

RSN West Midlands Regional Seminar

12th February 2018

Stafford Borough Council, Civic Centre, Riverside, Stafford ST16 3AQ

Thank you to Stafford Borough Council for kindly hosting this event

(Attendance had unfortunately been determined by who had been able to travel. Conditions had been made very difficult by the ice and snow that had descended over- night)

Attendance

Name	Organisation
Cllr Roger Phillips	RSN Vice Chair for the Midlands
David Inman	RSN
Cllr Cecilia Motley (a.m.)	Shropshire Council
Cllr Lee Chapman (a.m.)	Shropshire Council
Cllr Les Caborn	Warwickshire County Council
Cllr Mark McEvilly	Herefordshire Council
Cllr Frances Beatty MBE	Stafford Borough Council
Chris Cowcher, Community Manager	ACRE
Cllr Alan Seldon	Herefordshire Council
Cllr Jeremy Pert	Staffordshire County Council
Nicola Swinnerton, Rural Development & Access Manager	Staffordshire County Council
Cllr Ann Edgeller	Stafford Borough Council & Staffordshire County Council
Allan Reid, Consultant Public Health	Staffordshire County Council
Cllr Jack Kemp	Stafford Borough Council
Samantha Taylor, Health & Wellbeing Initiatives	Stafford Borough Council

1. Welcome

The Chair, Cllr Roger Phillips, welcomed people to the first RSN regional meeting. He thanked those attending for having taken on the conditions on a difficult day to be there.

He stated that all the meetings would comprise presentations on a particular topic and discussion after lunch would be to agree an RSN position and /or work on the topic under discussion. He felt that it was important here that the Meeting's deliberations contributed to the RSN response on the intended Social Care Green Paper. The meeting was really important from that viewpoint alone in his view.

2. Format and Reason for the Regional Meetings.

David Inman RSN Director explained the thinking behind the Executive's decision to hold annual regional seminars.

By its very characteristic rural areas were often peripherally located. It was appreciated therefore that Councillors from some authorities might find it difficult (and expensive in these financially

difficult times) to attend meetings in London. These meetings represented maybe a half-way house for some. They would however have specific work task and in no way would replicate the London meetings.

Additionally the Executive had agreed there would be specific bulletins for the Council's nominated representative at the AGM of Authorities and there would also be specific bulletin for rural councillors to ensure that, whether they were able to get to meetings or not, they were kept in touch with, and involved with, the work of the RSN. (This service would be in addition to the weekly Digest, the mid-week topic bulletin and the commentary of Hinterland at the end of each week.)

The Rural Services Network were the sole organisation in England specifically still dealing with rural service provision and governance matters and it was vital that all authorities with rural areas continued to be engaged with them. The need was now greater than ever as services were put under pressure through the cut backs.

The Rural Services Network, in addition to its strong community group, was looking to strengthen its lines of communication in Westminster in the hope of firmly getting across the rural viewpoint across a range of areas. The Rural Fair Share Group of MPs had been successful and now the RSN was forming a rural Peers Panel and Rural Vulnerability Group of MPs. This was in addition to the APPG on Rural Services which the Group ran. The Group did now feel they were in a position to seek to persuade parliamentarians on rural issues.

3. PRESENTATIONS

The meeting received presentations from on the topic of Health Statistics from Nicola Denis and Tom Bell.

(A) NICOLA DENNIS – Senior Knowledge Transfer Facilitator – Public Health England

Nicola very helpfully took members through the data that NHS England recorded across a range of different areas. The data was detailed down to mainly District level. She explained how the tool kit was designed to work and how it could be useful in terms of both area and overall breakdowns. She illustrated just how the data was capable of interpretation to provide statistical information across from a health, professional and individual viewpoint.

(B) TOM BELL- Lecturer- University of Central Lancashire.

Tom had had a background spanning both commerce and the NHS. In his view the NHS were paying insufficient attention to the keeping, cataloguing and maintenance of important medical and social data. In his opinion this was particularly relevant in rural areas where because of more sparse topography and different patterns of population important messages were not being either established and subsequently heard. He asked for members to assist in a process seeking to identify shortcomings in present data compilation.

