

# Our Approach: Rebuilding Health and Social Care Services in Belfast Trust

April - June 2021  
Service Rebuild Plan



## Section1: Introduction

### Our Trust experience during COVID-19

During the pandemic, our priority in Belfast Trust has been the continued safety of our patients, service users and staff, while supporting our carers and families. Our commitment remains to recognise and respond to the health and social care priorities across our local community and across the region, delivering the right care in the right place at the right time, and supporting our staff who have continued to show tremendous resilience and creativity during this testing period.

**Across the Trust, and since the start of the pandemic, our staff worked tirelessly to sustain services as far as possible, during the COVID-19 surge. We remain indebted to them for the resilience and dedication they have displayed throughout. We are committed to continue to work in partnership with Staff and Trade Unions in supporting our staff recovery from the pandemic. This plan is for those services that experienced a significant impact as a result of the pandemic and explains the actions being proposed to further increase capacity and/or access from April 2021.**

Since March 2020, COVID-19 has had a significant impact on health and social care provision across Belfast Trust when many services had to suspend or reduce normal service including many elective procedures. In July 2020, Belfast Trust implemented rebuild plans agreed with the Health and Social Care Board (HSCB) and in collaboration with other Trusts. We were able to maintain progress on rebuilding services during the second surge of COVID-19. Due to the scale of the third surge, the Trust had to undertake actions as outlined in its Winter Resilience plan, often at short notice, to ensure that patient, service user and staff safety remained our priority as demonstrated in Figure 1.

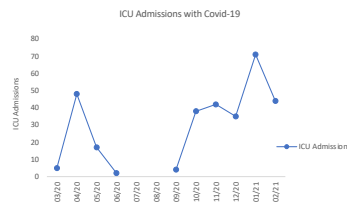
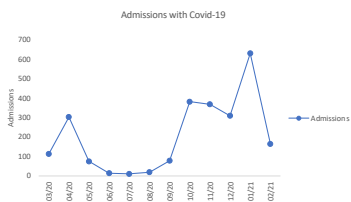
Figure 1: Trust response to COVID since March 2020



The Trust is committed to providing a carefully considered, balanced and evidence-based response according to the levels of the pandemic and to re-introducing services when it is safe to do so. We have also learnt from experience and engagement over the last year and developed innovative ways to deliver services and facilitate health and social care. The Trust acknowledges the long term health and psychological impacts of COVID. We will work with regional colleagues to ensure appropriate services are in place.

From December 2020, we have successfully delivered vaccines to our staff and members of our community from Belfast and across the region. The Trust will continue to support the vaccination programme, including the continued redeployment of staff, which will impact on rebuild plans in some service areas. The Northern Ireland Executive has now published its [Pathway Out of Restrictions](#) to illustrate the way forward for the people of Northern Ireland. However, it is important to acknowledge that we will continue to live with COVID-19 for some time and this will continue to impact on how we can deliver our services, including social distancing and infection prevention control measures.

**Figure 2: COVID Impact in Hospital and Critical Care**



**Inpatient Admissions (as at 28th Feb 21)**

- **2,467 admissions** due to Covid-19
  - **2,045** were discharged (91%)
  - **370** patients died (9%)
  - **52** remain in hospital (<1%)

**Demand on Beds**

- Covid-19 patients used **26,519** bed days in general wards

**Critical Care**

- **207 admissions** to Critical Care (8% of patients admitted)
  - **145** were discharged (70%)
  - **33** patients died (16%)
  - **29** remain in hospital (14%)

**Demand on Beds**

- Covid-19 patients used **3,351** bed days in Critical Care

**Key Principles adopted when developing the Rebuild plan**

The Trust has set out in this document, a high-level overview of the services that we plan to maintain and rebuild during April to June 2021. We remain committed to delivering safe effective and compassionate care for all our clients and patients and the focus will be on treating the most urgent cases first. As a result, some patients may continue to wait longer than we would like. In accordance with the Regional Rebuilding Management Board, chaired by the Department of Health Permanent Secretary, the process of rebuild will be guided by the following five principles:

- **Principle 1:** We de-escalate Intensive Care provision as a region, informed by demand modelling and staffing availability;
- **Principle 2:** Staff are afforded an opportunity to take annual leave before assuming 'normal' duties;
- **Principle 3:** Elective Care rebuild must reflect regional prioritisation to ensure that those most in clinical need, regardless of place of residence, are prioritised (short notice cancellations may result in the scheduling of routine patients to avoid the loss of theatre capacity);
- **Principle 4:** All Trusts should seek to develop green pathways and schedule theatre lists 2-3 weeks in advance. The aim will be, for any given staffing availability, to maximise theatre throughput;
- **Principle 5:** The Nightingale facilities should be prioritised for de-escalation to increase regional complex surgery capacity as quickly as possible.

As well as these principles, we will continue to work together with our partners across Northern Ireland to implement the recovery of Non-COVID-19 Health and Social Care Services and will contribute to the regional work streams/areas of focus to support the Health and Social Care (HSC) sector in delivering for our population - based on our agreed regional approach:

- To ensure **Equity of Access** for the treatment of patients across Northern Ireland;
- To minimise **transmission** of COVID-19; and
- To protect access to the most **urgent** services for our population.

In addition, regional rebuild groups are working to outline likely rebuild developments over this period, which are informing the Trust Rebuild plans. These include Critical Care De-escalation, Cancer Services, Regional Waiting List, Orthopaedic Hubs, Day Case Elective Care, No More Silos, Vaccine Programme, Mental Health and Adult Social Care. Please see Section 2 for further details.

