

# Rural Health Conference 2017

*Prevention Through Participation:  
A Whole Population Approach to Improving Health Outcomes*

Delivered by the Rural Services Network and Granicus

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# The Rural Services Network

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The Rural Services Network provides a powerful voice for rural services. We work on behalf of our members to argue for fairer funding. Historically government has underfunded services in rural areas and we campaign for a fairer distribution of the ever reducing resources available. We enable our members to network and share best practice in rural service delivery.

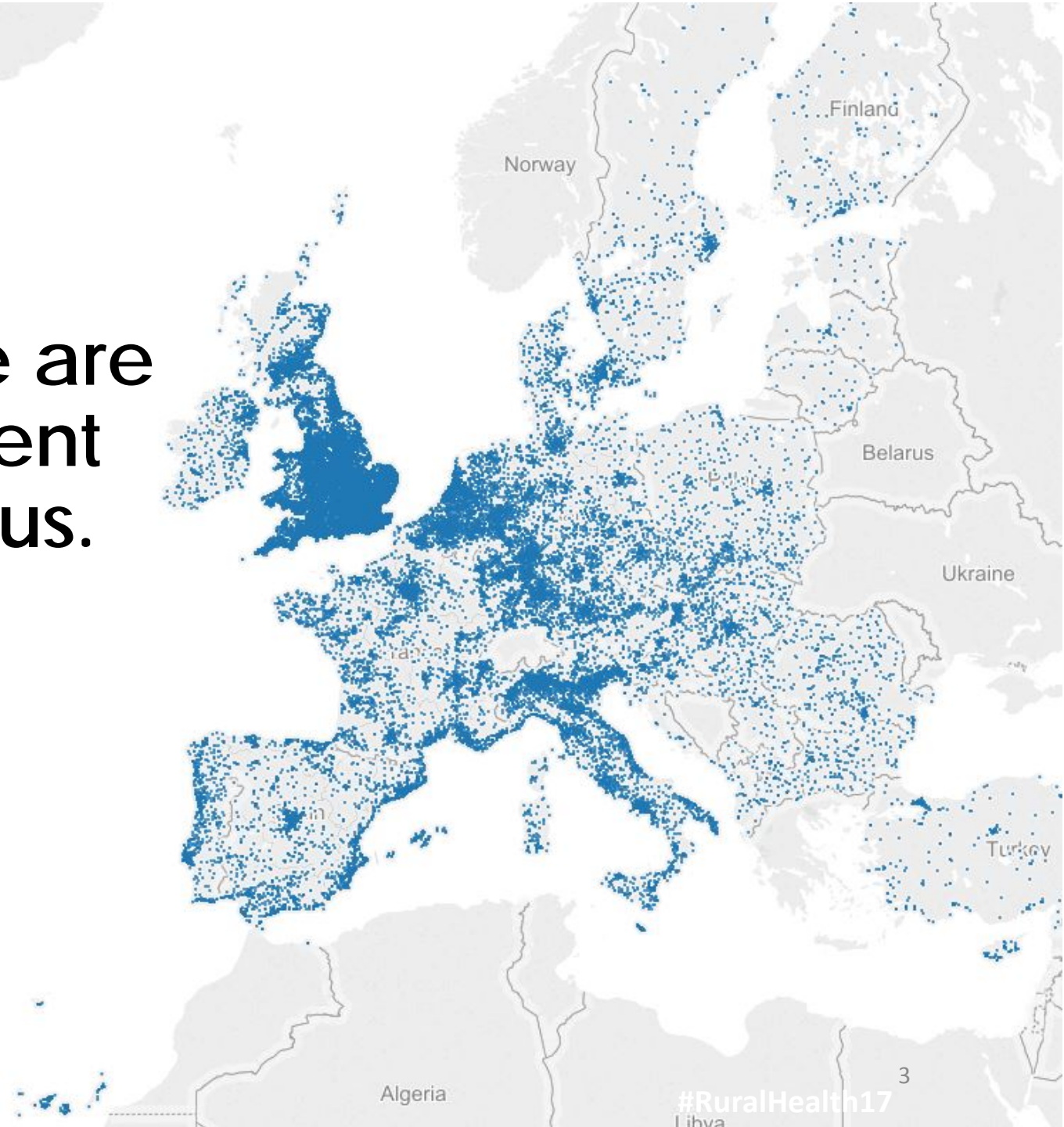
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## Cllr Izzi Seccombe

Leader of Warwickshire County  
Council, Chair of the LGA  
Community Wellbeing Board

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Welcome and Introduction



**Professor Martin Powell**  
Health Services Management Centre  
University of Birmingham  
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Health and Health Policy in Rural Areas:  
A View Through the Urban Lens

# Introduction

- Why a presenter from Birmingham?
- Born in Brecon Hospital (in ‘intensive care’)
- Grandmother worked in rural TB hospital; Mother worked in rural local authority public health and NHS.
- Undergraduate dissertation on Rural Settlement Policy (Moseley 1979)
- PhD in access to health services eg Medical Geography (Haynes and Bentham 1979)
- Reassuring and disappointing that little has changed
- Expert - my mother! (Hay-on-Wye to Newport for five minute MRSA test before out-patient attendance)



# Reports

- Dewar Report (Highlands and Islands Medical Service Committee 1912) highlighted the atrocious state of rural health and health
- Nuffield Provincial Hospitals Trust wartime surveys of 1940s highlighted problems in rural hospitals in England and Wales
- First ever rural white paper: DoE/MAFF (1995) *Rural England – a Nation Committed to a Living Countryside*. Cm 3016. London: HMSO.
- DETR/MAFF (2000) *Our Countryside the Future. A fair deal for rural England*. Cm 4909, London: TSO ('Rural Proofing')
- DEFRA (2002) *Rural services standard*. London: DEFRA.

