



SHROPSHIRE HEALTH AND WELLBEING BOARD Report					
Meeting Date	19/09/2024				
Title of report	Report of the Health Overview and Scrutiny Committee- Rural Proofing in health and Care				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	Approval of x Information only recommendations (No recommendations) exception)			
Reporting Officer & email	Sophie Foster Sophie.foster@shropshire.gov.uk				
Which Joint Health & Wellbeing Strategy	Children & Young People	Joined up working			
priorities does this report address? Please tick all that apply	Mental Health Healthy Weight & Physical Activity	Improving Population Health Working with and building strong and vibrant communities			
What inequalities does this report address?	Workforce Reduce inequalities (see below) X The report has rural health and care inequalities at its focus				

Report content:

1. Executive Summary

This paper reports 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 which have been adopted by the Health Overview and Scrutiny Committee

2. Recommendations

Note the report and recommendations of the Task and Finish Group attached at appendix ${\bf \Delta}$

From the 14 recommendations that were outlined in the report, the HWBB are asked to endorse those which relate to the Board which are included in section 7 of the report.

3. Report- For full report see Appendix A

This is the report of the Health Overview and Scrutiny Committee which adopted the 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.

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.

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 to/serving rural communities and sought evidence and learning from other areas of the country.

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.

The Group made 14 recommendations which they believe will contribute to addressing inequalities of service provision between rural and urban areas.

These recommendations were unanimously adopted by the Health Overview and Scrutiny Committee and included recommendations: to Shropshire Council and 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

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Risk assessment and	See Appendix A		
opportunities appraisal			
(NB This will include the			
following: Risk			
Management, Human			
Rights, Equalities,			
Community,			
Environmental			
consequences and other			
Consultation)			
Financial implications	Whilst there are no direct	et financial implications from this report,	
(Any financial implications		ers wish to adopt any of these	
of note)	recommendations then appropriate financial advice on the costs		
	involved should be soug	• • •	
	involved enedia se eedg		
Climate Change	Work completed by the Task and Finish Group has identified the		
Appraisal as applicable	following points related to their work which could 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	•	
Where else has the	System Partnership	ShIPP	
paper been presented?	Boards		
paper been presented:			
	Voluntary Sector		

Other	HOOO Beerle O ee'e ee loe d'e			
Other	HOSC, People Overview and Scrutiny			
	Committee, JHOSC, Integrated Care			
	Board, Shropshire Council Cabinet			
List of Background Papers (This MUST be completed for all reports, but does not				
include items containing exempt or confidential information)				
Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your				
organisational lead e.g., Exec lead or Non-Exec/Clinical Lead				
Cllr Cecilia Motley				
Appendices				

Appendix A- Report of the Health Overview and Scrutiny Committee- Rural Proofing in Health and Care