



## 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 (SEHSCT)

Reporting Period:

April 20 20 to March 20 21

### Background

The Trust is 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:

- The Trust's Executive Team has been briefed to ensure ownership of these duties at strategic level
- The Directorate of Planning, Performance and Informatics is responsible for central co-ordination of the monitoring report on behalf of the Trust
- HSC Trusts have worked collaboratively to ensure the rural needs assessment template is user-friendly and relevant to HSC business. The key components of the template issued by DAERA 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 Planning, Performance and Informatics Directorate provide advice and guidance to staff regarding the completion

of Rural Needs Impact Assessments. Planning managers also provide support to services, including signposting staff to guidance.

- To ensure effective mainstreaming the Trust's Equality and Policy development teams also signpost staff to requirements relating to the Rural Needs Act
- This Annual Monitoring report on rural needs has been considered by Trust Board before submission to DAERA and monitoring information in this report will be included in the Trust's Annual Report

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 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 link to S75 equality screenings of Trust policies [here](#).

The following table includes information on policies where a Rural Needs Impact Assessment has been completed.

<p><b><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</i></b></p>	<p><b><i>The rural policy area(s) which the activity relates to<sup>2</sup>.</i></b></p>	<p><b><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 service<sup>3</sup>.</i></b></p>
<p>SEHSCT COVID-19 Response</p>	<p>Health and Social Care</p>	<p>An overarching rural screening to gauge the cumulative impact of the measures and key actions taken to facilitate service delivery and an agile response to the unprecedented impact of the COVID-19.</p> <p>The Trust's initial response to COVID-19 included actions that relate to the temporary cessation of services to allow for capacity to be created in order to manage the pandemic. These actions will have had impact on people living in both rural and urban areas. In particular key actions identified with likely impact to people living in rural areas included the economic cost of travel to services which are centrally based in urban areas, the ability of individuals in rural areas to travel to clinics which are centrally based in urban areas, including the availability and timing of public/community transportation, access to adequate broadband and mobile communication in rural areas for remote access to services and the availability of public or community transportation for staff who have been redeployed from rural to urban Trust areas.</p>

<p><b><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</i></b></p>	<p><b><i>The rural policy area(s) which the activity relates to<sup>2</sup>.</i></b></p>	<p><b><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 service<sup>3</sup>.</i></b></p>
		<p>Consideration for potential impact on service users and staff living in rural areas included a number of mitigating measures. These included offering service users the choice of telephone/video call depending on preference and the availability of Broadband/mobile communication. Due to the identification of potential internet challenges for people living in rural areas, services users were also given the option to be contacted by health professionals via landline telephone where available, and if network issues existed; regular communication and updates were provided to staff and service users via the internet (e.g. SEHSCT social media sites). Other forms of communication have also been used e.g. regular briefings provided to Elected Representatives across the Trust area, including rural areas. Various evaluations to assess service users' experience of telephone/video consultations and support provided by the Trust; consideration of travel time as a provision for staff redeployed during the COVID-19 situation (this is outside normal Terms and Conditions). Transport provision for staff to travel from Downpatrick to the Ulster Hospital. The bus times have been subsequently reviewed and amended to accommodate shift times.</p> <p>This plan has been continuously reviewed, informed by</p>

<p><b>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</b></p>	<p><b>The rural policy area(s) which the activity relates to<sup>2</sup>.</b></p>	<p><b>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 service<sup>3</sup>.</b></p>
		<p>service user feedback and aligned to regional discussions and priorities.</p>
<p>SEHSCT Rebuilding HSC Services – Phase One</p>	<p>Health and Social Care</p>	<p>An overarching rural screening to gauge the cumulative impact of the measures to facilitate ongoing service delivery and an agile response to the unprecedented impact of the COVID-19.</p> <p>Working together with our partners across Northern Ireland to implement the recovery of Non-COVID-19 HSC Services, The Trust continues to plan services using an agreed regional approach to:</p> <ul style="list-style-type: none"> <li>• Ensure Equity of Access for the treatment of patients across Northern Ireland;</li> <li>• Minimise the transmission of COVID-19; and</li> <li>• Protect the most urgent services</li> </ul> <p>Many of the measures within this rebuilding plan constituted an incremental attempt to return to service provision, as was, prior to COVID -19 whilst others constituted the introduction or continuation of temporary changes to facilitate ongoing service delivery and also</p>