# Agencies

- For more than 100 years, rural England were represented by a succession of three quangos of the Development/Rural Development Commissions (1909-1999), the Countryside Agency (1999-2006), and the Commission for Rural Communities (2006-2013), but now aspects of its responsibilities absorbed into the civil service (Morris 2015)
- Many non-statutory / voluntary agencies
- Some units associated with Universities

# What we know

- Although very broadly on average rural health is better than urban health, rural areas have higher percentages of the 'old' and the 'very old', and this will probably increase in the future
- **Deprivation and poor health** may be **hidden and invisible**
- Accessibility remains the 'rural challenge'
- Often **little choice** in rural areas
- **Costs more** to deliver services
- Some allowance is made for sparsity in the allocation of resources for social care services in England, but not for health care - unlike Wales and Scotland

# The Urban Lens as a Distorting Mirror

- Rural idyll
- ‘Dr Finlay’s Casebook’
- ‘Peak Practice’
- ‘Where The Heart Is’
- Second home in Cotswold for weekend
- Universalistic assumption: Solutions work everywhere; ‘one size fits all’
- But contextual and different types of ‘Rural’

# Rural Proofing?

- NHS history of **uniformity** and **centralisation**: ‘one size fits all’
- ‘I would rather be kept alive in the efficient if cold altruism of a large hospital than expire in a gush of warm sympathy in a small one.’ (Aneurin Bevan)
- Little on ‘Rural’ in NHS documents
- Policy makers should ‘**think rural**’ (DETR/MAFF, 2000) by:
- Considering whether their policy is likely to have a different impact in rural areas, because of particular rural circumstances or needs;
- Making a proper assessment of those impacts, if these are likely to be significant;
- Adjusting the policy, where necessary, with solutions to meet rural needs and circumstances

# 'Five Year Forward View': Talks contextual, but...

England is too diverse... to pretend that a single new model of care should apply everywhere... What's right for Cumbria won't be right for Coventry; what makes sense in Manchester and in Winchester will be different.

But that doesn't mean there are an infinite number of new care models. While the answer is not one-size-fits-all, nor is it simply to let 'a thousand flowers bloom'. Cumbria and Devon and Northumberland have quite a lot in common in designing their NHS of the future (p. 17)

# Five Year Forward View: 'New care model – viable smaller hospitals'

Some commentators have argued that smaller district general hospitals should be merged and/or closed.

In fact, England already has one of the more centralised hospital models amongst advanced health systems. It is right that these hospitals should not be providing complex acute services where there is evidence that high volumes are associated with high quality.

And some services and buildings will inevitably and rightly need to be re-provided in other locations -just as they have done in the past and will continue to be in every other western country (p. 22)

# Five Year Forward View: Three sets of actions

- First, NHS England and Monitor will work together to consider whether any adjustments are needed to the NHS payment regime to reflect the costs of delivering safe and efficient services for smaller providers relative to larger ones.
- Second, building on the earlier work of Monitor looking at the costs of running smaller hospitals, and on the Royal College of Physicians Future Hospitals initiative, we will work with those hospitals to examine new models of medical staffing and other ways of achieving sustainable cost structures.
- Third, we will create new organisational models for smaller acute hospitals that enable them to gain the benefits of scale without necessarily having to centralise services.



# Rural Healthcare Strategy? (Hansard 5 January 2016: cols 13-14)

- **Anne Marie Morris (Newton Abbot) (Con):** What plans he has to publish a rural healthcare strategy?
- **The Parliamentary Under-Secretary of State for Health (Ben Gummer):** The FYFV sets out the healthcare strategy for the whole of England, including rural areas. Rural areas have their own health needs, which should be taken into account in planning and developing healthcare systems.
- **Anne Marie Morris:** What specific research has the Minister undertaken in order to understand, and what steps has he taken to address, the very different needs and costs of rural communities in the south-west, which has disproportionately high numbers of over 85-year-olds and population distributions that make inflexible multi-speciality community providers and primary and acute care configurations unattainable?
- **Ben Gummer:** The FYFV takes particular account of rural areas, but of course not all rural areas are the same. It is down to clinical commissioning groups to judge the needs of their local areas and make sure that they are reflecting the specific circumstances in which they find themselves.

# Rural Healthcare Strategy?

- The only mention of ‘rural’ in FYFV is under ‘**Encouraging community volunteering**’ where it is stated that:
- ‘More than 1000 community first responders have been recruited by Yorkshire Ambulance in more rural areas.’
- Does the ‘strategy’ boil down to a DIY NHS?
- Little indication of which new care models fit which area, and many models such as integrated primary and acute care systems (PACs) and multispecialty community providers (MCPs) appear to assume larger population sizes. For example, subsequent documents mention ‘neighbourhood population of 30,000 to 50,000’ and minimum MCP size of 100,000, and PAC of 250,000.
- ‘Jam tomorrow’? Need to ‘keep NHSE honest’ in keeping to its promised ‘three sets of actions’.

# Learning Lessons?

- Work in (eg) Australia, Canada or USA, but problem of context
- Scotland and Wales take rural issues more seriously? Eg NHSSRRSG (2008), NHSSRRIG (2009), WAG (2008); and associated commissioned research.

# Social Justice, Minimum Standards or Second Class Citizens?

- **‘Equal access for equal need’** is a central objective of many health care systems, and is often seen as the founding principle of the British National Health Service (Powell and Exworthy 2003)
- **‘People in rural areas want the same opportunities as everyone else (Yet)** Remoteness makes services expensive to provide and some will never reach every rural dwelling. Those who live in the country accept that as part of rural life’ (DETR/MAFF 2000)
- A **‘rural services standard’** is described for England, which suggests the importance of geographical accessibility standards but does not stipulate them. It provides response time targets, but for health care, only ambulance services are included (DEFRA 2002).

# Social Justice, Minimum Standards or Second Class Citizens? (cont)

- The English NHS Constitution (Department of Health 2010) outlines 25 patients' and public rights, including rights to services that meet needs and involvement in planning.
- 'We have made fair access to services in rural areas a key element of the Open Public Services White Paper, placing a new health inequalities duty on CCG to have regard to the need to reduce health inequalities in outcomes and access to NHS services in rural (and other) areas with the aim of achieving equal access for equal need, as a result of the 2012 Health and Social Care Act (DEFRA 2012)

# Social Justice, Minimum Standards or Second Class Citizens? (cont)

- The OECD (2006) notes the impracticality of states promising certain rural service accessibility levels (due to scarcity), but argues for the possibility of 'acceptable minimum standards' for rural areas that are related to acceptable minimum national standards
- 'Postcode lottery'? Or not a 'lottery' – systematic bias?
- Tyranny of the majority?
- Honest conversations- 'equal access' OR different 'minimum standards (eg ambulance response times) OR second class citizens?
- Location is not a protected characteristic?

