



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Rural Health Planning – improving service delivery across Wales

Key Consultation Questions

The following key questions are provided to help structure responses to the consultation on the Rural Health Planning – improving service delivery across Wales.

The closing date for consultation responses is **21st August 2009**. Responses to the consultation document can be submitted in writing or electronically via email. Please forward electronic responses to ruralhealth@wales.gsi.gov.uk.

All written responses should be addressed to:

Community Health Strategy and Development
Department of Health and Social Services
Welsh Assembly Government
Cathays Park
Cardiff
CF10 3NQ

Please note, the Welsh Assembly Government intends to publish a summary of the responses to this consultation document. Normally, the name and address (or part of the address) of its author are published along with the response, as this gives credibility to the consultation exercise. If you do not wish to be identified as the author of your response, please state this expressly in writing to us.

Your Details

If you are responding on behalf of an organisation or group please give the name of the organisation here and your contact details below.

Name of organisation or group **Community Transport Association (CTA)**

The CTA is a rapidly growing UK-wide charity, based on a devolved country structure, giving voice and providing leadership, learning and enterprise support to member organisations in the third sector delivering innovative transport solutions to achieve social change. The CTA also promotes excellence through providing training, publications, advice, events and project support to promote voluntary, community and local transport providers.

In Wales, we work to support our membership through our offices in Swansea and Rhyl. The CTA is recognised by the Welsh Assembly Government as the “voice of community transport” in Wales and provides core funding support for us to support and develop new and existing community transport operators across the country, and to serve as advocate and promoter of the sector.

Contact Details

Name Betsan Caldwell Tel 08707 743593
Address Forge Fach, Hebron Road, Clydach, Swansea SA6 5EJ
E-mail betsan@ctauk.org

Questions

1. Are you satisfied with the scope and vision of the Rural Health Planning – improving service delivery across Wales?

yes no

<h3>Comments</h3>

<p>CTA welcomes the report’s focus on the three key themes, especially those of access and integration. We agree that there is a need to ensure that the health needs of rural communities are met in ways that reflect the particular conditions and characteristics of rural Wales. We particularly support the aim for better services delivered within the community and earlier intervention and support. We agree that rural health planning needs to take place within the wider social and economic context, and to take into account social care and wider well-being issues.</p>
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<p>However, we feel it would be helpful if the vision was more clearly articulated at the start of the document. It would also be helpful if the status of the document was made clear. Paragraph 1.2.11 explains that the Rural Health Plan (RHP) is “a template” for translating the delivery of all-Wales strategies into tailored and meaningful service delivery in/for rural communities, but it is unclear what weight the final Plan will carry or how implementation of the recommendations will be monitored.</p>

2. Do you agree that the document is helpful in setting out the actions needed to help modernise and improve health and social care services for people living in rural areas?

yes no – **Partly, needs further work**

Comments
<p>The document provides a useful list of the kinds of actions that will be required to modernise and improve health and social care services for people living in rural areas of Wales.</p> <p>It is acknowledged in section 5 that the report is a “first step” and that the identified improvements “now need to be translated into actions and driven forward.” Therefore, in order to be meaningful, the actions listed in Table I must include clear timescales, the responsible bodies at national, regional and local levels, and identify new and existing funding streams. It would also be helpful to identify where actions can initially be progressed or tested via small scale pilots, and to prioritise the actions and/or map out a critical path. Without this additional detail it will be very difficult to successfully manage and monitor the implementation of the RHP.</p> <p>CTA Wales also makes the following specific comments regarding the actions which have been identified:</p> <p><u>Access Theme</u></p> <p>National.</p> <p>We strongly support the first action to “Strengthen service planning policies and procedures in light of the RHP”. We feel that integrated service planning needs to start at the highest level within the Welsh Assembly, since transport is currently managed within a separate department of the Assembly to Health and Social Care. There may also be opportunities to pool budgets at the very highest level to achieve savings and significant and lasting change.</p> <p>We suggest that an additional action is added to the list: “to rural proof the recommendations coming out of the WAG’s review of non-emergency patient transport services”. The Welsh Assembly Government provides significant funding to these services, which are currently mainly provided by the Wales Ambulance Service. We believe that there may be significant scope to plan and deliver the services differently to better meet the needs of rural communities, for example by greater integration of the services delivered by the Wales Ambulance Service, Local Authorities, and Community and Public Transport Operators, and seeking opportunities for stronger partnership working.</p> <p>We would welcome clarification regarding the action to “issue policy requirement for Integrated Rural Transport Strategies” including how these strategies will relate to the National and Regional Transport Plans, at what level the strategies should be developed, what weight they will carry, and who should be involved.</p> <p>We believe that the action to “undertake further analysis and investigation of the financial impacts and support options including a Rural Health Innovation Fund” is of critical importance. Given the nature of rural areas, public and community transport services – whilst socially necessary – are rarely commercially viable, and therefore continued funding support is required. When undertaking a cost benefit analysis, these transport costs should be balanced against the wider benefits of enabling access to services (such as earlier</p>

