

## Note of last RURAL SERVICES NETWORK Special Interest Group meeting

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**Title:** Rural Services Network Special Interest Group

- Rural Social Care & Health Group Meeting

**Date:** Monday 12<sup>th</sup> November 2018

**Venue:** City of Westminster Archives Centre, 10 St Ann's Street, London SW1P 2DE

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### Attendance

An attendance list is attached as **Appendix A** to this note.

### Rural Social Care & Health Group Meeting 11am – 12.30pm

Item	Decisions and actions
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1 **Apologies for Absence**

Members noted apologies for the meeting. A full list can be found at the back of the minutes.

2 **Minutes of the last Rural Social Care and Health Group 9<sup>th</sup> April 2018**

The minutes of the previous meeting were agreed and noted.

It was reported that on the 16<sup>th</sup> October at Westminster the National Launch of the National Centre for Rural Health and Care had taken place together with the launch of its accompanying Rural Health and Care Alliance (RHCA).

The RHCA was a partnership between the National Centre and the RSN. Due to its involvement in this new initiative, the RSN had achieved free membership of this Alliance for SPARSE Rural members of RSN with Rural Assembly categorised members only having to contribute an additional £150 (+ VAT) per annum instead of the usual £500 per annum fee. Existing RSP members also get this free if they are non-commercial organisations but full members who have a specific interest in a rural health issues,

3 **Items from various discussions – District Direct Pilot Scheme Review 11<sup>th</sup> September 2017 – 31<sup>st</sup> March 2018.**

There was continuing work which had arisen from this pilot review and the Districts in East Anglia had been very pleased with it.

It was regarded as a strong case study and those involved recommended the work

done and the outcomes achieved.

**4 The Minutes of the North West Regional Meeting held on the 8<sup>th</sup> October were noted.**

It was felt by members that the Regional Meetings, all of which had reasonable attendances had been very successful.

**5 Presentation by Cllr Lee Chapman, Cabinet Member for Health, Adult Social Care and Housing – Shropshire Council on the Use of Assisted Health and Social Care Technology to help deliver services in Shropshire.**

(Cllr Chapman presented in place of Andy Begley, Director of Adult Services, Shropshire Council and Co Chair of the West Midlands ADASS)

Cllr Chapman gave a comprehensive and particularly useful presentation on initiatives which were being taken in Shropshire. He also answered a range of questions very fully. The presentation slides are attached to these Minutes.

The meeting felt the presentation was a very informative one and asked that it be recorded that they felt that for Authorities not able to be in attendance, going through these presentation notes would be very useful.

Particular points of interest were as follows:

1. Special discretionary payment allowing early action had proved to save the Authority money in the longer term.
2. Shropshire had been a Hospital Discharge Telecare Pilot which had been used originally in Eastbourne. They had adapted this scheme and now employed it across the whole of Shropshire. It involved a telecare alarm from the point of hospital discharge aiding in preventing bed blocking and the higher costs of other schemes.
3. The Broseley Project, trialling the use of 'consumer technology' such as Amazon Echo, had been employed and it had produced interesting and useful outcomes. It seemed to establish a good recipe for social inclusion of older people suffering from isolation.
4. A Nursing & Residential Beds commissioning project had been developed for mapping of the anticipated demand of domiciliary care. It allowed a system of tracking and monitoring of provider vacancies and was able to be linked to billing software.
5. The system Shropshire had employed linked Fire Service routine inspection work and lists from G.P. Practices. The Authority now used three pieces of relevant data.
  - The age of people in certain areas
  - The number of potential cases
  - The thermal efficiency of property
6. There was a need to link the vulnerable, the needs of Health and Social Care and the availability of voluntary community care.
7. The Authority wherever possible looked for joint commissioning. It had found benefits by the establishment of a trade Organisation SPIC.
8. The Authority had won awards for its two carers in a car scheme which had allowed for more flexibility in care to be achieved than normal more rigid

arrangements through the traditional sleeping nights' arrangements dedicated night care.

On average the twosome team covered some 5 to 10 visits in a night. It was now in place over 5 market towns and it was known that 24 placements with the ensuing dependency had been avoided.

9. A scheme incentivising providers had proved successful. Delays occasioned by rurality had been reduced. Providers serving urban areas had also been given special parking permits to assist their visit patterns.

#### **10. Independent Care Assessors.**

The Council had introduced a system of Independent Care Assessors to support discharge from hospital to care homes. It had been so successful it was now being extended to the neighbouring Telford & Wrekin area as well. It would soon be applicable to 100% of the homes across Shropshire. Working with Westminster University it was based on measuring provision and the persons specific needs and avoiding unnecessary vacancies. Shropshire was also setting up a system of GP Champions seeking to get ahead of medical conditions. It was hoped more additional money would become available for Social Prescribing.

#### **6. APPG Rural Services Inquiry into Adult Social Care Funding in the Rural Context.**

Graham Biggs gave a full presentation on developments to date. The proceedings had involved the new National Centre for Rural Health and Care as a joint secretariat for this project. Papers from the APPGs meetings were attached to the Agenda and hopefully these give member Authorities a detailed insight into proceedings to date. The work on this would be ongoing with further meetings on this topic planned as the Governments promised Green Paper emerged.

Members were asked to furnish RSN with case studies from any aspect on this topic. Even if there was a query as to the relevance of these case studies members were asked to provide them in any event.

Some members present did feel that the one Nurse per Nursing Home role created a disadvantageous cost to the running of Nursing Homes in rural areas which because of the sparse population could be relatively small in any event. This it was felt constituted a threat to the continuance of many rural Nursing Homes, threatening their closure. It was felt special arrangements for rural areas needed to be considered.

#### **7. Summary Report on 'Rural Workforce Issues in Health Care'.**

This Agenda item (Appendix 6) was considered. It would form part of the jigsaw of evidence going to the APPG informing its intended report.

#### **8. Any Other Business**

The next meeting of this Group would take place on Monday 8<sup>th</sup> April 2019.

**Appendix A**

<b>Name</b>	<b>Organisation</b>
Cllr Cecilia Motley, Chair	Chair, RSN
Graham Biggs	Chief Executive, RSN
David Inman	Corporate Director, RSN
Kerry Booth	Assistant Chief Executive, RSN
Cllr Robert Heseltine	North Yorkshire County Council
Richard Quallington,	Chief Executive
Cllr Rupert Reichhold	East Northamptonshire Council
Cllr Mark Whittington	Lincolnshire County Council
Cllr Sue Woolley	Lincolnshire County Council
Odhran Jennings, Trusts Fundraiser	Bipolar UK
Cllr Malcolm Leading MBE	OALC (Oxfordshire Association of Local Councils)
Cllr Trevor Thorne	Northumberland County Council
Cllr Owen Bierley	West Lindsey District Council
Cllr Cameron Clark	Sevenoaks District Council
Cllr Les Kew	Bath & North East Somerset Council