

## 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 1 Plan (June 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.

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

**Rebuilding HSC Services – phase 1 (June 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 11<sup>th</sup> 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 1 Plan focussed on the need to reinstate 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. However the trend in the rolling average number of cases and reported deaths is downwards. This suggests that the first peak of the COVID-19 outbreak has passed in Northern Ireland. The Department of Health (DOH) has requested that Trusts publish plans to implement the rebuilding of non COVID-19 services covering the period 1 to 30 June 2020.

### **Rebuilding HSC Services – phase 1 (June 2020)**

#### ***Our Approach: Rebuilding Health and Social Care Services in the Northern Trust***

We are now past the first peak of the COVID-19 outbreak in Northern Ireland, and the time has come to begin to rebuild our health and social care services. As we do so we have to recognise 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.

The Coronavirus pandemic has meant that many services have been stood down or significantly reduced. However the pandemic period has also been a time of great innovation, with barriers being broken down and services being delivered in very different ways, including much greater use of technology. Throughout this period our staff have shown tremendous resilience and creativity and have continued to deliver high quality care in some very difficult circumstances, and we have demonstrated the value of working in partnership with those outside the Trust.

As we move towards the future, we will be focusing on three key areas through our Project Reset:

1. **Service delivery:** we will rebuild and re-form services, using the learning from the Coronavirus period to establish a 'new normal', providing safe, high-quality health and social care to our patients and service users.
2. **People:** our staff are at the heart of all we do and we will support them to learn from their experience, with our continued focus on making NHSCCT a great place to work.
3. **Partnerships:** we will reach out to develop and strengthen our partnerships with those outside the Trust, with the overarching aim of improving the health and wellbeing of our population.

Along with our partners across Northern Ireland, we will be working together to:

- Ensure equity of access for the treatment of patients across Northern Ireland
- Minimise the transmission of COVID-19, and
- Protect the most urgent services.

Our key challenges in respect of implementing our Plan include:

1. Rebuilding elective services for prioritised groups while continuing to respond effectively to COVID-19.
2. Assessment of workforce pressures including the ability to safely and appropriately staff the rebuild plans, ensuring our staff feel supported and

- valued and managing the resources required for testing to maintain patient and staff safety in respect of spread of infection.
3. Ongoing requirements to maintain COVID and non-COVID pathways in line with IPC advice and guidance to safely manage the flow of staff and patients and utilisation of PPE.
  4. Maintaining our commitment to co-production, engagement and informed involvement in key decision making.
  5. Ensuring any rebuild plans focus on keeping our staff, patients and service users safe.
  6. Ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but which can effectively and safely deliver health and social care services.
  7. Our hospital based infrastructure is poor and achieving effective implementation of social distancing measures will present significant challenges including a reduction in site capacity and productivity.

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 plan to review access to emergency care services within the Trust in light of social distancing requirements and to maximise Primary Care Partnerships to develop RESET plans in collaboration.

### **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 June 2020 we plan to retain 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.

### **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 rebuilding services we intend to continue inpatient, red flag and urgent investigations across (all sites). Scheduled diagnostics will resume with reduced capacity due to infection control constraints. We will continue 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.

### **Cancer Treatment Services**

During surge, cancer surgery continued in line with NHS England and NICA regional prioritisation. Oncology, haematology and systemic anticancer treatments (SACT) continue and in accordance with national and NICA regional guidance with 20% reduction in capacity. During June 2020 SACT will continue to be provided in response to demand. Surgical activity will increase in a phased way. Activity has been gradually increasing since early May with an increase in phone/video assessments.

### **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 are to be re-established, albeit with reduced capacity due to COVID related Infection Control and Social Distancing.

### **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 will be carried out as well as limited priority face to face (Trust wide). A step up plan taking account of social distancing and access requirements is being developed.

### **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 is now carrying out an options appraisal which will include consideration of all possible options to maintain the service at Causeway. The Causeway Maternity Unit will continue to provide Outpatient antenatal care Monday to Friday 9am-5pm and Community midwifery across the Trust continues in the antenatal and postnatal Period.

### **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-19 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 will increase in a phased way with a continued focus on red flag & urgent patients in the first instance due to COVID-19 related constraints. The reformed Emergency Surgical Pathway in Antrim Hospital will be continued. The paediatric inpatient facility in Causeway and the Ambulatory Unit in Antrim Area Hospital will return to normal activity by 15th June. A temporary reduction in bed capacity at AAH children's ward will be necessary as result of staffing deficits.