The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016. We will screen for both equality and rurality impacts with mitigation measures introduced when potential adverse impacts are identified as appropriate. [Belfast Trust Rebuild Service Plan Apr-June 21 Equality Screening](#)

### Some of the Key Challenges in implementing our plans:

- **Balancing safety and risk** through regional agreements. We must ensure both an effective ongoing response to COVID-19 locally and the need to rebuild elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the Northern Ireland population, taking account of specific Trust differences for example available accommodation;
- **Assessing workforce** pressures including the ability to safely and appropriately staff the rebuild plans. We must ensure our staff are supported and feel valued by providing staff who were redeployed to ICU and other areas time to recover. Over the last year staff have been working relentlessly and have not been able to take sufficient periods of annual leave, therefore it is important to give them the opportunity to avail of annual leave before they return to their roles. We also need to ensure that we can staff the vaccination programme, manage local cluster outbreaks and enable flexible working necessary to support childcare and caring commitments;
- Building on **new ways of working and innovations** to provide safe and effective care. Recognising the widespread adoption of telephone triage, virtual clinics and video calls during COVID-19, we will continue to work innovatively with our Primary Care/Community partners and our clinical leaders to maximise the rapid scaling of technology;
- Continuing to **maintain effective COVID-19 zoning plans** in line with Infection Prevention and Control (IPC) advice and guidance, to safely manage separate pathways for the flow of staff and patients across all sites, optimise efficient utilisation of Personal and Protective Equipment (PPE) and ensure adequate catering and rest facilities for our staff;
- Assessing the ability of our **accommodation and transport infrastructure** to support and enable restart plans across our hospital and community sites;
- Sustaining models for **'swabbing' and 'testing'** of health care workers and patients/clients as part of our ongoing response to COVID-19;
- Sustaining a **reliable supply of critical PPE, blood products and medicines** to enable us to safely increase our services. In this plan the Trust

- has assumed a supply of PPE to meet the anticipated activity levels;
- Providing necessary **support and resources to the nursing/ care home sector** on an ongoing basis alongside the successful rebuild of Trust based services;
- We will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild plans, while also harnessing opportunities to deliver services differently with innovative solutions and aligned to our social distancing commitments and need to deliver safe and effective health and social care services;
- Providing continued support to **those in need within our population** including those who were ‘shielding’, vulnerable people, and people at risk of harm.

We also note the likely **financial constraints**, with limited recurrent growth funding, significant existing pressures and the potential for any **future surge in COVID-19 transmission** which is likely to result in a temporary pause of core services to cope with demand. Working together, we will continue to play our part in sustaining this reduction in transmission, to preserve life and support our health and social care service.

The COVID-19 pandemic has caused many challenges and uncertainties. Protecting the health, safety and wellbeing of our staff continues to be of the utmost importance. Throughout the pandemic, staff have been enabled to stay healthy and protect themselves, for example:

- **Supports for staff wellbeing:** The BWell Steering Group meet bi-monthly to consider and review the wide range of initiatives promoting the mental and physical wellbeing of our staff. Dedicated COVID-advice and psychological support helplines continue to be operational as well as information to support staff health and wellbeing. This includes the development of an online staff support pack. Staffcare, a confidential employee assistance programme, offers a 24/7 self-referral counselling service for all staff. An Ethnic Minority Staff Network has been established to support BAME staff;
- **Supports for staff health and safety:** Regular risk assessments, vaccination, rapid test and contact tracing and asymptomatic testing are all in place. The Joint Health & Safety Committee meet bi-monthly and review COVID related health & safety issues;
- **The Occupational Health Service:** Medical, Nursing, Occupational Therapy, Physiotherapy, Psychology and Psychiatry services continue to provide confidential, advisory support to staff.

**Section 2** provides a regional context to Trust plans from the Department of Health (DoH) and the Health and Social Care Board (HSCB)  
**Section 3** details the Belfast Trust Service Rebuild Plan for April to June 2021.\*

*\*It is important to recognise that the Trust’s ability to deliver against this plan is linked to the effect of any subsequent surges during this period.*

## Section 2: Regional Context provided by the Department of Health (DoH) and the Health and Social Care Board (HSCB)

### Critical Care De-escalation

1. Critical Care Units continue to operate above their baseline bed numbers and this position is currently expected to continue into April and May. The critical care system has been operating at a higher level of beds from the spring last year. This additional pressure for such a prolonged period has been challenging for intensive care staff and the re-deployed staff from other areas in Trusts who have been helping to keep the critical care beds open.
2. It is acknowledged that it will be some time before critical care is able to reduce beds to its baseline funded bed complement of 72 level 3 equivalents. Although there has been a reduction in COVID-19 patients within critical care, from a high of 69% of the patients being cared for to 39%, it is anticipated that there will continue to be between 20 - 25 COVID-19 patients in critical care into April and May. Coupled with this, non COVID demand will increase as elective work resumes.
3. The critical care system will continue to work together across the region to ensure that where and when beds can be de-escalated and staffing allowed to return to their normal positions, after rest and recovery, this is achieved in a managed way, at the local and regional level. Plans are in place to do this safely while supporting mutual aid and ensuring equity across the system.

### Cancer Services

4. Cancer waiting times were unacceptable before the COVID-19 pandemic. Cancer referrals, and screening, diagnostic and treatment services have all been significantly impacted by the pandemic resulting in immeasurable distress for patients. The service needs to act now not just to build services back but to build them back better. The Health and Social Care Board is currently working with the Department of Health to produce a Cancer Recovery Plan. The 3 year plan builds on the work already commenced through the Cancer Reset Cell and pulls forward a number of early actions associated with recommendations included in the draft Cancer Strategy, which is being co-produced with patients, the wider service and the voluntary sector. The plan will aim to improve cancer waiting times by addressing backlogs that have arisen as a consequence of the COVID-19 pandemic as well as seeking to address capacity gaps that existed pre-COVID. It will do this through an expansion in capacity (both staffing and equipment), the modernisation of care pathways and the adoption of new tests and technologies. All of this will be underpinned by a focus on skills mix and multi-professional education and training.
5. The plan does not specifically address cancer surgery which is being looked at as part of the wider elective plan. It covers the following key areas:
  - Supporting patients
  - Screening
  - Awareness & early detection
  - Safety netting & patient flow

- Diagnostics to include imaging, endoscopy, colposcopy and pathology
- Prehabilitation & Rehabilitation
- Oncology & Haematology
- Palliative care.

## Regional Waiting List

6. As we emerge from the latest wave of the pandemic, the focus of the HSC will be on resetting all elective services in an environment that is safe for both staff and patients. It is expected that theatre capacity will continue to be constrained during this period and that theatre access will vary across Northern Ireland potentially resulting in differential waiting times. It is therefore essential that capacity is protected for the highest priority patients and that access to this capacity is provided equitably across Northern Ireland. The Regional Prioritisation Oversight Group (RPOG) will continue to play a key role in ensuring that the clinical prioritisation of cancer and time critical/urgent cases across surgical specialities and Trust boundaries, is consistent and transparent and to ensure the utilisation of all available capacity (in-house and in the Independent Sector) is fully and appropriately maximised.
7. Trusts, as part of their rebuild plans April to June 2021, will also need to designate 'green' sites by ensuring complete separation of elective and unscheduled services. At the same time, Trusts will need to put in place 'green' pathways at major acute hospitals to ensure that cancer and complex elective surgery (that can only be provided on these sites) can be kept separate to complex unscheduled surgery. While accepting that there are still risks in the system, all organisations will need to be agile and manage this risk proportionally, giving the best opportunity to maximise theatre throughput and patient care.

