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Background

The Western Local Commissioning Group (LCG) recognises the importance of the role of service users, carers and the public in influencing the planning, commissioning and delivery of Health and Social Care Services in ways that are accessible and meaningful to them. The LCG recognises the benefits of working closely with service users and the wider public as it ensures recognition of patient knowledge and expertise, contributes to increased patient morale and also increases levels of service user satisfaction.

Notwithstanding its commitment to Personal and Public Involvement and Engagement, the LCG also has a statutory duty to engage with service users under the HSC reform Act NI 2009.

As part of its commissioning engagement role, the LCG, in partnership with five local Community Networks, co-hosted a rural engagement event in Enniskillen in April 2014. The Networks involved were:

- Rural Area Partnership in Derry/Londonderry
- North-West Community Network
- Fermanagh Rural Network
- Omagh Forum for Rural Associations
- North Antrim Community Network

The impetus for this engagement process came from proactive invitations from the LCG to the community networks during 2013. In response, each of the Networks provided an overview of issues in their respective localities.

Eight common issues emerged from a summary of the Networks presentations and as a result of this initiative the Enniskillen event was planned and organised to engage with the wider rural community on the challenges of rural community living, access to services and to listen to issues which effect people in rural areas, to hear possible ways of improving planned initiatives for 2014/15. It was also an opportunity to raise issues which the Commissioner could take into consideration when developing the Commissioning Plan for 2015/16.

The objective of this event was to take forward three important rural themes highlighted by the local Community Networks, namely:

- Rural issues of poverty, isolation, transport and access to services.
- Mental Health Services, promoting positive mental health.
- Community planning, access and influencing key agencies (joint cohesive partnership and working across sectors).

From this event, the LCG identified a number of key actions which will be considered through its commissioning objectives and plans for 2015/16.

Eighty-two participants attended this event contributing their thoughts and ideas on Health Service issues in rural areas.

Participants comprised of:

- Community and Voluntary Sector Organisations
- Service users
- Local Community Networks
- Health and Social Care Staff:
  - Health & Social Care Board
  - Western Health & Social Care Trust
  - Public Health Agency
  - Northern Ireland Ambulance Service
- Local Government Representatives
Welcome

Dr Ciaran Mullan, General Practitioner and Western LCG Chair welcomed the delegates to the event. In his opening address Dr Mullan outlined the purpose of the workshop.

“Whilst the LCG has an obligation, under the Board’s Personal and Public Involvement Strategy, to engage with individuals and the public, we see it as part of our routine business. The purpose of today’s workshop is another step in that, albeit with a specific focus. I know that we have present today a range of service users, carer and provider representatives, kindly brought together here for us by the community networks. I also extend a warm welcome to our colleagues in the Trust and to local government representatives.

This is an opportunity for all of us to hear about some of the LCG’s new developments that have recently been commissioned or are in planning as well as some of the challenges and opportunities in providing services. We will then hear from you, our main reason for being here today, as community networks of groups and individuals in rural areas, about the challenges of rural community living and access to services and how we might collaboratively be able to make it better.”

Introduction

Paul Cavanagh, Western Local Commissioning Group Lead

Paul Cavanagh presented an introduction to the workshop, highlighting the work of the Local Commissioning Group (LCG) and introduced planned initiatives for 2014/15.

Amongst the key issues he addressed were needs assessment, service planning and how health and social care services are commissioned. He also outlined how services such as GP minor surgery, outreach chemotherapy in Omagh, centrifuges in GP practices and electroencephalogram (epilepsy testing) are accessed.

Paul also discussed investments and planned initiatives for 2014/15 which included reablement services across the Western Health and Social Care Trust area. He spoke about the proposed “Primary Care Hubs and Spokes” developments currently in the planning and development process.

He introduced the concept of virtual clinics and proposed development in talking therapies in mental health services. Paul reinforced the Health and Social Care Board’s commitment to carer support and innovations in respite services under proposal 19 of Transforming Your Care and the regional strategy “Caring for Carers (DHSSPS) 2006.” Falls prevention, the impact of alcohol and elective care also featured in his presentation.