## **Pharmacy**

Whilst the majority of Pharmacy Services were maintained during the pandemic, a downturn 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 are to restart and 7 day service to critical care and palliative care continued. Seven day distribution PPE and telephone/video clinics are to 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 will be available from early June 2020. By the end of June a plan to re-establish Loneliness Networks will be 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.

### **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 are preparing during June 2020 for the reopening of the Addiction ward in July. This will not open at full capacity due to social distancing requirements and restrictions in ward layout.

### **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 will use Phase 1 to plan for service users to return to Trust Day Centres in a phased way. All facilities are currently being assessed in conjunction with RQIA capacity guidelines. Service Recovery Plans are being developed and will be communicated in due course.

### **Condition Management Programme**

Caseload was suspended in March 2020 due to COVID-19. Service will be re-established initially through telephone contact only.

## **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). As part of Phase One rebuilding of services, the HSCB and DOH are to review the longer term plans for Primary Care COVID Assessment centres and this will then impact on the GP

OOHs service within the NHSCT area.

## **SERVICE AREA: ALLIED HEALTH SERVICES**

### **Physiotherapy**

As with most Allied Health Professional Services, Physiotherapy was stood down during COVID-19 surge.

Physiotherapy services are to restart in June with a proportion of attendances face to face combined with telephone and Zoom contacts.

### **Occupational Therapy**

Community Occupational Therapy (OT) Critical Need Service was maintained through COVID-19. 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 is planning for 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.

### **Orthoptics**

Paediatric orthoptic services were initially stood down but re-started on 13th May for most urgent patients.

Adult orthoptic services will restart in June for urgent patients only. Visual Fields tests have been reinstated for urgent neurological patients.

### **Speech & Language Therapy**

During COVID-19 surge routine and Community clinics were cancelled, dysphagia assessments continued based on clinical need

In June 2020 paediatric and all Adult SLT are to re-establish Face to Face dysphagia OP clinics, new assessment & priority review & routine communication clinics.

### **Podiatry**

During COVID-19 the service was stood down to meet critical need only. Use of technology supported decision making in triage to manage risk.

In June 2020 there will be a phased approach to re-establishment of service for urgent and priority cases.

### **Community Stroke team**

Community Stroke Service to re-establish priority referrals across 4 locality teams having been stood down during the pandemic.

## **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 plan to maintain the current position and evaluate in line with infection rates.

### **District Nursing (DN)**

Critical DN service continued to be provided throughout COVID-19 surge. Phased approach in June 2020 will focus on completing activities deferred during surge with the aim of resuming all routine work, including proactive/ preventative, during June/July 2020.

### **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 will be a phased approach to the re-establishment of treatment room service provision in partnership with primary care colleagues.

### **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 will be a 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.

### **Community Stroke Service**

During COVID-19 surge period and throughout the pandemic face to face contact was reduced to critical need only with other care provided remotely by phone/video. During June 2020 there will be preparations for a phased return to full service provision

### **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 is 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 is also a plan for re-modelling of service provision to meet acute and community equipment demands going forward.

### **Wheelchairs & Continence**

From June 2020 there is 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.

### **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.

June 2020 Phase One plan will see an evaluation of the current position based on COVID infection rates; consideration to be given to a phased approach of reintroducing rehabilitation services within statutory residential care.

### **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.

### **Macmillan Unit**

The Macmillan 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.

### **Sensory Support**

From June 2020 there will be a phased approach to re-establishment of this service which was stood down in response to COVID-19

## **SERVICE AREA: COMMUNITY DENTAL**

### **Community Dental**

All dental calls were triaged centrally during COVID to ensure appropriate response. From June 2020 we are establishing a model for the safe delivery of urgent dental care to patients unable to travel from their residences. Please note that, as dentistry is largely a high level PPE service, return to pre-COVID practice will take significant planning in our community settings.

## **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 One Rebuilding face to face appointments have recently recommenced operating on a triage system. This will continue on this basis. An on line testing pilot continues

### **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 will be developed to determine which clinics and how these can recommence. This will be dependent on social distancing requirements and the decant of services currently using CASH accommodation.