## Orthopaedic Hubs

8. In July 2020, the Minister announced plans for the regional rebuilding of elective orthopaedic services with the publication of the blueprint document 'Rebuilding, Transition and Transformation of Elective Orthopaedic Care delivered by Health and Social Care in Northern Ireland', and the establishment of a regional Orthopaedic Network to take this forward. The blueprint document set out a plan to focus services delivery from 2 hub sites initially (Musgrave Park Hospital and Altnagelvin Area Hospital) with the longer term aim to utilise all orthopaedic units in Northern Ireland. Despite the successful resumption of activity across the region at that time, elective orthopaedic services were subsequently suspended in October as resources were redeployed to address the immediate pressures arising as a result of the COVID-19 surge. Services remain suspended, however throughout this period the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service.
9. Entering the next phase of service rebuilding, the blueprint will be re-established through the regional Orthopaedic Network. The key aim is to restart regional elective orthopaedic services in a safe and sustainable manner on a dedicated site with a 'COVID light' pathway. This will be taken forward on a phased basis, addressing as a priority those patients with the greatest clinical need, whilst at the same time working to deliver long-term transformational change to the service.

## Day Case Elective Care

10. In July 2020, the Minister announced that Lagan Valley Hospital in the South Eastern Trust would become a dedicated day procedure centre for the region. While the nature of the site means that it is most suitable for day case surgery and procedures rather than more complex work, the complete separation of elective and unscheduled services at the site has enabled services to continue be delivered throughout the pandemic on a 'COVID-light' pathway. In recent months, the site has delivered red flag and other high priority lists on behalf of the region where these could not be accommodated at the hospital of origin due to pandemic pressures. Work is underway with clinicians across the HSC to identify the types of procedure that will be suitable for the regional day procedure centre at Lagan Valley Hospital as elective activity resumes.
11. Prior to the pandemic, there were also similar initiatives for cataracts and varicose veins in Downe, Omagh, South Tyrone and the Mid-Ulster Hospital. Over time, and as more elective capacity becomes available as pressures at hospitals decrease, it is expected that options for other regional day procedure facilities will be explored by the Day Procedure Network.

## No More Silos

12. The Department's COVID-19 Urgent and Emergency Care Action Plan, seeks to implement 10 key actions to maintain and improve services is currently being implemented in all Trusts. Local Implementation Groups have been established in all Trust areas and significant progress has been made over the last quarter.
13. Key developments during the period April to June will include: the roll out of the Phone First telephone triage and assessment service to all Trusts, using a single regional number; establishment of urgent care centres attached to EDs across the region, and development of new direct referral pathways to services in primary, secondary and community settings.

## Vaccine Programme

14. The vaccination programme is following the prioritisation list recommended by the Joint Committee on Vaccination and Immunisation (JCVI). While the vaccination programme is dependent on the supply of vaccine, rapid progress has been made and by April it is hoped that the first 9 priority groups will be close to being vaccinated. This will allow the programme to proceed to priority groups 10, 11 and 12 which will cover the remaining adult population aged 18 to 49 years of age. A large portion of these groups are likely to be vaccinated during the period of April to June using a combination of the Trust regional vaccination centres, including the large centre located at the SSE Arena in Belfast, GP Practices and Community Pharmacies.



15. The vaccination programme is still in its early stages and to be sure of its success, we will continue to closely monitor its impact on serious illness and hospitalisations. On a positive note, there is emerging evidence of fewer outbreaks in care homes. The long term success of the programme depends on achieving high uptake rates in all sections of the adult community and therefore every effort will be made to ensure the programme continues to be rolled out rapidly.

## Mental Health

16. Mental health services continue to face considerable pressures as a result of the COVID-19 pandemic. Adult in-patient services regularly see bed occupancy rates over 100% and heightened acuity levels including a threefold increase in special observations and doubling of the proportion of detained patients. Community mental health services are also reporting increasing levels of low level anxiety and depression. A similar position is reflected in our younger population with referrals to CAMHS continuing to increase. It is expected that these pressures will continue.
17. Work has progressed to help and support people's mental health and wellbeing. A reformed Mental Health and Emotional Wellbeing Strategic Working Group will provide strategic direction in the recovery work. Additional funding has also been invested in mental health services, with commitments for a new specialist perinatal mental health service and managed care networks for CAMHS and forensic mental health. DOH will also allocate £1.5m recurrent funding from 2021/22 to support the implementation of the new Emotional Health and Wellbeing in Education Framework. The new Mental Health Strategy is the subject of a public consultation, which closed on 26 March. This will help ensure a cohesive strategic direction for development of mental health services over the next 10 years.

## Adult Social Care

18. Significant financial and in-kind support has been provided to independent sector providers of adult social care, helping to keep our care homes safe and ensure essential services such as domiciliary care (homecare) continue. This has included up to £45m in direct financial support for care homes, as well as income guarantees. Careful consideration is being given to what ongoing financial support is provided into 2021/22, while also assessing the longer term impact the pandemic has had on the sector. The ongoing provision of PPE without charge, where providers cannot access their own supplies, will continue into 2021/22 as will the use of routine asymptomatic testing, and testing in situations where there is a suspected or confirmed COVID-19 outbreak, to help protect care homes and supported living settings. The Department will continue to actively review the frequency of testing in these settings in the coming months; any requirement to vary testing frequency will be appropriately informed by emerging scientific evidence and other contributory factors, including local community transmission rates and the deployment of the COVID-19 vaccination programme.
19. The Department will continue to work with Trusts to ensure all options are explored to ensure day centre services, day opportunities and short breaks capacity is maximised – and that we build on new ways of working, such as greater use of direct payments to support the care of individuals. Support to carers will continue to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. The pandemic has reinforced the need to secure long term change and reform of adult social care, in line with the priorities set out in Power to the People.