In summation, he delivered five key messages pertinent to driving forward improved and innovative services which are important to patient safety in a time of transformational change. These include:

- Providing services closer to patients, service users and communities
- Emphasis on primary and community care
- Limitations of appropriateness, staff capacity and accommodation
- Partnership with community and voluntary organisations
- Delivering Transforming Your Care in the West

A complete unedited version of “Engaging Rural Communities in the West” presentation is included in Appendix 1.
Regional Picture
Kate Clifford, Director, Rural Community Network

In her address, Kate Clifford, Director of the Rural Community Network referred to the reform of public administration in education and youth, health services, and the reform of local government structures and how this will impact on rural areas. Kate also acknowledged that some communities are being supported by local networks and regional bodies. Crucially they need consistent, on-going support, which she noted could be difficult to secure when agencies are working on short term contracts and with uncertain funding streams.

Kate also highlighted the economic downturn on the whole region and how some employment sectors have suffered more than others; she pointed out that whilst engineering is booming, construction is in decline, and whilst farming employment is in decline there is growth in the agri-food industry.

She also acknowledged that the result of this is, that rural areas are faring differently during this time – some areas are thriving and some are facing deepening challenges.

Kate recognised that in some rural regions there are high levels of unemployment, under employment, out migration of young people and young families. She added that ‘the demise of some regions has seen a loss of skills and knowledge bases for local communities and with that there is a loss of both social and cultural capital.” However at the same time she noted that more people are working from home, there is a growth in entrepreneurship, there is development of new community resources and there is growth of social economy businesses.

She also remarked upon an evident drive and an enthusiasm within communities “to get up and get on, to develop new projects and programmes of work to meet local needs.” Kate commented “We see the development of new volunteer led groups and initiatives and the growth in interest of groups and individuals to respond to and engage with policy makers and agencies like ours who provide support guidance and advice to local groups.”

Kate provided the following points for the Western Local Commissioning Group to consider in taking forward issues of rural communities as part of their commissioning intentions.

- Rural Proofing Transforming Your Care (TYC).
- Embracing technology and technological developments.
- Improving ambulance response times.
- Developing a new set of multiple deprivation areas as multiple deprivation levels are no longer relevant in rural areas.
- The LCG should be dedicating time and money to rural areas.
- Given that there is an increased reliance on voluntary organisations to deliver services, proper established services need to be put in place.
- Long term support, robust partnership and the safeguarding of clients need to be put in place.
- Services need to be flexible to meet local needs.
- The rural community need to understand the framework that local commissioning is using.
- Training and support is required for communities who are vulnerable.
- TYC is a frightening framework where there is disinvestment of services which is confusing.
• The LCG needs to rural proof the services that they commission.

• There needs to be regional consistency in service provision.

• There needs to be a rural proof plan.

• There is a need for short term funding for the C&V sector.

Kate commented that “Over the coming years Community Planning will see local groups supporting and partnering with government, public and private bodies to meet local needs in local contexts. While this is a way of working that we have long lobbied for and want to be part of, we recognise that communities will need to have access to support, information, and training and be enabled to take their seats at these tables.”

Furthermore Kate also pointed out that the building of capacity for individuals is core to this process and it is important to understand that capacity within and between communities is different and develops at different rates. There is real danger that if the state passes power and responsibility to local communities without the necessary resources and support, some will rise to the challenge and others will not.

“We believe government must continue to invest in capacity building for rural communities even in times of financial austerity.”

Commenting on the way forward for the future in rural communities Kate recognised the significant impact that Department of Agriculture and Rural Development (DARD) have made with their policy on tackling poverty and social isolation which has rolled out the MARA project (Maximising Access to services, grants and benefits in Rural Areas) and which has recently funded work with the Rural Community Network (RCN) and the Churches Community Work Alliance (CCWA) to work with churches and faith groups to specifically address issues of poverty and deprivation in rural areas.

She stated that “local action on its own is insufficient to address the processes which influence rural change. Governments must consider the spatial and territorial impacts of their policies and decisions, and rural proofing may go some way to alerting government of the unintended consequences of their actions. The Rural White Paper Action Plan was launched in summer 2012, and represented a coherent statement of intent of the executive’s responsibilities towards rural communities.”

The task now Kate noted “is to work with DARD and other departments to ensure the commitments made in that Action Plan are delivered. RCN has over the years successfully worked with our membership to inform and challenge government policies which have the potential to impact negatively on rural areas. Just recently we have seen the return of the big issue of viability for many rural primary schools with the release of the Primary School Area Plans and we are actively working with several local communities to support them in the changes which have been proposed.”

