face to face interventions with both new and review appointments, based on service users' clinical risk assessment. ASD services increased face to face activity for intervention, but not diagnostic services. In Phase 2, July to September 2020, psychological services will be re-instated on a risk-assessed, phased basis, with the exception of ASD diagnostic services.

SERVICE AREA: PRIMARY CARE

GP Out of Hours (OOHS)
In response to the pandemic the GP OOHs service (provided by DUC) was consolidated on the AAH and Causeway Hospital sites to provide non-COVID primary care OOHs facilities. 3 Primary Care COVID Assessment Centres were set up in Antrim (Adult Centre), Ballymena (DUC premises) and Coleraine (Causeway Hospital site). 1724 referrals and 304 home visits took place (up to 21/5/20).

In Phase 2
- Primary Care COVID assessment Centres are to remain open until at least September as advised by the HSCB.
- GP OOHs has consolidated on 2 sites and will remain as such until we are clearer on the timeline for standing down the assessment centres.

SERVICE AREA: ALLIED HEALTH SERVICES

Physiotherapy
As with most Allied Health Professional Services, Physiotherapy was stood down during COVID-19 surge. Physiotherapy services restarted in June with a proportion of attendances face to face combined with telephone and Zoom contacts.

In Phase 2

- The service's first priority is for musculoskeletal physiotherapy staff to begin to review fracture patients on a face to face basis again. However, all areas will begin to ramp up urgent face to face activity when permitted. The service is planning on the basis that 20% of activity will be face to face, due to PPE and social distancing issues.
- In the Mental Health Inpatient service, physiotherapists will begin to use the Holywell Gym with patients again.
- In the Adult Learning Disability service, physiotherapists will begin to review patients on a face to face basis again, as they return to their Day Centres.

Occupational Therapy
Community Occupational Therapy (OT) Critical Need Service was maintained through COVID. OT provided support to Home Care, Statutory Nursing Homes and Swabbing Teams. Acute OT service was maintained; due to reduced demand staff were redeployed to support Community Hospitals. Recovery OT services were reduced and critical service maintained. Recovery OT staff provided support primarily to Home Care, Community Hospitals and Statutory Residential Homes. In June 2020 there was a phased introduction of new and review face to face clinics for critical and urgent cases and preparation for phased return to full service provision based on service demands.

In Phase 2

- Acute OT will return to full service delivery as demand increases to pre-COVID levels.
- Community OT will return to full service with combination of face to face and remote interventions.
- Recovery OT Service will return to full service provision with a combination of face to face and tele-rehabilitation interventions.
- Outpatient OT will return to full service provision with a combination of face to face and remote interventions.

Orthoptics
Paediatric orthoptic services were initially stood down but re-started on 13th May for most urgent patients. Adult orthoptic services restarted in June for urgent patients only. Visual Fields tests were reinstated for urgent neurological patients. In Phase 2, Causeway Urgent adult and paediatric services, reinstated in Phase 1, will continue and an additional 36 weekly lists will resume.

Speech & Language Therapy
During COVID surge routine and community clinics were cancelled, dysphagia assessments continued based on clinical need. In June 2020 paediatric and all adult SLT were re-established, face to face dysphagia OP clinics, new assessment & priority review & routine communication clinics. In Phase 2, it is planned to:

- Re-establish dysphagia and communication referrals service and Dysphagia assessments in care homes & outpatient clinics
- Communications clinics will continue to deliver new assessment, priority review and routine communication clinics.

Podiatry
During COVID–19 the service was stood down to meeting critical need only. Use of technology supported decision making in triage to manage risk. In June 2020 there was phased approach to re-establishment of service for urgent and priority cases. During Phase 2 the following is planned.

- Prioritisation of patients with acute ulceration, those deemed high and moderate risk following triage.
- Re-establishing nail care procedures for patients with nail damage by Podiatry Assistants.
- Re-establishing MSK and in-sole manufacture for front line workers and any patient in pain.
- Beginning review of new patients previously virtually triaged during Covid 19 period.
- Re-establishment of appointments for new patients with skin and nail infections.
- On-going use of technology for virtual clinics.