**Our services**

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**Service Area : Adult Community & Older People's Services**

**Care Homes**

We will continue to provide the necessary care and support to the most vulnerable in our nursing and residential care sector. This includes, but is not limited to, the following:

- Proactive and ongoing support from the multi-disciplinary team including primary care.
- For COVID-19+ patients, the Acute Care at Home (ACAH) team will continue to work in collaboration with the Care Home Nursing Support Team to assess, treat or provide onward assessment of residents in nursing and residential care settings where necessary.
- The Care Home Support Team will continue to provide support, education and outbreak assessment and monitoring within the care home settings. It will continue to work in close collaboration with ACAH for COVID-19+ patients.
- The Trust Infection Protection Control (IPC) team will continue to support residential and supported living facilities in relation to IPC advice and guidance and the provision of PPE.
- Progress the learning from previous COVID-19 surges with continued engagement with all key stakeholders
- Through the No More Silos Programme, the service will continue to engage with key stakeholders in community, primary and acute care in order to integrate services and to streamline the clinical care pathways in line with the proposed regional wellness pathway. This will ensure the safe, equitable and timely service delivery for care home residents and their lived experience.
- Through the No More Silos workstreams, the service will seek to enhance the Care Home Support Team with AHPs to ensure a responsive service in the management and rehabilitation of residents.
- Actively recruit to ensure the Care Home Support Teams have the capacity for safe staffing and safe caseloads to meet professional and statutory obligations.
- Continue to progress completion of Mental Capacity Act assessments, targeting resource to address the backlog of legacy cases.
- Actively participate in co-production in the redesign of the service with service users, carers and their families as well as our staff teams.

**Dementia and Older Peoples Mental Health Services**

- The service will set up a Director-led Steering Group with relevant stakeholders to define and scope the vision for the Trust's four statutory dementia residential care homes with a focus on the internal and external environment standards, leadership, staffing and governance arrangements, taking cognisance of best practice and regional care home reform and learning.
- The service will complete a proposal in partnership with Housing Association colleagues, staff and service users to widen the criteria to access three of the Trust five supported housing schemes currently only for dementia.
- The service will recruit to an additional Consultant Psychiatry of Old Age post and continue work to reduce waiting times to access the service to enhance equitable and timely diagnosis and supports.
- The service will promote the single point of access to older peoples mental health services to primary care colleagues ensuring knowledge of service and referral pathways.
- The service will realign the outreach dementia team with the community mental health team and build capacity in this service to ensure a responsive and effective use of this resource.
- Psychiatry of Old Age and Memory Services will continue to work collaboratively in the provision of cognitive assessment, dementia diagnosis, treatment and support for people living with dementia and their families.

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- The Service will re-establish monthly implementation meetings regarding the Regional Dementia Pathway. The Investment Proposal Template (IPT) developed in 2019/20 will be reviewed and updated to reflect learning from the last 12 months.

**Community Care  
- Teams**

Our Community Nursing and Social Work teams will continue to provide services and will support the most vulnerable people in our care. This includes, but is not limited to, the following:

- Community Nursing services will continue to deliver 24/7 to support the most vulnerable in our community by providing end of life care to patients in their own home. This will include working closely with specialist nursing teams such as Acute Care at Home (ACAH), Respiratory and Specialist Oncology and Palliative Care (SOAP) team.
- The Community teams will continue to review Business Continuity Plans, to identify and manage patient risk and take appropriate actions when necessary. This is to ensure timely, effective and equitable care to the most vulnerable patients in the community.
- Community Social Work services will resume face-to-face contact in a phased way as the primary method for undertaking first assessments and statutory reviews. The service will begin to explore virtual options for undertaking monitoring and support for people living in their own homes.
- Community Social Work services will commence an evaluation of the impact of Modernisation Programme to identify key priorities. This will include safe staffing levels, safe caseloads to meet, statutory obligation, emerging mental capacity requirements and preparedness for future legislation.
- District Nursing services will continue to progress the District Nursing Modernisation Project with close collaboration with Trade Union Representatives. District Nursing will continue to progress a number of the regionally agreed work streams such as the District Nursing Framework, career pathway development for Band 7 and Band 6s as well as phased implementation of normative staffing phase 3.
- Through the No More Silos Programme, the service will engage with key stakeholders in Community, Primary and Acute Care in order to integrate services and to streamline the clinical care pathways. This will ensure the safe, equitable and timely service delivery for service users and their lived experience.

**Community Care -  
Respite**

- Urgent respite care will continue to be facilitated as requested by service users and families.
- The service will explore respite options and develop a range of services that will meet a variety of need and increasing complexity.

**Connected  
Communities - Hub**

- The Connected Communities Hub will continue preventative work with its partners/key stakeholders across the city for people with long-term conditions.
- It will focus on low-level social support to existing and new clients with a particular emphasis on emotional well-being, reducing isolation and loneliness.

**Pathways to support  
older people through  
hospital**

- A Delirium Recovery Unit (independent sector) has been identified with a capacity of ten beds. The Trust aims to have this unit operational by April 2021 as a pilot project to assist the Trust in determining the optimum model of care.
- The service area will work with key stakeholders across Primary care, Secondary care and Intermediate Care to develop the service

**Our services**

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model and referral pathways to support this.

- This model will be piloted from April 2021 and will provide additional support for people discharging from hospital with delirium and dementia and provide step up service for community. This test of change will be used to inform the service’s vision for delirium pathways.
- Hospital Social Workers will continue to offer the option of Self Directed Support based on assessed need to support the timely discharge from hospital.

Intermediate care services

- An Intermediate Care Project Board will be established with key stakeholders to include, Primary care, Secondary care and Acute care with the aim of undertaking a review of service delivery and to identify key actions required to reform services to meet the growing demands within this area. This will include proposing new structures which will ensure safe staffing, safe caseloads and will deliver the best optimum outcomes for service users.
- A review of current Intermediate Care bed base will be undertaken to identify key actions required to reconfigure the resource in order to meet the growing demands within this area and to meet unmet need ie. delirium/dementia
- Through the No More Silos Programme, the service will engage with key stakeholders in Community, Primary and Acute care in order to integrate services and to streamline the clinical care pathways. This will ensure the safe, equitable and timely service delivery for care home residents and their lived experience.
- We will actively participate in co-production in the redesign of the service with service users, carers and their families as well as our staff teams.

Day Centres – for Older People/People with physical disability

- Our fourteen Older People’s Day Centres will continue to be open to service users, with daily attendance as per individual centre capacity detailed in the risk assessment of the centre.
- Services will continue to review current provision in line with COVID-19 restrictions and the impact of vaccinations.
- Outreach will continue with phone calls, activity packs, home visits and outings offered to service users and continued support for their families.
- Our service will continue to offer a blended approach to service delivery – with all service users offered attendance across at least a fortnightly basis, with a higher level offered on the basis of risk assessment.