# Reasons NOT to be Cheerful

- Research by the Rural Services Network shows that, while metropolitan authorities will face a cut in Government grant of around 19% during this Parliament, **rural authorities will face an average cut of 30% or more.**
- ‘We would not accept it if the Government proposed to tax people more and to spend less on them because they were black or white, Christian or Muslim, a man or a woman. There would be uproar. Yet at present we presume to discriminate in this way based on the flimsiest of pretexts—the area in which someone chooses to live, to work and to raise their children...this local government settlement would tell them once again, as it has done year after year after year, that they must pay more and make do with less’ (Graham Stuart MP, Hansard 11 January 2016: cols 629-630)
- Location or Rurality not a ‘protected characteristic’- cf Equality Audit

# Reasons to be Cheerful...?

- You - this conference
- Hansard Debates: Local Government Funding: Rural Areas (11 January 2016)
- National funding formula for schools to ensure that their funding will be delivered on an equitable basis in future, although the formula will be phased in
- Pressure to follow Wales and Scotland in resource allocation allowance for rurality
- 'Impact' agenda for academics
- New APPG on Rural Health and Social Care (Chair: Anne Marie Morris)



# References

- DoE/MAFF (1995) *Rural England – a Nation Committed to a Living Countryside*. Cm 3016. London: HMSO.
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# Professor Alison Marshall

**Professor of Health Technology and  
Innovation, and Director at the Cumbrian  
Centre for Health Technologies**

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Leading Change in a Rural Context:  
Perspectives from Cumbria

# Outline

Background: Cumbria Rural Health to Leading Wellbeing

The problem: delivering services in a rural context

Approaches and learning from other countries and contexts

Technological solutions: experiences in Cumbria

Future plans



# Background

2012-13 Conversations and perambulations: what does good look like for rural health and social care?

2013 Established the Cumbria Rural Health Forum

2014-2016 Funded programme to run the Forum and undertake strategy work (of which more later)

November 2016 'Leading Wellbeing in Rural Contexts' conference in Ambleside

2017 – rurality, wellbeing and leadership





CH - Community Hospital  
H - Hospital

# The problem

Rural areas are characterised by the following issues:

- Remote from services – longer travel times for citizens and professionals
- Difficulty in recruiting, retaining and (crucially) developing workforce
- Demographics – attracting older people, losing younger people
- Poor infrastructure (road, rail, broadband).

Different service and business models are emerging

- Greater reliance on volunteers
- Less defined roles or multiple roles for professionals and also for organisations
- Collaboration between services works differently (more?)
- Public services act as anchor organisations



# Problem or opportunity?

Do conventional approaches mainly transfer urban models for public service delivery to a rural context?

- Funding formulae based on population not distances
- Limited research on how to design rural services

Are businesses more agile and able to develop new models – social enterprises, community companies etc.?

- Broadband for the Rural North: B4RN
- Dance arts therapy (Susie Tate), outdoor therapy (Kendal Therapy)
- Cumbria Health On Call (CHOC) – NHS CIC

Do conventional services delivered by businesses use technology more effectively and appropriately?

- Utilities vs district nursing
- Couriers and delivery services

# Approaches to find solutions

## Pilots and case studies

- Telemedicine projects in widespread use in Australia, Canada, USA, Scandinavia, India
- Mobile health in developing countries: bypassing fixed line infrastructure

## Partnership work in developing countries

- Partnerships between Coca Cola and UNICEF on vaccines
- Business community relations and the role of corporate citizenship (UN Report Murphy and Shah 2004).

## Anchor institutions in rural areas

- Embedded in local economy and critical to growth.

To be explored further within a [Special Issue of the Journal of Corporate Citizenship: Leading Wellbeing in Rural Contexts](#). (January 2018)

# Technological Solutions: Experiences in Cumbria

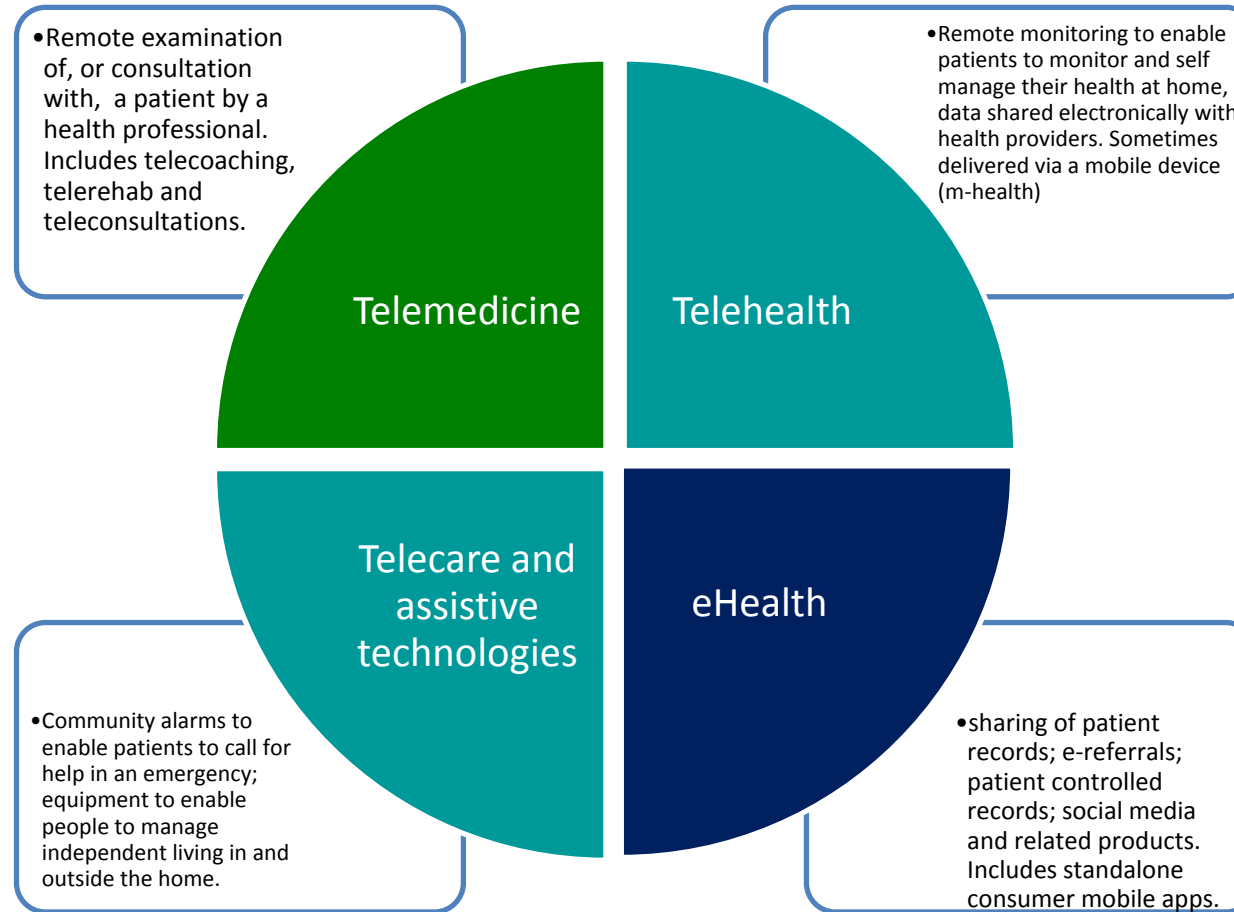
## Implementing Digital Technology in Health and Social Care in Cumbria

- Collaborative strategy project 2014-2015: workshops, research, best practice collation
- Implementation with exemplar pathways and development of training courses. (2016).

