

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

Background

The Western 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 Directorate of Performance and Service Improvement 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.
- In response to the COVID-19 pandemic in 2020 and the requirement for social distancing etc. DAERA's Train the Trainer program, due to take place in 2020, was cancelled. However, the training materials were shared with Trusts. The Trust plans to develop and deliver training for policy leads and continues to liaise with HSC colleagues.
- Advice and guidance is available within the Trust for staff undertaking rural needs assessments.
- The Trust is developing an Action Plan to respond to recommendations included in the review report of the Implementation

of the Rural Needs Act published by DAERA in January 2020. The development of the action plan coincided with the Covid-19 pandemic and, due to the on-going the requirement to prioritise resources to essential service provision, it is intended to develop this in the 2021-2022 reporting year.

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 a hyperlink to S75 equality screenings of Trust policies:** [Western Health & Social Care Trust Equality Screening Reports](#)

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

Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016 ¹ .	The rural policy area(s) which the activity relates to ² .	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 ³ .
Western Health & Social Services Trust response to the Outbreak of Covid 19.	Health and Social Care	<p>The Trust's response to Covid 19 required the Trust to adopt new ways of working to balance the challenges of protecting the health of the population and safeguarding the health and wellbeing of the most vulnerable people in the community, whilst also continuing to deliver a high quality safe patient/client services and a safe working environment for staff and all those who come into contact with our services.</p> <p>The Trust has worked hard to identify and support those most in need and ensure that there are robust arrangements in place to support individuals at this</p>

		<p>time. Changes to service delivery included actions that relate to the temporary standing down of services to allow for capacity to be created to deal with the demands of the pandemic. This will impact on people living in both rural and urban areas. Impacts include:</p> <ul style="list-style-type: none"> • Economic cost of travel and travel time to services which are centrally based in urban areas or in one centralised location in the Trust area and ability of individuals in rural areas to travel to clinics which are centrally based in urban areas (mitigation is availability of public or community transportation). • Access to adequate Broadband or mobile communication in rural areas for remote access to services e.g. virtual clinics (mitigation is the use of hybrid service delivery models) • For staff redeployments – availability of public or community transportation (mitigation is that travel costs will be reimbursed).
<p>Western Health & Social Services Trust Covid-19 Vulnerable Isolated Person (VIP) Support.</p>	<p>Health and Social Care</p>	<p>To support the most vulnerable patients, to include those living in rural areas, who were instructed to shield for a 12 week period, the Western Health Social Care Trust established a Virtual Call Service for Vulnerable Isolated People (VIP) across the Western Trust area. The service aims to ensure that those who are identified as most vulnerable and residing in the WHSCT area have adequate practical, emotional and social help and support to self-isolate at home during the COVID-19 outbreak. Following the initial referral from Advice NI, an assessment is carried out and a range of support is offered under the key themes of the shielding package which include food, fuel, medication and social contact. The service was delivered in partnership with Derry City and Strabane District Council, Fermanagh and Omagh District Council, Causeway Coast and Glens Borough Council, Community and Voluntary Sector, Advice NI and the Department of Communities.</p>

<p>Western Health & Social Services Trust Covid-19 Response: Rebuilding Plan Stage 1: 1st June 2020 - 30th June 2020.</p>	<p>Health and Social Care</p>	<p>The first peak of the Covid-19 outbreak in Northern Ireland has now passed and the incidence of Covid-19 in our acute hospitals is reducing daily. Across NI and the UK the focus has shifted to planning how to restart services, while remaining sufficiently flexible that services can respond to further waves of this disease. It is accepted that Covid-19 remains a public health risk to our population, impacting on people living in both urban and rural areas and, a phased and flexible approach is needed to restarting services. The Department of Health asked Trusts to publish plans on 1 June 2020 to implement the first stage of the recovery for non-Covid-19 HSC Services (for the period 1 - 30 June 2020).</p> <p>Plans include services created, testing new ways of working during the period which support the aims of providing care at home rather than in hospital, accommodating social distancing requirements by use of technology for telephone or video care clinics. Mitigations include;</p> <p>Visitors – whilst general hospital visiting stopped (with some exceptions) mitigation included telephone and video calls to allow contact between patient/residents and families/friends</p> <p>Services using telephone or video call clinics have alternative arrangements in place to ensure access to services.</p>
<p>Western Health and Social Care Trust Covid-19 Response: Rebuilding Plan Stage 2 – 1 July 2020 - 30 September 2020.</p>	<p>Health and Social Care</p>	<p>The Western Trust continues to assess and manage the risk of exposure to COVID-19 for our service users, patients, clients and staff. We have made an assessment of the direct impact that managing COVID-19 has had on our capacity in hospitals and access to a wide range of services for our community.</p> <p>The Trust recognises the impact resulting from the short</p>