diagnosis of conditions, maintaining independence within the community, supporting people to remain in their own homes, and reducing reliance on more intensive interventions). We welcome the idea of a Rural Health Innovation Fund with which new initiatives could be piloted. However, it will be important to identify mechanisms for rolling out and providing mainstream continuation funding for successful innovations as a result of the fund, to ensure future sustainability.

Regional.

Table 1 states that “Regional Transport Plans will set out priorities for accessing key services”. While the Regional Transport Plans will set out broad policy aims, there is little detail in any of the current drafts on priorities regarding health related transport issues. One of the key purposes of these documents is to act as a bidding document for capital funding and more limited emphasis is given within the plans to revenue funding, which the development and delivery of services to health facilities would require. Additionally, since the Regional Transport Plans are due to be submitted to the Assembly in September 2009, the timing of the Rural Health Plan consultation is unlikely to have influenced the content of the Regional Transport Plans.

We suggest that “local policies and procedures for improved appointment and booking systems demonstrating improvements” could initially be piloted within one LHB area, with the result evaluated and disseminated more widely.

We particularly support the final action listed in the Regional category regarding information and signposting. We feel that clearly communicating the services that are available is as important as developing the services themselves. It will be important to provide reassurance when services are moved to a different location and when services are delivered in a new and unfamiliar way (e.g. telecare and telemedicine). This is particularly important given the number of very elderly and vulnerable people who will be affected.

Integration Theme

Many of the actions identified under the Integration theme also apply to developments in transport services which are listed under the Access theme e.g. actions regarding pooled budgets, reviewing resources, establishing mechanisms for integrated service delivery, joint action plans, linking volunteer schemes and services with statutory service provision, facilitating user input, and engaging with communities. CTA supports these.

Community Cohesion and Engagements

Many of the actions identified under the Community Cohesion and Engagement theme also apply to developments in transport services which are destined to take place under the Access theme e.g. linking with other government departments (see comments above), support for an integrated voluntary and community infrastructure, additional support for increasing local community volunteer and supporting the third sector, identifying and supporting vulnerable people in local communities, etc. We also support the commitment to engage bilingually with local communities, since a high percentage of Welsh speakers live in many of the rural areas of Wales.

3. Is the document comprehensive, accurate, and applicable to the key issues that face people living in rural areas?

yes no

Comments

Key issues and themes as summarised in section 3.1 are comprehensive and well summarised. CTA particularly welcomes the recognition that critical mass should not be the only determining factor in the design of services in rural areas, and we are also pleased that the role of the Voluntary and Community Sector in delivering, and supporting, rural health services has been firmly recognised.

We are pleased that the document recognises the critical importance of access to services and the role that effective public and community transport services need to play in addressing this issue. All too often, access refers to the delivery of services in many strategic documents, rather than physical access to services by individuals. Community transport services also play an important role in facilitating access to social and leisure activities, contributing to wider term health and wellbeing benefits. It reduces social isolation, providing a vital link to family members who may have moved out of the local area due to education, work or lack of affordable housing etc, and this in turn helps to maintain independence and reduce reliance on domiciliary and respite care services. We believe that this document recognises these wider inter-dependencies.

Whilst car ownership is generally higher in rural areas, those people with the greatest need for health and social care services (e.g. the very elderly, those with long term chronic health conditions) often do not have access to a car or may no longer drive and may also be on very limited incomes. Transport therefore presents a major barrier to them. Other more capable elderly people who are able to access conventional public transport, or use their own transport for short journeys, are deterred by the length of journeys, travel sickness or even difficulties in parking, when accessing specialist health care facilities, which are usually further afield.

