



Health

To improve health outcomes, people require high quality healthcare services, appropriate to their needs

Health

Introduction

Rural residents are both further from healthcare services and have greater problems of access because of centralisation of services and limited public transport. It costs more to deliver healthcare services for rural populations, either through outreach services or for individuals to access services via transport

Overview

The number of people in England who have problems which require both health and social care is increasing. For example, in the next 20 years, the percentage of people over 85 will double. This means there are likely to be more people with 'complex health needs' - more than one health problem - who require a combination of health and social care services.

But the range of services is rarely fully integrated. For example, people are admitted to hospital, or they stay in hospital too long, when it would be better for them to receive care at home.

Sometimes, people get the same service twice - from the NHS and social care organisations - or an important part of their care is missing.

This means patients do not get the joined-up services they need, leaving them at increased risk of not fully recovering and the consequences of further treatment and possible hospital stays. Health and care staff may miss opportunities to make things better for patients and service users, and taxpayers' money could be used in more cost-effective ways.

Access to transport for health services is becoming a greater issue in rural areas; further reductions in bus services have led to increased demands on community transport provision and this has recently been compounded by changes to the Non-Emergency Patient Transport (NEPT) criteria.

This has now excluded many people from accessing this transport and is impacting greatly on those living in more isolated areas.

Community transport providers are seeing a significant increase in demand which is having a negative impact volunteers providing the service. ACRE would like to see a review of the criteria for NEPT, such that it does not leave rural dwellers disadvantaged.

The ACRE Network has supported the Government's commitment to provide more integrated services to people who use both health and social care services.

The Network's experience and innovation has led to the development of a range of schemes that provide frontline support to help improve people's access to services such as Community Agents and the Village Care Programme.



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Issue: Health services delivered into rural communities are rarely integrated

It is essential to understand the 'journey' that rural people undertake when accessing health services. Early advice, care at home, hospital stays, transport and access to GPs are all aspects of the service required and need to be integrated

Solution: Ensure delivery of integrated rural care and health services

Tees Valley Rural Community Council (TVRCC) has established a Community Agents project supporting older people to remain at home.

The project is delivered by TVRCC and has been jointly commissioned by South Tees Hospitals NHS Foundation and Redcar & Cleveland Borough Council. TVRCC will be working alongside health and social care practitioners and the aim, with positive support from the voluntary sector, is to enable vulnerable people to remain independent in their own homes, particularly those who live alone and those that are frail and elderly.

The RCC employs three Community Agents for the project, which started in September 2013. They work closely with voluntary organisations to establish a comprehensive list of voluntary and community



groups to enable an integrated service of support that ensures that people are put in touch with the correct group or service.

As part of the integrated approach, volunteers are able to offer a range of services; general advice, organise befriending, be in the home of someone who is not mobile when a delivery is expected, arrange transport to a GP or hospital, help with shopping and help with completing forms.

To date, it has helped 273 people, mainly over 65 years old, with signposting to befriending and other support services. The needs identified by the Community Agents project has led to the development of a car volunteer recruitment scheme, partially funded through the Clinical Commissioning Group, and this will be fully operational later in 2014.

Issue: The needs of rural residents are not consistently represented through the new health structures

There needs to be consistency in approach as to how the needs of rural residents are represented on groups such as Clinical Commissioning Groups, Health and Wellbeing Boards

Solution: Ensure thinking and strategies about rural health needs are embedded in the new health structures

Action in rural Sussex (AiRS) is a member of the Critical Friends Partnership, which was set up to provide a forum for liaison between Clinical Commissioning Groups (CCGs) in East Sussex with members of the public and voluntary sector.

This provides CCGs with the opportunity to access the opinions of specialist interest groups and stake-

holders on key issues before seeking to engage the public.

The operation of CCGs is still at a relatively embryonic stage, with a great detail of operating information and procedure being put in place.

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Working closely with these groups, as opportunities arise, is one of AiRS' key objectives, particularly given the urban-centric distribution of key health provision in Sussex.

The most important issues raised with the CCGs have been the support for first responders in rural communities, ambulance response times and broader access to key services such as accident and emergency units at hospitals.

Given the current funding scenario, AiRS has recognised that the investment required to radically increase the ambulance provision in the most rural areas is unlikely, as is any fundamental shift in the location of key service outlets.

Consequently, they have focused in bringing to the attention of the CCGs (as well as Public Health and the Ambulance providers) the need to support community located responses to emergencies, particularly given that this provision contributes to official ambulance response times and beneficial patient outcomes.

On this basis, there is scope for it to be supported further by rolling it out to more locations and ensuring that communities and residents are made aware of its existence. A range of other rural issues are also commented on as and when they arise.

AiRS is also a member of the Health and Wellbeing Board Partner Framework and able to bid for projects and pieces of work undertaken on their behalf.

Issue: Lack of investment in community-led health services

Rural communities often understand the health services they require can be delivered via a community-led initiative, rather than a generic 'one size fits all' approach

Solution: Use a range of models to support community-focused initiatives

ACRE Network member Shropshire Rural Community Council (SRCC) won the contract in November 2013 to further develop 'Gusto' – a friendship network for socially inactive adults who are keen to meet people and develop new interests following early retirement, bereavement, release from caring responsibilities or being new to the local area.

Gusto is a network of active people who meet regularly and enjoy participating in activities together. Activities include regular social events, like theatre trips, cycling, dog walking, going to the cinema and meeting for lunch.

Gusto is ideal for people who want to access new hobbies and don't want to do these things on their own. Members can also become hosts for the

activities that they enjoy and share their interests with other members.

SRCC will develop Gusto with a sustainable model where people pay an annual membership fee and also pay a discounted rate for trips and activities. It took over responsibility for the scheme from January 2014.

Gusto fits well with the RCC's work, by providing a new audience of people who may be interested in accessing its other services ([oil buying](#), [Get Shropshire Online](#)) and by giving the organisation an earlier point of contact with

people who are entering later life.

This means more effective help can be provided more quickly via the RCCs 'Wise and Well' team which promotes independent living.