In summation, Kate informed delegates that RCN want to continue to articulate the voice of rural communities with the support of their partners in the Regional Infrastructure Support Programme (RISP), the agencies that they currently work with DSD and DARD, their membership and their board. She noted that RCN relies on the support of people in rural communities and their continued interest to stay relevant and to continue to support RCN, work with them and inform them of local rural needs so that together with rural communities RCN can build stronger rural communities which are resilient to change and responsive to local needs.
Health Issues
Barry Boyle, Network Co-ordinator, Fermanagh Community Network

Barry Boyle Network Coordinator, for Fermanagh Community Network gave a presentation on behalf of the Western local community networks. He presented an overview of the key health issues affecting people living in rural areas across the West.

Areas highlighted included rural isolation inclusive of large geographical areas, an aging population and transport issues. In relation to access to services, Barry pointed out the issue of services being centralised in the Royal Hospital, Altnagelvin Hospital and Dublin.

Discussions around mental health services revealed a high usage of mental health services with concentrations of incidents of suicide across the area.

Local reform, inclusive of the establishment of “New Councils” and “Community Planning” was discussed. The impact of health and wellbeing of people in rural communities was also highlighted.

With reference to access and influence, Barry noted that people in rural communities are confused as to who to contact about health issues and would welcome more opportunities to engage with decision makers. Increasing regionalisation and centralisation of health services was also an issue of concern.

Rural Poverty and fuel poverty was also discussed in relation to lack of job opportunities, pressures on farming and migration of young people.

In his concluding remarks, Barry stated the following:

“Our experience as the Local Rural & Community Support Networks in the Western Area is that health issues are most effectively tackled when we have genuine Partnership Working and Communication across all levels of organisations, from the very local through to the regional, responsive to and acting on identified needs of the local population.”

A complete unedited version of “Health Issues in Rural Communities” presentation is included in Appendix 2.

Providing H&SC Services
Vincent Ryan, A/Director, Primary Care & Older Peoples Services, WHSCT

On behalf of the Western Health & Social Care Trust (WHSCT) Vincent Ryan presented an overview of delivering health and social care services in rural areas. He began by explaining Flexicare and identifying it as

“Providing a range of practical social preventative supports to address low to moderate level need and risks e.g. handy help, chaperone, sitting services, befriending and shopping support.”

Vincent outlined the programme funds available to target rural poverty and social inclusion. He explained Connecting Elderly Rurally Isolated (CERI) which is an extended Flexicare service. He also spoke about procurement of services through tender, quality monitoring reports and formal independent evaluation of the first fifteen months of CERI implementation.

In terms of CERI outcomes, he listed the following:

- Extended access to a range of low level support.
- Self-directed or sign posted access.
- Enhanced community collaborative working.
- Increased uptake and awareness of support available - MARA.
- Identifies areas of unmet need.
- 1600 individual clients accessed services.
- Extended number of people accessing core flexi care type services, increased uptake in active ageing.

In summing up, Vincent referred to potential to access DARD funding for 2014-16 and the need to continue to monitor the impact of CERI and Flexicare in terms of long term care avoidance.

A complete unedited version of “Providing Health and Social Care Services in Rural Areas” presentation is included in Appendix 3.
Participant Discussion & Feedback
In relation to three key themes

Theme 1
Rural Issues: Transport, poverty, isolation and access to services

Health & Social Care Board in Partnership with Local Community Networks
Transport

Transport issues were of great concern to delegates and prevalent amongst the main concerns voiced. Attendance at hospital appointments was of particular concern for people living in rurally isolated areas.

“Many elderly members of rural communities cannot make hospital appointments on days and times they are allocated as they do not have any means of transport to and from these appointments. In addition some are not aware of transport solutions, particularly community based transport.”

It was felt that scheduling of appointments could be organised to be compatible with bus schedules, bloods should be done locally and sent to Belfast / Altnagelvin in advance of appointment. Participants also noted that additional resources should be given to GP services.

People appreciate the Translink bus to Altnagelvin; they thought this was a great idea, however the issue was getting people to Enniskillen in the first place to catch the bus.

Transport: Services such as Easilink are useful/ vital for access but are not available in all areas at all times.

- Some areas have very poor/ infrequent public transport structures.
- Need to develop services such as “Social Car Schemes.”