Community Stroke Team
Community Stroke Service to re-establish priority referrals across 4 locality teams having been stood down during the pandemic. Phase 2 plan, July to September 2020 aims to return to full service provision with a combination of face to face and tele-rehabilitation interventions.

SERVICE AREA: COMMUNITY SERVICES

Community Hospitals
During the pandemic we increased bed capacity across community hospitals. Two community hospitals, Mid Ulster and Robinson were identified as COVID 19 Positive Wards. During June 2020 as part of Phase One, we maintained the current position and evaluated in line with infection rates. During Phase 2:

- The current position will be maintained and evaluated in line with infection rates.
- There will be a gradual re-establishment of rehabilitation services across wards in line with demand.
- Based on infection rates and demand for COVID community beds, consideration will be given to stepping these down and reverting to normal business later in the summer.
- Decisions will be driven by infection rates and demands from the independent sector in the community.

District Nursing (DN)
Critical DN service continued to be provided throughout COVID surge. Phased approach in June 2020 had a focus on completing activities deferred during surge with the aim of resuming all routine work, including proactive/ preventative, during June/July 2020. In Phase 2 it is planned to:

- Continue to deliver critical and essential care as a priority.
- Continue to work towards completing any deferred care; aim to transfer patients back to Treatment Room in line with these services opening up.

Treatment Rooms
In the initial response Treatment Room services were stood down with critical need met through four locality treatment room hubs. Treatment room staff supported District Nursing services throughout the COVID 19 pandemic and to date. During June 2020 there was a phased approach to the re-establishment of treatment room service provision in partnership with primary care colleagues. In Phase 2 we will continue to deliver critical and essential care as a priority and continue to work towards increasing capacity for routine work within available staffing resource.

Social Work
In response to COVID-19 planned short breaks were ceased, new assessments for short breaks were stood down along with routine SW reviews. Community SW prioritised resources to support independent care home sector and maintain discharge flows from acute hospitals. During June 2020 there was a phased approach to the re-establishment of SW reviews for critical services. These were done by phone/video, where appropriate, to reduce footfall in domiciliary settings. In Phase 2 rebuilding of services we plan to continue with the phased approach to the re-establishment of all social work reviews. We will also endeavour to re-start domiciliary packages of care, which were suspended during COVID and work in partnership with In-house Home Care and Independent Sector Providers.

Community Equipment Services (CES)
During the pandemic CES ceased the routine collection of equipment from service users and met critical need for the delivery of equipment to services users. CES Service was re-purposed to manage the storage and distribution of PPE centrally across Trust community services and independent sector, as required. From June 2020 there was a planned reduction of frequency of delivery of PPE to create capacity for return to normal business of equipment distribution and collection to and from service users. There was also a plan for re-modelling of service provision to meet acute and community equipment demands going forward. It is recognised, as part of Phase 2 planning, that the service cannot return to full service as planned and continue to act as PPE distribution hub, which is a high priority service for the Trust.

Wheelchairs & Continence
From June 2020 there was a plan for a phased approach to full re-establishment of this service that was largely stood down during the pandemic to meeting critical need only. In Phase 2,

- Wheelchair service - will return to full service with combination of face to face and remote interventions
- Continence Service - Telephone reviews of existing caseload.
- Face to face (triaged clinics) to be increased in Ballymoney, Whiteabbey, Carrickfergus, Magherafelt and Larne (continue to prioritise waiting list.)
- Commencement of domiciliary visits to residential homes and patient homes - will cohort cases.
- Review cases by telephone.

Residential Homes
During COVID–19 pandemic and surge capacity was freed up across Statutory Residential Homes by discharging residents home with home based

programmes and support. Additional bed capacity was created with the support of redeployed staff from other non-critical service areas. In Phase 1 there was an evaluation of the current position based on COVID infection rates; consideration was given to a phased approach of reintroducing rehabilitation services within statutory residential care.

In Phase 2,

- Continue with phased approach of re-introducing rehabilitation services within statutory residential care as demand for service increases.
- Potential use of capacity within statutory residential homes to support the maintenance of the GREEN status of independent sector homes.
- Reduce bed availability to contracted levels whilst additional staff return to their own services.

Day Care
Preparation for Day Care provision, which was stood down and staff redeployed to other critical services during the pandemic, to be re-established in a phased way. During Phase 2, day care services will be re-established in line with the regional action plan.

