

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **11 March 2010**

By: **Director of Law and Personnel**

Title of report: **HOSC Rural Event report**

Purpose of report: **To present the report from HOSC's Rural Health Event held in November 2009 and agree how rural issues will be taken forward within the Committee's work.**

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## **RECOMMENDATIONS**

### **HOSC is recommended:**

- 1. To endorse the report from the event (Appendix 1).**
  - 2. To agree that the issues raised at the event will primarily be addressed through integrating rural issues throughout HOSC's work as described in paragraph 2.3.**
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## **1. Background**

1.1 In July 2009 HOSC agreed to organise an event to investigate health issues and services for communities in the rural areas of East Sussex. The Committee wanted to find out if there were particular health issues of concern and importance to these communities that HOSC should be aware of in undertaking its work.

1.2 A planning group was established to organise the event, consisting of:

Teresa Gittins, Head of Strategy and Communications, Action in Rural Sussex  
Dr Simon Kiley, Research and Policy Officer, Action in Rural Sussex  
Jeremy Leggett, Chief Executive, Action in Rural Sussex  
Lisa Schrevel, Scrutiny Lead Officer, East Sussex County Council  
Cllr Sylvia Tidy, Chairman, Health Overview and Scrutiny Committee (HOSC)  
Richard Watson, Health Improvement Commissioning Manager, NHS East Sussex Downs and Weald and NHS Hastings and Rother  
Sam White, Scrutiny Support Officer, East Sussex County Council

1.3 The event was held on 27<sup>th</sup> November 2009 at the Uckfield Civic Centre and attracted over 70 delegates representing statutory agencies, local Councils, voluntary organisations and local community groups, as well as interested individuals. Delegates had the opportunity to hear from a range of speakers and participate in discussion to share experiences and give feedback. Feedback from the event has been very positive.

## **2. Event report and next steps**

2.1 Following the event, a concise summary report was produced. The draft of this was shared with the delegates and speakers to give them an opportunity to comment. Feedback received has been reflected in the final version attached at appendix 1. HOSC is invited to endorse this report.

2.2 As outlined in the report, a number of issues were identified from the event which HOSC and other agencies should take into consideration in future work, namely:

- 'Rural proofing' health commissioning, delivery plans and performance targets
- Building 'rural proofing' into the scrutiny of all health services

- Clarifying the link between rural disadvantage and health inequalities
- Developing a more sophisticated understanding of where inequalities exist, and whether they are exclusively rural or also to be found in urban communities
- Understanding the role and value of community networks and volunteers and how this can be developed
- Partnership working to further integrate and/or join up planning, commissioning, service delivery and facilities to overcome barriers and/or reduce inequalities e.g. tackling access issues through transport planning, broadband developments, and multi-purpose mobile services.
- Issues that could benefit from being taken forward by others for example, the Primary Care Trusts (PCTs), Local Strategic Partnerships (LSPs), or Voluntary and Community Sector organisations.

2.3 Many of these issues are strategic, cross-cutting issues which will have relevance across much of HOSC's work. It is therefore proposed that HOSC agrees to integrate these issues into its ongoing work programme, particularly in-depth scrutiny reviews. For example, where the committee is undertaking a review on a specific health issue, part of the project should include examining the topic from a rural, as well as an urban perspective, informed by the helpful insights gained from the event. HOSC is invited to consider, and if appropriate, agree this approach.

