

Appendix 2 - Template for Information to be Compiled

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

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

Name of Public Authority:

Reporting Period: April 20 to March 20

The Trust is committed to promoting and upholding its duties in relation to the Rural Needs Act (NI) 2016 and will have due regard to rural needs in the development of all our policy and public service delivery decisions. The Trust is also committed to its reporting and monitoring obligations in accordance with Rural Needs Act (NI) (2016). The Trust has carried out the following activity to comply with, and mainstream, the duties outlined in this legislation.

- The Trust's Senior Management Team is continually briefed to ensure ownership of the rural statutory duties at a strategic level.
- Guidance on rural needs is provided to Trust Board members as outlined in the [Regional Guidance for Board members](#)
- The Trust's Engagement, Experience, Equality and Employment Group (Quad EG), chaired by the Director of Operations, seeks assurance that the Trust is compliant with rural needs statutory requirements. Membership includes all divisional directors, non-executive directors and the Patient Client Council. The Quad EG reports directly to the Trust's Assurance and Improvement Group, then through to Trust Board.

- To ensure effective mainstreaming and monitoring of the “due regard” within the Rural Needs Act the Trust’s mandatory policy development process includes a section on requirements relating to the Rural Needs Act as a requirement for staff to consider the social and economic needs of persons in rural areas when drafting a policy/proposal/plan or strategy.
- The Trust’s Equality Unit provides support to colleagues across the Trust in relation to rural needs impact and advice and guidance is provided on the Trust’s Staffnet to raise awareness and support staff.
- The National Centre for Rural Health and Care, Rural Services Network and the Nuffield Trust have published a Rural Proofing Toolkit in England to help those in the health and care sectors to address the needs of their rural populations when developing strategies, initiatives and service delivery plans. In partnership with Health and Social Care (HSC) Trusts, the authors are currently developing a Northern Ireland context for the toolkit as a valuable resource for planning in HSC in Northern Ireland. A regional workshop for key HSC planners/project leads is planned for September 2022 in partnership with representatives from Department Of Health and Department of Agriculture Environment and Rural Affairs. It is anticipated that the outcome of this valuable collaboration will be a NI relevant toolkit and a resource that will support training for health and social care staff.
- The Trust’s Senior Management Team and Trust Board has considered this Monitoring Report before submission to DAERA.

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

[Screening Outcome Reports](#)

<p><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016¹.</i></p>	<p><i>The rural policy area(s) which the activity relates to².</i></p>	<p><i>Describe how the public authority has had due regard to rural needs when developing, adopting, implementing or revising the policy, strategy or plan or when designing or delivering the public service³.</i></p>
<p>Re-provision of mental health inpatient services in NHSCT</p>	<p>Health and Social Care</p>	<p>Patients who currently receive inpatient mental health services in the Ross Thompson Unit at Causeway Hospital and Holywell Hospital will receive future services in a modern facility on the Antrim Area Hospital site providing 134 beds in total. This is anticipated to be commissioned and fully operational by September 2025</p> <p>For this RNIA the definition of rural was further than 20 or 30 minutes' drive time from Antrim, the location of the new mental health in-patient services provision. This analysis indicated that 84,447 potential service users who reside in excess of 30 minutes drive time from the inpatient facility (out of 308,286, just over 27%) Significantly an additional 155,011 people, (from 2011 Census detail) live in open countryside in NHSCT geographical area, almost one third of potential service users. It is likely that a significant proportion of these people also reside in excess of 30 minutes travel time from the proposed new mental health in-patient facility in Antrim.</p> <p>Differential impact summarised below:</p>

		<ul style="list-style-type: none">• Treatment being provided at centralised and modern mental health in-patient services may have an impact in terms of travel on some rural service users and their families.• Potential to impact people in rural areas differently as the use of technology for remote visiting involves internet or broadband connectivity; people who live rurally are more likely to have no broadband or internet access or limited access than urban dwellers• Availability of public transport and availability of community transport for people who do not have private transport along with cost of travel. <p>Mitigation applied in respect of remote visiting available to enable families to keep in touch with their relatives who use the new mental health inpatient facilities in Antrim.</p> <p>Significant investment in community based mental health services will enable prompt discharge of patients back to the community. The provision of extra care and support provided in people's homes as part of the discharge care plan is likely to reduce barriers regarding travel for some rural service users</p>
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		<p>Increased care provided in community settings after discharge is likely to have a positive impact in terms of reduced travel times</p>
<p><i>Northern Health and Social Care Trust (NHSCT) COVID-19 Response: Rebuilding Services Plan, Phase 3 (1st April – 30th June 2021)</i></p>	<p>Health and Social Care</p>	<p>The Phase 3 plan for April, May and June 2021 outlines how NHSCT will continue the journey of rebuilding health and social care across all services, following the third COVID surge. The RNIA concentrates on services created or existing services still being provided but where the location of these services has changed. Increase of virtual appointments, activities, telemedicine and consultations across many services detailed in this plan. Mitigation by blended model of delivery including face to face where this is possible.</p> <p>Impact on people living rurally includes:</p> <ul style="list-style-type: none"> • 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 and ability of individuals in rural areas to travel to clinics which are centrally based in urban areas (mitigation is availability of public or community transportation). • For staff redeployments – availability of public or community transportation (mitigation is that travel costs will be reimbursed) • Access to adequate Broadband or mobile

