

**TRUST BOARD  
 SUBMISSION TEMPLATE**

<b>MEETING</b>	<b>Trust Board meeting</b>	<b>Ref No. 6.2</b>
<b>DIRECTOR</b>	<b>Performance, Planning and Informatics</b>	<b>5 May 2022</b>
<ul style="list-style-type: none"> <li><b>Rural Needs Annual Monitoring Report April 2021- March 2022</b></li> </ul>		
<b>Purpose</b>	<ul style="list-style-type: none"> <li>Trust Board are asked to approve submission of Annual Monitoring Report to DAERA and for publication on Trust website</li> <li>Under the Rural Needs Act (NI) 2016, the Trust is required to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans. This report provides a summary of activity over the last financial year</li> </ul>	
<b>Corporate Objective</b>	<ul style="list-style-type: none"> <li><i>Safety and Quality and Experience, Service Delivery, People and Culture, Strategy and Partnerships and Resources</i></li> </ul>	
<b>Key areas for consideration</b>	<ul style="list-style-type: none"> <li><b>Issues /risks</b>  <i>The Trust has conducted 5 Rural Needs Assessments over the reporting period. This is a relatively small number in comparison to the volume of equality screenings conducted over the year. It is proportionate given our geography and demographics in terms of local service provision. Most often the rural needs consideration will be more applicable in assessment of changes/access to our regional services.</i></li> <li><b>Challenges</b>  <i>Given our largely urban population and the less frequent requirement to conduct a rural needs assessment, it does remain a challenge to mainstream awareness and expertise when undertaking a rural needs assessment. The Planning and Equality Team offer support and assistance and it is envisaged that a regional Rural Needs Health toolkit will facilitate learning and development across our policy leads.</i></li> </ul>	
<b>Recommendations</b>	<ul style="list-style-type: none"> <li><i>Trust Board are asked to endorse the annual report for publication and submission to DAERA</i></li> </ul>	

Appendix 2 - Template for Information to be compiled

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

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

**Name of Public Authority:**

**Reporting Period:** April 20  to March 20

Belfast 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 when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services. The Trust acknowledges that the duty of 'due regard' means that it will consciously consider the social and economic needs of persons in rural areas when a policy, strategy, plan, or service design and delivery is under consideration. In addition, the Trust monitors this activity.

**1. Activity Overview**

To comply with our statutory duties and mainstream our commitment to those duties the Trust has carried out the following activities:

- 1.1 The Trust's Senior Management Team has been briefed to ensure ownership of the rural statutory duties at a strategic level. It is the Trust's responsibility for recording, co-ordination and monitoring its rural needs assessment activity and for satisfying itself that it is meeting its obligations under the terms of the Act. This is clearly outlined in the regional [Guidance for Board Members 2020](#), developed by HSC Trusts. Feedback from the Trust's Chair was that he found the guidance most helpful and clear.
- 1.2 The Directorate of Planning, Performance and Informatics is responsible for central co-ordination of the monitoring report on behalf of the Trust.
- 1.3 Policy/project leads are responsible for completing rural needs impact assessment alongside S75 screening template during policy development/review including during development of business cases, strategies and reform projects

- 1.4 The Planning and Equality Team provides support to colleagues across the Trust in relation to complying with and understanding of the statutory obligations. In addition, rural champions have been trained to facilitate local decision making and ensure compliance with legislative requirements in regard to rural needs assessments. Support resources are available for policy/project leads on intranet sites but a specific training programme has not yet been taken forward due to the pressures of Covid-19.
- 1.5 Governance arrangements and reporting structure for ensuring compliance is through the Trust Involvement Group.
- 1.6 The Trust 'Writing a Policy' resources available on the Trust intranet site (The Hub) has a section dedicated to rural needs to raise awareness of the need to undertake a rural impact assessment if the policy impacts on the social and economic needs of people in rural areas. A menu of advice and guidance is available to all staff.
- 1.7 The Trust explicitly references the rural needs duties in the policy template used by staff across this Trust. This is used as an explicit aid memoir for staff to ensure that they consciously consider the social and economic needs of persons in rural areas when drafting a policy/proposal/plan or strategy.

## **2. Rural Needs Health Toolkit**

- 2.1 During this reporting period, HSC Trusts have been scoping the feasibility of a Rural Needs Health Toolkit for Northern Ireland. The Rural Needs Leads in Trusts have met with English colleagues who developed a [Rural Proofing Toolkit](#) in December 2021. This was published by the National Centre for Rural Health and Care, Rural Services Network and the Nuffield Trust to help those in the health and care sectors to address the needs of their rural populations when developing strategies, initiatives and service delivery plans.
- 2.2 A regional workshop for key HSC planners/project leads will be convened in the next reporting period. The HSC Trusts are delighted that they will be working along with representatives from Department Of Health and Department of Agriculture Environment and Rural Affairs on this new initiative. It is anticipated that the outcome will be a NI relevant toolkit and development of a bespoke training for health and social care.