<p><b><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</i></b></p>	<p><b><i>The rural policy area(s) which the activity relates to<sup>2</sup>.</i></b></p>	<p><b><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 service<sup>3</sup>.</i></b></p>
		<p>an agile response to further COVID-19 surges.</p> <p>These measures will have had impact on people living in both rural and urban areas. In particular key actions identified with likely impact to people living in rural areas included, the economic cost of travel to services which are centrally based in urban areas, the ability of individuals in rural areas to travel to clinics which are centrally based in urban areas, including the availability and timing of public/community transportation, access to adequate broadband and mobile communication in rural areas for remote access to services and the availability of public or community transportation for staff who have been redeployed from rural to urban Trust areas.</p> <p>Consideration for potential impact on staff and service users living in rural areas included a number of mitigating measures. These included offering service users the choice of telephone/video call depending on preference and the availability of Broadband/mobile communication. Due to the identification of potential internet challenges for people living in rural areas, services users were also given the option to be contacted by health professionals via landline telephone where available, and if network issues existed; regular</p>

<p><b><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</i></b></p>	<p><b><i>The rural policy area(s) which the activity relates to<sup>2</sup>.</i></b></p>	<p><b><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 service<sup>3</sup>.</i></b></p>
		<p>communication and updates were provided to staff and service users via the internet (e.g. SEHSCT social media sites). Other forms of communication have also been used e.g. regular briefings provided to Elected Representatives across the Trust area, including rural areas. Various evaluations to assess service users' experience of telephone/video consultations and support provided by the Trust; consideration of travel time and transportation as a provision for staff redeployed during the COVID-19 situation.</p> <p>This plan has been continuously reviewed, informed by service user feedback and aligned to regional discussions and priorities.</p>
<p>SEHSCT Rebuilding HSC Services – Phase Two</p>	<p>Health and Social Care</p>	<p>An overarching rural screening to gauge the cumulative impact of the measures to facilitate ongoing service delivery and an agile response to the unprecedented impact of the COVID-19.</p> <p>Working together with our partners across Northern Ireland to implement the recovery of Non-COVID-19 HSC Services, The Trust continues to plan services using an agreed regional approach to:</p>

<p><b>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</b></p>	<p><b>The rural policy area(s) which the activity relates to<sup>2</sup>.</b></p>	<p><b>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 service<sup>3</sup>.</b></p>
		<ul style="list-style-type: none"> <li>• Ensure Equity of Access for the treatment of patients across Northern Ireland;</li> <li>• Minimise the transmission of COVID-19; and</li> <li>• Protect the most urgent services</li> </ul> <p>Many of the measures within this rebuilding plan constituted an incremental attempt to return to service provision, as was, prior to COVID -19 whilst others constituted the introduction or continuation of temporary changes to facilitate ongoing service delivery and also an agile response to further COVID-19 surges.</p> <p>These measures will have had impact on people living in both rural and urban areas. In particular key actions identified with likely impact to people living in rural areas included, the economic cost of travel to services which are centrally based in urban areas, the ability of individuals in rural areas to travel to clinics which are centrally based in urban areas, including the availability and timing of public/community transportation, access to adequate broadband and mobile communication in rural areas for remote access to services and the availability of public or community transportation for staff who have been redeployed from rural to urban Trust areas.</p>



<p><b><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</i></b></p>	<p><b><i>The rural policy area(s) which the activity relates to<sup>2</sup>.</i></b></p>	<p><b><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 service<sup>3</sup>.</i></b></p>
		<p>Consideration for potential impact on staff and service users living in rural areas included a number of mitigating measures. These included offering service users the choice of telephone/video call depending on preference and the availability of Broadband/mobile communication. Due to the identification of potential internet challenges for people living in rural areas, services users are also given the option to be contacted by health professionals via landline telephone where available, and if network issues existed; regular communication and updates were provided to staff and service users via the internet (e.g. SEHSCT social media sites). Other forms of communication have also been used e.g. regular briefings provided to Elected Representatives across the Trust area, including rural areas. Various evaluations to assess service users' experience of telephone/video consultations and support provided by the Trust; consideration of travel time and transportation as a provision for staff redeployed during the COVID-19 situation.</p> <p>This plan has been continuously reviewed, informed by service user feedback and aligned to regional discussions and priorities.</p>