Commissioning

Concerns were raised that Commissioners do not have a full grasp of the needs of local communities. It was also noted that rural and urban areas have different attitudes and cultures and this needs to be taken into consideration when planning and delivering services. Participants advised that procurement of services should be local rather than regional.

Participants raised the need to “talk to older people when planning services.” They also noted that, when commissioning services, there should be effective use of resources which are structured fairly, equitably and transparently. Participants emphasised that there is a massive issue regarding communication between Commissioners and local communities. It was further pointed out that the issue of communication can sometimes cause ineffective service and that effective communication will connect with patients on the ground.

The differences in the cost of delivering services in rural and urban areas were highlighted.

Participants also noted concerns that the welfare reform change is just “cuts.”
Communications

In relation to seeking information and advice it was noted that access to such services in rural communities is difficult due to problems with the tele-communications infrastructure e.g. Mobile networks/ Internet access.

Social Issues/Concerns

Deprivation, poor housing, low incomes and long term conditions were highlighted as areas of concerns about future provision; participants suggested that this needs a holistic approach.

Drugs and alcohol at weekends were raised as an issue of concern.

It was noted that proposed “Primary Care Hubs and Spokes” service provision was not the answer for all age groups and that services should be complimentary to existing services.

Need to engage more with Family based groups.
Hospital & Discharge Issues

The difficulties of getting consultants to come to work in Enniskillen was voiced by participants. Also there was discussion around ensuring that appropriate care packages for people coming out of hospital were put in place.

The cost of delivering health care services in rural areas was also highlighted particularly in relation to funding allocations and the capacity to deliver. People stated that, where lower levels of care and support were required, there should be more resources to provide more services and activities.

Meals on Wheels

Cost reductions in meals on wheels was raised as an issue. It was noted that there was speculation that meals on wheels services in Strabane would soon be replaced by frozen meals delivered to older people on a fortnightly basis. This highlighted a related concern which was expressed in terms of the loss of the social contact element of the meals on wheels service as, for many older people, this may be the only face to face contact that they have. Also related to this was the concerns of cost reductions in other services such as Befriending Schemes.
Home Help Service & Carers Support

Participants expressed their views that an increase in services such as Home Help is needed; they raised concerns in relation to how people are assessed as being in need, e.g. “needs are considered as relative, if you are not in as much need as others, then their needs are prioritised.”

Communities should have more involvement in services that are delivered e.g. were communities really consulted/involved in developing Flexicare. Participants remarked that there is a “need for improved communications.” They were also keen to know what percentage of those in need actually received any Flexicare.

The importance of face to face communication to avoid social isolation was outlined by participants. The lack of connection between top and patient/provider interface of health service planners was voiced.

Concerns were expressed that carers do not spend enough time with the client in order to get to know their needs. Participants suggested that carers should visit both in the morning and the evening.

They also suggested that “Handy Help” schemes would help with isolation issues, through working with the voluntary sector to help with odd jobs such as cutting grass.

Investing in more services such as “Fermanagh Calling” was put forward as an example of ways of reducing isolation. It was noted that this service consists of volunteers visiting elderly people once per day to make sure they are well. Participants pointed out that:

“Sometimes this may be the only contact that some elderly people have with the outside world on a daily basis.”

It was voiced that Befriending Services need to be resourced using the same approach as Flexicare with someone calling to the house on a regular basis. It was also suggested that the Health Service could provide information and contact details on such services.

In providing support to older people to reduce isolation, participants emphasised that more creative solutions are needed as not every elderly person wants to go to a lunch club. They suggested for example elderly farmers, if relatively able bodied, could help on farms or meet up with other retired farmers to discuss old times.

One participant described having a very poor experience of the Health Service over the last two and a half years,

“Fifteen minutes of care to an eighty seven year old person is ridiculous. Different carers prevent bonds, trust and rapport.”

Additionally there should be more support for Family Carers.

Participants were keen to see that the Chit-Chat telephone support service was reinstated as it was stopped due to funding “cuts.” They emphasised that this was an essential life-line service for vulnerable people living in rural communities, and sometimes this communication is the only contact isolated people have.