		<p>phase of our plan particularly for older people, carers and those with a disability and people living in rural areas. The Western Trust has set out a high level overview of the services that we plan to maintain and rebuild as part of the COVID-19 response during July, August and September 2020.</p> <p>Similar to stage 1, during July, August and September 2020, we will continue to build on new ways of working to continue to provide safe and effective care. This involves working closely with our partners and professional and managerial leaders, using flexible and remote working where appropriate and using technology such as telephone and video calls. We are engaging with our staff to reflect on the many 'lessons learned' and further work on this will be crucial to inform our plans going forward. This learning and sharing of best practice will shape our longer-term operational, strategic and financial planning and we will be asked to work collectively with other Trusts and deliver on wider regional priorities.</p>
<p>Western Health & Social Care Trust Resilience Plan to address Winter Pressures and/or any subsequent waves of COVID-19 Pandemic 2020/2021.</p>	<p>Health and Social Care</p>	<p>The Trusts Resilience plan describes how the trust will respond to the addition depend pressures arising during winter 2020-2021 and/or through any subsequent waves of the COVID-19 Pandemic.</p> <p>The focus of this combined Winter and COVID-19 Surge Resilience Plan 20/21 is to put in place reasonable measures and processes that will help ensure patient/client safety, safe and effective workforce plans, and provide an assurance that contingency plans are in place to address periods of increased unscheduled care demand over the Winter and any further surges of COVID19. The plan includes actions that relate to the temporary standing down of services to enable capacity to be created to deal with the Pandemic, this will impact on people both living in rural and urban areas. Virtual appointments and consultations will continue, however</p>

		<p>there will be a blended model including face-to-face where possible.</p>
<p>Large Vaccination Fixed Site Requirements – Checklist and implementation within WHSCT.</p>	<p>Health and Social Care</p>	<p>A coronavirus (COVID-19) vaccine developed by Pfizer/BioNTech has been approved for use in the UK. The vaccine is available in Northern Ireland from week commencing 14 December 2020. Northern Ireland has been planning for the deployment of the COVID-19 vaccine for many months. This has involved collaborative working across the Health and Social Care system in conjunction with wider stakeholders and partners.</p> <p>In the initial phase of the vaccination programme, given the constraints of the deployability of the Pfizer-BioNTech product, the vaccine will be administered mainly through vaccination centres operating under the direction and governance of Health and Social Care Trusts.</p> <p>The model for vaccine deployment has been designed to be pragmatic, agile and flexible. Teams of vaccinators have been trained from a range of professional backgrounds in addition to extant HSC staff and primary care staff.</p> <p>The 3 sites chosen for the delivery of the vaccination are close to each of the Trust Hospital sites in Omagh, Enniskillen and Londonderry, in order to facilitate maximum vaccine deployment and uptake, covering a geographical area of 4,842Km², with a mix of highly urbanised and extensive rural communities.</p> <p>The Vaccination Centres are required to meet regulatory pharmacy standards in relation to the receipt, storage, management and use of the vaccinations and this has been factored into the development of the facilities schedule of accommodation. The Centre’s will meet all relevant statutory standards for the delivery of the vaccination programme.</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.