

# OUR APPROACH: Service Delivery Plan for Health and Social Care in South Eastern Trust

July – August 2021  
18<sup>th</sup> June 2021

## OUR APPROACH: SERVICE DELIVERY PLANS HEALTH AND SOCIAL CARE SERVICES IN THE SOUTH EASTERN TRUST

### Service Delivery Plan: July and August 2021

#### Section 1: Introduction

The purpose of our two month Service Delivery Plan is to show how the South Eastern H&SC Trust will balance the on-going needs of people and communities affected during the pandemic and to address the impact on all our services, particularly elective waiting times, services for children, older people and those who have mental health needs. We need to do this whilst recognising the on-going restrictions in the community and the safety precautions for our patients, service users and staff, families, carers and visitors.

Our agreed regional approach to service delivery remains:

- 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.

Since July 2020 the South Eastern Trust has implemented a series of quarterly plans (figure 1) agreed with the Health and Social Care Board (HSCB) and in collaboration with other Trusts to upscale and reduce service provision in response to fluctuating levels of COVID-19. These plans have been carefully developed and are evidence-based, proportionate, necessary and sustainable. This Trust Service Delivery Plan outlines how, a year on, the Trust will continue to safely deliver our services within available resources.

**Figure 1: Trust response to COVID-19 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 and sustaining services when it is safe to do so. We have also learnt from our experience and engagement during the pandemic and developed innovative ways to deliver services and facilitate health and social care. The Trust acknowledges the long term health and social impact of COVID-19. We continue to work with regional colleagues to ensure appropriate services are in place. SET is contributing to regional developments including the framework for elective care with a Day Procedure Centre at Lagan Valley Hospital and the review of urgent and emergency care; with a South Eastern Local Implementation Group (SE LIG) established who have developed prioritised plans for the implementation of the ten key actions in No More Silos. With the welcome reduction in COVID-19 community transmission and resulting admissions to our hospitals the Trust has been able to rebuild services successfully in May and June. Some services are now delivering activity that matches that of pre-COVID levels. The Trust will continue to support the vaccination programme, and staff the COVID-19 testing centres along with GP colleagues. This continued redeployment of staff will impact on service delivery plans in some service areas. In spite of the success of the vaccination programme, 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 and sustain our services, including on-going requirements for social distancing, increased cleaning/sanitising and infection prevention control measures.

The Trust acknowledges the long term health and social impact of COVID-19 and is actively working with regional colleagues to ensure appropriate services and information are available and accessible for those who need them.

## **Inequalities in Health**

The Trust recognises that health and social inequalities have been exacerbated by COVID-19, whilst some new inequalities have emerged. The Trust will continue to work in partnership across health and social care, GP colleagues, Multi-Disciplinary Teams, government departments and organisations in statutory, community, voluntary and private sectors to coordinate action to improve health and reduce health inequalities. This includes partnership working to progress the Community Planning process with our four Councils. The Trust will continue to work with the whole South Eastern Trust population while targeting programmes / initiatives at key disadvantaged groups i.e. Ethnic Minority communities, LGB&T, looked after children, older people, men, those in more

deprived communities and those with a disability whilst recognising specific needs for those who live in rural as well as urban communities.

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. In terms of assessment of the South Eastern Trust Service Delivery plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

### Some of the key challenges in implementing our plans:

- **Balancing safety and risk** through regional agreements in respect of ensuring both 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 difference for example available accommodation;
- Assessing **workforce pressures** including the ability to safely and appropriately staff the delivery plans. We are committed to **valuing and supporting our staff** by ensuring that individuals that were redeployed to ICU and other areas are given time to recover. Over the last year staff have been working unrelentingly and have not been able to use their annual leave entitlement, therefore it is important to give them the opportunity to avail of annual leave and decompress before they return to normal duties. This has been phased across the last Rebuild plan and will continue in July and August to ensure staff wellbeing is balanced with the needs of our patients. The impact of staff requirements to support other programmes such as the COVID-19 centres and the vaccination programme as well as managing local cluster outbreaks etc. need to be factored in;
- **Building on new ways of working and innovations to provide safe and effective care.** Innovative ways of working will involve rapid scaling of technology, working closely with our primary care and community partners as well as our clinical leaders, using flexible and remote working where appropriate;
- Continuing to **maintain effective COVID-19 zoning plans** in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff and patients across all acute sites;
- Enhanced cleaning to maintain safe, clinical spaces and public areas will continue to be provided in response to any future COVID-19 surges or other essential requirements in accordance with the Trust's **Environmental Cleanliness** Policy;
- Continue to 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 delivery plans whilst complying with any COVID-19 rules and guidelines;
- Sustaining **models for 'swabbing' and 'testing'** as part of our ongoing response to COVID-19;

- **Public adherence to the restrictions and precautionary measures** before coming to a Trust facility or accessing care e.g. pre-surgery COVID-19 testing;
- Sustaining a **reliable supply of critical PPE, blood products and medicines** to enable us to safely increase our services;
- Providing necessary **support and resources to the independent nursing/ care home sector** on an ongoing basis alongside ensuring Trust based services can be delivered and maintained;
- We will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to delivery plans;
- 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 funding to support increasing demand, significant existing pressures** and the **potential for any future surge** in COVID-19 transmission which is likely to result in a temporary pause to 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.

## Our Staff

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. Staff across a range of service areas including human resources, occupational health, psychology, infection prevention and control and health improvement, have worked collaboratively to pool their expertise and resources to draw together a comprehensive package of practical support for our staff which include:

- The establishment of a dedicated psychological support helpline and Workforce helpline to support our staff through the COVID-19 pandemic and beyond. The Trust has submitted a funding application to NHS Charities to secure the employment of a Health & Wellbeing Consultant Clinical Psychologist to enable staff to continue to be supported through ongoing surge episodes and during resumption of normal business.
- A range of staff health and wellbeing resources on the Trust 'Livewell' site and weekly email reminder, including on-line nutrition and exercise programmes, stress management sessions and advice and support on a range of issues such as

managing anxiety, building resilience and coping mechanisms, sleep well resources and mental health support for adults and young people.

- A Multi-Cultural Forum has been established to support all ethnic minority staff within the Trust.
- The Trust provides a testing and track and trace service for staff which has helped to contain any outbreaks and minimise risk to our staff, patients and service users. Through collaborative work with the Health & Safety Adviser has ensured legal recording requirements are met for any staff that test positive for COVID-19.
- Expert Infection Prevention and Control advice and the development of guidance to support the provision of care for patients with COVID-19 and other healthcare-associated infections across Trust health and social care, Prison Health and Independent care home settings.
- Regular Health & Safety Committee meetings took place which has provided a platform to support staff to develop safe working arrangements and practices through a risk based approach to ensure we can continue to work safely during COVID-19. This includes the development of guidance to provide the framework to assess and support the safety and wellbeing of our staff, visitors and service users.
- Occupational Health services have been significantly stretched to provide support to staff during this period and a review of the resources to support this area will be required. It is anticipated that a review of Occupational Health and Wellbeing Services should be concluded by early Autumn 2021. The review will cover PPE Mask Fit testing, Contact Tracing and Flu /Booster Programmes and the workforce requirements. The review will also feed into the Regional Review of Occupational Health Services.
- The Trust's Corporate Bank office which supplies additional staffing into the organisation continues to respond to the needs of the service and to provide support and cover as required.
- The Trust will continue to support and develop our staff through coaching and development opportunities.

**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 South Eastern Trust Service Delivery Plan for July and August 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: High level summary of plans

### Tackling Health Inequalities

1. The 'Health Inequalities Annual Report 2020' (<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2020>) clearly demonstrates that inequalities in health outcomes continue to be a key issue and challenge in Northern Ireland. Given the multi-faceted causes of inequalities in health, tackling this issue needs sustained focus within the health and social care system and increased collaboration across departments and agencies, local government, the community and voluntary sector, and with communities themselves to address the factors which impact on health and wellbeing locally and regionally.
2. Making Life Better (<https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health>) is the overarching strategic framework for public health through which the Executive committed to creating the conditions for individuals, families and communities to take greater control over their lives, and be enabled and supported to lead healthy lives. It is vital that the Health and Social Care System continues to support the delivery of Making Life Better, particularly as COVID-19 is likely to have exacerbated the inequalities that already exist and this will require a continued focus and population health approach to address in the long term. Improving health and wellbeing, increasing health literacy and reducing inequalities in health outcomes, will be a key part of ensuring we build greater health resilience in the population into the future and help to reduce the impact of potential future pandemics.