- Do people really want TYC? People might want the care integration that other services such as residential homes provide.
- Same organisations chase contracts and the same work on the ground and this is where the gaps are.
- The issue for the Ambulance Service is that dependence on electronic location devices is not always accurate.
- Participants voiced the need for an outreach Ambulance Service in Feeny.
Travel to Access Services

In relation to travelling to appointments in hospital, the same issues of timing of appointments, scheduling of appointments and compatibility with bus schedules were raised. Participants noted that the health service and councils need to take a joined up approach to transport and service development.

The expense issue of travelling via volunteer drivers from Cashel to Altnagelvin was raised and costs £74 return. People would prefer local services at the GP instead of going to hospitals. Participants suggested that a list of transport providers/contact details should be provided with the appointment letter.

Frustration was expressed at the lack of transport with only one bus going from Enniskillen to Altnagelvin Hospital. People explained that they want a bus that caters for all parts of Enniskillen and a service that is more accommodating for patients. They outlined their frustration of outpatient appointments in Altnagelvin being allocated to patients living in the Enniskillen area. As a result many reported that it was necessary to rely on family members to take them to appointments in Altnagelvin Hospital. They reiterated that they would like to see the Easilink bus service reinstated.

An automated GP answering service was raised in relation to the confusion that it causes for older people; it was described as “not user friendly.” Opening hours and service in GP practices was generally viewed as being good. It was suggested that a CPN service should be attached to GP Surgeries and that better sign posting should be available for family support.

Participants voiced that they would like to see resources (procurement) in the heart of the community, with local people delivering local services. They also noted that there was a growing need for the Community and Voluntary sector (C&V sector) service delivery and a need for volunteers.

The need for more primary care centres was identified and the setting up of new health centres was considered as crucial. Getting access to GP & Out of Hours services was difficult and there were also issues around the release of GP appointments for aftercare.

The issue of parking was raised in relation to the South West Acute Hospital with participants reporting that the location of the car park was situated too far away from the main hospital entrance.
Participant Discussion & Feedback
In relation to three key themes

Theme 2
Mental Health Services: Promoting Positive Health and Well Being

Health & Social Care Board in Partnership with Local Community Networks
With regard to supporting people with dementia, the provision of Day Centre /Sitting Service was cited as important. It was also noted that the Health Service should join with local community services to provide information on available facilities.

Participants advised that there should be clear programmes for good mental health in the first instance and suicide prevention programmes. They noted the need for quicker responses on suicides to provide support and not having to wait five weeks. They emphasised that an immediate response was required.
Carers

It was recommended that Community Practices, Nurses and Social Workers should provide more information and guidelines on how Respite for Carers can be arranged. They also stated that there needs to be interaction from community volunteers and local health service employees in recognising when the carer needs this time. Participants also conveyed the need for promotion of advocacy services and more information on the rights of carers.

Mental Health Services

There was a general consensus of opinion that there should be more promotion and awareness of Mental Health Services and handholding to help people get out of a crisis. Talking therapies as used by Alcoholics Anonymous (AA) where you can talk about your problems was put forward as a suggested model.

Lifeline was also described as an excellent approach using contact with the Community and Voluntary sector via the person centred approach. It was also noted that more help was required for young people in communities and that there should be sign posting and identification of services.

Participants suggested that training to equip the C&V sector to deliver fully a standard of care for end users should be provided.

More direct Personal and Public Involvement (PPI) engagement, the need for early intervention services and involvement of Church based initiatives such as “Flourish” were also conveyed.

It was noted that Community Health services should be better resourced and locally-led. It was further suggested that community led initiatives, such as older people’s groups, community networks should be supported to do their work.

The question was posed on how organisations can address situations where families see the need for an individual to access treatment and services but the individual in need of help does not see that they need help.
One participant conveyed the need to facilitate more innovative ideas in dealing with mental health issues. An example of a Social Farming Project was cited as an innovative way to develop mental health services. This was illustrated in the case of a young man with Autism who is currently working with a Social Farming Project who, previous to taking part in the project, would not leave his bedroom and his social interaction was limited to his family. Since working on the farm, his mental health has improved significantly and he is now able to take up paid employment with other farmers from the area. It was noted that other farmers have expressed an interest in taking part in this project and that this type of innovation needs to be more widespread.

Participants requested that Mental Health Services in Omagh at Ramona House and the Tyrone and Fermanagh Hospital should not be closed.

It was suggested that connection technology such as Skype should be available to link people.

Participants noted that there was a need to rural proof TYC.