Domiciliary Care

- Monthly engagement with the independent domiciliary care providers continues to promote interface working and ensure responsive, timely and equitable provision to meet demand.
- The Commissioned Services Governance Lead will continue to engage in monthly sessions with all domiciliary care providers to work in partnership to ensure sustained service delivery.
- Across April, May and June 2021 we will continue to monitor and review levels of unmet need and will continue to explore options to further reduce this. This will include re-starting the modernisation of statutory homecare services, working with Independent Sector (IS) domiciliary care providers to maximise use of available resource and exploring opportunities to enable service and families to access

**Our services**

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self-directed support.

- The Trust Infection Prevention Control (IPC) team will continue to support domiciliary care services in relation to IPC advice and guidance and the provision of PPE.

- Community COVID-19 Testing
- The Primary Care COVID-19 Centre staff will continue to assess and treat patients with COVID-19 symptoms in the patient's own home, Private Nursing Homes and Residential Units. COVID Centres will carefully consider adjustment of staffing in line with incidence of COVID-19 cases and the requirements of the primary and community care sectors to manage cohorted symptomatic patients.
  - Workforce requirement will continue to be reviewed, according to service needs, where possible staff will be facilitated to return to their substantive post depending on service need.
  - Clinical pathways have been developed to ensure patients get access to the right service promptly ie. Acute Care At Home (ACAH) and acute hospital admission for emergency care if appropriate.

**Service Area : Learning Disability Services**

- Muckamore Abbey Hospital
- Muckamore Abbey Hospital continues to extend the delivery of positive behavioural supports for patients.
  - A plan for family visiting has been developed in line with the regional policy. Visits are by appointment. This is reviewed on a weekly basis or following change in Department of Health (DoH) guidance.
  - Our resettlement programme has restarted with plans for necessary assessments, in- reach and trial leave commenced.

- Learning Disability Day Centres (including day opportunities)
- In line with the Health and Social Care Board (HSCB) Recovery Plan for Adult Day Care in Northern Ireland, service users who live at home with a family member or carer, have been prioritised and are being offered two sessions per week. Currently, we are supporting 55% of service users in our Day Centres and we expect this reach 60% over the next Phase. Almost 90% of service users living with a family member / carer are accessing these sessions.
  - We plan to enhance the Community Day Services by opening a new Pod@Connswater. This will allow us to offer some additional community based attendance as opposed to centre-based activity. In addition, through contracts with the Community and Voluntary organisations we hope to further enhance the opening hours of both the Pod@Cityside and the new Pod@Connswater, and provide more varied activities including community circus, craft and exercise sessions.
  - As government guidance around social distancing relaxes, we will review the level of attendances that we can support at the various daycentres and day opportunities.

- Learning Disability Residential & Supported Housing
- Residential and Supported Housing services will continue with increased family visiting in place and ongoing staff reviews with residents in line with the regional visiting policy.
  - Continued usage of statutory short break beds as surge beds to support families in crisis due to COVID-19 related reasons.

**Our services**

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Community Learning  
Disability Outpatient  
Clinics

- Virtual outpatient assessment continues where possible.

**Service Area : Mental Health / Child and Adolescent Mental Health Services**

Inpatient services

- All inpatient services will remain operational.
- Additional step-down facilities will continue to support individuals leaving the Adult Mental Health Inpatient Centre, resulting in fewer patients based in outlying wards and a reduced level of patients awaiting discharge.

Community Mental  
Health Teams

- Home Treatment House (HTH) team will continue to admit service users to avoid admission to the inpatient facilities.
- Substitute Prescribing Team (SPT) Oral Substitute Team (OST) continues to work through the current waiting list and will continue to embed new substitute medication preparations as these become available. New referrals continue to be received onto OST with four inductions per week onto OST treatment. Waiting time continues to reduce from the current 8.5 weeks.
- Capacity in Day Opportunities and therapeutic groups will continue to be built, adhering to social distancing to maximise service users' ability to access these services.
- The Mental Health Service will work with the Department of Health (DoH) and Health and Social Care Board (HSCB) to implement the DOH Mental Health Action Plan. The Action Plan contains 38 actions, including a commitment to produce a mental health strategy, which will include a comprehensive funding plan for mental health.
- Day Opportunity services are now beginning to reopen to service users as COVID guidelines allow.

Mental Health  
Outpatients

- We will sustain our new approach to delivering outpatient appointments through the use of technology, providing an individualised approach to service users to meet their mental health needs.

**Service Area : Psychological Services**

Inpatient & Outpatient  
Services

- Inpatient and Outpatient arrangements continue as described, with an increase in face-to-face contact determined by risk assessments and flow through sites (including hospital and WellBeing and Treatment Centres)
- Autism diagnostics remain challenging to deliver because of face-to-face time required. They also cannot be delivered face-to-face in our usual assessment format when using PPE due to the type of assessment required and guidance from the tool developer. This means that with young people who cannot reliably maintain social distancing we are having to trial virtual means and explore other options. As a Trust, we continue to work regionally with colleagues to look at evidence-based and reliable alternatives. As a result, we have commenced a combination of socially distanced and adapted assessments that currently take place face to face. This will be helpful to some families but it may not be appropriate for all and clinical triage is required.

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For the remaining families that are awaiting assessment, but are not suitable for above, we are currently agreeing a further alternative process that is based on learning from other Trusts. Whilst we are confident that this approach will be successful, we still wish to pilot the newer, alternative assessments before building this potential capacity into our firm rebuild plan.

It is also important to note that COVID-19 impact and mitigating measures have reduced capacity in a service that already had significantly less capacity than demand.

- We will increase our capacity to offer more face-face individual and group work from that offered in Phase 2 within social distancing and infection control parameters.
- We appreciate that waiting time will increase due to COVID-19 restrictions. In the meantime, all service resources are facing to support families with intervention-focused input. This includes developing many of our psycho-educational and psychotherapeutic groups into online resources, webinars, workbooks etc. This work has commenced and is being piloted with parents to ensure a collaborative, family-friendly, and family-useful blend is achieved. We are mindful of the pressures families are experiencing and want to ensure that we take issues such as time/ attention and concentration availability etc. into account in developing these resources.

#### Service Area : Allied Health Professional community services and clinics

Allied Health  
Professional (AHP)  
community  
services and  
clinics

- For this next phase, we will maintain and, where possible, further increase both face to face (where clinically appropriate to do so) and virtual service capacity, subject to further COVID-19 surge implications.
- All services have completed robust risk assessments which detail how they manage patients in and out of centres and all the controls required to maintain a safe working environment.
- AHP services will use a blended approach of virtual and face to face treatments with some services such as Dietetics and Community Paediatric Speech and Language Therapy operating minimal face to face treatments and offering virtual services as far as possible.