### Critical Care De-escalation

3. Critical care beds are all open and operational throughout Northern Ireland at their commissioned bed levels. Belfast Trust continue to manage a different bed configuration across its units, than that commissioned, to enable urgent elective care on BCH site and non-elective care on the Royal site. This is not without challenges however work is ongoing between the Trust, HSC, PHA and CCaNNI to fully understand the implications of this and minimise impact on the wider critical care system. Similarly, work is ongoing to aim to minimize delayed discharges from ICU, which has been a growing issue recently due to wider Trust pressures.

## Regional Management of Unscheduled Care

4. The challenge of managing unscheduled care pressures has been exacerbated in the past year by the tremendous system effort to cope in the face of significant surges in hospitalisation due to COVID-19 infection. The system collaborated closely and effectively in particular through the Critical Care and Respiratory Operational Hub and the lessons from that approach are now being considered in the regional management of Unscheduled Care.
5. Unscheduled care is a broad service area encapsulating adults and paediatrics, emergency and urgent care, major trauma, critical care, neonatal care and hospital flow, including discharge. Consideration needs to be given to this breadth and the various processes currently in place to manage these. As demand increases and our hospitals start to move towards pre COVID attendances and admissions, it is important to fully understand the impact that COVID will continue to have on our physical space and the need to manage patient flows in a safe environment.
6. The Health and Social Care Board is currently working collaboratively with the Public Health Agency, NIAS and the five provider Trusts to improve waiting times at our Emergency Departments, enhance flows through the system and facilitate timely discharge.

## Cancer Services

7. 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 has worked with the Department of Health to produce a Cancer Recovery Plan. This 3 year plan 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.



8. 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

9. 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. Unfortunately, elective orthopaedic services were suspended in October as resources were redeployed to address the immediate pressures arising as a result of the COVID-19 surge. Waiting times for orthopaedic services were already the longest in the UK prior to the onset of the pandemic and demand for these services continues to increase in line with ageing demographics. It is therefore vital that orthopaedic capacity is increased and protected as far as possible at each of the hub sites of Craigavon, Altnagelvin and Musgrave Park in line with the orthopaedic recovery blueprint.

### Orthopaedic Hubs

10. 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.

11. Throughout this period, the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service. Entering the next phase of service rebuilding, it is intended that a recovery plan for orthopaedics will be published in August. The recovery plan will set out priority actions and timescales to bring orthopaedic activity back to commissioned levels, and to increase activity as effectively as possible, maximising the use of all available capacity across the region to increase activity. 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**

12. In July 2020 the Minister announced that Lagan Valley Hospital in the South Eastern Trust would become a dedicated elective care centre for the region. While the nature of the site means that it is most suitable for daycase surgery and procedures rather than more complex work, the complete separation of elective and unscheduled services at the site enabled services to continue be delivered throughout the pandemic on a 'COVID-light' or 'green' pathway. During the pandemic, the centre 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. In recent months the centre has begun to provide high volume, low complexity procedures for the region across a range of specialties. The team at the Day Procedure Centre in Lagan Valley is working to maximise the efficiency of service delivery in the space available. There are also similar initiatives for cataracts and varicose veins in Downe, Omagh, South Tyrone and the Mid-Ulster Hospital.
13. While the overall model for Lagan Valley Hospital is still developing, it has already demonstrated the benefits of having dedicated elective care capacity. Alongside the work to develop the model at Lagan Valley, consideration is also being given to expanding this approach to further sites on a managed basis.

### **No More Silos**

14. The funding constraints across all health and social care services in this financial year are placing significant pressure on our ability to continue to implement NMS. There is general recognition that the implementation of NMS is extremely positive work which should continue. It may be necessary to prioritise key elements of the action plan to ensure the maximum benefit within the limited resources available.

15. In transforming urgent and emergency care services, the Department is seeking to ensure that patients are able to receive the right care, in the right place and at the right time. The review seeks to keep emergency departments for emergencies by ensuring that patients who require urgent care have appropriate pathways into the services that they require. These services may be within primary or secondary care.
16. The Department intends to publish its' review of Urgent and Emergency Care during the summer 2021.

