RURAL HEALTHWATCH

THE CHALLENGES FACING RURAL HEALTHWATCH ORGANISATIONS

A HAPIA GOOD PRACTICE GUIDE:

2015

HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

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Aims and Objectives of HAPIA

1) Supporting the development of Local Healthwatch and Healthwatch England [HWE] as powerful and effective bodies that enable the public to monitor, influence and improve health, social care and public health services.

2) Promoting democratic and accountable public involvement organisations across England, which genuinely empower patients, care receivers, carers, and all individuals and communities to influence planners, commissioners and providers of health, social care and public health services, in order to create safe and effective services.

3) Investigating, challenging and influencing health, social care and public health bodies which fail to provide, commission and develop safe, effective, compassionate and accessible services.

4) Holding the government to account for its legislative and policy commitments to enable the public to influence health, social care and public health services.

5) Collaborating with other community and voluntary sector bodies, patients and service users to achieve the Association's objectives.

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Briefing Note on Rural Healthwatch Organisations

This paper presents an overview of the position of local Healthwatch organisations two-and-a-half years after they were established. The end of the coalition with the election of a Conservative government in May 2015, means that we will continue to experience change within the health and care system for some time to come. Efforts to meet the financial challenges of providing a universal service will be a major part of this. Integration of health and social care has risen steadily up the national agenda, and there are already suggestions that smaller Clinical Commissioning Groups (CCGs) may be merged.

There can be huge variations among the areas covered by individual local Healthwatch organisations regardless of whether they are metropolitan or rural. This paper seeks to draw out some of the main characteristics peculiar to rural areas that affect local Healthwatches and how they need to operate.

Many rural authorities are large, but size is not just about the distance from one end of the local authority to the other but about how services are provided. While each area covered by a local Healthwatch organisation has only one local authority commissioning adult social care and children's services, there may be more than one clinical commissioning group (CCG) and acute trust, a multiplicity of other health and social care providers, and a healthy and varied voluntary and community sector (for example, Norfolk Healthwatch covers five CCGs and three acute hospitals).

Commissioners must not forget that the public, supported by their local Healthwatch, are the key stakeholders in influencing how services are delivered locally. The multiplicity of local providers does not necessarily mean more choice for the local population. A

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rural county that is remote in the sense that it is not on the way to anywhere else may not attract larger providers. As a result services are often small and can be very local, but this does not mean that they are not of high quality and valued by the local population. For many local people, the decision as to which service to use is based on which one(s) they can gain access to. Public transport is an issue everywhere, but in rural areas, where the services are infrequent if they exist at all; patient choice may be limited to what is available in the nearest market town.

Even choice of an acute hospital may be restricted by whether a patient can get home from a clinic appointment. Transport remains high on the agenda of many a rural Healthwatch.

Work at national level recognises the needs of rural areas: the Department of Health's Five Year Forward Review of October 2014 recognises that a range of models for health and social care is needed to serve different communities; NHS England has a Clinical Director for Rural and Remote Care; and the Department for Environment, Food and Rural Affairs has produced National Rural Proofing Guidelines with a policy unit to provide support.

The demographics of a rural authority can be surprisingly diverse:

- Areas of deprivation in the urban areas, particularly seaside towns
- Pockets of rural deprivation, which new ways of presenting census information have revealed
- Concentrations of retired older people in coastal areas and those with beautiful countryside
- Migrant workers in agriculture and food processing
- An immigrant population whose members do not necessarily have the support of large communities

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The absence of broadband and good mobile phone connections in rural areas that are not necessarily particularly remote can affect how rural Healthwatch organisations manage their communications and how patients access innovations such as 'Telehealth' and 'Telecare'. In areas where these have already been introduced, they work really well for patients with long-term conditions.

Key issues rural Healthwatch organisations face as a result of this diversity include:

- How to ensure that they obtain a representative sample of views from the local population, resisting the temptation to go for the easy options
- Promoting equity of access to services across the whole Healthwatch area
- Building up a knowledge of local services, working with existing community groups and organisations, to fulfil the information, signposting and advocacy role
- Keeping track of what is happening across the whole of the area (especially at a time of funding cuts)
- Making the most effective use of members' and volunteers' contribution towards Healthwatch being a valid and reliable source of patient and public experiences.
- Setting realistic priorities given the large and diverse range of provision they need to cover
- Monitoring the quality of services provided by a large number of providers, some of them very local and very small.

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Approaches to delivering a local Healthwatch in a rural area will of necessity vary, but include:

- Putting a communications network in place that reaches out to as many areas as possible is important. This should include deploying volunteers, supported with appropriate training, mentoring, and guidance on their specific roles in supporting the Healthwatch local strategy.
- Developing partnerships and partnerships of partnerships to share knowledge and intelligence, avoid duplication and make the best use of scarce resources
- Keeping the independent focus of Healthwatch in mind when working with other organisations.
- Being realistic and honest about what can be delivered within what timescale rather than raising expectations and failing to deliver

But above all, local Healthwatch organisations need to monitor proposals and plans for national, regional and local changes to the delivery of health and care that could affect the public in their area.

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November 2015

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