#### Service Area : Palliative Care

Palliative Care  
(General/Specialist)

- General Palliative Care services will continue to be delivered through the community nursing teams.
- Specialist Palliative care advice and support continued to be available in Belfast City Hospital (BCH), NI Cancer Centre, Royal Victoria Hospital (RVH) and the Mater Hospital (MIH).
- Education sessions continue to be delivered via Zoom for all Nursing and Medical staff.
- We will continue with a pilot of direct on-site cover in Musgrave Park Hospital (MPH) with Nursing and Medical input.

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**Service Area : Children's Community Services**

- |  |   |
|--|---|
| Early Years teams                      | <ul style="list-style-type: none"> <li>• Registrations will continue to take place. A random sample of inspections will take place and this has been agreed with Health and Social Care Board (HSCB).</li> </ul>  |
| Child Health                           | <ul style="list-style-type: none"> <li>• Some Child Health Nursing staff have been redeployed to other priority areas to support our respond to the third surge. Once these staff are released back to their substantive posts, the services can meet the requirements of the Health Child Healthy Future Programme.</li> <li>• As the schools reopen, the implementation of the school vaccination programme will be prioritised.</li> <li>• Overnight care will continue to be provided to the most highly complex children in their own homes. The children's community nurses will visit children with health care needs on the basis of priority.</li> </ul>   |
| Children's Community Social Work teams | <ul style="list-style-type: none"> <li>• All initial referrals will be screened and responded to according to priority. All cases requiring initial assessment will receive a face-to-face visit. All child protection referrals will receive a visit within 24 hours.</li> <li>• All children on the Child Protection Register will receive visits in line with their Child Protection Plans.</li> <li>• All Looked After Children will continue to receive visits in line with their Care Plans. These visits will be a mixture of face-to-face and virtual.</li> <li>• Face-to-face contact between Looked After Children and their parents will be facilitated subject to review, risk assessment and government guidelines.</li> <li>• All face-to-face visits will be reviewed in line with infection levels within the community and depending on local risk assessment.</li> <li>• All Children's Homes will remain open. Children will continue to be admitted into care as appropriate and determined through risk assessment.</li> <li>• Two isolation homes are available for all children who require to be placed in isolation due to COVID related care issues.</li> </ul>             |
| Children with Disability Teams         | <ul style="list-style-type: none"> <li>• Somerton Road Children's Home will remain open.</li> <li>• Children will continue to be admitted into care.</li> <li>• Forest Lodge will continue to offer limited residential short breaks. The ability to increase these will be linked to staffing levels and infection prevention control measures that required to be implemented.</li> <li>• Where possible (depending on carer availability) Direct Payment provision will be increased in lieu of residential Short Breaks, or after schools short breaks provision.</li> <li>• Community and Voluntary sector partners will continue to deliver contracted services in line with NI COVID-19 Regulations</li> <li>• Face-to-face visits will increase to support families as appropriate, in line with Child Protection or Family Support plans and Risk Assessments.</li> <li>• Online or telephone support will continue to be provided to families where face-to-face contact is not possible.</li> <li>• Allied Health Professional services continue to fully engage with Education in the reopening of special schools to re-establish services to children within these settings.</li> </ul> |



## Our services

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- The service will continue to provide proactive Duty Calls to families in need.

Child Care Centre  
Family Centres

- The Child Care Centre will continue to provide assessment and therapeutic support to children and to provide reports to Courts.

Trust Contact Centre

- The Contact Centres will continue to provide contact to those children who have been assessed as requiring face-to-face contact. Contact in public law cases are subject to a risk assessment due to Government guidance and direction in respect of lockdown restrictions. Most contacts are happening virtually apart from those risk assessed as necessary to be face to face. When Government direction of the easing of lockdown restrictions is issued, contact will be reassessed in light of progressing to face-to-face facilitation in Contact Centres.

Public Health Services:  
New Entrants

- The NI New Entrants Services (NINES) service will incrementally reintroduce face-to-face working as determined by priorities.
- The Hype Team will recommence drop in clinics, group and individual work in partnership with other agencies.
- Screening of the homeless population for COVID-19 and providing support to the Hostels will continue.

Homeless Inclusion  
Service

- Incremental increase of services including GP sessions, Hepatology Review clinic, Podiatry, Dental and Psychotherapy sessions through the use of bookable clinics and providing services in a different way.
- The introduction of antibody testing continues.

Regional Emergency  
Social Work service

The service will continue to operate.

### Service Area : Hospital Services

Urgent & Emergency  
Care

- The **Belfast City Hospital** (BCH) Nightingale Hospital should be prioritised for de-escalation to increase regional complex surgery capacity as quickly as possible. This should initially focus on the development of green pathways within the site.
- The **Mater Hospital** (MIH) continues as the COVID-19 Hospital as part of the Belfast Trust COVID-19 plan.
- The **Royal Victoria Hospital** (RVH) continues as the non- COVID-19 Emergency and Trauma Hospital for NI Ambulance Service and GP referred patients, with strict adherence to social distancing in place. The Trust has established an Urgent Care Centre to support urgent patient care and maintain patient flow across unscheduled care.
- **Musgrave Park Hospital** (MPH) will continue to assist in the care of ambulatory fracture patients and prioritised elective surgical patients with increasing access for urgent elective patients as nursing workforce permits. RVH will continue to provide frailty fracture and major trauma operating (including spine) in partnership with the region. Regular regional communication continues between all trauma and orthopaedic units in Northern Ireland to ensure optimal resource use.
- **Royal Belfast Hospital for Sick Children** (RBHSC) Emergency Department temporarily lifted the age of children seen up to the age of 16. Work continues with Belfast Trust and region to deliver age-appropriate care. RBHSC continues to rebuild in patient, day case and outpatient services with an increase in face-to-face contact determined by risk assessments and flow through the site. A COVID-19

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designated area continues to be ready for use as required.

**GP Out Of Hours (GPOOH) Service**

- GPOOH continues to be delivered across Belfast from its current two sites. GPOOH is a central part of the unscheduled and acute service which continues to adapt to ensure a safe, timely and effective service for our patients in line with COVID restrictions and No More Silos (DOH Strategy).