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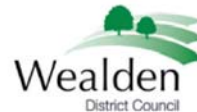
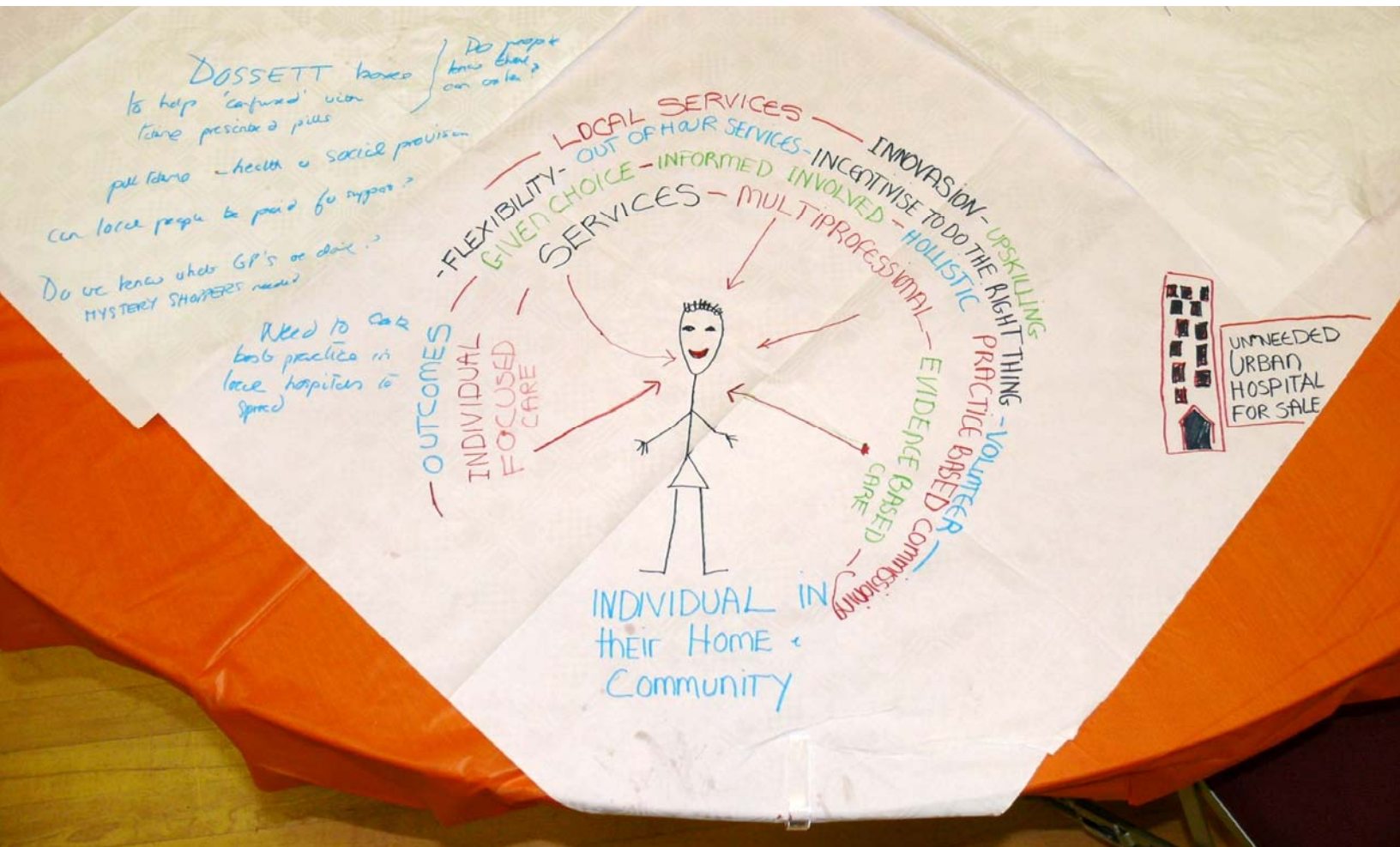
# EAST SUSSEX HOSC RURAL HEALTH EVENT

Investigating NHS delivery in rural East Sussex

27th November 2009, Uckfield, East Sussex

## EVENT REPORT

February 2010



# **EAST SUSSEX HOSC RURAL HEALTH EVENT**

Investigating NHS delivery in rural East Sussex

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# EAST SUSSEX HOSC RURAL HEALTH EVENT

## Investigating NHS delivery in rural East Sussex

27th November 2009

### A Report by the Event Planning Group



## 1. Introduction

HOSC, the Health Overview and Scrutiny Committee for East Sussex, acts as a 'critical friend' to health service commissioners and providers – those based in East Sussex and those who provide services for East Sussex residents. This covers the full range of health services: primary care (such as GPs and pharmacists), acute services (like hospital based services), community health care (services in the community or at home) and preventative services (such as smoking cessation).