		communication in rural areas for remote access to services (mitigation is the use of hybrid service delivery models)
<p><i>NHSCT Service Delivery Plan for July and August 2021</i></p>	<p>Health and Social Care</p>	<p>The purpose of this two month Service Delivery Plan is to show how NHSCT will balance the ongoing needs of people and communities affected during the pandemic and to address the impact on all services, particularly elective waiting times and lists, services for children, older people and those who have mental health needs.</p> <p>There is the 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. The use of blended models of service delivery utilising virtual delivery in combination with face to face appointments as detailed in the service delivery plan offer choice to service users and minimise adverse impact in respect of access to services.</p> <p>Impact on people living rurally includes:</p> <ul style="list-style-type: none"> • 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 and ability of individuals in rural areas to travel to clinics which are centrally based in urban areas (mitigation is availability

		<p>of public or community transportation).</p> <ul style="list-style-type: none"> • For staff redeployments – availability of public or community transportation (mitigation is that travel costs will be reimbursed) • Access to adequate Broadband or mobile communication in rural areas for remote access to services (mitigation is the use of hybrid service delivery models)
<p><i>Service Delivery Plan to include response to COVID -19 Surge (4th wave), Winter Pressures and Delivery of Key Regional Priorities October 2021 – March 2022</i></p>	<p>Health and Social Care</p>	<p>The Plan focuses on three areas describing how the Trust will deliver increased resilience through this challenging autumn and winter period:</p> <ol style="list-style-type: none"> 1. Winter Pressures for both adults and paediatrics including our estimated bed projections, actions to secure the appropriate level of suitably trained staff and our response to the influenza virus. 2. COVID-19 (4th surge) – this sets out across key service areas the actions required to meet the demands of the pandemic whilst continuing to apply the key regional planning principles of equity of access for the treatment of patients, minimizing the transmission of COVID-19 and protecting the most urgent services. 3. The delivery of key regional priorities for unscheduled care, elective care, cancer services, adult social care, children’s services, mental health

		<p>and physical disability services.</p> <p>Impact on people living rurally includes:</p> <ul style="list-style-type: none"> • 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 and ability of individuals in rural areas to travel to clinics which are centrally based in urban areas (mitigation is availability of public or community transportation). • For staff redeployments – availability of public or community transportation (mitigation is that travel costs will be reimbursed) • Access to adequate Broadband or mobile communication in rural areas for remote access to services (mitigation is the use of hybrid service delivery models)
<p><i>Nightingale at Whiteabbey - Enhanced Nursing and Therapies Rehabilitation and Step Down Unit (regional service).</i></p>	<p>Health and Social Care</p>	<p>Due to a decrease in cases of COVID-19 the Whiteabbey Nightingale, a decision was made to maximise the use of the facility and to transition to a regional enhanced nursing and therapies general rehabilitation model for non-COVID patients in April 2021, as an interim delivery model.</p> <p>The preferred option for legacy use of the Whiteabbey Nightingale is to be primarily a fracture orthopaedic model but that the facility would also accept general rehabilitation patients from across the region at the</p>