## **3. Definition**

- 3.1 The Trust uses a working definition of Rural in terms of Policy, Strategy, Plan or Public Service to mean those settlements with populations of less than 5,000 together with the open countryside as per DAERA guidance for public authorities.

3.2 Recognising our Trust boundaries, where appropriate, our Community Development Teams continue to reach out to rural groups such as Killynure Residents Association. Our Health Improvement Teams remain abreast of any rural connected information such as the Farm Families Health check programme, which the Northern Trust Health Improvement Team facilitates.

3.3 This Annual Monitoring report on rural needs has been considered by Trust Board on Thursday 5<sup>th</sup> May 2022 before submission to DAERA and monitoring information in this report will be included in the Trust's Annual Report.

#### 4. Rural Needs Assessments

4.1 Belfast 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.

4.2 Belfast Trust is the largest integrated health and social care provider in the UK delivering a service to over 360,000 people each year across Belfast and Castlereagh and the region. When considering the impact of a policy, strategy or plan on the rural community, a fundamental consideration is what constitutes a rural community. Approximately 670,000 people live in rural areas in Northern Ireland (37% of the population <sup>1</sup>) HSC Trusts use the default definition of "rural" as developed by the Inter-Departmental Urban-Rural Definition Group i.e. that "*rural is classified by those settlements with populations of less than 5,000 together with the open countryside*". Belfast Trust geographical area for the provision of local services is by in large urban but the Trust is mindful of those smaller pockets of rural areas within the Trust area and notably the need to consider rural impact in the delivery of our regional services.

4.3 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. These can also be located on the Trust website at: [Rural Impact Assessments](#)

4.4 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 hyperlink to S75 equality screenings of Trust policies [Equality Screenings Apr 2021-Mar 2022](#)

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<sup>1</sup> Census 2011

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

	<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>	<b>The rural policy area(s) which the activity relates to<sup>2</sup>.</b>	<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>
1	New Guidance for the management of Virtual Consultations for Outpatients	Health and Social Care	<p>The purpose of the guidance is to provide guidance to staff when introducing virtual consultations as a method of service delivery in outpatient clinics and to ensure consistency of approach and implementation across the Trust.</p> <p>The Trust's rural assessment highlighted that IT connectivity may limit the availability of virtual consultations for people who live in rural areas and that the effectiveness of offering virtual consultations depends on the service users/patients having access to adequate landline or mobile technology.</p> <p>Conversely, it was ascertained that use of virtual consultations should have a positive impact upon people who reside in rural areas economically as the consultations can take place at home obviating the need for travel to clinics and the associated transport and parking cost</p> <p>A key aspect of the guidance acknowledges that each service area should define its inclusion and exclusion criteria for virtual consultations based on clinical judgement applied on an individual basis for each patient mindful of professional standards, patient safety and outcomes, equality, human rights and rural considerations, capacity and consent issues and the informed choice of the patient</p> <p>The guidance recommends that outpatient clinics will be delivered using a blended approach to service delivery i.e. face to face, telephone and via video consultations.</p>