<http://www.ruralhealthlink.co.uk/implementing-digital-technology-in-cumbria>



# Scope: digital innovations in health and social care



# Cumbria Strategy for Digital Technologies in Health and Social Care

## HOME PAGE

Two key questions:

1. What do we mean by good health and social care in a rural setting?
2. How can digital technologies address some of the issues?

What do we mean  
by digital  
technologies in  
care?

What are the  
specific issues for  
care in rural  
communities

What is already  
being done in  
Cumbria or  
elsewhere?

Identified needs and opportunities for digital  
technologies in care within Cumbria

A Roadmap for Implementation of Digital Health and  
Social Care in Cumbria

Authors and acknowledgements



# A Roadmap for Implementation of Digital Health and Social Care in Cumbria

Objective	Activity	Who involved	Next steps
Improve health outcomes for those with long term conditions. Support more to self manage.	Cumbria-wide co-ordinated implementation of digital health and care, for specific services	CCG GPs NHS Trusts CCC Third sector Private sector	'Digital think tanks' workshops with services, departments, GP practices
Explain, clarify, share good (and bad) practice, assess impact and value	Information exchange, portal for what good rural health looks like, sharing experiences and equipment, conferences and events, influencing and advocacy for Cumbria	All partners and associates	Extend, enhance maintain website Networking events Conferences Briefing papers and 'how to' guidance Influencing policy in partner organisations
Develop a digital-health-ready workforce	Training and professional development to support health professionals to use digital health and enhance the 'Cumbrian offer' for recruitment and retention	CLIC UoC Solution providers – private sector Third sector	Training and networking events with CPD groups Materials and programmes NHS England Code4Health community

# Implementation beyond the project

Telemedicine highlighted within proposed delivery for North Cumbria Success Regime (WNE Cumbria STP), particularly to support West Cumberland Hospital.

- Consultations ongoing.



## **The Future of Healthcare in West, North & East Cumbria**

**Public Consultation Document**

Cumbria as a whole leads on the use of e-referrals and resource matching between primary and secondary care (rolled out now also to adult social care, care homes and hospices).

University of Cumbria now offering courses in Use of Digital Technology in Health and Social Care [www.cumbria.ac.uk/digitalhealth](http://www.cumbria.ac.uk/digitalhealth)

# Current developments

Widening beyond health to 'wellbeing', to include all professional services (public, private, third sector) delivered to rural communities

Exploring the common challenges across health, social care, business, policing, education

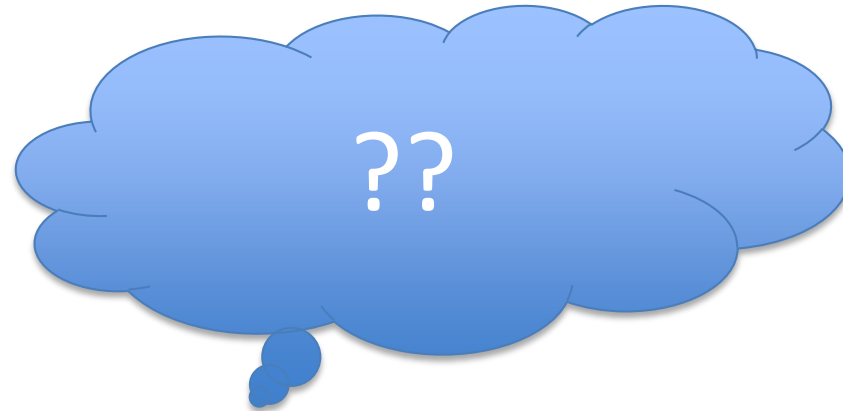
Understanding and developing new ways of collaborating





# Some personal observations after the Cumbria Rural Health Forum project

- Collaboration with the public sector can be harder than with industry
- Collaborating and innovating in a rural area is different
  - Need different kinds of business models
  - Different kinds of partners – smaller organisations, many social enterprises or self employed
- Skills and leadership issues drastically hold back rural innovation and change
  - Digital technologies do offer opportunities in rural health, but the NHS needs to lead



# Innovation and collaboration in rural areas

Green Paper: Building our Industrial Strategy January 2017

- Addressing imbalances between London/South East and other areas of the country
- What are the specific needs of rural businesses?
- The need for 'anchor institutions'
- The concept of an 'innovation ecosystem'

Rural Innovation – Nesta 2007

- Rural challenges can drive innovation (telemedicine?)
- Business support needed for individuals as well as businesses
- Public services innovate by doing things in new ways

# Future plans and questions

## Rural health as part of a wider agenda

- Collaborations across a broader range of services and organisations (including business, police, education, tourism)
- 'Wellbeing' concept

## Understanding rural collaboration and innovation

- Developing the concept of a rural innovation ecosystem
- Relevance of health and wellbeing to local/regional sector strengths
- Importance of place
- Harnessing skills and aspirations

THANK YOU FOR  
LISTENING.

ANY QUESTIONS?

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# Professor Rod Thomson

**Director of Public Health  
Shropshire and Herefordshire**

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Rural Health and Equalities:  
Identification and Action

# Identifying Health Inequalities

- Current measures used to assess deprivation focus on urban factors and do not give sufficient weight to rural deprivation.
- Successive governments have given limited attention to this issue.
- In January 2015 Public Health England acknowledged this deficit and commissioned a working group to examine whether a fairer set of indicators could be developed.
- The working group consists of Directors of Public Health from 4 rural local authorities and academics from Imperial College and the University of East Anglia.

