

Parliamentary Inquiry into Rural Health and Care

Launch of report on 1st February

Introduction

The launch will be taking place on 1st February as a virtual event. The Chief Medical Officer, Professor Sir Chris Whitty, has agreed to speak and help launch the Inquiry Report.

The 92 page Report is the culmination of almost three year's work. Evidence was submitted in person by 89 witnesses from 8 countries and it has been described as the most comprehensive report yet produced into rural health and care in a developed country. A shorter Overview Paper will be available.

The Inquiry was chaired by Anne Marie Morris, MP, who will also chair the launch event.

This briefing is for the ACRE team and ACRE Network and draws on sight of a draft of the Overview Paper.

Recommendations in the report

The full report makes 12 recommendations that fall into four groups. Without breaching the embargo on the report this is a broad summary of what the recommendations cover:

1. **Improving Government and NHS understanding of the distinctive health and care issues in rural areas.** This includes concerns about collection of data, funding formula, urban central assessments of need and provision of training and work experience for health professionals.
2. **Improvements in access to service delivery especially those services that have increasingly become centralised** in urban locations as a result of workforce 'consolidation' and opportunities to improve delivery if technology can be properly harnessed. This section also stresses the need to achieve better health outcomes through other services such as transport, housing and environmental policy.
3. **Making flexibility and adaptation to meet the needs of rural populations the norm** and avoiding structural and regulatory frameworks getting in the way of this. This includes ensuring that ICS can create plans that are fit for purpose in locations with extensive rural areas.
4. **Promotion, in the rural context, of person-centred care in order to make the maximum and most effective use of integrating budgets.** In the absence of economies of scale for single services, this capitalises on economies of scope across primary, secondary, and social care. The report lays great stress on the role of the voluntary and community sector in rural communities.

ACRE supporting statement / commentary

ACRE is a national Network of 39 organisations, one in each traditional County and a single national charity that represents the Network to Government.

Almost every organisation in the Network is actively involved in supporting rural communities with local health and social care initiatives. This ranges from running networks of social prescribers on behalf of the NHS in one county, through support for local good neighbour schemes in another, to development of micro-procurement of social care in rural villages throughout a large rural county. Many also act as enabler and support to the wider voluntary sector in working with the NHS and Social Care to improve local services.

We warmly welcome the Inquiry Report and especially the recommendations to Government to develop a better understanding of the health and care needs of rural communities. As a network we have been actively supporting rural communities in local initiatives to create flexibility in the way delivery is organised to rural communities. The ability to tailor the organisation of services to meet the needs of rural people is essential if they are not going to continue to be overlooked.

We endorse the Report's emphasis that nobody should be disadvantaged in their access to health and care services due to where they live. Many rural people have seen local access to services drain away in recent years and have come to accept that they will always have second rate access compared to those in urban areas. The Report rightly places great emphasis on the NHS being a truly national service, not one that is first class for urban areas but under-resourced and inaccessible to the 17% living in rural areas.

We look forward to working with the NHS and the National Centre for Rural Health and Care nationally to help bring about a national strategy for delivery of rural health and care services. Our Network of 38 local organisations stands ready to support local Integrated Care Systems and Integrated Care Boards to do the same at local level.

ACRE calls to Government

During the passage of the Health and Care Bill ACRE has worked with Parliamentarians to place a Duty on Integrated Care Boards both to work with their neighbouring Boards over access to services for those living in rural areas and also a requirement to 'rural proof' their strategies and plans.

We call on Government to: place a specific duty on all NHS organisations (national and local) and social care authorities to produce rural impact assessments of their plans and strategies, especially when these involve the consolidation of services. Whenever there is a risk of access for rural people being compromised, mitigation plans must be put in place to prevent this.

Social media line

Landmark report into delivery of health and care services shines a spotlight on how many rural areas are left behind. Nobody should be disadvantaged by where they live when accessing essential services, and yet this is what happens to rural people. It's time for change & we support the proposals made.

Action with Communities in Rural England

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TBA

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