### **Vaccine Programme**

17. The COVID-19 vaccination programme was launched on the 20 December 2020 with the vaccination of the JCVI priority group 1 and by the 26 May 2021 the programme had been extended to the last part of the final cohort, JCVI priority group 12. Everyone aged 18 years and over is now eligible to receive a COVID-19 vaccine in NI. There are 7 Trust operated vaccination centres, and in addition Trust special mobile teams, working with the PHA, are being deployed to areas of low vaccine uptake rates.
18. The vaccination programme has helped to protect the most vulnerable in the community most quickly against the severe outcomes of disease. We are now seeing clear evidence that the vaccination programme is contributing to a reduction of the wider health service pressures. The roll out of the programme remains critically dependent on vaccine production, supply and distribution. The pace of the programme slowed slightly as a result of the updated advice from JCVI, which advised that it was preferable for those aged under 40 years of age to receive an alternative to the AstraZeneca vaccine. Due to the limited supply of the Pfizer vaccine, the programme is now expected to complete first doses by the end of July with second doses expected to be completed by early September.

### **Mental Health**

19. 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 increase in special observations and in the proportion of detained patients. Community mental health service are also reporting increasing referrals for secondary mental health assessment, and subsequent care and treatment. A similar position is reflected in our younger population with referrals to CAMHS continuing to increase. It is expected that these pressures will continue.

20. Work has progressed to help and support people's mental health and wellbeing. A reformed Mental Health Pandemic Response Group will provide strategic direction to support this. 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 expected to be published in the summer. This will help ensure a cohesive strategic direction for development of mental health services over the next 10 years.

### **Adult Social Care**

21. 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. In addition to more than £45m of direct financial support provided last financial year the Minister has approved £4m of funding to support enhanced sick pay, additional cleaning and costs associated with facilitating safe visiting in care homes. The ongoing provision of PPE without charge, where providers cannot access their own supplies continues, as does 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. Plans are being progressed to develop an appropriate testing pathway to extend the availability of COVID-19 testing to all asymptomatic domiciliary care staff and personal assistants. The frequency and type of testing to be deployed across this sector is still under consideration. The Department will continue to actively review the frequency of testing in these settings; 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.

22. The Department continues to work with Trusts and the PHA 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 the greater use of direct payments to support the care of individuals. Support to carers continues to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. To that end, a £4m fund to support organisations working for and with unpaid carers has been established. 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.

## Long COVID

23. The Minister of Health has recently approved proposals for the assessment and treatment of people who continue to experience long-term health effects as a result of COVID-19 infection. The proposals encompass 5 separate strands:

- Post COVID-19 Syndrome patients referred by primary or secondary care to a one-stop-shop MDT assessment service;
- Bespoke pulmonary rehabilitation / dysfunctional breathing service for patients with significant respiratory symptoms post COVID-19;
- Patients discharged from critical care (both COVID-19 and non-COVID-19);
- Strengthening psychology support to all Trusts; and,
- Signposting and access to self-management resources.

24. Commissioning the services will take a number of months and it is anticipated that with services will be established by end of October 2021. In the meantime patients displaying long COVID symptoms will continue to be treated via existing services in both primary and secondary care.

**Section 3 below outlines the South Eastern H&SC Trust service delivery plans for July and August 2021. It is important to recognise that the Trusts' ability to deliver against this plan is linked to the effect of any subsequent surges during this period.**

## SECTION 3

### SERVICE DELIVERY PLAN: JULY AND AUGUST 2021

#### HOSPITAL SERVICES

##### Our services

##### What we are planning to do to sustain our services in July and August 2021

##### Urgent and Emergency Care



In keeping with regional developments to support urgent and emergency care (including No More Silos) we will:

- ❖ Continue the safe provision of urgent and emergency care in the Ulster and Lagan Valley Hospitals Emergency Departments – this means maintaining separate streams for those meeting the community definition of suspect COVID-19 and those without these symptoms
- ❖ Continued use of Downe Hospital Emergency Department for urgent care by maintaining enhanced arrangements, providing access to consultant led urgent care services and admission to acute hospital beds
- ❖ Bangor Minor Injuries Unit continues to temporarily operate from Ards Hospital and will be kept under review. Public encouraged to telephone for an appointment and attend alone where possible to safely maintain social distancing and COVID-19 safe practices in the department