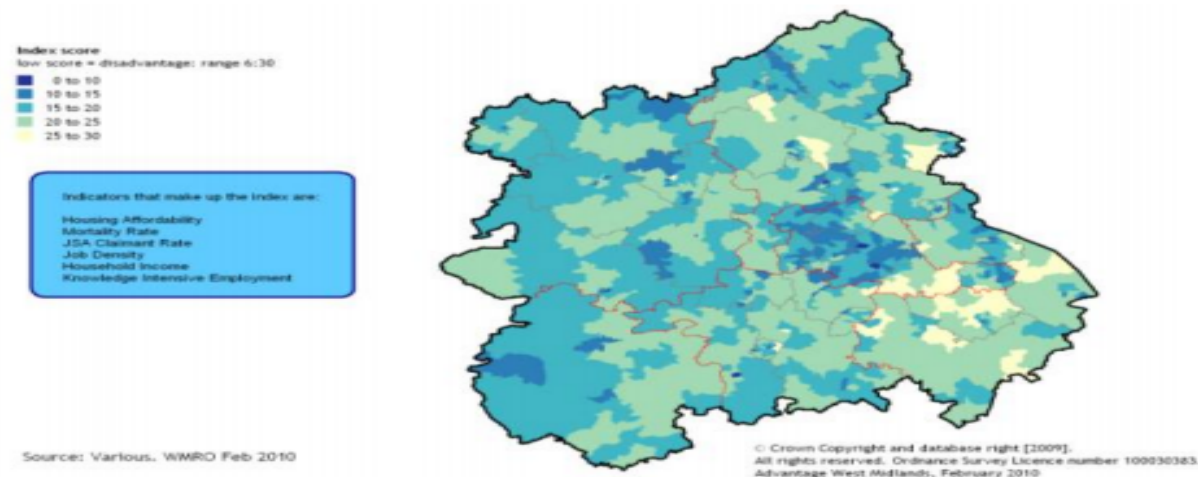
# Key Issues

- Current measures for funding formulae use a Market Forces Factor (MFF) to weight funding allocations that recognises the cost variations in urban areas like London, but not the cost of providing comparable services in rural areas.
- MFF are usually higher for urban areas.
- Factors such as Fuel Poverty and the cost of providing accessible services in rural areas are not taken in to account sufficiently.
- Rural Public Transport (or the lack of it) is not factored sufficiently into the current deprivation indices.

# Rural Disadvantage Index (RDI)

The RDI draws together both community and economic indicators namely:

- Housing affordability;
- Mortality rate;
- JSA claimant rate;
- Job Density;
- Household income; and
- % of people employed in the knowledge economy.





# Factors relevant to rural deprivation

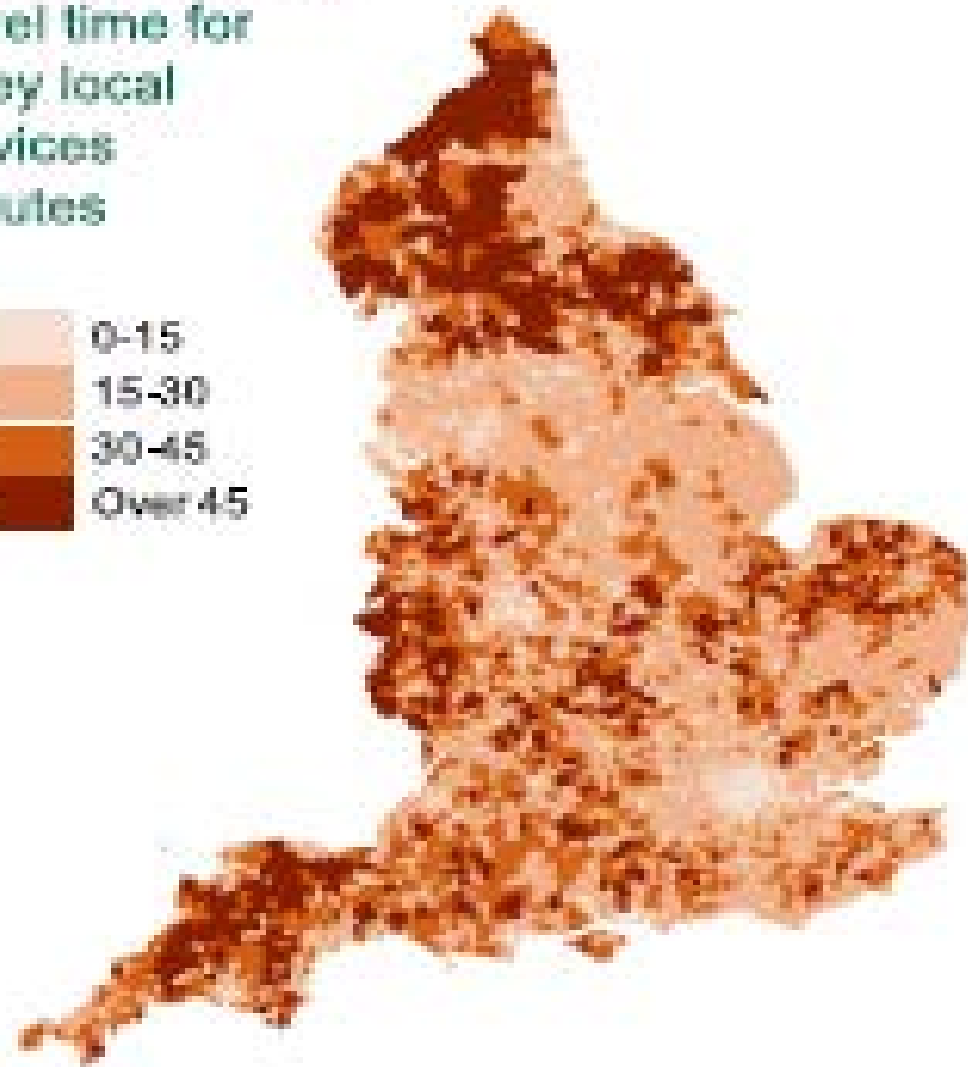
- OCSC (2010) identified a number of factor relevant to rural (Welsh) deprivation
- **Employment access:** hidden unemployment, including those not claiming and those 'underemployed'
- **Employment quality:** low pay, seasonal/intermittent and part-time
- **Housing affordability:** (Incorporated in the English IMD in 2004)
- **Access to services:** (assessed differently in English and Welsh IMD)
- **Cost of living:** Greater cost of living in rural areas due to transport costs, fuel poverty, housing affordability, and higher prices in local shops.
- **Benefits uptake:** People in rural areas are less likely to take-up benefits
  
- Underlying this is the issue of spatial scale of measurement

## Travel times

The Department of Health identified in 2015 that Health Visitors in rural areas will have five times the travel times of Health Visitors in London visiting similar patients.