## **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 are being deployed, such as video conferencing, telephone assessments and CPMS online triage. Ante-natal home visits will be re-established and School Nursing Clinics will re-start depending on how schools reopen.

### **Immunisation programme**

A letter was issued to parents of children who did not receive school based immunisation programme due to school closures. Currently awaiting DOH & PHA direction on recommencing school based immunisation programmes.

### **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 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)**

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 the aim is 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 One plans include continuing to undertake face to face child protection and high level family support visits and increase face to face visits to family support referrals.

### **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 will be offered to those clients who declined Zoom or telephone contact during pandemic.

### **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.

### **Paediatric autistic spectrum disorder service (ASD)**

Phase one plans include the maintenance of the Telephone Consult/Support service with bookable appointment slots for families of children with ASD or those awaiting assessment. It is also planned to develop a resource pack & toolkit to support children and young people and their families to manage anxieties in relation to returning to school.

### **Paediatric Occupational Therapy Service (OT)**

This service continued to meet complex needs during the pandemic.

From June 2020 it is planned to extend service provision for complex cases to prevent escalation to acute services and progress review of service model to include triage and service pathway, scoping viability of providing consultative role via online platforms and developing regional online platform of resources for families.

### **SEN coordination**

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

### **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.

Plan in place to re-establish Northern Hub CDC clinics in June 2020 as CDC accommodation is returned for use by the MDT. All other services to continue as outlined above.

### **SERVICE AREA: CORPORATE**

#### **Corporate Nursing**

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 will be 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

### **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 will continue to provide telephone support with increased use of technology to view remotely images of tissue viability conditions.

### **Visitors**

In line with all HSC services, we have temporarily restricted the number of visitors across hospitals and Health Care settings. At present, all general hospital visiting has stopped. There are some exceptions to these restrictions, for example Critical Care areas and Palliative (end of life) care and we have made local arrangements to ensure our patients and residents can remain in contact with loved ones. Until it is safe to do so, visiting across hospitals and health care settings will continue to be restricted.

### **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 1 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 1 Plan includes actions that relate to reinstating services in an incremental way while ensuring the delivery of high quality and safe patient/client services. It is acknowledged that COVID-19 is still infecting people in our community. This will continue to impact on people living in both rural and urban areas. This screening for rural needs concentrates on services created, services being delivered remotely to accommodate social distancing by use of broadband or mobile technology or existing services still being provided but where the location of these services continues to be changed.

Below are the actions in the Phase 1 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 Care – continued use of independent sector provision for red flag surgery service provision, contract to end of June 2020 – probable continued change of location for service provision
- 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 1, during June 2020, telephone and video assessments for urgent, red flag and review will be carried out
- Integrated Maternity and Women's Health – continued provision of these services in Antrim Area Hospital. As part of Phase 1 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
- Condition Management Programme – service will be re-established initially through telephone contact only
- Physiotherapy - services are to restart in June with a proportion of attendances face to face combined with telephone and Zoom contacts
- Social Work - during June 2020 there will be a 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
- 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 - from June 2020 we are establishing a model for the safe delivery of urgent dental care to patients unable to travel from their residences
- The Rowan - an on line testing pilot continues
- 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 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
- Paediatric autistic spectrum disorder service (ASD) - Phase one plans include the maintenance of the Telephone Consult/Support service with bookable appointment slots for families of children with ASD or those awaiting assessment
- Paediatric Occupational Therapy Service (OT) - From June 2020 it is planned to extend service provision for complex cases to prevent escalation to acute services and progress review of service model to include triage and service pathway, scoping viability of providing consultative role via online platforms and developing regional online platform of resources for families
- Corporate Nursing - From June 2020 there will be 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 - From June 2020 this service will continue to provide telephone support with increased use of technology to view remotely images of tissue viability conditions
- Visitors - currently all general hospital visiting has stopped. There are some exceptions to these restrictions, for example critical care areas and palliative (end of life) care and we have made local arrangements (telephone and video conferencing) to ensure our patients and residents can remain in contact with loved ones. Until it is safe to do so, visiting across hospitals and health care settings will continue to be restricted
- Staff who were redeployed gradually have been returning to original roles – mitigation in place until their return as additional travel expenses being reimbursed

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 1 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. 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.

**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
- NISRA – dataset on Home Internet and Broadband Access

### **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, 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 1 rebuild plan.

### **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 1 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:

7 July 2020