<p><b><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</i></b></p>	<p><b><i>The rural policy area(s) which the activity relates to<sup>2</sup>.</i></b></p>	<p><b><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 service<sup>3</sup>.</i></b></p>
<p>Trust Resilience Plan to address winter pressures and/or any subsequent waves of the COVID-19 pandemic 2020/21</p>	<p>Health and Social Care</p>	<p>An overarching rural screening to gauge the cumulative impact of the measures of what we will need to do to respond to additional demand from the pressures of winter 2020/2021 alongside any subsequent waves of COVID-19.</p> <p>Measures outlined within the resilience plan outline potential impacts on people living in both rural and urban areas. In particular key actions outlined as likely to impact people living in rural areas included the Trust's intention to move towards providing increased care in homes and community settings which has the potential to benefit rural service users in terms of reducing travel to hospital settings. With regards to virtual appointments, Trust services continued to offer service users alternatives to video calls depending on access to technology/broadband e.g. telephone calls. It was also acknowledged that virtual appointments may be more convenient and reduce barriers in terms of travel for some rural service users.</p> <p>In the case of staff being redeployed from rural to urban areas, staff continued to be supported including for example, consideration of travel time and the facilitation of flexible working policies where feasible. The Trust</p>

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		<p>continues to recognise the importance of enabling staff to have flexibility and has introduced a series of flexible working options to facilitate staff. Each case is treated on an individual basis.</p> <p>Other measures constituted the introduction or continuation of temporary changes to facilitate ongoing service delivery and also an agile response to further COVID-19 surges. Consideration was also given to the enhancement or extension of impacted services including for example urgent and emergency care services and phlebotomy services.</p> <p>This plan has been continuously reviewed, informed by service user feedback and aligned to regional discussions and priorities.</p>
<p>Cardiovascular Disease Prevention Programme</p>	<p>Health and Social Care</p>	<p>This screening outlines a pilot programme aimed at addressing lifestyle changes for clients who attend Emergency Department or GP services with chest pain and subsequently have a CT scan which shows a coronary artery stenosis of between 30-70% and do not meet the criteria for secondary care intervention, to help prevent further stenosis and the risk of future cardiovascular events.</p>

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		<p>There are several areas within the plan which have been identified and considered which may impact on people from rural areas. These include; travel and transport options for people living in rural areas and associated cost of transport options. Due to COVID-19, sessions being delivered virtually via the 'Zoom' platform may have a positive impact on accessibility for people living in rural areas, though consideration is also given to the fact that some residents in rural areas may face challenges internet connectivity issues.</p> <p>Impacts will continue to be taken into consideration during ongoing implementation, roll out and evaluation of the pilot programme including offering virtual appointments where appropriate and location considerations.</p>
<p>Large Vaccination Fixed Site Requirements – Checklist and implementation within SEHSCT</p>	<p>Health and Social Care</p>	<p>Rural screening to assess the impact of plans for large vaccination fixed site requirements within SEHSCT as part of the Northern Ireland plans and programme for the deployment of the COVID-19 vaccine.</p> <p>Northern Ireland along with the other Devolved Administrations will adhere to the Joint Committee on Vaccination and Immunisation (JCVI) advice on prioritisation of the vaccine.</p>

<p><b><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</i></b></p>	<p><b><i>The rural policy area(s) which the activity relates to<sup>2</sup>.</i></b></p>	<p><b><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 service<sup>3</sup>.</i></b></p>
		<p>In order to facilitate maximum vaccine deployment and uptake, overall the vaccination model included Trust mobile and roving teams who will focussed on those groups for whom travel to a vaccination centre would be challenging, such as the elderly and care home residents or a supported living centre where the clinical risk was considered to be similar to a care home. When these Trust mobile teams were present at a care home they also offered vaccination to all staff as well as residents.</p> <p>In the case of staff being redeployed from rural to urban areas, staff continued to be supported including for example, consideration of travel time and the facilitation of flexible working policies where feasible. 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. Each case is treated on an individual basis.</p> <p>Subject to the availability of a suitable vaccine, from early January 2021, it was intended to roll out the programme through primary care led vaccination clinics, responsible for the vaccination of the vast majority of eligible individuals with improved access provided for</p>

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		<p>people living in rural areas. This was in addition to hospital and community transportation eligibility and availability.</p>
<p>COVID-19 Surge Three Capacity Plan</p>	<p>Health and Social Care</p>	<p>An overarching rural screening to gauge the cumulative impact of the measures outlining required service arrangements to meet the needs of our local service users whilst contributing to the regional response for the wider health and social care system pressures being encountered.</p> <p>This focus, on ensuring sufficient unscheduled care capacity was in place to enable SEHSCT to support COVID-19 delivery response, impacted on the Trust's ability to support elective care. SEHSCT has been committed to enabling these services to sustain more normal levels of activity as soon as possible with regular senior operational and clinical review of the decisions to stand down theatre sessions and outpatient activity conducted.</p> <p>Measures outlined within the COVID-19 Surge Three Capacity Plan outlined potential impacts on people living in both rural and urban areas. In particular key actions</p>

