Rural Health and Social Care

April 2019

The ACRE Network

www.acre.org.uk

- 38 'County level' rural development charities, one national charity
- 39 charities, 39 different names! Eg. Action in rural Sussex, Community First Oxfordshire ….
- Reach: 11,000 rural communities in England
- Focus on **community solutions**…
- … for our **beneficiaries**:
- "..those who are at risk of isolation and disadvantage and for whom rurality brings and additional challenge and cost to their daily lives."

The rural dilemmas in health and the NHS Long Term Plan

- Equity of access and who pays?
- Centralisation, technology and professional development
- Expectations: The cutting edge or the usual best?
- Populism, planning and markets
- IMD and JSNA targeting – the ink drop test!

Dilemma 1. Equity, access and fairness

- Nobody should be unreasonably disadvantaged by where they live
- Do rural and urban people receive the same NHS, if not why not?
- What is more important: the cutting edge for some, or an excellent, consistent service for all?
- Do CCGs serve 'their' hospital's catchment area or the whole population of their administrative area?
- Blue light time – can we do better?

Dilemma 2. To centralise?

- DGH / Tertiary 'theoretical' catchment areas continues to rise because …
- Procedure / technology improvements …
- … leading to ultra specialisation
- Litigation and medical protection
- Clustering around A and E
- Doctor training (and junior doctor preference)
- 'Hero' specialists
- The alternative is to plan for consistency

Dilemma 3. Local loyalty?

- Political and public loyalty
- Administrative familiarity and loyalty to a secondary centre
- Clustering and viability around maternity services
- Revenue savings and estate rationalization
- Local A and E filling in for primary care
- The alternative is hard!

The NHS internal market

- The market as a planning mechanism
- Cost of interfaces between commissioning and delivery
- The market as arbiter of investment
- Markets and rural areas
- The alternative is to plan!

Health inequalities

- IMD and JSNA
- The ink drop test
- Ranking of areas
- Mortality, causality and averages
- The alternative - Rural share
- NHS planning is 'rural blind'

The ten year plan

- 2.25. **NHS England will continue to target a higher share of funding towards geographies with high health inequalities** than would have been allocated using solely the core needs formulae
- Furthermore, no area will be more than 5% below its new target funding share effective from April 2019, with additional funding growth going to areas between 5% and 2.5% below their target share.

Social care

- **The weebles!**
- Resources, capacity and decision making in community organisations vs. statutory
- Work out who can best give permission to take action – its probably not you…
- … but you can help give permission to fail, and this is just as important
- Is it ever wise to involve informal community groups in formal 'referral systems'?
- Commitment is precious, co-option into a risk averse 'state system' can kill it…
- …its not just about risk, its about the balance between risk, opportunity and available resources. <u>This is what we must get right!</u>

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