		<p>end of an acute hospital admission who would benefit from active rehabilitation</p> <p>Differential impacts identified as being both positive and negative:</p> <ul style="list-style-type: none">• Treatment being provided at regional rehabilitation centre may have an impact in terms of travel on some rural service users and their families. Mitigations will be in place to allow family members to connect with patients virtually or remotely using tablets and virtual technology• Potential for further redeployment of staff in the event of further surge of COVID-19. This may have an impact on staff residing in rural areas if redeployed to Whiteabbey regional stepdown facility. In the case of staff being redeployed from rural to urban areas, the Trust continues to recognise the importance of enabling staff to have flexibility and has introduced a series of flexible working options to facilitate staff.• Potential to impact people in rural areas differently as the use of technology involves internet or broadband connectivity; people who live rurally are more likely to have no broadband or internet access or limited access than urban dwellers.• The provision of extra care and support
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		<p>provided in people’s homes as part of the discharge care plan is likely to reduce barriers regarding travel for some rural service users</p> <ul style="list-style-type: none"> • Increased care provided in community settings after discharge is likely to have a positive impact in terms of reduced travel times
<i>My Journey Project</i>	Health and Social Care	<p>Podcasts, webinars and video production included as part of a one year pilot project called "My Journey," where NHSCT are offering digital resources, supplementary to existing service provision and therefore there will be no loss of current services being offered, to support service users' recovery journey and to make educational and clinical information available to patients and service users, in support of, or as an alternative to, existing care pathways for users' healthcare journey. Potential issues identified in respect of access to services in terms of broadband/internet/mobile communication access.</p> <p>Suitable mitigation measures will be implemented (alternative delivery routes and accessible formats) to ensure that “My Journey” elements remain accessible to all service users.</p>
<i>Assistive Technology (AT) Strategy</i>	Health and Social Care	<p>This Strategy recommends the relocation of the Trust Community Equipment Service (CES) and integration with the various assistive technology services currently provided by the Northern Trust into one</p>

		<p>Trust-wide service and management structure based in Galgorm Industrial Estate.</p> <p>Sometimes there will be a requirement for service users to collect products from the centralised CES in Ballymena; the proposed relocated service remains in Ballymena and in a central position within NHSCT.</p> <p>There may be some additional travel costs but these should be minimal. Service users of CES and AT primarily aged over 65 or people with a disability – less likely to use their own transport and, for the small part of the CES that requires service users to collect from the depot, transport and cost of transport requires to be considered. Mitigation through decision taken to continue to provide a delivery and collection service of equipment for CES and AT directly to the service user home address – direct to door is best mitigation for needs identified.</p>
<p><i>Domiciliary Care Provided by Non-Statutory Providers</i></p>	<p>Health and Social Care</p>	<p>The proposal outlines how Northern Trust (NHSCT) propose to procure and deliver domiciliary care provided by non-statutory providers. The way NHSCT purchase domiciliary care needs to change due to legislative requirements and also to ensure services provided meet the current and future needs of the NHSCT population. Approximately 25% of the population of NI live within the NHSCT, increasing to 27% when only looking at age 75+. Over the next 10 years the population of NHSCT age 85+ is expected</p>

		<p>to increase by 49%, nearly half of the population. This is a home based service with assessment and any subsequent care delivery taking place in service user's home. The proposed non-statutory contracted service includes all locality areas (historic council areas) within NHSCT. Awards will be made in each area for long term care delivery and for short term care delivery. This should provide full coverage of the Trust geographical area.</p> <p>There will also be continued availability of an in-house service – this will provide mitigation arrangements in the event of a particular geographical area not covered by the non-statutory provider. Service users can also take control of delivery of their domiciliary care needs through direct payments.</p> <p>The interaction of these 3 elements should bring a positive impact to residents of NHSCT area including those who dwell rurally.</p>
<p><i>Robinson Hospital Redevelopment Business Case</i></p>	<p>Health and Social Care</p>	<p>Temporary re-provision of services to allow major refurbishment of the existing hospital to maximise the number of en-suite facilities and to improve the patient, family and staff experience.</p> <p>There may be an impact upon families and carers in respect of the 6 month re-provision period to allow refurbishment and redevelopment works to take place</p>

		<p>with community hospital alternative beds being located in Ballycastle, Larne and Magherafelt. Families and carers may have to travel further to visit relatives and incur additional costs related to this travel. It is also recognised that the patient cohort and conditions accommodated may mean that families and carers are under stress and anxious about their family member. Mitigations include the provision of alternative beds in nursing home facilities in or close to the Ballymoney area and a commitment to engage with families and carers to gauge concerns and preferences and to accommodate these where it is possible to do so. Staff may have a temporary change of work location from Ballymoney to other community hospitals. Any such changes will be managed in line with the NHSCT HR Management of Change framework taking into account and responding to the personal situations of staff.</p>
<p><i>NHSCT/22/1643 Community Beds Policy</i></p>	<p>Health and Social Care</p>	<p>This policy describes the arrangements for medical cover, referral processes, screening processes and admission/ discharge procedures for community beds. Temporary step down bed allocation will be based on availability rather than predetermined by the area in which people normally reside. May mean that family/carers have a distance to travel to visit family members in community beds. Potential economic impact re cost of travel and availability of transport</p>

		sources. This is a temporary move to step down bed provision – the nature of the provision means that the displacement from family and associated cost to visit is time limited
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NOTES

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

Appendix A

Rural Needs Impact Assessment 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:

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

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

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

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

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

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

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

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?

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

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

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

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:

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

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

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?

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?

Section 6: Documentation:

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

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

Rural Needs Impact
Assessment
undertaken by: