

OUR APPROACH: REBUILDING HEALTH AND SOCIAL CARE SERVICES IN THE SOUTH EASTERN TRUST

Trust Rebuild Plan April 2021 to June 2021

Section 1: Introduction

The Trust experience during COVID-19

Since March 2020 COVID-19 has had a detrimental impact on Health and Social Care (HSC) services across the Trust. Many services had to suspend / reduce normal service. The greatest impact was on acute services which experienced increased unscheduled care demand, which had consequences for other services such as elective surgery, day surgery, outpatient work which had to reduce or in some instances temporarily cease in order to provide direct support. Likewise supporting Community services and Care Homes pressures Trustwide was challenging. In July 2020 the South Eastern commenced rebuilding of services in line with rebuild plans agreed with Health and Social Care Board (HSCB). The Trust was able to maintain progress of rebuilding services during the second surge of COVID-19 which began in September 2020, by creating separate pathways for COVID-19 and non COVID-19 patients (green pathways) for elective surgery and providing innovative alternatives to ensure our service users continued to be supported throughout this period. However, in the third surge which began in late December 2020 the Trust had to take action based on the Trust resilience plan, often at short notice to ensure that patient and staff safety remained the priority.

There was significant growth in the number of patients admitted with COVID-19 positive results compared to the previous two surges;

Surge	Peak Date	Number of COVID-19 Positive Inpatients
1	10/4/20	43
2	22/10/20	73
3	26/1/21	112

Likewise, Ulster Hospital Intensive Care Unit (ICU) continues to operate above commissioned capacity. During the peak of the third surge of COVID-19, Critical Care capacity was scaled up to 16 ICU beds to support high surge in line with the regional Critical Care Network Northern Ireland (CCaNNI) Surge Plan. Given such demand the Trust worked to ensure available capacity whether in critical care, unscheduled or elective (planned care) was prioritised for those considered to be in most clinical need, regardless of

place of residence. In addition the Trust has provided on-going support to the regional Vaccination Programme which has placed additional demands on workforce.

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 social impact of COVID-19. We will work with regional colleagues to ensure appropriate services are in place.

Key Principles adopted when developing the Rebuild plan

Throughout the Trust staff went to great lengths to ensure many services continued to be sustained during the COVID-19 surge. This was particularly notable in this latest and most challenging surge. 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.

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. The Trust remains committed to delivering safe and effective care for 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 Permanent Secretary of Health the process of rebuild will be guided by the following five principles:

- **Principle 1:** We de-escalate ICU 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 the Trust will continue to work together with our partners across Northern Ireland to implement the recovery of Non–COVID-19 Health and Social Care Services. Staff are contributing to regional work streams/areas of focus to support the HSC 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 known as cells are working to outline likely rebuild developments over this period which are informing the Trust Rebuild plans. The **regional cells** are; **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 additional details regarding the Regional Context in section 2 which has been provided by Department of Health (DOH) and Health and Social Care Board (HSCB).**

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 Rebuild 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;
- Assessing **workforce** pressures including the ability to safely and appropriately staff the rebuild plans. We are committed to valuing and supporting our people 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. The impact of staff requirements to support other programmes and manage 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, maintain enhanced levels of **environmental cleanliness** tasks and frequencies to maintain safe clinical spaces and public areas, 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 rebuild plans whilst complying with any Covid rules and guidelines;
- Sustaining **models for ‘swabbing’ and ‘testing’** 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;
- Providing necessary **support and resources to the nursing/ care home sector** on an ongoing basis alongside ensuring Trust based services can be restarted and rebuilt;
- 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;
- Providing continued support to **those in need within our population** including those who were ‘shielding’, vulnerable people, and people at risk of harm;
- Rebuilding services safely in some areas requires **capital and revenue funding** to be made available; and
- **Any future surge in COVID-19 transmission** could result in a temporary pause of core services to cope with demand. This is a complex and long-term undertaking and it will be some time before the vaccination programme is rolled out to the majority of the population. We all need to play our part in sustaining this reduction in transmission to preserve life and support our health service.

Throughout the pandemic and in developing our rebuild plans, the Trust has been keen to promote the health and wellbeing of our staff. 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 BAME network is currently being established to support all BAME (Black, Asian and minority ethnic) 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 who test positive for COVID-19.
- 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.
- 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 during rebuild.
- 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 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: High level summary of rebuild plans

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-19 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 returning 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 differentiated 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-19 secure' 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 Hospitals. 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, that 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, due to close on 26 March 2021. 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 Personal Protective Equipment (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.

The Trust recognises the importance of continuing to support our staff going forward and these measures will be maintained as we progress the rebuild plans outlined below.

Section 3 below outlines the South Eastern H&SC Trust service plans for commencing April 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

TRUST REBUILDING PLAN: APRIL 2021 TO JUNE 2021

HOSPITAL SERVICES

Our services

What we are planning to do to rebuild services from April 2021 to June 2021

Urgent and Emergency Care



In keeping with regional developments to support urgent and emergency care, known as 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 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

HOSPITAL SERVICES

Our services

What we are planning to do to rebuild services from April 2021 to June 2021

Day Surgery and Endoscopy



- ❖ Expand 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 is becoming 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 secure' facility for patients requiring specific day surgery procedures
- ❖ Increase endoscopy services reduced during COVID-19 surge

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 phone and video call assessments for urgent, red flag and review patients, as well as 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 rebuild services April 2021 to June 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
- ❖ Increase face to face appointments across services
- ❖ Continue to provide the option of face to face, video or phone appointments
- ❖ In accordance with regional guidance, continue to support ongoing testing across statutory and independent sector services

Inpatient Addiction Facilities

- ❖ Risk assessed phased increase in inpatient capacity for Addiction and Treatment services safely in line with regional guidance
- ❖ Explore the feasibility of providing face to face support groups and, in line with regional guidance, reintroduce if safe to do so
- ❖ Continue to provide a range of support services to patients and relatives using new and innovative communication platforms

The Condition Management Programme

- ❖ Re-Introduce face to face contact 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 rebuild services April 2021 to June 2021
Psychological Therapies	<ul style="list-style-type: none"> ❖ Continue to deliver all urgent, emergency and crisis appointments face to face ❖ Increase face to face appointments across services in line with risk assessments and regional guidance

ADULT DISABILITY

Our services	What we are planning to do to rebuild services April 2021 to June 2021
Social Work	<ul style="list-style-type: none"> ❖ Increase face to face meetings with service users and families ❖ Continue to increase the number of face to face appointments in line with risk assessments and regional guidance ❖ Continue to meet the needs of service users and families through the delivery of interventions using video calling
Day Care	<ul style="list-style-type: none"> ❖ Continue to offer Day Care in line with the outcomes of risk assessments and regional guidance Continue to plan to increase attendances at Day Centres in line with advice and guidance
Day Opportunities	<ul style="list-style-type: none"> ❖ Continue to support service users phased return to Day Opportunities with Independent Sector and key partners in line with the outcomes of risk assessments and regional guidance
Short-breaks	<ul style="list-style-type: none"> ❖ Continue to increase the opportunities for short-breaks in line with risk assessments and guidance ❖ Continue to increase capacity to offer outreach options to families who require support
 Carer Support	
Community Care Services	<ul style="list-style-type: none"> ❖ In accordance with regional guidance, continue to support ongoing testing across statutory and independent sector services

HEALTHCARE IN PRISONS

Our services

What we are planning to do to rebuild services April 2021 to June 2021

Healthcare in Prisons

- ❖ Continue with limited face to face appointments in line with regional guidance
- ❖ Continue to triage clinical requests and provide face to face clinical appointments where appropriate
- ❖ Continue to offer phone and video call options, where beneficial
- ❖ Maintain re-introduced complex Dental clinic
- ❖ Gradually increase face to face Allied Health Professional services
- ❖ Continue to gradually increase regional secondary care services into prisons

PRIMARY AND COMMUNITY SERVICES

Our services

What we are planning to do to rebuild services April 2021 to June 2021

Allied Health Professionals

(Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry, Orthoptics, Dietetics)

Community Rehabilitation



Community Stroke team

Orthopaedic Integrated Clinical Assessment and Treatment Service (ICATS)


Falls service

- ❖ AHP services plan to continue using alternative phone and video call appointments, which have proven beneficial to service users
- ❖ In addition, phased re-introduction of new and review face to face clinics for service users
- ❖ Continued phone triage which has proved successful in prioritising referrals and providing early advice for patients
- ❖ Focus on waiting list initiatives, to reduce waiting times across services
- ❖ AHP services developing and using alternative methods to accommodate student placements


PRIMARY AND COMMUNITY SERVICES

<p>Primary Care COVID-19 Centres</p>	<ul style="list-style-type: none"> ❖ Primary Care COVID-19 Centres service continue on three sites within the Trust area. ❖ Work with key partners to consider future requirement for this model
<p>Primary Care MDT (Down) services - working in partnership with GP Federation</p>	<ul style="list-style-type: none"> ❖ 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
<p>Community Dental</p> 	<ul style="list-style-type: none"> ❖ Continue with phased restart of children's and special care dental theatre lists ❖ Make preparations to increase a prioritised number of urgent appointments in line with regional guidance ❖ Continue to prioritise patients across Community Dental Clinics to ensure relief of pain and stabilisation of dental conditions ❖ Restart Domiciliary visits for urgent dental care
<p>Sexual Health Outpatients</p> 	<ul style="list-style-type: none"> ❖ Prepare for 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 ❖ Prioritise blood tests for HIV patients

OLDER PEOPLES

Our services	What we are planning to do to rebuild services April 2021 to June 2021
Community Care Services	<ul style="list-style-type: none"> ❖ Service provision continues ❖ Continue to support ongoing testing across care home sector ❖ Continue to provide ongoing support into care homes
Domiciliary Care	<ul style="list-style-type: none"> ❖ 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 be fulfilled ❖ Ongoing work to review risks and unmet need to prioritise the delivery of care packages ❖ Recruitment on-going to SE Trust Domiciliary Care team ❖ Seek additional capacity to deliver the service to more people in their own home
Day Care	<ul style="list-style-type: none"> ❖ Statutory day care provision has resumed based on needs and risk assessment
	
Respite Care	<ul style="list-style-type: none"> ❖ Continue to provide respite care on risk assessed basis
Mental Health Services for Older People	<ul style="list-style-type: none"> ❖ Telephone, video call and face to face appointments will be provided on a risk assessed prioritised basis ❖ Following review of Outpatient waiting lists and a Department of Health funded waiting list initiative, capacity will be increased based on clinical prioritisation ❖ All clients known to Community Teams in Mental Health Services for Older People will continue to be offered the option of a home visit, subject to COVID-19 assessment ❖ Care Home reviews/monitoring will continue both virtually and face to face, where appropriate, in line with Department guidance

COMMUNITY CHILDREN'S SERVICES

Our services	What we are planning to do to rebuild services April 2021 to June 2021
Health Visiting	<ul style="list-style-type: none"> ❖ Services will be delivered in accordance with the regionally agreed Health Visiting Plan
Immunisation Programme 	<ul style="list-style-type: none"> ❖ Human Papillomavirus (HPV) vaccination programme will re-commence ❖ BCG screening and vaccination will re-commence
Cared for Children	<ul style="list-style-type: none"> ❖ 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 ❖ Increase the number of 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	<ul style="list-style-type: none"> ❖ Fostering Team will continue to scope support that will be required to enable families to increase the number of placements they can offer ❖ Increase access to short breaks for foster carers

COMMUNITY CHILDREN'S SERVICES

Paediatric



Services

- ❖ Contact with families will continue by phone and video call with a planned increase in the number of 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
- ❖ School Health screening will recommence in line with school phased reopening

Family Support Hubs

- ❖ Support to families will continue by phone and video call with an increase in face to face activity in an outdoor setting for prioritised cases based on social distancing requirements

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

- ❖ Phased restart of face to face 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

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
- ❖ Commence socially distance 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
- ❖ Commence blended model with some face-face group sessions depending in line with regional guidance on risk assessed basis

CORPORATE

Our services

What we are planning to do to rebuild services April 2021 to June 2021

Trust Shielding Team

- ❖ The Caring Communities Team will continue to work with key stakeholders to provide support to families most in need in local communities
- ❖ 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

- ❖ Safety planning with partners - continue awareness raising to keep domestic violence issues alive and increase communication accessibility
- ❖ Service will continue to deliver support using alternative methods
- ❖ Continue to work with key strategic partners to deliver the objectives of the programme

**Screening
programmes**

- ❖ Trust will deliver across all population screening programmes in line with Public Health Agency recommendations
- ❖ Each screening programme will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals.
- ❖ Trust will work with the Public Health Agency to develop plans to recover screening intervals/ round lengths to recommended timescales.
- ❖ Trust will seek to ensure that timely diagnostic and treatment services are available to those with a positive screening test result.