



Cabinet
17th January 2024

Item

Public



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

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Health Overview and Scrutiny Chair:	Cllr Geoff Elner		
Task and Finish Group Chair:	Cllr 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 which have been adopted by the Health Overview and Scrutiny Committee.

2. Executive Summary

- 2.1. 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.

- 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 to/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. These recommendations were unanimously adopted by the Health Overview and Scrutiny Committee and included 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

Cabinet 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. From the 14 recommendations that were outlined in the report, the Cabinet are asked to endorse those which relate to Shropshire Council which are included in section 7 of this report.
- 3.3. Provide a response to the recommendations to the HOSC with an action plan setting out what will be done by when for those that have been accepted, and for any that are not accepted, provide the reason why.

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4. Financial Implications

- 4.1. Whilst there are no direct financial implications from this report, should the 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 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.

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. The Health Overview and Scrutiny Committee have agreed to 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. The Chair Cllr Geoff Elner is writing to the People Overview and Scrutiny Committee to recommend that they do the same.
- 6.8. 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.
- 6.9. 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 for 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.

7. Report Recommendations

- The group recommends that rurality and the accessibility factors that are associated with it becomes a key consideration for Shropshire's health and care system (including Shropshire Council) when adapting or introducing a new service or policy and recommend the use of the Rural Proofing for Health Toolkit to achieve this.
- That an evaluation be undertaken by Shropshire Council to understand the impact of digitalisation on protected and vulnerable demographics (including those living rurally.) Understanding more about the current and future needs in different communities and investigating alternative delivery

models to provide the infrastructure, access to equipment and support to enable all communities to benefit from the advantages which digital services can provide. The evaluation should include:

- Mapping mobile coverage and broadband access and use across Shropshire.
 - Developing/strengthening partnerships with broadband providers to help identify and support people experiencing digital exclusion?
 - Working with telecoms providers to ensure that vulnerable people are not left without the means to seek help in an emergency through line outages
 - Identifying the impact to vulnerable users of the plans to remove all analogue copper phone services nationally by 2025
 - Working with other council departments, NHS partners, voluntary and/or faith organisations and district councils, to build on the model of an integrated services hub to enable people to access a number of services in one locality
- That an evaluation be undertaken by Shropshire Council in their role as commissioner and Place co-ordinator to understand how the Council's intelligence and data gathering function can contribute to discussions and research on how to identify small pockets of deprivation in rural communities. Testing how ambitious the strategic plans are about strengthening the power of community, leading the way by using robust data to identify the challenges facing different areas, building local capacity, embracing coproduction and community delivery, and devolving power and resources to neighbourhoods.
 - The Groups research has shown that local support from the voluntary sector does, and will continue to play, a vital role in supporting residents by providing access to health and care services in rural locations. However, as resources are required to do this; sufficient understanding of the needs of the voluntary organisations and planning time needs to be built into the system. The Group recommends that the Rural Proofing for Health Toolkit be completed alongside the impact assessment process, as in each section it includes prompts to consider the ask being made of the voluntary sector.
 - Whilst this Group have focussed on rural proofing specifically in the health and care system their findings have shown that its impact is much wider ranging and relevant to all areas of the Council and the support provided to rural communities. The Group therefore recommends that the Shropshire Council 2020 Community and Rural Strategy be updated and implemented.
 - That the Rural Proofing for Health Toolkit be recommended for use to its partner local authorities of Telford and Wrekin to support the work of the Joint Health and Overview Scrutiny Committee. To the Shropshire Association of Local Councils for use in their work as Parish Council's, creating a consistency of approach to rural proofing. Then this be expanded to Herefordshire, Monmouthshire and Powys as with evidenced cross border working through shared interests and the new Marches Forward Partnership, the Group recommends that the adoption

of this Toolkit forms part of the Memorandum of Understanding by all the authorities which will contribute towards a shared understanding of the opportunities and challenges of delivering health and care services to rural communities.

- That communication between Council officers, system partners and councillors be reviewed to ensure that the best use of councillor's knowledge of their communities and where there may be previously unidentified health needs. It is recommended that regular briefing updates are provided to councillors from Council officers and system partners so that Members are aware of developments in service delivery and can feed in their local knowledge to the work being developed, sharing new developments and service offers with their communities especially supporting with facilitating communication with historically hard to reach groups.
- That an agreed system approach to 'local' be defined to assist with having comparable data at a local rather than regional level. With Shropshire Council using its role as a public health authority and leader of the Health and Wellbeing Board to ensure that rural communities' travel time to services is an integral factor in the planning of services in the health and care sector.
- That the process and legal obligations for Equality, Social Inclusion and Health Impact Assessment (ESHIA) in terms of responding to impacts identified through the ESHIA be clarified for Officers and Members and until then that this matter be logged on the Shropshire Council strategic risk register.
- That a permanent Mental health Commissioner role be appointed for Shropshire Council to provide system oversight and strategic leadership.

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