Tom also felt the NHS was being slow to take advantage of available technologies. His view was that people may be far more responsive than people were predicting to having 'technological time' with medical advisers than travelling considerable distances and have to wait for what were relatively

brief consultations on medical issues. The NHS in his view were falling behind other countries in this regard.

Ivan Annibal referred to the call for rural research projects from the National Institute for Health Research which can be found on their website with a deadline of 24 July. He said he would be happy to advise members the RSN on some of the opportunities if members were interested. He also raised the value of linking to local Academic Health Science Networks and the RSN exploring a national relationship with them as he knew they are currently open to rural engagement.

4. Issues from the Seminar Session

5. Issues on the Subject of Health and Social Care which were of current concern in the Region.

6. Call for Evidence for the Inquiry into the Long Term Funding and provision of Adult Social Care to feed into the Governments forthcoming Green Paper.

Due to the inclement weather conditions members decided to run the agenda items together.

The following they felt were important:-

- Members totally agreed with Tom Bell that the present way statistical information was kept meant that there was few clear ways that the situation as it related to rural areas, certainly in the rural areas of the West Midlands, could be accurately identified and monitored because information tended to be kept in such a general way. They agreed with the presenter that pressure needed to be brought on Government and the NHS for statistics to be kept in a fashion that would give a true insight into the problems in rural areas and in a way that allowed those problem areas to be monitored.

The problem areas as they detailed them (which also should have relevance for the RSN input into Green Paper process) were:-

1. The lack of data so often in anything lower than District level. Parish data would, it was felt, really help parishes to look further at their role in terms of community care.
2. Lack of data on farming suicides
3. Lack of data on the extra time and mileage occasioned by care and contact officers operating in rural areas with the resulting 'non- contact time'
4. The number of self-employed people in rural areas who found difficulty in taking time off and was a factor in late diagnosis
5. The lack of the use of technology availability in the NHS which it was felt many people would avail themselves of, as opposed to undertaking really difficult journeys.
6. The lack of true data of patient journey times to their nearest GP, the nearest clinic and the nearest hospital. If changes were being proposed by the NHS, decisions should be taken cognoscente of such data.
7. The fact that many rural people were 'asset rich but cash poor'.
8. Concern that early diagnosis was being prevented by the travel difficulties that were now increasing significantly

9. The suspicion that many 'missed appointments' were occasioned by transport problems- statistics needed to be broken down rural –urban so that this was capable of being more accurately recorded and monitored.
10. The fact that seemingly ready identification by postcode allowing easier urban- rural breakdowns was not more fully employed.
11. Consideration about wider use of a scheme so seemingly successfully employed in East Lindsey
12. The fact that 'rural pride' wasn't in anyway factored into any considerations.
13. The form of Community support often encouraged by ACRE required greater publicity- however it had to be acknowledged that community self- help could only go so far.
14. Schemes needed to be considered about how possibly parish councils could be galvanised. They might be able to assist in a monitoring role if they could be persuaded to be more proactive
15. It was felt that the basic poverty in many rural areas was not being identified and that schools might have statistics that identified rural poverty that were possibly not being harnessed- like free meals and failure to join in school trips where a cost was involved.
16. Travel distance (and costs) to schools were in danger of creating child health problems as they were increasing
17. There was a danger that cuts were in turn resulting in cutbacks that took out some of the limited rural evidence that had been available. An Audit of what data bases had disappeared and why might be very informative.
18. As was pointed out by Tom Bell there was an Academic Health Science Network. There were 13 branches across England who could make bids for research and liaison with them might be something worth exploring by authorities and indeed these regional gatherings.
19. The meeting felt that with the current focus on Social Care the problems building up in the Child Care arena were not being looked at sufficiently. In the view of many members the difficulties here were already worse than in Social Care and with continuing budget cuts the situation in this area was becoming very difficult. In their view government also needed to consider this area.
20. The members wished to emphasise the importance of ALL authorities inputting into the Green Paper consultation. Often the perceived importance of the inputs from various sectors was determined by the number and not just the quality of individual responses. As practically all authorities had scrutiny committees RSN were asked to encourage every principal council to consider making their thoughts and views known.