## 2. Aim of the Day

- a. East Sussex HOSC wanted to build a clearer picture of rural health services provision in East Sussex and how accessible they are. It wanted to determine whether services are meeting people's needs; the extent of local support in place to facilitate access to services; and whether there are any issues that merit further investigation by HOSC.
- b. To do this, HOSC decided to run an event to:
  - Investigate how health services are planned, commissioned and delivered in rural East Sussex
  - Give delegates an opportunity to feedback and suggest areas for attention, including more in-depth review by East Sussex HOSC
  - Showcase what is happening in East Sussex and other counties
- c. The event included presentations, personal stories and a scrutiny 'café' where delegates could discuss issues and explore ideas. Over 70 people attended including health professionals, County, District and Parish Councillors, community workers, volunteers and members of the public.
- d. The event was overseen by a planning group chaired by the HOSC Chairman, and involving representatives of Action in Rural Sussex (the Rural Community Council for East Sussex) and NHS East Sussex Downs and Weald and NHS Hastings and Rother (the two Primary Care Trusts in East Sussex).

### 3. Key Points from Presentations

a. The challenge of delivering services to, and with, rural communities (Jeremy Leggett, Chief Executive of Action in rural Sussex) involves:

- Challenging myths and perceptions: relating to people in rural areas and the delivery of public services: including that people in rural areas are well off, can look after themselves and have a better quality of life. If they choose to live in rural areas, they must accept a lower level of service, and they cannot expect the same facilities as urban areas. Also, that public services focus on urban areas because they have higher levels of deprivation.
- Improving choice: Whether people move into rural areas or continue to live there because they do not want to move is irrelevant, people have an equal right to choice and to equality of provision.
- Understanding and targeting deprivation: In East Sussex 76% of the most disadvantaged **people** do not live in the commonly targeted 20% most disadvantaged **places**. All public services, including Health, need to re-align their policies to target all disadvantaged and vulnerable people wherever they live.
- Improving access: The trend toward centralising services affects rural communities. A debate is needed on the trade off between improved excellence and safety versus reduced access and convenience.

b. Community Health Services in East Sussex (Alice Webster, Head of Unscheduled Care at East Sussex Community Health Services) explained that:

- Over 60 different services are delivered within the community to people of all ages across East Sussex including dentistry, health visitors, school nursing, palliative care, physiotherapy, rehabilitation and support to people who are homeless.
- The key challenges include the diversity of East Sussex; the need to be more efficient; national policies to drive up standards, increase personalisation and choice and shift services closer to home whilst also moving specialist services into fewer, larger centres of excellence; making better use of limited resources and increased joint working.
- Addressing these challenges will include the development of patient led services focused on care pathways and outcomes, more community based services and preventative work, and greater integration of different services, such as health and social care.

c. Personal stories from health service users, voluntary workers, community health workers and GPs showed that:

- People in rural areas feel they receive sub-standard services and are not as well provided for as those in urban areas. They have to travel far to access some services and some people travel out of the county to get to the nearest service.

- Volunteers, community groups and village based facilities are critical in helping overcome some of the challenges in accessing and delivering health services within and to rural communities. For example, voluntary drivers who take people to hospital appointments, social groups to break down isolation amongst older people, and venues to host lunch clubs, keep-fit classes or wellbeing clinics.
  - 1 in 4 young people have a mental health issue requiring specialist support during their lives. The main barriers to meeting the needs of young people with mental health concerns in rural areas include transport, lack of services, lack of knowledge of services, discrimination, and lack of training and support. Often, number based performance targets can be met in urban areas solely and therefore provides little incentive to deliver services in rural areas.
- d. Rising to the challenge (Mike Wood, Chief Executive of NHS East Sussex Downs and Weald and NHS Hastings and Rother) means overcoming a number of issues including:
- A large county with diverse localities, a large and growing older population, hidden poverty and a poor transport infrastructure
  - A legacy of different levels of health service provision across the county, and an over-dependence on secondary care i.e. hospital based services
  - Future commissioning challenges including: integrating health and social care commissioning; focusing on patient safety and outcomes; shifting from hospital to community and home care: empowering patients to manage their own care through personal care budgets; and delivering value for money.

Mike explained that the PCTs target services according to need, rather than only targeting disadvantaged groups in specific geographical areas. For example, the Investing in Life Programme targets 20 wards with the lowest life expectancy but other programmes target vulnerable groups, for example older people, gypsies and travellers.

