APPG Rural Health and Social Care

Inquiry into Health and Care

Comment from Chief Medical Officer

At the launch event Professor Sir Chris Whitty, The Chief Medical Officer for England commented “The health challenges of rural areas are distinct from those of urban areas, and they've received much less attention than they should have. So, I'm extremely grateful to the authors of this report, and those who've promoted it after doing so”.

Overview and Context

- No single definition of ‘Rural’.
- Overarching term for ‘Remote’, ‘ Coastal’ and ‘Rural Hinterland’.
- Shared characteristics.
- Almost 1/5th of England’s population.
- 9.7 million people – more than live in London.

Population Characteristics

- Disproportionately older.
- Often with complex co-morbidities.
- Greater challenge to the health and social care systems.
- Exodus of younger people.
- COVID and the accelerated migration to rural areas.

The Ebb and Flow of Populations

- Demands are highly seasonal.
- Tourism – visitors and holidaymakers.
- Hospitality Industry – seasonal workers.
- Agriculture – seasonal workers, particularly at harvest time.
- Fishing.

Virtual Unanimity from Witnesses

- Numerous reports in the past.
- CMO's 2021 Report on 'Health in Coastal Communities'.
- Wide ranging evidence – 89 witnesses from UK and Overseas.
- Access to care is poorer for rural citizens.
- Report defines the problems and the solutions
- Enhanced role for the Third Sector.

Not just about Health and Care Providers, but the very determinants of health themselves

- Public transport.
- Digital connectivity and Use of Technology.
- Housing provision and cost.
- Poorer and less accessible educational opportunities.
- Fewer day centres for senior citizens.
- Higher prevalence of smoking, obesity, sexual health issues.

Economic Uncertainties

- Agriculture – high suicide rates.
- Tourism – expansion due to COVID.
- Hospitality – mirror image.
- Fishing – remains precarious.
- Recruitment and retention in key areas, including health and social care.

Perception of Affluence

- Influx at retirement and pre-retirement.
- Hidden disadvantage and inequality – dispersed not identifiable by postcode.
- Current data models are flawed – misrepresent rural circumstances and distort funding.
- Urban criteria.
- Data are insufficiently granular.

Quality Data – the foundation for Funding, Planning and Delivery

- Funding does not take full account of the costs.
- Same economies of scale are not possible.
- Different model/s of delivery, not just a tweaked urban approach.
- Better measures of impact and health outcomes.

Levelling-up: Rhetoric or Reality?

- ‘Levelling Up’ White Paper this week.
- Not just about socio-economic inequalities or North-South divide
- Must address Rural Disadvantage as well – a ‘Place-based’ approach
- NHS was established to provide equal access to healthcare for all
- NHS Constitution embodies this principle:

“Social duty to promote equality……and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population”.

Levelling-up Rural Health & Care: What the Government Must Do

- Ensure that rural councils are fairly funded and take into account additional costs of service delivery in sparsely populated areas.
- Ensure that NHS workforce plan takes into account challenges of recruiting and retaining skilled medical professionals in rural areas.
- Ensure that data on health and wellbeing outcomes and determinants are collected at the lowest level to ensure that rural deprivation is not masked by higher level geographical analysis.
- Ensure the target for nation wide gigabit capable broadband and 4G coverage by 2030 is met and, if possible, brought forward.
- Ensure local health partnerships/trusts take better account of accessibility and transport availability when drawing up plans to reconfigure acute and emergency services at their main hospital sites. This should address access for patients, visitors, and staff from rural locations.

RSN Core Message on Levelling-up Rural

We need a strategy that recognises the economic and social benefits of delivering levelling up in rural areas: without such recognition rural England will be overlooked, by-passed and pushed down further, rather than levelled up. Such a strategy needs to be delivered across departments and focused on genuinely levelling up and revitalising rural area/economies.

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Summary Reflections

- **A bucolic image of rurality masks many harsh realities**.
- There are many places in rural England where **access to services** is very challenging.
- This makes rural settings very difficult for people at both ends of the age spectrum (the **young** and the **old**) to live in.
- The NHS is a huge system which is **place blind** and its **big is beautiful** mentality often unwittingly drives health inequalities.
- There are many **innovative solutions** which we might apply and a huge amount of international good practice which can inform our thinking.
- **Workforce issues** are the biggest challenges, **person centred planning and delivery** is the antidote.
- Radical/disruptive approaches which emphasise **primary care, multi-agency working and community ownership, in an environment which accommodates at least some appetite for risk** are important.

Build understanding of the distinctive health and care needs of rural areas

Recommendation 1

Rurality and its infrastructure must be redefined to allow a better understanding of how it impinges on health outcomes.

Recommendation 2

Identify and measure drivers of health inequalities at a greater level of granularity (1000 head of population).

Recommendation 3

Include specific rural content in every first degree in medicine, nursing and social care. Mandate rural work experience in every general practice course, every geriatrician course, every nursing course and every health care course.

Deliver services that are suited to the specific needs of rural places

Recommendation 4
"Rural health" proof housing, transport and technology policy

Recommendation 5
Develop a rural technology health and care platform and strategy.

Recommendation 6
Core health and care pathways for cancer, heart, stroke and emergency and mental health care must be urgently reviewed to better meet the rural need.

Develop a structural and regulatory framework that fosters rural adaption and innovation

Recommendation 7
Enable and empower local placed based flexibility in the ICS structure.

Recommendation 8
With the Royal Colleges and Health Education England, review the match between the existing health and care professional structure and the skill needs of today to meet health and care demands with a view to creating a wider variety/diversity of health and care professionals with shorter training courses.

Recommendation 9
Hard-wire generalist skills training across the medical professions, in both core and update CPD training.

Develop integrated services that provide holistic, person-centred care

Recommendation 10

Fund research into the nature, connectedness and integrated treatment of complex co-morbidities across primary, secondary health and social care.

Recommendation 11

Integrate health and social care budget setting in rural areas as a test pilot of the Health and Care Bills ambition and measure combined health and care outcomes against that budget.

Recommendation 12

Empower the community and voluntary sector to own prevention and wellbeing.