

Note of 1st meeting of Rural Social Care and Health Group

Date: Monday 20 November 2017, 11.30am – 12.45pm

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

Attendance

Attendance at this meeting is included within the list at **Appendix A** of the RSN Rural SIG AGM note.

Item Decisions and actions

The unanimous feeling of the meeting was one of great support for the creation of this new Group which it was agreed would cover the issues of Social care, Health, Public Health and Well-Being.

It was noted that future agendas for this group, in addition to going to nominated Councillors and Portfolio Holders/Lead Members, would also go out to Directors of Public Health and Chairs of Health & Well-Being Boards

There followed a general discussion on the current major issues relating to the service areas concerned and examples of initiatives to address them. The following points were made:

- The demographics were working against Rural Authorities. For them the consequential problems were increasing twice as fast as in many urban areas.
- The additional Council Tax increase allowed for Adult Social Care was only covering about half of the growth rate of the budget. In Devon the increase had been £8m of which the increase in Council Tax had only covered £4m.
- In terms of Life Expectancy there was a marked difference (15 years) between the South and North Devon average life spans demonstrating the impact of poverty and resulting poor health.
- Serious concerns were expressed about recruitment and retention issues across the whole NHS in rural areas and in the rural social care sector.
- Individual Councils were starting their own initiatives:
 - West Linsey had set up a Health Commission.
 - A Council Loneliness scheme relating to cooking tips for beavered residents had been set in South Norfolk.
 - The Yealm Estuary (Devon) initiative involving a number of parishes on a Dementia assistance scheme.
 - Parochial initiatives around Fuel Poverty.

It was suggested that RSN could help considerably by setting up an Information Exchange area on RSNOnline

- All members agreed that the catchment area applying to rural residents to get medical assistance had widened markedly while transport options had fallen back.

- There was concern that failure to have checks and present with first ill health systems because of access problems would cost the country far bigger sums of money than any savings in the long term.
- Rural Dementia was expressed as being “the equivalent of the plague of recent years”.
- Loneliness was a recognised and now accepted pathway to Dementia- it was in the national financial interest that loneliness was tackled.
- Some members felt the number of food banks in their areas had trebled.
- Many members felt Rural Fuel Poverty with its resultant health difficulties was considered to have increased significantly in their areas.
- Many members reported that Care Homes were closing in rural areas just as the need was increasing – the sustainability of the care market in rural areas was a real concern.
- The difficulty of getting people to deliver Social Care was detailed by many authorities. This it was believed was because carers had to travel long distances – unpaid in terms of the time involved - to do their job in rural areas and pay was generally low. Other seasonal minimum wage employment was an attractive alternative in the summer months.
- It was considered by some authorities that care assistances importance needed be more recognised by proper career structuring and the ability to get socially rewarded qualifications.
- Modern Technology (robotics, ‘health monitoring in the home’ etc.) could assist in the longer term in some areas but obviously they were dependent on universal super-fast broadband and mobile connectivity links that just weren’t there currently.
- That failure to achieve universal broadband stopped people being able to look things up - a clear way of avoiding loneliness.
- Digital health was likely to have increasing importance and might be a weapon against remoteness but the lack of universal broadband would prevent that throughout rural areas
- The withdrawal of bus services was creating really large social problems for many.
- There was real concern about rural ambulance services that seemed to be getting even poorer.
- Some Councillors emphasised that the difficulties did just lie with an older aging population- there was concern about the psychological health of young people in rural areas as they saw their educational opportunities being closed down by access to their preferred courses becoming impossible and the closing of youth facilities. There were also great concerns about the costs and services able to be provided in respect of Looked After Children and those with Special Needs.
- The need for more preventative measures was stressed rather than the focus on treating ill health. Despite the obvious benefits from such an approach government funding for Public Health was constantly being reduced
- There were issues to consider regarding How we tackle innovation, the sharing of best practice, the need for funding to be directed to “place” not service silos and the operation of the Better Care Fund

The meeting continued to feel that RSN could play a very full role here, particularly in terms of recording and cataloguing of perceived problems which were becoming increasingly evident.

Members felt there would be a need to choose carefully over the areas where it was felt RSN could work to the greatest advantage. Although the debate had been wide ranging, important choices would have to be made to prioritise activity. It was agreed that the RSN would send out a survey questionnaire to ascertain member's suggested top priorities. This could also be used to get good practice examples from member authorities

One suggestion was that a system of specific task orientated working groups needed to be created to supplement the two meetings a year that would work in this area.

It was agreed that the meeting in June would receive a full report from the officers and the Executive which would set out suggestions for taking forward rural work of the Social Care and Health Group.

NEW NATIONAL CENTRE FOR RURAL HEALTH AND CARE