Health Overview and Scrutiny Committee

20 November 2023

Item

Public

Report of Rural Proofing in Health and Care Task and Finish Group

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Task and Finish Group Chair:	Heather Kidd	

1.   Synopsis

To report the findings and recommendations of the Rural Proofing in Health and Care Task and Finish Group following their investigation looking at the options to effectively 'rural proof' the amendment or introduction of strategies, plans, policies and service design and provision in health and care in Shropshire.

2.   Executive Summary

2.1.   This is a report of the Rural Proofing in Health and Care Task and Finish Group. It sets out key findings, conclusions and recommendations of their work considering delivering health and care services to rural communities. The members of the task and finish group have been clear from their first meeting about the topic, that addressing any inequalities of service provision between rural and urban areas requires a system wide understanding of the opportunities and challenges. Having this will help to identify the most suitable and effective options that need to be explored and implemented to effectively 'rural proof' the amendment or introduction of strategies, plans, policies and service design and provision in health and care in Shropshire.

2.2.   This work arose from Members of the Health and Adult Social Care Overview and Scrutiny Committee (now Health Overview and Scrutiny Committee) frequently highlighting concerns about rurality and access to health and care services through their work. This Task and Finish Group was therefore commissioned to draw together the key points and observations that have arisen through the work of the committee during 2022/2023, to review the latest local and national evidence on rural proofing, hear from local system providers and take the opportunity to learn from other areas of the country.

2.3.   Against this context, the Task and Finish group has looked in detail at the available data and information, carrying out a desk top review of the available research and case studies into rural proofing and the impact of living rurally on access to health and care services. Hearing from customers, service users, and patients about their experiences of accessing health and care when living rurally. Hearing from providers of health and care services about current approaches to delivering/serving rural communities and sought evidence and learning from other areas of the country.

2.4.   The system and organisations that have fallen within the scope of this work are complex, multi-dimensional and dynamic. With national, regional and local actions and activity being identified and reviewed whilst the task and finish group has been in operation.

2.5.   The Group have made 14 recommendations which they believe will contribute to addressing inequalities of service provision between rural and urban areas including recommendations:
   - to Shropshire Council
   - to the Integrated Care Board
   - promoting a system working approach across all Integrated Care System stakeholders
   - promoting a consistency of approach with local and regional partner Councils

3.   Recommendations

Members are asked to:

3.1.   Consider and comment on the report and recommendations of the task and Finish Group attached at appendix 1.

3.2.   Adopt the report and share it with Shropshire Council Cabinet and the Integrated Care Board.

Report

4. Financial Implications

4.1. Whilst there are no direct financial implications from this Task and Finish Group report, should the committee adopt the report and present it to Cabinet, and Cabinet wish to adopt any of these recommendations then appropriate financial advice on the costs involved should be sought.

5. Climate Change Appraisal

5.1. Work completed by the task and finish group has identified the following points related to their work which will have benefits for climate change and the environment:

- By undertaking an end-to-end evaluation of the travel and transport infrastructure which supports the Shropshire health and care system the Groups recommendation has the potential to benefit the climate by reducing the number of individual car journeys made by residents and so reducing carbon emissions and improving air quality.

6. Background

6.1. Members of the Health and Adult Social Care Overview and Scrutiny Committee (now Health Overview and Scrutiny Committee) had highlighted concerns about rurality and access to health and care services through their work. This Task and Finish Group was commissioned to draw together the key points and observations that have arisen through the work of the committee during 2022/2023, to review the latest local and national evidence on rural proofing, hear from local system providers and take the opportunity to learn from other areas of the country.

6.2. The task and finish group has carried out its work with a strong focus on learning from the available information by organising its review around three stages:

- Carrying out a desk top review of the available research and case studies into rural proofing and the impact of living rurally on access to health and care services.
- Hearing from customers, service users, and patients about their experiences of accessing health and care when living rurally.
- Hearing from providers of health and care services about current approaches to delivering/serving rural communities.

6.3. This has included learning about the findings of the work completed by the National Centre for Rural Health and Care to produce the Rural Proofing for Health Toolkit.

6.4. They have heard from a wide range of people and organisations via written submissions and through witnesses attending their meetings; providing the opportunity to share their knowledge and experience of receiving or delivering health and care services in rural communities.

6.5. Their key findings, conclusions and recommendations are set out in their report, attached at appendix 1.

6.6. The group's conclusions and recommendations recognise that, although the significant responsibilities to tackle health inequalities is shared by the wider Integrated Care System, Shropshire Council as a commissioner and Place co-ordinator has an important role to play. This is through co-ordinating and leading the way in identifying the challenges facing different areas, building local capacity, embracing coproduction and community delivery, and devolving power and resources to communities and neighbourhoods.

6.7. Specific points of focus in the recommendations include:

- That an end-to-end evaluation of the travel and transport infrastructure which supports the Shropshire health and care system should be completed by the Integrated Care System to understand how accessible and effective the current provision is and to identify current and future demand. The evaluation should include:
  o Patient Travel Support
  o Public Transport
  o Concessionary Travel
  o Community Transport
  o A review of how health and care transport is co-ordinated at a system level
  o A mapping exercise to identify community capacity available to deliver voluntary community transport schemes, and whether there are sufficient services available and how best to provide an equitable service closing the gaps overall and in specific locations.

- The Group were very pleased to learn that the Rural proofing for Health Toolkit had been recommended for use within the Integrated Care System (ICS) by Simon Whitehouse (Chief Executive Officer for Shrewsbury Telford and Wrekin Integrated Care Board) and Cllr Cecelia Motley (in her role as Co-Chair of the Health and Wellbeing Board.) The Group recommends that the Toolkit be fully adopted into the Integrated Impact Assessment process of the ICS and all organisations whom it commissions, and should be accepted as a mandatory document to be completed when making changes to or introducing a new strategy or plan making process, so it can inform thinking from the outset.

6.8. The group also propose that the Shropshire Health and People Overview and Scrutiny Committees adopt the Rural proofing for Health Toolkit as a part of their own overview and scrutiny processes to act as a framework to support them in maintaining a robust view on the needs of local rural populations when they review strategies, initiatives and service delivery plans.

6.9. The group also believes there exists the opportunity that the Rural Proofing for Health Toolkit be recommended at a regional level for use by its partner local authority of Telford and Wrekin to support the work of the Joint Health and Overview Scrutiny Committee. That this could be broadened to include the Shropshire Association of Local Councils for use in their work with Parish Council's, creating a consistency of approach to rural proofing, and making the links to the local Joint Strategic Needs Assessments that are being developed.

6.10. There is then opportunity and scope to expand the use of the toolkit to Herefordshire, Monmouthshire and Powys to help provide evidence for cross border working and shared outcomes that the newly founded Marches Forward Partnership. The formal adoption of the toolkit could be stated as part of the Memorandum of Understanding by all the authorities, helping to embed rural proofing of health and care, contributing towards a greater shared understanding of the opportunities and challenges of delivering health and care services to rural communities.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Local Member: All

Appendices

Appendix I: Report of the Rural proofing in Health and Care Task and Finish Group