



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:

South Eastern Health and Social Care Trust

Reporting Period:

April 20 24 to March 20 25

The following information should be compiled in respect of each policy, strategy and plan which has been developed, adopted, implemented or revised and each public service which has been designed or delivered by the public authority during the reporting period.

- The Trust's Executive Team has been briefed to ensure ownership of these duties at strategic level.
- The Directorate of People and Organisational Development is responsible for central co-ordination of the monitoring report on behalf of the Trust.
- Health and Social Care Trusts have worked collaboratively to ensure the rural needs assessment template is user-friendly and relevant to Health and Social Care business. The key components of the template issued by Department of Agriculture, Environment and Rural Affairs have been used in compliance with the legislative obligations.
- Advice and guidance is provided on the Trust's intranet to raise awareness and support staff when completing rural needs assessments.
- Staff within the Equality Team of the People and Organisational Development Directorate provide advice and guidance to staff regarding the completion of Rural Needs Impact Assessment and also provide support to services, including signposting staff to guidance.
- To ensure effective mainstreaming, the Trust's Policy development teams also signpost staff to requirements relating to the Rural Needs Act.
- This Annual Monitoring Report on Rural Needs was submitted to Executive Management Team on 17 June 2025 and Trust Board on 25 June 2025 prior to submission to DAERA.

- The Trust is committed to promoting and upholding its duties in relation to the Rural Needs Act (Northern Ireland) 2016 and will have due regard to rural needs in the development of all our policy and public service delivery decisions. 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.

<p><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (Northern Ireland) 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>Implementation of the encompass programme: November 2023 and ongoing through reporting period April 2024 – March 2025</p>	<p>Health and Social Care</p>	<p>encompass is a HSCNI initiative established to deliver sustainable, long-term digital transformation for health and social care services. Encompass will introduce an electronic healthcare record for every person in Northern Ireland. Consideration has been given to the social and economic needs of people in rural areas including, broadband/internet/mobile communication access.</p> <p>The SET Programme Board, and Delivery and Readiness Assurance Group implements the initiative supported by the South Eastern Health and Social Care Trust.</p> <p>Mitigation has been built into the proposal in respect of persons in rural areas who may need have challenges with regard to access to</p>

telecommunications/broadband and Wi-Fi.

These include:

- Service users who may have difficulties can still call or write to the Trust to resolve queries.
- All patients will be afforded equality of opportunity and will be treated with dignity and respect. Carers can be granted access to view portions of dependents My Care Record as per HSC Policy.
- There is the potential that the implementation of encompass will improve communication for patients and service users with sensory and accessibility needs, as service user information will be available to care teams across HSC organisations.

These mitigations apply to both rural and urban areas. The implementation will be kept continually under review.

In addition, patient, service users and staff experience satisfaction questionnaires, complaints and compliments will be reviewed and monitored. The Trust will also consider the feedback from SEHSCT Communication and Engagement Plans.

Communication on the proposal will be provided in alternate languages as identified or requested and has been provided in alternate formats eg easy read.

SEHSCT - BT Payphone Services Contact Termination

Health and Social Care

As part of the annual payphone renewal process, SEHSCT received (23/02/24) notification of termination for the managed payphone contract.

The termination of payphone services is scheduled for

14/08/24. Following the termination period, BT will coordinate the recovery of the payphones, resulting in the unavailability of these services.

This may impact service users in rural areas who consequently have access to fewer payphone options. It should be noted that this termination applies only to SETrust site payphones.

However, the Trust is exploring an option to establish public access to Trust phones in each service area which will provide communication access for those who do not have access to a mobile phone or mobile communications in rural areas.

Consideration has been given to the social and economic needs of people in rural areas including, broadband/internet/mobile communication access.

The Trust is cognisant of the need to consider and mitigate any potential adverse impact. The Trust's proposal will be kept continually under review. This approach has been assessed as an on-going assessment to monitor the impact of proposed option on an on-going basis to ensure that the impact is not more significant than initially anticipated.

Also, patient and staff experience satisfaction questionnaires, complaints and compliments will be reviewed and monitored. The Trust will also consider the feedback from SEHSCT Communication and Engagement Plans around the proposal.

Communication on the proposal will be provided in alternate languages and format as needed.

<p>Implementation of The Hospital Parking Charges Act 2022 with the Introduction of the new Regional Enforcement Contract by South Eastern Trust.</p>	<p>Health and Social Care</p>	<p>South Eastern Trust currently has a contract with APOCA. Due to the introduction of the Hospital Parking Charges Act (Northern Ireland) 2022, there is a need for a new Regional Enforcement Contract for Car Parking Management.</p> <p>The new contract includes details of:</p> <ul style="list-style-type: none"> • Use of car parking technology - Automatic Number Plate Recognition (ANPR) is a technology that uses specialist cameras, software and image processing to capture vehicle registration plates and converts the registration plate images into data. • Patrol Wardens • Enforcement Actions, including Parking Charge Notifications (PCN) • Signage <p>The South Eastern Trust provides integrated care to a population of approximately 360,000 people within the areas of Ards, North Down, Down and Lisburn areas, many of whom reside in rural areas and are car dependant. In addition, the Ulster Hospital provides acute services to a significant proportion of East Belfast and Castlereagh and delivers regional Plastic and Maxillo-Facial services to the population of Northern Ireland.</p> <p>Potential Negative effect – general population may be encouraged by the legislation to drive to an appointment rather than use public transport putting parking resources under more pressure</p>
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Potential Negative effect – staff who currently choose to park in a public car park paying a public tariff may be displaced from parking on-site through the use of ANPR.

Potential Positive effect- Service users may be able to avail of the space created by the displacement of staff currently paying a public tariff in a public car park.

The Trust will explore technological solutions to control vehicle capacity to maintain access to healthcare services by those requiring a vehicle. This information will continue to be gathered from Research/Publications and by Field/Site visits to other UK jurisdictions.

Hospital at Home

Health and Social Care

Hospital at Home is a community-based, secondary care service providing intensive high-level care for a short episode through multidisciplinary healthcare team working.

This is to address one of the DoH indicators which has been prioritised for 2025/26:
Unscheduled attendances or admissions to hospital for reasons linked to long term conditions or disabilities.

Hospital at Home will be key to reducing admissions to Hospital for frailty patients. It aims to deliver care to patients in their usual place of residence, whether a domiciliary setting or care home, for conditions that would normally require inpatient care in an acute hospital bed Hospital at Home

Consideration has been given to the health, social and economic needs of people in rural areas including, broadband/internet/mobile communication access.

The Trust is cognisant of the need to consider and

		<p>mitigate any potential adverse impact. The Trust's implementation of the initiative will be kept continually under review. This approach has been taken to allow the Trust to monitor the impact of the implementation on an on-going basis to ensure that it is not more significant than initially anticipated.</p> <p>Service users who require ongoing hospital based treatment are more likely to have lower incomes due to disruption to their earnings caused by ill health or disability and hospital car parking charges may add to the financial stress.</p> <p>The higher level of absolute poverty amongst rural pensioners, as well as the difficulty of accessing public transport, is acknowledged. Older service users are more likely to require hospital treatment more regularly as they age. (Key Rural Issues Northern Ireland 2020 DAERA)</p> <p>Communication on the Hospital at Home Initiative will be provided in alternate languages, or easy read format, when a need is identified or requested.</p>
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