Macmillan Unit
In Phase 2 the MacMillan Unit service will continue to be based in the Mid-Ulster Hospital. The service's return to its base on the Antrim Area Hospital site will take place beyond the Phase 2 Plan timeline.

Sensory Support
From June 2020 there was a phased approach to re-establishment of this service which was stood down in response to COVID-19. It is planned to return to full service provision by the end of September 2020.

SERVICE AREA: COMMUNITY DENTAL

Community Dental
All dental calls were triaged centrally during COVID to ensure appropriate response. From June 2020 we established a model for the safe delivery of urgent dental care to patients unable to travel from their residences. As dentistry is largely a high level PPE service, return to pre-COVID practice will take significant planning in our community settings. In Phase 2 we plan to

- Re-establish an AGP dental service on up to 3 sites, 3 days per week
- Re-establish non-AGP dental services on up to 4 sites days per week
- Establish an urgent domiciliary care service 2 days per week
- Maintain an audio triage service with telephone consultation
- Limit face-to-face contacts to urgent care only and non-urgent only as capacity allows

SERVICE AREA: SEXUAL HEALTH

The Rowan
The Rowan is the regional sexual assault referral centre (SARC) for Northern Ireland. The service continued to operate 24/7 during the pandemic. However the face to face follow up appointments ceased. Some operational practices were adapted. As part of Phase 1 face to face appointments recommenced, operating on a triage system. In Phase 2 we plan to await regional direction on a fully commissioned service. 24/7 access continues including availability of self-swab protocol

Contraception and Sexual Health (CASH)
In response to pandemic all routine appointments stopped (1330/month) and all walk in appointments stopped. Primary and secondary care triage took place via tele-calls / telemedicine. 600 prescriptions for the contraceptive pill were posted to patients.
From June 2020 a plan to re-establish the service was developed to determine which clinics and how these can recommence which was dependent on social distancing requirements and the decant of services currently using CASH accommodation. We continued the pilot of STI on-line testing. EMA (Early Medical Abortion) service continued in line with Abortion Legislation and was introduced as women could not travel outside NI for EMA. In Phase 2 from July to September 2020 these plans will continue to be delivered as in Phase 1, June 2020.

SERVICE AREA: COMMUNITY CHILDREN'S SERVICES

Health Visiting and Community Paediatric services
Paediatric Services such as CPMS and Occupational Therapy have continued to meet the needs of the most complex cases during COVID-19. Health Visiting & School Nursing services were stood down during the pandemic. From June 2020 innovative contactless online solutions were deployed, such as video conferencing, telephone assessments and CPMS online triage. Ante-natal home visits were re-established and School Nursing Clinics l re-started depending on how schools reopen. A letter was issued to parents of children who did not receive school based immunisation programme due to school closures. We are currently awaiting DOH & PHA direction on recommencing school based immunisation programmes.
For the period July to September 2020:

- As for Phase 1, June 2020, plus there are significant deferred and incomplete vaccinations to be undertaken prior to new programme commencing in September 2020.
- As for Phase 1 reinstate:
- 2 year review home visit
- Star Babies home visits until 6 months old
- 1 year review home visit (Sept)
- Planning flu for P1-P7 + extension to Year 8 44,000 approx.
- Delivery for deferred school age immunisations - HPV + SLB -10,000 approx. (TBC)
- BAS-18 sessions per month – 50% reduction
- Continence- 5 sessions/month 25% reduction.

Looked After Children (LAC)
The LAC service has provided a reduced service during the pandemic utilising Zoom and telephone contact with children in care, family contact and in respect of reviews. Some visiting and reviews were postponed. From June 2020 the service started phasing up of direct contact in line with regional plan and government guidance, reinstating reviews either by phone/video or face to face where social distancing is possible. In Phase 2 it is intended to continue use of Zoom where risk dictates & increase face to face visits and reviews.

Child Protection (to include Children's Disability)
Child protection visits occurred on a reduced basis subject to individual risk assessment and in line with regional guidance. Case Conference Reviews were reduced and occurred where needed via Zoom. From June 2020 CP visits started for all cases on at least a monthly basis. Case conferences continued face to face or remotely as risk assessment dictated. In Phase 2 from July to September 2020 it is planned to restart CP visits for all cases on at least a monthly basis. Case conferences to continue face to face or remotely as risk assessment dictates.