21. Members felt that a simple instruction to people claiming travelling expenses or entering time sheets to record their hours spent in travelling to destinations and then recording time spent at the destination would provide important information capable of being compiled into a strong case about rural financing.

7. Next Actions.

It was felt that it would be good if the Regional meeting could do some '**task and finish work**' work around the question of **rural health information** it might be able to introduce some useful input into the search for a better system that was capable of producing more meaningful statistical evidence. (It was noted that government continually called for evidence when funding considerations were

being looked at.) (-it may be that West Midlands could double up with another region perhaps the South West in attempting to do this work-)

Members would therefore receive up- dates for their thoughts and comment by e mail in relation to this work area as it developed over the coming months and the subject would again be on the agenda for the next Regional meeting in February/March 2019.

8. Meeting Apologies.

The following were received:-

Apologies

Name	Organisation
Graham Biggs	RSN Chief Executive
Cllr Roy Aldcroft	Shropshire Council
Cllr Polly Andrews	Herefordshire Council
Cllr Bob Banks	Worcestershire County Council
Cllr Shirley Barnett	Lichfield District Council
Cllr Barry Bond	South Staffordshire Council
Cllr Peter Butlin	Warwickshire County Council
Cllr Eric Drinkwater	Lichfield District Council
Lynn Eccles, Director of Communications & Strategy	National Federation of Sub Postmasters
Cllr Arnold England	Telford & Wrekin Council
Cllr Liz Eyre	Worcestershire County Council
Cllr Ian Fletcher	Telford & Wrekin Council
Cllr Veronica Fletcher	Telford & Wrekin Council
Cllr Simon Geraghty	Worcestershire County Council
Cllr Karen Grinsell	Solihull MBC
Cllr David Harlow	Herefordshire Council
Cllr Paul Harrison	Worcestershire County Council
Cllr Gill Heath	Staffordshire County Council
Cllr Peter Hogarth MBE	Solihull Council
Cllr Diana Holl-Allen	Solihull MBC
Cllr David Humphreys	North Warwickshire Borough Council
Cllr Tony Jefferson	Stratford District Council

Richard Kirlew	Sherborne Deanery
Rita Lawson, Chief Executive	Tees Valley Rural Community Council
Cllr Roger Lees	South Staffordshire Council
Dr John Linnane, Director of Public Health	Warwickshire County Council
Cllr Johnny McMahon	Staffordshire County Council
Cllr David Minnery	Shropshire Council
Cllr Peter Nutting	Shropshire Council
Elaine O'Leary, Chief Executive	Northamptonshire ACRE
Cllr Mary Rayner	Worcestershire County Council
Cllr Clive Rickhards	Warwickshire County Council
Cllr Carolyn Robbins	Rugby Borough Council
Cllr Chris Saint	Stratford-on-Avon District Council
Peter Shipp, Executive Chairman	EYMS Group Ltd
Cllr Bob Sleigh	Solihull MBC
Cllr Gail Sleigh	Solihull MBC
Cllr David Smith	Staffordshire County Council
Cllr Mike Smith	Stafford Borough Council
Cllr Paul Snape	Staffordshire County Council
Cllr Ray Sutherland	Stafford Borough Council
Paul Sutton, Director of Assets & Development	Shropshire Housing Group
Sarah Taylor, Events & Projects Officer	Plunkett Foundation
Cllr Peter Tomlinson DL	Worcestershire County Council
Cllr David Tremellen	Shropshire Council
Cllr Carolyn Trowbridge	Stafford Borough Council
Cllr Rebecca Vale	Worcestershire County Council
Cllr David Watkins	Malvern Hills District Council
Cllr Victoria Wilson	Staffordshire County Council
Cllr Mark Winnington	Staffordshire County Council
Cllr Susan Woodward	Staffordshire County Council