##### Critical Care



- ❖ Continue to provide critical care services in line with the Critical Care Network Northern Ireland (CCaNNI) Surge Plan, with clear pathways for COVID-19 and non-COVID-19 patients

##### Surgery- Emergency and Elective Inpatients

- ❖ Continue to provide emergency and elective inpatient surgery for prioritised urgent and cancer patients as per the Regional Prioritisation Oversight Group (RPOG). This group has been established to ensure that relative clinical prioritisation of cancer and time critical/ urgent cases across surgical specialties and Trust boundaries is consistent and transparent. This will also ensure the utilisation of all available capacity (In-house and in the Independent Sector) is fully maximised. This is in line with the regional Critical Care de-escalation plan.
- ❖ Maintain separate pathways for COVID-19 and non-COVID-19 patients requiring surgery as per National guidance.
- ❖ Continue to progress the rebuild delivery programme according to staffing capacity

## HOSPITAL SERVICES

### Our services

### What we are planning to do to sustain our services in July and August 2021

#### Day Surgery and Endoscopy



- ❖ Continue to provide day surgery in the Ulster Hospital, Lagan Valley and Downe Hospitals for those services paused during COVID-19 surge
- ❖ Day Procedure Centre (DPC) @ Lagan Valley Hospital has been established as a dedicated regional day procedure and surgery centre for patients requiring specific procedures from all Trusts across Northern Ireland. The DPC @ Lagan Valley Hospital is a 'Covid-19 safe' facility for patients requiring specific day surgery procedures
- ❖ Continue to provide endoscopy services that were reduced during COVID-19 surges

#### Cancer Services

- ❖ Continue to provide cancer diagnostics, surgery, Oncology and Haematology systemic anti-cancer treatments (including chemotherapy) as per national and Northern Ireland Cancer Network (NICaN) regional guidance
- ❖ Continue to encourage the public to contact their GP with any concerns about signs and symptoms they are experiencing

#### Diagnostics (X-Ray, MRI, CT, Cardiac Investigations)

- ❖ Continue to provide services to prioritised inpatient, urgent and red flag patients across all sites

#### Outpatients



- ❖ Continue to provide face to face appointments as per pre-Covid19 levels and where opportunities exist, provide virtual; phone and video call assessments
- ❖ Maximise use of ambulatory care hubs slots where available
- ❖ Continue to provide increasing numbers of prioritised face to face appointments in the Ulster Hospital, Lagan Valley Hospital, Downe Hospital, Bangor Hospital and Ards Hospital

#### Maternity and Paediatrics Services



- ❖ Continue to provide ante-natal and post-natal visits with some by phone and video call
- ❖ Continue to provide birthing options at the Ulster Hospital and Lagan Valley Hospital Midwifery Led Unit
- ❖ Continue to support Home births on a case by case risk assessed basis in conjunction with Royal College of Obstetricians and Gynaecologists guidance

## MENTAL HEALTH SERVICES

### Our services

### What we are planning to do to sustain our services in July and August 2021

#### Community and Outpatient services



- ❖ Provide secondary care services in line with regional Adult Mental Health Group Rebuilding plans
- ❖ All emergency and crisis appointments to continue face to face
- ❖ Continue to increase face to face appointments across services in line with the outcome of risk assessment and regional guidance
- ❖ Continue to provide the option of face to face, video or phone appointments for patients
- ❖ In accordance with regional guidance, continue to support ongoing COVID-19 testing across statutory and independent sector services where it is deemed necessary

#### Inpatient Addiction Facilities

- ❖ Increased our capacity for Addiction and Treatment services in line with risk assessments and regional guidance
- ❖ Delivery of face to face support groups in line with regional guidance
- ❖ Continue to provide a range of support services to patients and relatives using new and innovative communication platforms

#### The Condition Management Programme

- ❖ Continue blended model of telephone and video consultations with face to face available in line with outcomes of risk assessment and regional guidance