Whilst the DH considered giving rural areas extra public health funding, this was not implemented.

Average minimum  
travel time for  
8 key local  
services  
minutes



# School Nursing Travel time and Mileage by Shropshire former District Council Areas

	Average travel time	Average mileage	Pupils in area	Schools in area	Band 6 nurses covering schools	Band 5 school nurses based in area
NE	42.2	1,097.0	8,460	35	5	0
NW	22.3	561.0	4,456	17	3	1
North	64.5	1,658.0	12,916	52	6	1
SA	67.3	1,192.2	11,636	43	7	2
SE	42.7	1,057.2	6,182	27	5	1
SW	69.1	1,711.8	4,868	30	6	2
South	111.8	2,769.0	11,050	57	8	3
<b>Total</b>	<b>243.7</b>	<b>5,619.2</b>	<b>35,602</b>	<b>152</b>	<b>16</b>	<b>6</b>

Source: Shropshire Review of School Nursing, 2012

# Fuel Poverty

## Legend

England

Scotland and Wales

## % households in fuel poverty

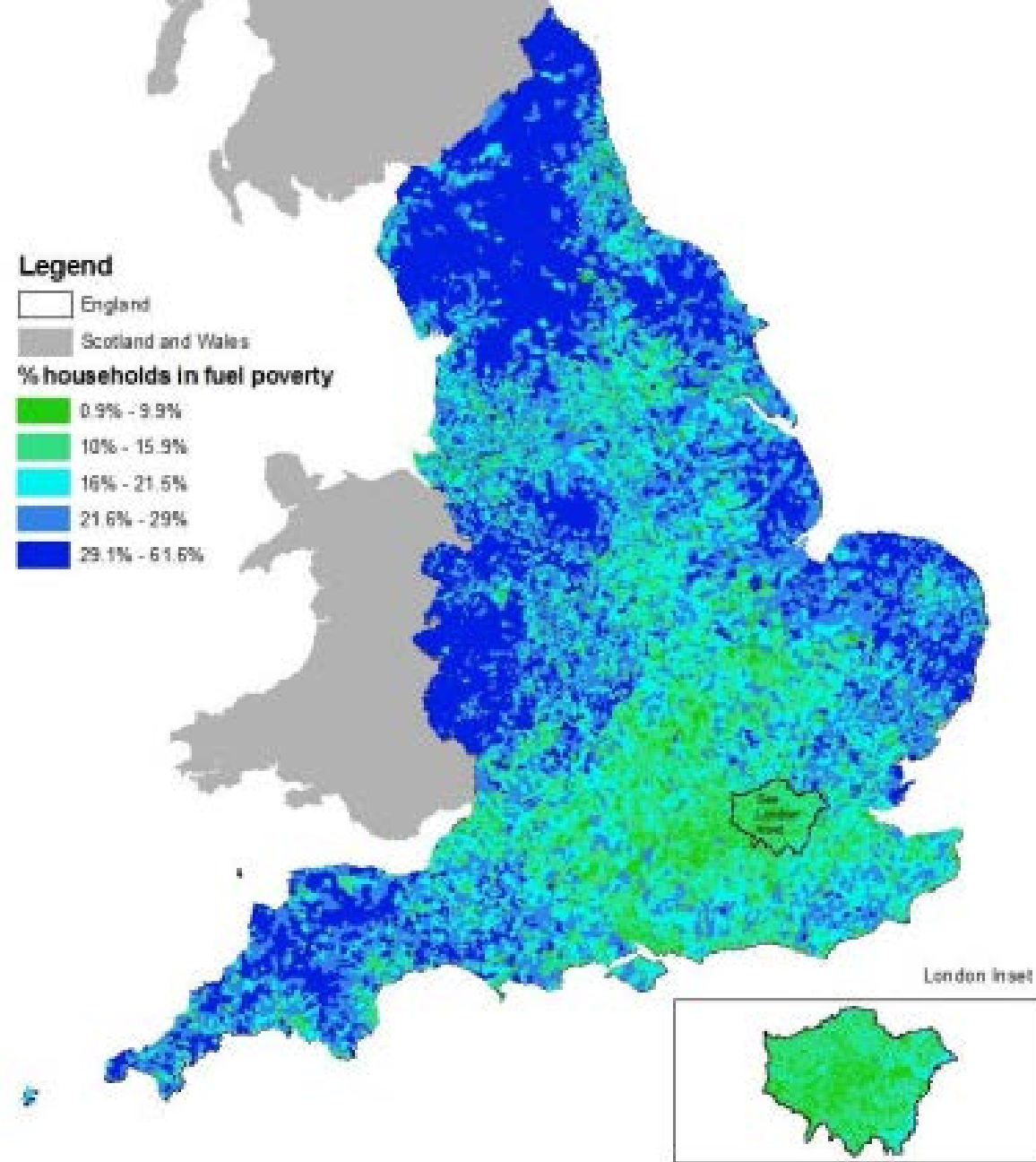
0.9% - 9.9%

10% - 15.9%

16% - 21.5%

21.6% - 29%

29.1% - 61.6%





## Mapping Rural Socio-Economic Performance (SEP)

Report for Rural Communities Team, Food, Drink and Rural Communities  
Division, The Scottish Government

May 2015

Andrew Copus and Jonathan Hopkins

Social, Economic and Geographical Sciences Group  
The James Hutton Institute, Craigiebuckler, Aberdeen

Contact: [andrew.copus@hutton.ac.uk](mailto:andrew.copus@hutton.ac.uk)