			<p>Through the clinical triage process, staff will be mindful of the lack of and/or poor IT connectivity issues that exist across many rural areas in NI. This is particularly so for regional services that BHSCT delivers. There will be no adverse impact on service users in waiting times in terms of the method of service delivery used. Offering a choice of method of delivery upon first contact with service user, including alternative methods of delivery in virtual consultations protocol as mitigation.</p>
2	Rebuild Plan April- June 2021	Health and Social Care	<p>An overarching rural screening was undertaken to gauge the cumulative impact of the measures to deliver services during the quarter between April and June 2021.</p> <p>Many measures within the Plan constitute an incremental attempt to return to service provision, as was, prior to Covid-19 whilst others constitute temporary changes to facilitate service delivery but also to facilitate an agile response to a further surge.</p> <p>The majority of the Trust's services are delivered to people who are not from a rural community. However, we do deliver regional services. Our plan does not have a differential impact on people in rural areas because the proposals apply equally to people both in urban and rural areas (e.g. the regional fertility clinic-rapid access clinic is opened for emergencies only).</p> <p>In addition, our plan includes increases to capacity for a range of regional services e.g. Regional Acquired Brain Injury Unit.</p> <p>Due to continue social distancing and infection control requirements the Trust will continue to use telephone clinics and virtual IT solutions which will enhance the accessibility of regional services for people who live beyond Belfast. However, the Trust is mindful of the need for good connectivity and so will continue to monitor this innovation through feedback from service users and will strive to provide a hybrid service delivery model. Our plan will be continuously reviewed, informed by service user feedback and aligned to regional discussions and priorities.</p>
3	Service Delivery Plan July- September 2021	Health and Social Care	<p>This quarterly service delivery plan constitutes an overarching rebuild plan to show how the Trust will incrementally deliver services. By the very nature of the rebuilding work, it is anticipated that the majority of these actions will have a positive impact on people from both urban and rural needs. Our Plans have been developed aligned to the Department of Health's overall priorities 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>In developing this quarterly plan in a series of Rebuild Plans, Belfast Trust is mindful of the Department of Health’s mission stated in the Rebuilding HSC Services Strategic Framework September 2020 which indicated that the overarching principle is: “To incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing COVID-19 conditions. The aim will be to maximise service activity within the context of managing the ongoing COVID-19 situation; embedding innovation and transformation; incorporating the Encompass programme; prioritising services; developing contingencies; and planning for the future all at the same time.”</p> <p>This Service Delivery Plan, from July-September 2021 continues to focus on the delivery of services to the most vulnerable people in our community, on services for those people who urgently require acute care, planned cancer surgery and time-critical surgery in a safe environment and ensuring equity in our approach. Any remaining theatre staffing capacity is utilised to support the restart of elective surgery where possible. The Trust’s commitment to provide safe compassionate care to all those who need it continues, although this will mean delivering services in a different way because of social distancing but as previously referenced, services will be offered on a hybrid basis where virtual or telephone consultations are not feasible for people in rural areas. This hybrid option will also reduce the need for people to travel from rural areas and reduce costs.</p>
4	Winter Service Delivery Plan – October 2021-March 2022.	Health & Social Care	<p>This is an overarching rural screening to gauge the cumulative impact of the measures within our Winter Service Delivery Plan October 2021 to March 2022. The Trust prepares an annual winter plan every year to deal with the increased demand on our services but this winter service delivery plan also needs to take account of the impact of Covid-19.</p> <p>The measures within the plan constitute temporary changes to facilitate service delivery but also to facilitate a flexible and agile response to a further surge. The Trust had a ‘Learning from COVID-19’ initiative which included listening to service users, patients and carers to influence our future service delivery Plans.</p>

			<p>It is noted that the majority of the Trust's services are delivered to people not from a rural community as defined by the Inter Departmental Urban Rural Definition Group (2015). The services that come within the remit of this assessment therefore are restricted to services delivered regionally by the Trust. We are also mindful that a Rural Needs Impact Assessment is proportionate to the scale of the potential impact and relevance of the activity being undertaken.</p> <p>When considering the impact on people from a rural community, the Trust is mindful that it is important to consider in full the potential impact on rural needs and that we are clear about what is a need and what is desirable. (In general, a need can be considered to be something that is essential to achieve a standard of living comparable with that of the population in general e.g. can the people in the rural area access key public services such as health and social care?).</p> <p>Our Plan (which involves some regional services) does not have a differential impact on people in rural areas because the proposals apply equally to people both in urban and rural areas. The aim of the plan is to make temporary changes to facilitate service delivery and to do this in a safe and compassionate manner, mindful of restrictions and challenges such as the need to be ready for further COVID-19 surges, the need to support the health and well-being of staff and the social distancing and infection control requirements.</p> <p>The plan is designed to help manage and meet enhanced demand on services, particularly our acute services, with the aim of retaining elective services where possible.</p> <p>The Trust will continue to use telephone clinics and virtual IT solutions to triage and review patients, which will enhance the accessibility of regional services for people who live beyond Belfast. Telephone and Virtual clinics means that patients and service users can access a service without the need to travel, which certainly benefits those living in rural communities. However, the Trust is mindful of the need for good connectivity and so will continue to monitor this innovation through feedback from service users. The Trust will strive to provide a hybrid service delivery model and so face-to-face appointments for regional services may happen when it is clinically critical and where social distancing and infection control guidance permits.</p>
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5	Car parking Strategy	Health & Social Care	<p>The Trust assessed the impact of introducing access criteria for a car parking space in terms of both equality and rural impact. The Policy Lead ascertained that those staff travelling to work from rural areas are likely to be more dependent on a car as their mode of travel to work as alternative travel options may be limited. . The impact therefore is potentially positive.</p> <p>Staff living in urban areas will have access to more frequent public transport services and those living within Belfast may additionally have the option of cycling or walking to work. Staff living in rural areas do not have the same access to frequent public transport services and will be more dependent on a car to commute to work. The car parking access criteria recognise this difference and staff with a lengthy commute in either distance or time are more likely to secure a car parking permit than those living in Belfast or other urban areas. The access criteria provides points for those who live further from base, making it more likely that they will secure access to car parking.</p> <p>Therefore, it will potentially have a positive impact for staff who live in more rural areas. Implementation of the criteria has been piloted on two sites and will be monitored closely to ensure that there is not any unanticipated impact in terms of rural needs.</p>
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**NOTES**

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