Gateway services
The Phase 1 plans included continuing to undertake face to face child protection and high level family support visits and increase face to face visits to family support referrals. The Phase 2 plans include continuing to carry out face to face child protection visits. The number of Family Support referrals which are carried out on a face to face basis will be increased.

Family Group Conferencing (FGC)
FGC will continue to treat new and urgent referrals from Gateway as a priority with delivery of service via Zoom due to social distancing requirements.

Child, Adolescent Mental Health Services (CAMHS)
Routine service was maintained during pandemic via Zoom and telephone contact. CAMHS Crisis Team has maintained a full service throughout the pandemic. Eating Disorder service continued without disruption. From June 2020 appointments were offered to those clients who declined Zoom or telephone contact during pandemic. In Phase 2 telephone consultation and support will continue as in Phase 1. Similarly, face to face appointment with priority cases will continue, however the service will increase the number of face to face appointment delivered in Phase 2.

CEIS
During pandemic a Safe & Well Helpline was implemented to provide advice and assistance to children, young people and carers. The Helpline will continue during the present period of service disruption Physical environment has been assessed with service relocated where necessary with a strategy in place to limit footfall in Family Centres to meet social distancing requirements. In Phase 2 CEIS will continue to provide face to face and telephone consultations and incrementally increase parenting groups sessions

Paediatric autistic spectrum disorder service (ASD)
Phase 1 plans included the maintenance of the Telephone Consult/Support service with bookable appointment slots for families of children with ASD or those awaiting assessment. Phase 2 will continue service delivery as per Phase 1 plan plus offer appointments from backlog of waiting list and

continue to maintain open telephone consultation /support and offer dedicated sessions via telephone. In addition, direct assessment via observation rooms with 2-way mirrors will be implemented in Phase 2.

Paediatric Occupational Therapy Service (OT)
This service continued to meet complex needs during the pandemic. From June 2020 service provision for complex cases was extended to prevent escalation to acute services and review of service model progressed to include triage and service pathway, scoping viability of providing consultative role via online platforms and developing regional online platform of resources for families.

From July to September 2020:

- Phase 1 work will continue. In addition face to face clinics for priority cases will resume.
- For some children Developmental History Questionnaires can be completed via phone or videoconference with support and signposting offered at this stage.
- Domiciliary Visits where possible in the absence of suitable clinic space however this depends on redeployed staff returning and suitable space in children's homes.

SEN coordination
Service continued as normal during pandemic and is planned to continue as normal in Phase One and Phase Two.

Health Protection Programme, Specialist Roles
In Phase 1 this programme was awaiting PHA direction on recommencing full Health Protection Programme. In Phase 2 it is planned to centralise clinics i.e. 12 per month 50% reduction. The Phase 2 plan assumes staff availability and return of redeployed staff from COVID Testing Centre and ICU/HDU and return of accommodation.

CPMS
During pandemic the service continued to meet the needs of complex children including face- to-face consults as necessary to prevent escalation to acute services. Also continued to provide assessment and review as per normal pathways using Zoom and telephone. BCG Clinic continued. Child Development Centre (CDC) assessments continued via Zoom or face to face in Southern Hub. In Phase 2, zoom and telephone assessments and reviews will continue as in Phase 1. Face to face appointments for complex cases will also continue. In addition, Child Development Clinics will resume.

SERVICE AREA: CORPORATE

Corporate Nursing NH In-Reach Team
During the pandemic REaCH Services have maintained regular, visible support and connection with Nursing Homes in NHSCT. The Dementia Companion Service has continued where safe to do so with a reduced service due to shielding constraints. From June 2020 there was delivery of REaCH Masterclasses to Care Homes as clinical training needs is identified via face to face and on line platforms such as Zoom. This service will be

gradually returned to normal as resources become available and ward areas are returned from COVID usage. In Phase 2 the REaCH Team will continue to actively support all Nursing Homes, Residential Homes and Supported Living Facilities within the Trust. This support will involve weekly virtual support via telephone call. This will increase to daily as required, if care settings escalated into AMBER and RED, thereby requiring medium and high trust intervention respectively. The team will also continue identification and delivery of training. Where necessary and acceptable visible support and presence in care home e.g. workforce / IPC reviews and support and co-ordination of MDT ward rounds

Tissue Viability Nursing Team
Tissue Viability maintained a reduced service through telephone triage/support with a small number of face to face reviews. From June 2020 this service continued to provide telephone support with increased use of technology to view remotely images of tissue viability conditions.

In Phase 2

- Continue Telephone Triage of referrals. Continue to offer the telephone advisory service for all staff.
- Increase number of reviews across all areas (Hospital, Community and Care Home) as redeployed staff return.
- Gradually reintroduce out-patient complex wound clinic as service staffing allows.
- Progress with pilot of wound photography App.

Visitors
In line with all HSC services, during surge and Phase 1, the Trust temporarily restricted the number of visitors across hospitals and health care settings. During surge and Phase 1 all general hospital visiting stopped. There were some exceptions to these restrictions, for example Critical Care areas and Palliative (end of life) care and we made local arrangements to ensure our patients and residents can remain in contact with loved ones. Visiting policy across hospitals and health care settings is subject to regional review at Departmental level. From 6 July a new regional guidance document for Trust inpatient services, Maternity Services, Care Homes, Mental Health Services and Children's Hospital Services, for the duration for the COVID-19 pandemic has been implemented that will be followed by NHSCT as part of their Phase 2 plan. All people visiting Health and Social Care Settings and Care Home Settings will be required to wear face coverings for the foreseeable future.

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 center 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 the Phase 2 Plan 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 Phase 2 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 continues to be changed.

Below are the actions in the Phase 2 Plan that are likely to be relevant for rural needs as a result of ongoing or planned changes. Continued consideration of the impact on service users and carers who reside in rural areas in respect of access to services and access to broadband and mobile connection.

- Acute Services –breast surgery and some colorectal and gynaecological surgery continues to be provided at Causeway Hospital after move from Antrim Area Hospital
- Diagnostics (X-Ray, MRI, CT, cardiac investigations) - additional independent sector provision to increase availability for MRI investigations – probable change of location for service provision
- Cancer Treatment Services - activity has been gradually increasing since early May with an increase in phone/video assessments
- Outpatient Services - in Phase 2 continued use of telephone and video assessments for urgent, red flag and review will be carried out. The ratio of face to face appointments as opposed to virtual appointments will be approximately 1: 3.
- Day Surgery – being re-established at acute hospitals but not at AAH – probable change of service location for service users
- Integrated Maternity and Women's Health – continued provision of these services in Antrim Area Hospital. As part of Phase 2 Rebuilding of Services the Trust is now carrying out an options appraisal which will include consideration of all possible options to return and maintain the service at Causeway - rural needs will be considered as part of this options appraisal
- Pharmacy telephone/video clinics are to continue
- Community Health and Well-being - Community H&WB Services such as Farm Families, Arts for Health and Mental Health initiatives were initially stood down before being restarted by phone/video from 4th May 2020 In Phase two, from July to September 2020, we will be moving remaining services onto remote delivery e.g. Training for Sexual Health, Mental Wellbeing etc., Loneliness networks/parcels and kits. Farmers

Health Checks.