#### 4. The Scrutiny Café

After the presentations, over coffee and cake in a relaxed café style environment, delegates were asked to consider three questions, noting down their thoughts and ideas on the table cloths:

- Identifying health needs: Given concerns raised [during the event], what more can health commissioners and providers do to better understand the needs of rural communities?
- Delivering outcomes: If the needs of rural communities are recognised and understood, what more could or should be done to meet those needs and



improve the health and wellbeing of people in rural East Sussex?

- c. Quality versus equality: Given the limited resources available, how can health services be improved for all whilst also reducing health inequalities for those in rural areas?

## 5. Key Themes that Emerged at the Café

- a. A wide range of comments and ideas were noted down which can broadly be pulled together into the following themes:
  - Improving **access** including transport, location of services, communications and use of technology
  - Better **evidence** to inform commissioning and service delivery
  - More local, targeted and joint **commissioning**
  - Increased **partnership working** to better coordinate, integrate and join up services
  - Tackle **inequalities in provision** such as response times for out of hours services
  - Wider and more effective **consultation and engagement**
  - Valuing and using **volunteers and community networks**, and
  - Reducing **bureaucracy** - funding, management and targets.

## 6. Conclusions

- a. The overall conclusion from the event is that more can and should be done to better identify health needs, improve health outcomes and improve quality and equality of provision for people in rural East Sussex.
- b. However, a universal approach to tackling these is neither affordable nor sustainable. A more sophisticated and targeted approach is required, along with constructive and ongoing dialogue between the public and service providers about what is and is not available, where and why.
- c. The biggest single issue for people in rural areas is access to services. This is true for a wide range of services, not just health. Transport, and the distances involved in servicing a dispersed population over large areas, is also an issue for health and other professionals delivering services within rural communities.
- d. Initiatives such as shifting services closer to home, joint commissioning and increasing the use of technology are already underway, but do not appear to be benefitting people in rural communities yet.
- e. There is insufficient evidence to say whether this is because these initiatives are still at an early stage and have yet to take effect; because they are not working; or because the needs and challenges of rural communities have not been adequately taken into account when services are being commissioned, planned or delivered.



- f. Other services and infrastructure – such as transport, broadband availability and speed, housing and education – can both help and hinder the delivery of health services and better health outcomes.
- g. Finally some, perhaps many, of the concerns of people in rural areas could also be true of some people living in urban areas such as isolation, poor transport, lack of services, or having to travel long distances to specialist centres.

## **7. Recommendations**

- a. The event has identified a wide range of issues and topics that could merit further investigation ranging from the very specific, such as out of hours GP services, to bigger, more strategic issues such as the way services are commissioned.
- b. The Planning Group agrees that, as HOSC already considers the impact on rural communities when investigating specific services, focusing on the strategic issues could generate greater benefits.
- c. The Group therefore recommends that the following merit further investigation:
  - Rural proofing health commissioning, delivery plans and performance targets
  - Building 'rural proofing' into the scrutiny of all health services
  - Clarifying the link between rural disadvantage and health inequalities
  - Developing a more sophisticated understanding of where inequalities exist, and whether they are exclusively rural or also to be found in urban communities
  - Understanding the role and value of community networks and volunteers and how this can be developed
  - Partnership working to further integrate and/or join up planning, commissioning, service delivery and facilities to overcome barriers and/or reduce inequalities e.g. tackling access issues through transport planning, broadband developments, and multi-purpose mobile services.
  - Issues that could benefit from being taken forward by others for example, the Primary Care Trusts (PCTs), Local Strategic Partnerships (LSPs), or Voluntary and Community Sector organisations.

## **8. Next steps**

- a. This report will be presented to HOSC for endorsement at its meeting on 11 March 2010.
- b. HOSC will add the Rural Health project into its work programme for the year ahead.

## HOSC Rural Health Event Planning Group

Cllr Sylvia Tidy	Chairman, Health Overview and Scrutiny Committee (HOSC)
Jeremy Leggett	Chief Executive, Action in Rural Sussex
Teresa Gittins	Head of Strategy and Communications, Action in Rural Sussex
Dr Simon Kiley	Research and Policy Officer, Action in Rural Sussex
Sheila O'Sullivan	Health Improvement Commissioning Manager, NHS East Sussex Downs and Weald and NHS Hastings and Rother
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