**Planned Surgery**

- We will continue to deliver prioritised planned surgery for patients with cancer and/or time-critical patients in Belfast City Hospital (BCH), Royal Victoria Hospital (RVH), Musgrave Park Hospital (MPH), The Royal Belfast Hospital for Sick Children (RBHSC) and with the support of the Independent Sector.
- We will work with other Trusts regionally to ensure theatre access for those prioritised patients in line with regional plans.
- We will rebuild theatre services to deliver lists in line with pre-COVID levels including the rebuild of theatres on the BCH site to support complex cancer surgery.
- We will rebuild theatre services for Cardiac patients to pre-COVID level.
- Theatre services will be rebuilt in line with a reduction of COVID Intensive Care Unit (ICU) beds in the Nightingale. Should there be a further surge in COVID-19 cases this would ultimately impact on the Trusts ability to deliver planned elective surgery.
- Implementation of 23 hour post anaesthetic care units on the RVH and BCH sites to support patients following surgery who do not require admission to ICU.
- We will continue to support patients requiring emergency surgery 24/7 at the RVH including those patients who have been transferred via Helicopter Emergency Medical Service (HEMS) or have suffered major trauma.
- An increasing amount of prioritised elective orthopaedic surgery will commence subject to nursing workforce availability.
- Belfast Trust will also be supporting the development of a new regional Orthopaedic Model and Clinical Network to rebuild orthopaedics in light of current regional waiting times, as well as the importance of equity of access for patients from all parts of Northern Ireland.

**Cancer & Specialist Medicine Services**

- **Radiotherapy** services will continue to deliver at normal activity levels to meet patient needs.
- **Oncology:** Ambulatory assessment and treatments continue as normal. Service continues to maximise virtual assessments where this is clinically appropriate and safe to do so.
- **Haematology:** Specialist regional service will continue to provide high dose chemotherapy and stem cell transplantation. Plan to recommence stem cell transplantation for patients with standard risk myeloma. Haematology ambulatory assessments and treatments and the Comprehensive Haemophilia Centre will continue as per normal seasonal activity, and we will continue to develop and adopt clinical technology where possible. The Phlebotomy Service will be maintained for low risk, benign disease.
- **Belfast Trust Cancer Support Service:** We will continue to maximise virtual consultations/classes and resume normal delivery of face-to-face services across the Trust.
- **Renal:** Phased restoration of the living and deceased donor transplant programme, pending theatre capacity.
- Renal failure patients continue to be reviewed and prioritised for procedures according to clinical presentation

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- Provision of safe chronic haemodialysis treatment in both Belfast City Hospital (BCH) and Knockbracken WellBeing and Treatment Centre. We will continue the provision of acute dialysis treatments in BCH and Royal Victoria Hospital (RVH).
- Continue to offer interventional Radiology service to renal patients on BCH site.
- Incremental increase in Renal outpatient's day clinic templates to optimise capacity for urgent appointments – progressing to routine appointments. Face-to-face appointments offered, where necessary and virtual consultations continued where suitable.
- **Dermatology:** To maximise the use of virtual consultations, triaging and prioritising face-to-face assessment and treatments, incremental increase in outpatient activity for urgent appointments - progressing to routine appointments.
- Phototherapy and inflammatory disease clinics to be established in Rathlin on the Knockbracken Healthcare Park site to optimise red flag / urgent lesion appointments and reduce footfall on BCH and RVH sites
- **Rheumatology** – We aim to maximise the use of virtual consultations, triaging and prioritising face-to-face assessment and treatments. Biologic treatment and Joint Injection clinics increased in Musgrave Park Hospital.
- Incremental increase in outpatient activity for urgent appointments - progressing to routine appointments.

**Critical Care**

- We will continue to provide the Regional Intensive Care Unit on the Royal Victoria Hospital (RVH) site.
- The COVID ICU currently based in the Nightingale will be transferred to the Mater when patient numbers allow.
- Belfast City Hospital (BCH) will support patients following cancer surgery using a Post anaesthetic care unit (PACU) model. We will review existing models of care for deteriorating patients and ensure appropriate rapid response support is available.
- We will continue to liaise with the regional Critical Care Hub to ensure sufficient capacity for any further COVID surges and where possible ensure critical care beds to support planned surgery.
- Our Intensive Care Unit (ICU) follow up clinic will continue to support patients post discharge who had been admitted with COVID-19 via a Multi-Disciplinary Team approach.
- Our Major Trauma Ward will continue to support patients who have suffered major trauma but no longer require ICU care.
- Pediatric Intensive Care Unit (PICU) in Royal Belfast Hospital for Sick Children (RBHSC) continues to provide the regional service for children.

**Day Surgery**

- We will seek to enhance utilisation of Day Procedure cases within the Gardner Robb Unit on the Belfast City Hospital (BCH) site to enhance efficiency of lists and ensure use of main theatres for more complex cases.
- Utilisation of the admission on day of surgery service to ensure efficient use of ward beds for post and pre-operative care.

**Diagnostics  
(X-Ray, MRI, CT,  
cardiac investigations  
and Neuro-physiology)**

- Imaging Services have continued to rebuild its core services in all areas in line with service plans. Activity levels for CT and MRI have returned to pre COVID-19 levels, non-obstetric Ultrasound remain slightly below this level and plain film examinations are lower due to a fall in demand.
- Additional CT capacity has been created through the introduction of a regional modular CT scanner in Musgrave Park Hospital (MPH) (from November 2020) and additional funded capacity secured in the Independent Sector (IS) for MRI and NOUS to address urgent and

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red flag waiting times. A bid to continue funding the regional scanner and funding additional IS capacity has been made to continue to deliver this capacity.

Endoscopy  
(diagnostic &  
therapeutic)

- Ongoing delivery of core Endoscopy services on both the Royal Victoria (RVH) and Belfast City Hospital (BCH) in accordance with Trust guidelines in relation to COVID-19 with the prioritisation of red flag cancer patients
- Endoscopy services will continue the delivery of an emergency Trust-wide endoscopy service for inpatients and red flag and urgent endoscopy in the BCH and RVH Endoscopy Units.
- Additional endoscopy activity will be provided at the weekends via the support of an Independent Sector (IS) provider.
- Utilisation of available sessions to facilitate additional Endoscopic retrograde cholangiopancreatography ( ERCP) procedures to address patient backlog.
- Continuation of Bowel Cancer screening virtual clinics.

Maternity & Neonatal  
Care, including  
outpatients

- Maternity & Neonatal services will continue via the Royal Jubilee Maternity Service (RJMS).
- Midwifery-led antenatal outpatients remain at the Mater site.
- The Midwifery-led Unit usually based in the Mater will continue to operate out of RJMS while the Mater Hospital is the main site for COVID 19+ patients.
- Home births will continue to be facilitated.
- The maternity helpline will continue, designed to reduce footfall in RJMS and enhance communication with women.