Funding: J101915 – PAWSA Support Delivery of LEADER

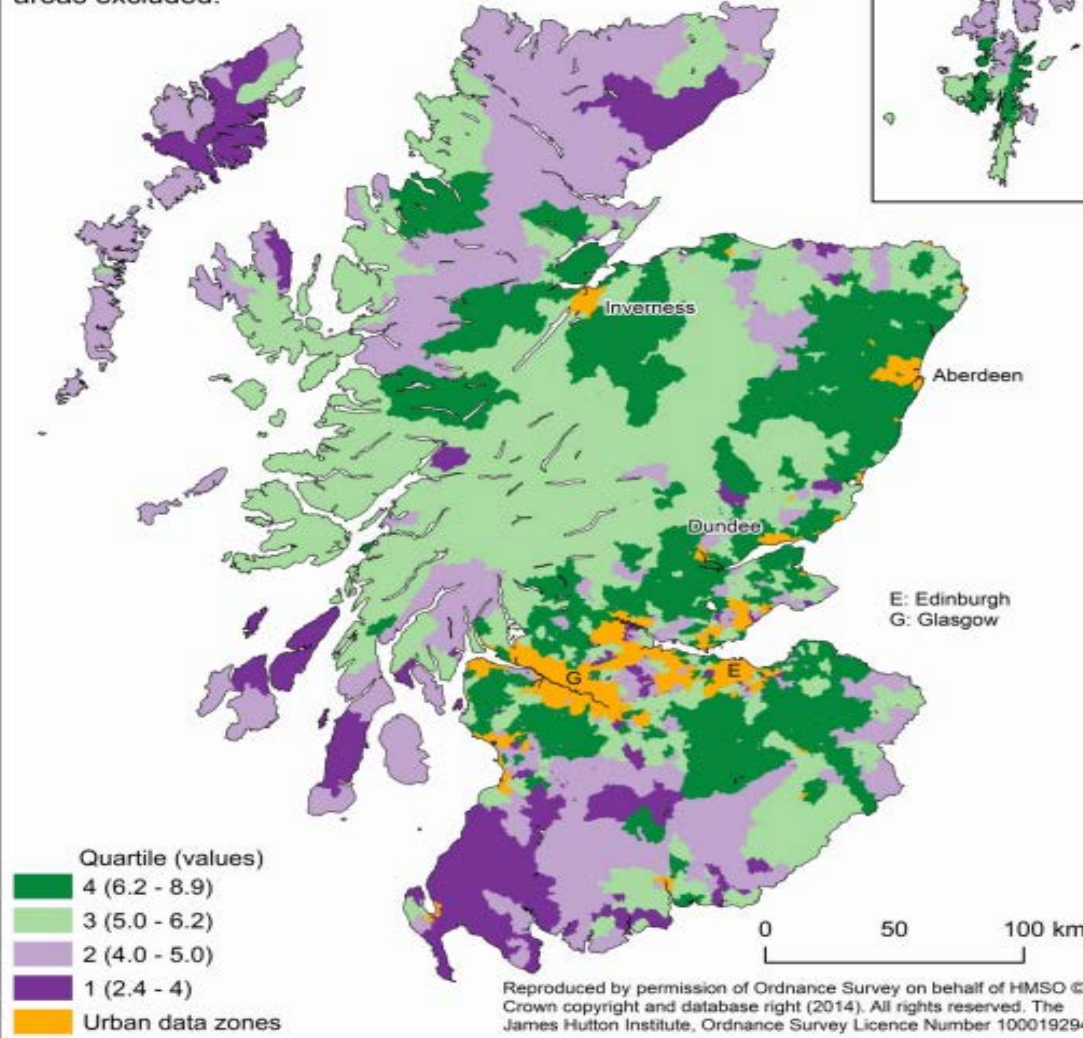
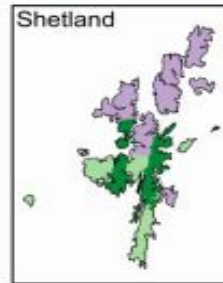
This work was funded by the Scottish Government. However, the views expressed in this report are those of the researchers and do not necessarily represent those of the Scottish Government or Scottish Ministers.

Strategic Objective	Indicator	Source
<b>Wealthier/ Fairer</b>	1 Median net equivalent household income after housing costs per week (£), 2008-9.	SNS
	2 Per cent of families on low income (less than 70% median) and materially deprived, 2008-09	SNS
	3 Per cent of population dependent on benefits (SIMD Income deprivation rate) 2012	SIMD
	4 Unemployed as per cent of all people aged 16-74 2011	Census 2011
	5 Average drivetime to key services (GP, petrol station, post office, primary school, secondary school, retail centre) 2012	SNS/SIMD
	6 Average travel time by public transport to key services (GP, post office, retail centre) 2012	SNS/SIMD
<b>Healthier</b>	7 Per cent of all people with one or more long term health conditions 2011	Census 2011
	8 Per cent of all people assessing their general health as 'very good' or 'good' 2011	Census 2011
	9 Per cent of all people whose day-to-day activities are limited by a long-term health problem or disability 2011	Census 2011
	10 Comparative illness factor: standardised ratio 2011	SNS/SIMD
<b>Safer/ Stronger</b>	11 Population change, 2001-2011 (% change)	Census 2001, 2011
	12 Change in the economically active population, 2001-2011 (% change)	Census 2001, 2011
	13 Old Age Dependency Ratio (persons 65+ as per cent of persons 16-64) 2011	Census 2011
	14 Per cent change in the number of business sites 2008-13 (Intermediate geography)	SNS/IDBR
	15 SIMD Crimes per 10,000 total population, 2010-2011.	SIMD
	16 Rate of emergency stays in hospital 2007-10 (Scotland = 100)	SIMD
<b>Smarter</b>	17 All people aged 16 and over: No qualifications. Expressed as % of expected count	SNS/SIMD
	18 Percentage of 16-19 year olds not in education or training 2009-11	SNS
	19 Per cent of population 16-74 who have level 4 qualifications or higher 2011	Census 2011
	20 Per cent of population 16-74 who are in occupation groups 1-3 2011	Census 2011