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		<p>likely to impact people living in rural areas included potential for:</p> <ul style="list-style-type: none"> <li>• Patients re-directed/transferred to alternative hospital sites for care based on the capacity of services. Depending on the location of the site in relation to where service users/carers reside, this may have had an impact.</li> <li>• Patients signposted to the most appropriate location to receive care (e.g. GP Out of Hours, Minor Injuries Units etc.), which may have an impact with regards to travel times</li> <li>• Further redeployment of staff. This may have had an impact on staff residing in rural areas if redeployed to a Trust facility in an urban area. Support continued to be made available to redeployed staff and the Trust has continued to work closely with our Trade Union colleagues in this regard.</li> <li>• The delivery of increasing community capacity for step-down and delirium pathways for discharged patients and arrangements for maintaining support for</li> </ul>

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		<p>the most vulnerable in our community - likely to reduce barriers regarding travel for some rural service users</p> <ul style="list-style-type: none"> <li>• Postponed elective activity with intention to reschedule as soon as possible. A regional approach has been established to ensure that any available theatre capacity across Northern Ireland is allocated for those patients most in need of surgery, both during surge and as we come out of this surge. This may mean patients travelling further for their surgery, having an impact on some patients living in rural areas and their families.</li> </ul> <p>In the case of staff being redeployed from rural to urban areas, staff continued to be supported including for example, consideration of travel time and the facilitation of flexible working policies where feasible. 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. Each case is treated on an individual basis.</p> <p>This plan has been continuously reviewed, informed by</p>



<p><b><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</i></b></p>	<p><b><i>The rural policy area(s) which the activity relates to<sup>2</sup>.</i></b></p>	<p><b><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 service<sup>3</sup>.</i></b></p>
		<p>service user feedback and aligned to regional discussions and priorities.</p>
<p>COVID-19 Vaccination Centre – SSE Arena, Belfast</p>	<p>Health and Social Care</p>	<p>Rural screening to assess the impact of plans for COVID-19 Vaccination Centre, SSE Arena, Belfast, managed by SEHSCT as part of the Northern Ireland plans and programme for the deployment of the COVID-19 vaccine.</p> <p>Northern Ireland along with the other Devolved Administrations will adhere to the Joint Committee on Vaccination and Immunisation (JCVI) advice on prioritisation of the vaccine.</p> <p>As part of the overall programme and in order to facilitate maximum vaccine deployment and uptake, vaccinations have been administered by HSC Trusts mobile and roving teams focussing on those groups for whom travel to a vaccination centre would be challenging, such as the elderly and care home residents or a supported living centres where the clinical risk was considered to be similar to a care home.</p>

<p><b>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016<sup>1</sup>.</b></p>	<p><b>The rural policy area(s) which the activity relates to<sup>2</sup>.</b></p>	<p><b>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 service<sup>3</sup>.</b></p>
		<p>In the case of staff being redeployed from rural areas to the SSE Arena Belfast, staff will continue to be supported including for example, consideration of travel time and the facilitation of flexible working policies where feasible.</p> <p>A range of transport options have also been considered. accessibility is also increased for people living in rural areas due to the wider vaccination programme roll-out through primary care led vaccination clinics and community pharmacies.</p>
<p>Programme to reduce risk of Type 2 Diabetes amongst service users within the SEHSCT geographical area until March 2022</p>	<p>Health and Social Care</p>	<p>This screening outlines a programme to reduce risk of Type Two diabetes. Rural populations attending the programme may experience a lack of transport options (including mode of travel and times of public transport services), as well as the associated cost of transport. Mitigation includes the choice of venues on main transport links for those dependent on public transport. Venue location planning has been adapted to suit needs of patients and advice from GPs. An additional location was added in the Newcastle area of Downpatrick over 20 miles away and not on any convenient bus routes. Special consideration will also be given in the rural Ards Peninsula area.</p>

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		<p>All venues will continue to be reviewed with coaches and the Diabetes Prevention Programme manager.</p> <p>Due to COVID-19, sessions being delivered virtually via the 'Zoom' platform may have a positive impact on accessibility for people living in rural areas, though consideration is also given to the fact that some residents in rural areas may face challenges internet connectivity issues.</p>

**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.