Gynaecology, Sexual  
Health, Reproductive  
Health, Regional  
Fertility Centre

- Our Sexual and Reproductive Health Clinic (Family Planning) will continue to see emergency patients via face-to-face and virtual consultations in College Street and Carlisle Health & Well Being Centre.
- We will continue Early Medical Abortion (EMA) services up to 9+6 weeks gestation. (We are also restarting face-to-face appointments for Long Acting Reversible Contraception (LARC) and insertion of Coils.)
- The Regional Fertility Clinic will be delivering frozen embryo transfers, semen analysis and testicular biopsies. Outpatient services and IVF/ICSI treatments will be delivered in line with the return of redeployed staff.
- Gynaecology: urgent Gynaecology outpatients will continue in Mater Hospital including hysteroscopy and cystoscopy service.
- HRT Clinics have also resumed on Mater site.
- Gynae-Oncology Clinics including Post Menopausal Bleed (PMB) Service will continue in Wing E Outpatients and Colposcopy Clinics will continue in Bradbury WellBeing and Treatment Centre.
- GUM Clinic will continue to see emergency patients via face-to-face and virtual consultations with HIV Service continuing uninterrupted.
- Erectile Dysfunction Clinic to resume in May.

Neuro-  
rehabilitation Services

- Acute neurology patients will continue to be transferred to Neurology service Musgrave Park Hospital (MPH) for ongoing care. Neurology respite patients requiring admission have recommenced to the unit.

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- Regional Acquired Brain Injury Unit (RABIU) will continue with outpatient services for priority outpatients on face-to-face basis, alongside ongoing virtual outpatient clinics. RABIU inpatient services continue with transfers province wide.
- Inpatient amputee service will continue to operate with increased access for prioritised patients as bed numbers have increased.

**Regional Disablement service**

- Priority patients will continue to be reviewed, utilising virtual clinics and increasing face-to-face consultations within appropriate restrictions.
- Clinics will continue to be held in each Trust area with local arrangements in place.
- The Approved Repairer Service for wheelchairs will continue to respond to the service demand.

**Hospital Outpatients**

- We will continue to virtually deliver Outpatient services through telephone and video calls. A number of outpatient clinics will be restored across hospital sites, with reduced patient numbers in line with appropriate safety measures.
- A Phlebotomy Centre has been established in Musgrave Park Hospital (MPH) to enable patients to have bloods taken for clinics.

**Phlebotomy Centre**

- Patients are able to have their bloods taken in advance of virtual outpatient appointments, a stand alone Phlebotomy Centre is in place in Musgrave Park Hospital grounds.

**Dental Services**

- All hospital dentistry will continue but with reduced face-to-face capacity.
- All community dentistry will continue but with reduced face-to-face capacity.
- The Urgent Dental Clinic in Carlisle Wellbeing & Treatment Centre will continue during weekends and public holidays.
- Surgical procedures requiring general anaesthetic will continue to be managed via Surgical Prioritisation.
- The QUB Undergraduate Degree in Dentistry will continue within the School of Dentistry.

**Laboratory Services**

- Laboratory Services will continue to deliver diagnostic support to clinical services. We will support any increase in testing as a result of the re-build of elective and cancer services.
- SARS-CoV-2 – Patient and Key Worker Testing will continue through PCR and point of care tests, with a capacity of between 1900 and 2500 tests per day in partnership with the Academic Consortium Laboratories.
- Asymptomatic Staff Screening will continue through COVID serology (antibody) testing, Asymptomatic testing of HCWs using saliva (Optigene), the SIREN (Sarscov2 Immunity & REinfection EvaluatiON) Study and use of Lateral Flow Tests for Agency/Locum workers.
- Blood Supply and Blood Products will continue to work with Northern Ireland Blood Transfusion Services to ensure adequate supply of blood and blood products.

**Pharmacy**

- Rebuild core services across pharmacy.
- Support individual service rebuilding plans with medicines management arrangements.
- Continue to work at both Trust level and with the region to ensure sufficient supply of medicines.
- Continue to delivery pharmacy service from the Trust Vaccination Centre.

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**Service Area : Corporate**

<p>Health Improvement</p> <p>Community Development</p> <p>Carers</p>	<ul style="list-style-type: none"> <li>• We will seek to deliver a hybrid model of face-to-face and virtual model of delivery of Health Improvement programmes as the COVID regulations allow, including: Diabetes Prevention Programme; Smoking Cessation; Mental &amp; Emotional Health &amp; Well Being; Physical Activity; Oral Health etc.</li> <li>• Work with Community Planning partners to utilise new Population Health profiles, as basis for collaborative action in community settings.</li> <li>• Promote and support the involvement of service users, carers and the public in the rebuild and reform work streams.</li> <li>• Engage and support carers by identifying new ways of working, facilitating access to resources, advice and information.</li> </ul>
<p>Visiting</p>	<ul style="list-style-type: none"> <li>• Our visiting arrangements will continue to be reviewed in line with the principles of the Regional Visiting Guidelines.</li> </ul>
<p>Domestic Abuse &amp; Sexual Violence</p>	<p>Belfast Domestic and Sexual Violence Partnership have delivered the following:</p> <ul style="list-style-type: none"> <li>• Five Domestic Violence Awareness Sessions via Zoom throughout the months of October and November to hairdressers and beauticians.</li> <li>• A series of sessions delivered to the community and voluntary groups regarding building resilience and leadership in young people to prevent domestic violence.</li> <li>• An awareness session specifically highlighting the needs of male victims and those from our LGBTQ+ community who experience domestic and sexual violence.</li> <li>• Development of a range of “Safety Planning Cards” which include key contacts who can provide support / services for victims of domestic and sexual violence.</li> </ul> <p>As the new Domestic Violence Bill for NI will receive Royal Assent in March 2021, the Partnership will work with key stakeholders including Department of Justice (DoJ) and Department of Health (DoH) in developing initiatives linked to raising public awareness about the new legislation and the new legal protections afforded to victims.</p>
<p>Screening programmes</p>	<ul style="list-style-type: none"> <li>• We will deliver across all population screening programmes in line with Public Health Agency recommendations.</li> <li>• We will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals.</li> <li>• We will work with the Public Health Agency to develop plans to recover screening intervals/ round lengths to recommended timescales.</li> <li>• We will seek to ensure that timely diagnostic and treatment services are available to those with a positive screening test result.</li> </ul>