#### Derriaghy Centre




- ❖ Increase the number of service users attending the day centre in line with risk assessments and regional guidance
- ❖ Continue with video and phone appointments as well as face to face contacts for all service users who are not attending the centre



## PSYCHOLOGICAL THERAPIES

Our services	What we are planning to do to sustain our services in July and August 2021
<b>Psychological Therapies</b>	<ul style="list-style-type: none"> <li>❖ Continue to deliver all urgent, emergency and crisis appointments face to face</li> <li>❖ Continue to increase face to face appointments across services in line with risk assessments and regional guidance</li> <li>❖ Continue to deliver assessment and therapy through remote digital technology, where appropriate</li> </ul>

## ADULT DISABILITY

Our services	What we are planning to do to sustain our services in July and August 2021
<b>Social Work</b>	<ul style="list-style-type: none"> <li>❖ Continue to increase face to face meetings with service users and families</li> <li>❖ Continue to increase the number of face to face appointments in line with risk assessments and regional guidance</li> <li>❖ Continue to meet the needs of service users and families through the delivery of interventions using video calling</li> </ul>
<b>Day Care</b>	<ul style="list-style-type: none"> <li>❖ Continue to maximise the use of Day Care facilities in line with the PHA Guidance on social distancing and Infection Prevention Control Guidelines.</li> <li>❖ Continue to increase attendances at Day Centres in line with the PHA Guidance on social distancing and Infection Prevention Control Guidance</li> <li>❖ Continue to maximise capacity to offer outreach options to families who require support</li> <li>❖ Continue to offer alternative service delivery options for example self-directed support and Direct Payments</li> </ul>
<b>Day Opportunities</b>	<ul style="list-style-type: none"> <li>❖ Continue to maximise Day Opportunities with Independent Sector and key partners in line with the outcomes of risk assessments and regional guidance</li> </ul>
<b>Short-breaks</b>	<ul style="list-style-type: none"> <li>❖ Continue to offer opportunities for short-breaks in line with the regional and national guidance on social distancing and Infection Prevention Control Guidance.</li> <li>❖ Continue to maximise capacity to offer outreach options to families who require support</li> <li>❖ Continue to offer alternative service delivery options for example self-directed support and Direct Payments</li> </ul>
 <b>Carer Support</b>	<ul style="list-style-type: none"> <li>❖ Continue to offer opportunities for short-breaks in line with the regional and national guidance on social distancing and Infection Prevention Control Guidance.</li> <li>❖ Continue to maximise capacity to offer outreach options to families who require support</li> <li>❖ Continue to offer alternative service delivery options for example self-directed support and Direct Payments</li> </ul>

<b>Community Care Services</b>	❖ In accordance with regional guidance, continue to support ongoing testing across statutory and independent sector services
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## HEALTHCARE IN PRISONS

<b>Our services</b>	<b>What we are planning to do to sustain our services in July and August 2021</b>
<b>Healthcare in Prisons</b>	<ul style="list-style-type: none"> <li>❖ Continue with a combination of virtual and face to face appointments in line with regional guidance</li> <li>❖ Continue to triage clinical requests and provide face to face clinical appointments where appropriate</li> <li>❖ Continue to offer phone and video call options, where beneficial</li> <li>❖ Continue to deliver complex Dental clinic</li> <li>❖ Continue to increase face to face Allied Health Professional services</li> <li>❖ Continue to increase regional secondary care services into prisons</li> <li>❖ Offer all people in prison a first dose of Covid-19 vaccine and administer second doses in accordance with programme</li> </ul>


## PRIMARY AND COMMUNITY SERVICES


<b>Our services</b>	<b>What we are planning to do to sustain our services in July and August 2021</b>
<b>Allied Health Professionals</b> (Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry, Orthoptics, Dietetics) <b>Community Rehabilitation</b> <b>Community Stroke team</b> <b>Orthopaedic</b>	<ul style="list-style-type: none"> <li>❖ AHP services plan to continue using alternative phone and video call appointments, which have proven beneficial to service users</li> <li>❖ In addition, phased re-introduction of new and review face to face clinics for service users</li> <li>❖ Continued phone triage which has proved successful in prioritising referrals and providing early advice for patients</li> <li>❖ Focus on waiting list initiatives, to reduce waiting times across services</li> <li>❖ AHP services developing and using alternative methods to accommodate student placements</li> </ul>