- MHOP – virtual clinics for memory assessments
- Learning Disability day services – virtual contact for those service users not able to access day centres due to regional criteria
- Condition Management Programme – service will be re-established initially through telephone contact only and developing remote delivery training programmes
- GP OOH service has been consolidated onto 2 sites only – probable change of location for access
- Physiotherapy - services being delivered with a proportion of attendances face to face combined with telephone and Zoom contacts
- Occupational Therapy – use of tele-rehabilitation techniques and remote contact
- Podiatry – use of technology for virtual clinics
- Community Stroke team – some tele-rehabilitation interventions
- Community hospitals – allocation of these to Covid +ve and Covid –ve status – probable change of locations for access to service
- Social Work - continued phased approach to the re-establishment of SW reviews for critical services. These will be undertaken by phone/video, where appropriate, to reduce footfall in domiciliary settings
- Wheelchair service – use of remote interventions
- Continence Service – use of telephone contact
- Macmillan Unit - the unit, which was relocated to Mid Ulster Hospital (MUH) from AAH, is to be maintained at MUH pending review of COVID pressures in early summer –continued change of service location from Antrim to Magherafelt
- Community Dental - we are establishing a model for the safe delivery of urgent dental care to patients unable to travel from their residences – potential mitigation for rural needs
- The Rowan - an on line testing pilot continues with services delivered by telemedicine while model for re-establishing service is examined
- Health Visiting and Community Paediatric services - from June 2020 innovative contactless online solutions are being deployed, such as video conferencing, telephone assessments and CPMS online triage.
- Looked After Children (LAC) - from June 2020 the service intends to immediately start phasing up of direct contact in line with regional plan and government guidance, reinstating reviews either by phone/video or face to face where social distancing is possible
- Child Protection (to include Children's Disability) - Case conferences to continue face to face or remotely using Zoom as risk assessment dictates
- Family Group Conferencing (FGC) - FGC will continue to treat new and urgent referrals from Gateway as a priority with delivery of service via Zoom due to social distancing requirements
- Child Adolescent Mental Health Services – use of Zoom for remote delivery
- CEIS – service relocation to limit footfall to family centres plus remote delivery of service
- Paediatric autistic spectrum disorder service (ASD) - Phase Two plans include the maintenance of the Telephone Consult/Support service as an element of remote delivery
- Paediatric Occupational Therapy Service (OT) – videoconferencing for completion of Developmental History Questionnaires
- Health Protection Programme – centralisation of clinics – probable change of service location
- CPMS- assessment and review by remote means eg telephone and Zoom

- Corporate Nursing – Continued delivery of REaCH Masterclasses to Care Homes as clinical training needs is identified via face to face and on line platforms such as Zoom
- Tissue Viability Nursing Team - This service will continue to provide telephone support with increased use of technology to view remotely images of tissue viability conditions
- Visitors - From 6 July a new regional guidance document for Trust inpatient services, Maternity Services, Care Homes, Mental Health Services and Children's Hospital Services, for the duration for the COVID-19 pandemic will be followed by NHSCT as part of their Phase 2 Plan.

Please note in normal circumstances, this phased rebuilding 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 Phase 2 Plan 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

Northern Health and Social Care Trust

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 • NISRA – dataset on Home Internet and Broadband Access • OFCOM – Connected Nations Report
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.

In Northern Ireland, for the latest dataset available on NISRA (2018), 16% of households had no home broadband and 15% had no home internet access. These households will not be able to avail of services being delivered remotely using this technology with remote delivery being a focus of the Phase 2 Plan. In addition the OFCOM Connected Nations report (2019) acknowledges that more work is needed to improve services in rural areas where some customers who do have access to broadband experience slower speeds that in towns or cities and, further, that 19% of rural dwellers are unable to receive decent broadband.

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

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 phased rebuilding of services would be subject to a full Rural Needs Impact Assessment (RNIA) and public consultation. Mindful of its obligations under the Rural Needs Act 2016, the Trust has completed and published this screening template. The Trust's Phase 2 Plan 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.

The Trust recognises that there are a number of policy leads/decision makers across HSC who likewise must comply with Section 1(1) of the Rural Needs Act (NI) 2016 in the development, implementation and review of the Minister for Health's "Strategic Framework for Rebuilding HSC Services"

in NI and in the development and implementation of HSC Trusts Rebuild Plans. The Trust therefore commits to collaborate, as necessary, with all relevant HSC organisations in seeking to ensure the fulfilment of these statutory duties. This may entail, in some instances, the Trust feeding upward into regional RNIAs led by other HSC Policy Leads e.g. DoH, HSCB et al, contributing to RNIAs by other policy leads where there are for example regional themes, undertaking further individual RNIAs on Trust proposals and, where necessary and appropriate, conducting RNIAs and associated consultation in line with the Rural Needs Act (NI) 2016 and in fulfilment of the requirement of the DoH Circular Guidance 'Change of Withdrawal of Services – Guidance on Roles and Responsibilities' - September 2019 especially where temporary changes are being proposed as permanent.

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 SMT
Date:	21 July 2020