It was also commented that rural proofing doesn’t really exist in relation to new initiatives and this needs involvement with communities in rural areas. There was also a concern that it is difficult to make a rural definition. In relation to TYC, it was also pointed out that the rights of carers needs to be respected and support needs to be given to carers.
Participant Discussion & Feedback
In relation to three key themes

Theme 3
Community Planning: Accessing and Influencing key Agencies

Health & Social Care Board in Partnership with Local Community Networks
Community Planning

The Health Service needs to put forward a representative on Community Planning who can engage and make decisions at a local level on the following issues:

- Improved broadband services.
- Knowledge of Integrated Care Partnerships (ICP) (understanding for community voluntary organisations of what the ICP do).
- Community based one stop shop.
- Knowledge of what all groups do within the community and acknowledgement of the value community groups provide.
- Inter Government working e.g. DSD, Housing, better communication to avoid duplication. Ensure local issues are not lost.
- Accessing and key influencing of key agencies.
- Difficulties in accessing direct payments for self-directed care.
- Learn how to speak to people.

LCG should look at duplication of services in some areas, there needs to be more communication between the Health and Social Care Board (HSCB) and the Community and Voluntary (C&V) Sector.

Participants noted that there needs to be better cohesion between HSCB and the C&V sector as people are not aware of how to get issues across, who to contact, or how to access LCG information. It was noted that this engagement event was an example as some people only found out by word of mouth. Others felt that the turnout at this event demonstrates that LCG should take the communication and turn out at this event as the way in which communication should take place in the future. Participants welcomed more events to be organised in the Fermanagh area.
Participants conveyed that community planning was essential and that local people should be involved in planning as carers need support from all areas of society. It was further pointed out that there should be opportunities for involvement by carers, with more respite provision and support. It was suggested that commitment is required right up to ministerial level and that carers should get paid for travel.

Participants noted a shortage of carers due to family members moving away for education or to work. The situation where young people are drafted in, in low paid positions for fifteen minute slots each day is not suitable. They are not trained, not interested, and staff turnover is significant.

"An older person gets used to one carer then suddenly they leave and a new inexperienced person is sent to them instead, this is not acceptable going forward."

Some older people experience a language barrier due to some migrant workers being employed in the lowest paid jobs e.g. in care homes, adding to older people’s frustration and isolation. There is a need to develop a training/vocational programme that has a recognised qualification to give young people the right skills to become carers.

There should also be a Carer’s Recognition Training Diploma for young people linked to salary scales. It was also reported that respite for carers is essential. Participants pointed out that the quality of carers working with older people was not always acceptable. It was noted that staff turnover was high and that once an older person got used to their carer they would leave and be replaced by someone else. Participants explained that more needs to be done to encourage and motivate carers to stay in their job roles so that older people have a more sustainable and reliable service.

Discussion was informed that regional organisations win tenders and cream off a percentage for themselves and farm out to local deliverers. The budget is then reduced and clauses are needed to have local investment. Feedback is required as to the targets being met by Tender Providers.

It was highlighted that LCG need to be more aware of local services and provide funding for them so that regional services do not take over e.g. Strabane meals on wheels - there is talk of this going out to tender with the likelihood that a regional organisation will provide this service. This will see the service delivered via frozen foods which removes the social contact with older people.

Participants also voiced the need for an advice service in rural areas.
Plenary Session
Jenny Irvine, Chief Executive, ARC Healthy Living Centre, LCG Vice Chair.

In summation, Jenny Irvine made the following key points as discussed and expressed by the participants at the workshop:

- Access to services needs to include enhanced transport, telecommunications advice and face to face communication.
- Effective LCG communication particularly with older people.
- Services require adequate funding.
- Isolation of older people needs to be reduced.
- Suicide prevention services need to be more responsive particularly in relation to men over 25 in rural areas.
- Commission in full partnership with communities.
- Effective identification of needs.
- Funding for Mental Health Provision.
- Holistic approach to deprivation.
- Improved access to GP and Out of Hours services.
- Apprenticeship/Diploma in Caring linked to salaries.
- Greater awareness of Local Services by LCG and improved signposting to services.
- Incorporation of Health Services into Community Planning.
- Ensure local planning is not consumed within regional plans.
- Review of appointment times/partial booking services within WHSCT to ensure suitable booking times around bus timetable.
- Need to look at equitable access to local residential nursing homes by C&V sector through their contribution to services for the growing elderly population into the future.