**Integrated Clinical  
Assessment and  
Treatment Service  
(ICATS)  
Falls service**


- Primary Care COVID-19 Centres**
- ❖ The Primary Care Covid-19 Centres will be reviewed in line with Ministerial direction
  - ❖ COVID-19 Centres will carefully consider adjustment of staffing in line with incidence of people with COVID-19 positive cases and the requirements of the primary and community care sectors to manage the cohort of symptomatic patients

- Primary Care MDT (Down) services - working in partnership with GP Federation**
- ❖ Continue face to face consultations replaced by telephone and video consultations
  - ❖ General Practice visits for non-COVID-19 patients
  - ❖ Input to wider review of primary / secondary care interface to identify ways to streamline the patient journey through supporting the delivery of the No More Silos key actions from the Review of Urgent and Emergency Care
  - ❖ Continue to work in partnership with Secondary Care Mental Health services and local communities to identify new ways of working to streamline pathways, for example Caring Communities Wellbeing Hub

- Community Dental**
- 
- ❖ Continue to increase capacity for children's and special care dental theatre lists
  - ❖ Continue to prioritise patients across Community Dental Clinics to ensure relief of pain and stabilisation of dental conditions
  - ❖ Restart Domiciliary and care home visits for urgent dental care in line with regional guidance

- Sexual Health Outpatients**
- 
- ❖ Phased introduction of new and review clinics for most urgent cases including those who require face to face assessment on a prioritised basis
  - ❖ Continue medical/nursing telemedicine clinics
  - ❖ Continue to monitor and action positive results from SH24 and PrEP
  - ❖ Prioritise blood tests for HIV patients

## OLDER PEOPLES

Our services	What we are planning to do to sustain our services in July and August 2021
<b>Community Care Services</b>	<ul style="list-style-type: none"> <li>❖ Service provision continues</li> <li>❖ Support testing if required across care home sector</li> <li>❖ Support Care homes through monthly meetings and provision of training and education as required</li> </ul>
<b>Domiciliary Care</b>	<ul style="list-style-type: none"> <li>❖ Of those domiciliary care packages paused at the service users request as result of COVID-19, 100% of those who wish to have their package reinstated will continue to be fulfilled</li> <li>❖ Ongoing work to review risks and unmet need to prioritise the delivery of care packages</li> <li>❖ Recruitment secured additional staff however, continues to be progressed in order to retain staffing levels</li> <li>❖ Seek additional capacity to deliver the service to more people in their own home</li> </ul>
<b>Day Care</b> 	<ul style="list-style-type: none"> <li>❖ Statutory day care provision has resumed with a rebuild plan in place to graduate to 100% capacity based on assessed need and Risk assessment and Covid-19 current guidelines</li> </ul>
<b>Respite Care</b>	<ul style="list-style-type: none"> <li>❖ Continue to provide respite care on risk assessed basis</li> </ul>
<b>Mental Health Services for Older People</b>	<ul style="list-style-type: none"> <li>❖ Telephone, video call and face to face appointments will continue to be provided on a risk assessed prioritised basis</li> <li>❖ An ongoing review of Outpatient waiting lists based on clinical prioritisation supported by additional funding from Department of Health, will continue to provide additional client support and increase capacity for first assessments and reviews</li> <li>❖ All clients known to Community Teams in Mental Health Services for Older People will continue to be offered the option of a clinic/home visit, as appropriate</li> <li>❖ Care Home reviews/monitoring will continue both virtually and face to face, where appropriate, in line with Department guidance</li> </ul>

## COMMUNITY CHILDREN'S SERVICES

### Our services

### What we are planning to do to sustain our services in July and August 2021

#### Health Visiting

- ❖ Continue to deliver services in accordance with the regionally agreed Health Visiting Plan

#### Immunisation Programme

- ❖ Continue to plan and deliver the Human Papillomavirus (HPV) vaccination programme
- ❖ Continue to plan and deliver the BCG screening and vaccination programme
- ❖ Continue to plan for the roll out of the Flu Vaccination programme across school aged children, commencing September/October 2021