The transport needs of rural communities are often masked by the high levels of car ownership referred to above. Low numbers of people requiring transport services often results in limited conventional public transport services, and the services which do exist are often designed to provide access to main centres and not to health and social care facilities, which may not be located on the bus route. Furthermore, many elderly and disabled people are unable to access local bus services where they are provided (due to distance from home to the bus stop, difficulty getting on or off the bus etc.). This is where Community Transport services play an important role in meeting these specific needs, often offering flexible door-to-door services, additional assistance for people with mobility difficulties and specially adapted vehicles to accommodate wheelchair users and other mobility aids.

4. Does the document help service planners, service providers and health professionals?

yes no – **Partly, needs further work**

Comments

The document is useful in drawing together evidence of issues in rural health planning and summarising issues which need to be addressed.

However, to be of real help to planners and providers, the CTA believes that Section 5 'Responsibilities and Actions for Improvement' needs further development, as we have commented in our response to Q2 above. Funding to implement the actions needs to be clearly identified and long-standing barriers to pooling budgets and integrating service planning also need to be overcome.

5. Have any key issues that affect people living in rural areas been missed in the document?

yes no

Comments

The document makes little reference to the impact on rural communities of land use planning decisions, particularly regarding the location of key services. All too often in the past, services have been located with a presumption for private transport, and with little regard to accessibility via public transport, particularly for those outlying rural areas. The "rural proofing" of land use planning decisions, particularly regarding the location of key health and social care services, should be included as an action within Table 1.

6. Do you have any further comments to make on the document?

Comments

Non-emergency patient transport provided by the NHS is currently limited to patients accessing secondary care (i.e. services delivered in hospital). Under current criteria, patients accessing services in a primary care or community setting are not eligible for non-emergency patient transport. However, some secondary health services are delivered at community level. It will be important to identify transport needs arising from the local delivery of services and to ensure that adequate funding is provided to meet these needs. While distances may be shorter, many elderly and disabled people will still have difficulty accessing local services, due to the issues we outlined in Q3 above. These gaps in local transport services are often provided by community transport operators, frequently supported by Local Authority funding. However if secondary care activity is increasingly displaced to a primary care setting, this may increase demand on local community transport services and reduce demand for Non-Emergency Patient Transport Services (Hospital Cars etc). Non emergency patient transport services are free for eligible patients, while there is usually a charge for local community transport services. It will be important to look at the services and budgets as a whole to find the best solution to meet the needs of patients within the new model of care.

The case study in Section 3.3.3 gives two examples of social car schemes. Although this type of scheme is relatively common, the CTA would point out that social car schemes are not currently universally available throughout rural Wales and that other forms of community transport also undertake health journeys, albeit that their contribution to health and social care objectives are often not recognised or funded by the local LHB. One exception to this rule is in Powys where the LHB contributes to the core funding requirements of CT schemes and also subsidises journeys for health related reasons, although this has taken some time

to negotiate.

Expanding the provision of Community Transport services in rural parts of Wales, will require considerable capacity issues to be addressed. These include capital investment to expand the availability of accessible vehicles for use by voluntary car drivers for less mobile service users, and initiatives to address funding and volunteer shortages which currently result in restrictions on access or use of CT for health related journeys in many areas. In the valley areas, CT providers often struggle with a general apathy in terms of volunteer commitment, and service provision is consequently more reliant on paid staff, with resultant impact on the cost of delivery.

Transport to specialist care facilities. The document suggests that the delivery of more complex healthcare may need to be centralised in a small number of specialist centres and (para 4.2.1) suggests that the requirement on patients and their families to travel further, sometimes making long journeys, to access such services is accepted as an inevitable consequence of rural living. Although we accept this point, it is nevertheless important to consider the needs of those who have no access to a car, find it difficult to use public transport and/or are on low incomes. Currently, the non-emergency patient transport service provides free transport to eligible patients regardless of the distance travelled, but this service is unable to accommodate accompanying family members unless the patient has a medical need for a companion. It is important to consider how these needs can be met.

Finally, CTA Wales would emphasise that many of the principles of the Rural Health Planning document should be applicable across the whole of Wales. These include the principles of early and integrated planning, improved partnership working and pooled budgets, service delivery within the community, support for wider community health and well being objectives and enabling people to maintain their independence. While difficulty in accessing services is undoubtedly exacerbated in rural areas, many disabled and elderly people in towns and cities are similarly isolated and housebound due to mobility difficulties and lack of accessible transport. Our members play an equally important part in meeting these needs in urban areas as they do in rural areas. Finally, CTA hopes that many of the principles of the Rural Health Planning document will find their way into mainstream health, social care and transport policy in Wales.