Closing Remarks
Paul Cavanagh, Local Commissioning Lead

In bringing the engagement event to a close, Paul Cavanagh thanked participants for taking the time to attend the workshop and for their contribution to the discussions. He also thanked all of the speakers and the local Network Coordinators for their commitment to personal and public involvement, their contributions and support of the event.

Paul noted that the feedback and discussion was quite broad in its content and would provide useful insights for informing and considering future planning of service provision.

On behalf of the Local Commissioning Group (LCG), Paul gave an undertaking that a report of the workshop would be written up and shared with all participants through the local Community Networks. He also confirmed that the LCG would organise a feedback session in the autumn of 2014.
Appendix 1: Engaging Rural Communities in the West
Paul Cavanagh, Western Local Commissioning Group Lead

Key messages
- Providing services closer to patients, service users and communities
- Emphasis on primary and community care
- Limitations of appropriateness, staff capacity and accommodation
- Partnership with community and voluntary organisations
- Delivering Transforming Your Care in the West
Promoting Access

- Prescribing savings reinvested in local services
- GP non-medical capacity
- GP minor surgery
- Community pharmacy breath-testing
- GUM services
- Outreach chemotherapy in Omagh
- Centrifuges in GP Practices
- Translink Hospital Bus
- Domiciliary care investment
- EEG access in Altnagelvin

Planned Initiatives for 2014/15

- Altnagelvin Radiotherapy Unit
- Primary Percutaneous Coronary Intervention at Altnagelvin Hospital
- Integrated Care Partnerships
- Virtual clinics
- Reablement
- Primary Care Hubs and Spokes
- 24-hour community nursing services
- Clinical Intervention Centres
**Planned Initiatives for 2014/15**

- Primary Care Talking Therapies
- Carers support and respite services
- Falls prevention
- Impact of alcohol
- Elective care
- Unscheduled care
- Direct/open access diagnostics
- Musculoskeletal pathway
- Community Planning

**Key messages**

- Providing services closer to patients, service users and communities
- Emphasis on primary and community care
- Limitations of appropriateness, staff capacity and accommodation
- Partnership with community and voluntary organisations
- Delivering Transforming Your Care in the West
Appendix 2: Health Issues in Rural Communities
Barry Boyle, Network Co-ordinator, Fermanagh Community Network

Introduction

- North Antrim Community Network
- North West Community Network
- Rural Area Partnership in Derry
- Omagh Forum for Rural Associations
- Fermanagh Rural Community Network

I will now outline some Key issues impacting on Health in Rural Communities that our organisations are aware of through our work of supporting local communities.
Rural Isolation

• Large geographical area
• Aging population
• Decreasing levels of family & community support
• Lack of public transport services
• Need for increased Community Transport and Social Care schemes
• Lack of Mobile Telephone & Broadband services

Access to services

• Distance and travel time to access health services - Primary, Secondary & indeed Community Care
• Services centralised (Royal, Antrim, Dublin)
• Limited contact time when receiving services
• Increasing regional delivery of services in the community
Example of the Distances involved in Accessing Services

Mental Health Issues

• Reports on the high level of users of mental health services
• Incidents of Suicide across the area – some concentrations
• Rural isolation linked to deteriorating mental health
• All ages affected
Local Government Reform

- New Councils are being established
- Community Planning Process will follow this
- Linkages to Government Departments and Agencies
- Uncertainty among local rural populations in this time of change – what will be the impacts on their health & wellbeing?

Access & Influence

- Increasing Centralisation & Regionalisation of Health Structures
- Local people confused on who to contact about health issues
- Local People would like more opportunities to engage with decision makers
- Need for more clarity on how decisions are made about delivery of services
- What impact will Transforming Your Care have on rural areas
Rural Poverty & Fuel Poverty

- Economic situation - lack of job opportunities, pressures on farming
- Migration of young people
- Rising Household energy costs - unable to cover bills for heating
- Fuel costs rising – transport issues for rural people

Conclusion

In conclusion, our experience as the Local Rural & Community Support Networks in the Western Area is that health issues are most effectively tackled when we have genuine Partnership Working and Communication across all levels of organisations, from the very local through to the regional, responsive to and acting on identified needs of the local population.