#### Cared for Children

- ❖ Continue to provide short breaks for children with a disability in line with regional guidance
- ❖ Continue to provide short breaks in Lindsey House following adherence to COVID-19 guidance
- ❖ Community teams and Lindsey house outreach will maximise community networks to provide support to meet the assessed needs of children
- ❖ Continue to deliver the plan for those waiting Looked After Children (LAC) reviews
- ❖ Plan for direct face to face visits for Looked After Children based on Public Health Agency (PHA) guidance and risk assessment
- ❖ Continue to facilitate contact with families in line with regional risk assessments and guidance
- ❖ Health and wellbeing team in partnership with peripatetic team will continue to provide a range of activities for Looked After Children
- ❖ Continue to plan and deliver safe and appropriate arrangements for children in care in line with COVID-19 Guidance for Residential Children's Homes in Northern Ireland
- ❖ Work with Speech and Language Therapy staff to complete baseline assessments for children in statutory Children's Homes on a prioritised basis

#### Fostering Placements

- ❖ Fostering Team will continue to scope support that will be required to enable families to increase the number of placements they can offer
- ❖ Continue to maximise access to short breaks for foster carers in line with regional protocols and guidance

**Paediatric Services**



- ❖ Contact with families will continue by both phone and video call and face to face appointments, based on outcome of risk assessments, regional guidance and the availability of appropriate facilities.
- ❖ Local Paediatric service plans will continue to be rolled out on a phased approach, reflecting regionally agreed plans
- ❖ Plans will be finalised for School Health screening in September 2021

**Family Support Hubs**

- ❖ Support to families will continue by phone and video call and face to face activity in line with risk assessments and regional guidance

**Family Support**

- ❖ Family Support Social Work cases will continue to be risk assessed and face to face visits will take place where there is assessed risk

**Child Protection Services**



- ❖ Services will continue to be prioritised for at risk children
- ❖ All cases will continue to be risk assessed and level of face to face visiting will be determined by the level of risk
- ❖ All children on the Child Protection Register will have at least one face to face visit per month with intermittent indirect contact via phone call/ face time

**Sure Start**

- ❖ Continued delivery of the Programme for 2 Year olds in Sure Start premises, with reduced numbers and in line with regional Department of Education guidance

**Autism**

- ❖ Continued implementation of the plan for the delivery of services, in line with regional guidance
- ❖ Increased focus on review appointments to complete assessments and on review intervention appointments

**Contact for Children in Care**

- ❖ Increase the level of face to face contact based on Public Health Agency (PHA) guidance and outcome of risk assessments

## HEALTH DEVELOPMENT

### Our services

### What we are planning to do to sustain our services in July and August 2021

#### Diabetes Prevention



- ❖ Delivery of nine-month programme via video platform to pre-diabetic patients
- ❖ Delivery of the Diabetes Reversal service via video platform as part of the Diabetes Hub at the Ulster Hospital for Type 2 Diabetes Mellitus patients
- ❖ Continue to offer face to face group sessions in line with regional guidance on a risk assessed basis

#### Cardiovascular Prevention / Early Treatment Service

- ❖ Delivery of the nine month programme to all patients identified with early stage coronary heart disease
- ❖ Continue blended model with some face-face group sessions in line with regional guidance on a risk assessed basis

## CORPORATE

### Our services

### What we are planning to do to sustain our services in July and August 2021

#### Caring Communities Wellbeing Service

- ❖ Continue to develop Emotional Wellbeing Services as part of Caring Communities to provide support to isolated patients in the context of COVID-19
- ❖ Explore options to continue Trust wide roll out of step 2 talking therapies Emotional Wellbeing Hub

#### Domestic Abuse and Sexual Violence

- ❖ Service continues to deliver support using a range of methods in line with risk assessments and regional guidance

#### Screening programmes

- ❖ Trust will continue to deliver across all population screening programmes in line with Public Health Agency recommendations
- ❖ Trust screening programme will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals.
- ❖ Trust will continue to work with the Public Health Agency to implement plans to recover all population screening programmes and seek to bring screening intervals/ round lengths back to meeting the relevant national standards.
- ❖ Trust will seek to ensure that appropriate timely diagnostic and treatment services are available to those with a positive screening test result.