Thank You for Listening
Appendix 3: Providing H&SC Services in Rural Areas
Vincent Ryan, A/Director, Primary Care & Older Peoples Services, WH&SC Trust

Introduction
- Strategic Background to Flexicare
- Current pilot work
- Strategic fit with TYC priorities
- Opportunity to avail of alternative bridging
- Departmental Lead Sponsors
  - LCG / RHSCB / PHA / DARD
**What is Flexicare?**

- Increasing demand for domiciliary care
- Introduction of Departmental Access Criteria
- Targeted commissioning of preventative support
- Providing a range of practical social preventative supports to address low to moderate level need and risks e.g. handy help, chaperone, sitting services, befriending, shopping.

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**What is Flexicare?**

- Accessed via four ISD locality teams
- Commissioned from the C&V Sector and monitored through 4 SLA’s
- Recurring budget of £280K
- Providers:

<table>
<thead>
<tr>
<th>ISD Locality</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fermanagh</td>
<td>Lakeland Community Care</td>
</tr>
<tr>
<td>Omagh / Strabane / Castlederg</td>
<td>Strabane &amp; District Caring</td>
</tr>
<tr>
<td>Waterside / Limavady</td>
<td>LCDI</td>
</tr>
<tr>
<td>Cityside</td>
<td>The Churches Trust</td>
</tr>
</tbody>
</table>

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[Western Health and Social Care Trust]

[Western Health and Social Care Trust]
**DARD Opportunity - CERI**

- DARD & LSM’s Discussions
- Programme funds available to target Rural Poverty and Social Isolation
- Trust Proposal Paper
- LCG Sponsor to facilitate transfer of funding

**CERI Implementation**

- Procurement of services through tender
- Contract Award – paralleling flexicare providers
- Project Support & Co-ordination
- Joint DARD / PHA / WHSCT oversight
- Quarterly Monitoring Reports
- Formal independent evaluation of first 15 mths
CERI Outcomes

- Extended access to a range of low level support
- Self-directed or sign posted access
- Enhances community collaborative working
- Increases uptake and awareness of supports available - MARA
- Identifies areas of unmet need
- 1600 individual clients accessed services
- Extended number of people accessing core flexicare type services, increased uptake in active ageing

Commissioning Support 2013/15

- PHA Lead – LCG / RHSCB Lead Sponsor
- Utilise Initiative as a continued means to extend flexicare.
- Continue to monitor impact in terms of long term care avoidance.
- DARD – Potential to access funding 2014-16.
## Glossary of Terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCG</td>
<td>Local Commissioning Group</td>
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<tr>
<td>HSC</td>
<td>Health and Social Care</td>
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<tr>
<td>DHSSPS</td>
<td>Department of Health, Social Services and Public Safety</td>
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<tr>
<td>C&amp;V Sector</td>
<td>Community and Voluntary Sector</td>
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<tr>
<td>EEG</td>
<td>Electroencephalogram (Test used to detect epilepsy)</td>
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<tr>
<td>TYC</td>
<td>Transforming Your Care</td>
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<tr>
<td>RCN</td>
<td>Rural Community Network</td>
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<tr>
<td>DARD</td>
<td>Department of Agriculture and Rural Development</td>
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<tr>
<td>CCWA</td>
<td>Churches Community Work Alliance</td>
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<tr>
<td>RISP</td>
<td>Regional Infrastructure Support Programme</td>
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<tr>
<td>DSD</td>
<td>Department of Social Development</td>
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<tr>
<td>CERI</td>
<td>Connecting Elderly Rurally Isolated (Extended Flexicare Service)</td>
</tr>
<tr>
<td>MARA</td>
<td>Maximising Access to services, grants and benefits in Rural Areas</td>
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<tr>
<td>PHA</td>
<td>Public Health Agency</td>
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<tr>
<td>WHSCT</td>
<td>Western Health and Social Care Trust</td>
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<tr>
<td>HSCB</td>
<td>Health and Social Care Board</td>
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<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>AA</td>
<td>Alcoholics Anonymous</td>
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<tr>
<td>ICP’s</td>
<td>Integrated Care Partnerships</td>
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<tr>
<td>ISD</td>
<td>Integrated Service Delivery (Trust Teams)</td>
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<tr>
<td>NIAS</td>
<td>Northern Ireland Ambulance Service</td>
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<tr>
<td>CPN</td>
<td>Community Psychiatric Nurse</td>
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