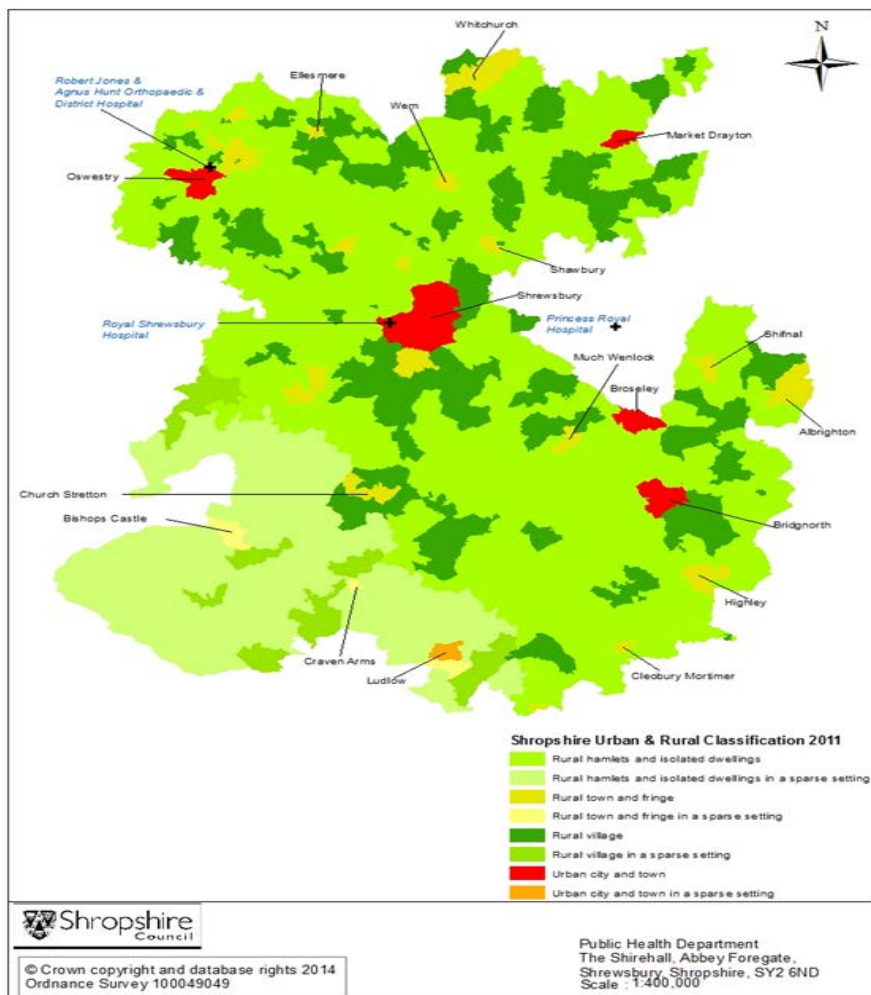
# SEP INDEX

## Unweighted average of the four strategic objective scores

Quartile calculations based on small town and rural data zones only. Large cities and other urban areas excluded.



# Urban and rural classification in Shropshire



- Over half of the population in Shropshire is living what is classified as a rural area
- The south west of the county has some of the most sparsely populated areas in England



# Population of children and young people and women aged 16-44 years in Shropshire and Telford by rural and urban area

Shropshire					
Numbers					
LLSOA Urban Rural Classification	Persons 0 to 4	Persons 5 to 14	Persons 15 to 19	Females 16 to 44	Total
Rural town	3,856	8,271	4,261	11,645	78,756
Rural village	4,065	10,413	6,448	13,831	99,879
Urban	7,146	14,408	7,279	21,893	132,745
<b>Shropshire</b>	<b>15,067</b>	<b>33,092</b>	<b>17,988</b>	<b>47,369</b>	<b>311,380</b>
Percentage of Total					
Rural town	1.2%	2.7%	1.4%	3.7%	25.3%
Rural village	1.3%	3.3%	2.1%	4.4%	32.1%
Urban	2.3%	4.6%	2.3%	7.0%	42.6%
<b>Shropshire</b>	<b>4.8%</b>	<b>10.6%</b>	<b>5.8%</b>	<b>15.2%</b>	<b>100.0%</b>

Telford and Wrekin					
Numbers					
LLSOA Urban Rural Classification	Persons 0 to 4	Persons 5 to 14	Persons 15 to 19	Females 16-44	Total
Rural town	0	0	0	0	0
Rural village	369	964	881	1,638	9,841
Urban	10,907	20,490	10,021	29,648	161,318
<b>Shropshire</b>	<b>11,276</b>	<b>21,454</b>	<b>10,902</b>	<b>31,286</b>	<b>171,159</b>
Percentage of Total					
Rural town	0.0%	0.0%	0.0%	0.0%	0.0%
Rural village	0.2%	0.6%	0.5%	1.0%	5.7%
Urban	6.4%	12.0%	5.9%	17.3%	94.3%
<b>Shropshire</b>	<b>6.6%</b>	<b>12.5%</b>	<b>6.4%</b>	<b>18.3%</b>	<b>100.0%</b>

Source: Annual Small Area Population Estimates, Mid-2015, Office for National Statistics © Crown Copyright 2016

# Conclusions

- There is a strong evidence base to show that rural health inequalities are not sufficiently recognised in the current system.
- Though work is under way to improve the indices used to assess inequalities these have yet to be adopted by the Departments of State.
- The government proposals for funding public health and other local government services from business rates will disadvantage rural areas.

# Acknowledgements

- Dr Rashmi Shukla: Public Health England
- Daniele Fecht: Imperial College
- Dr Andy Jones: University of East Anglia
- Emma Sandbach: Shropshire Council
- Members of the PHE Rural Health Inequalities Working Group
- James Hutton Institute, Aberdeen



# Dave Worsell

## Managing Director Granicus (Europe)

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The Power of Effective  
Citizen and Stakeholder Engagement



# The Power of Effective Citizen and Stakeholder Engagement

Dave Worsell, Managing Director  
Granicus (Europe)

@dworsell | @GranicusUK | #RuralHealth17

A large field of green and yellow crops, likely corn, stretches to the horizon under a night sky with a full moon and stars. The text "IF YOU BUILD IT, THEY WILL COME." is overlaid in the center.

IF YOU BUILD IT,  
THEY WILL COME.





















Thanks for listening.  
Any questions?

Dave Worsell, Managing Director  
Granicus (Europe)

@dworsell | @GranicusUK | #RuralHealth17



**WORKSHOP**

*Changing more lives through collaboration*

**Nikki Silver**

**CEO, LIVES**

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The Role of the Third Sector in  
Addressing Rural Health Inequalities



**LIVES.**

SAVING LIVES  
**IN LINCOLNSHIRE**

# A ROLE FOR THE THIRD SECTOR IN ADDRESSING RURAL HEALTH INEQUALITIES?

A case study from Lincolnshire

# Two key questions for today

- **How should agencies across the public sector be working together to meet the challenges of today and tomorrow?**
- **How can citizens be empowered to better protect their own health?**

# What does Lincolnshire look like?



- 2286 square miles
- 714,800 people
- 307,000 households
- 1.21 people per hectare
- City of Lincoln 26.08
- East Lindsey 0.78
- 5534 miles of road network
- 41 miles of dual carriageway

# Who are LIVES?

- We are a charity that is unique to Lincolnshire in both scale and scope responding to 999 medical emergencies
- Formed in 1970 as a GP emergency scheme to support the Lincolnshire Ambulance Service by attending serious car crashes
- Diversified into community first responders 18 years ago
- Began attending 111 calls for Clinical Assessment Service (CAS) in October 2016

## Two key principles that define us

- **We believe that you shouldn't have different access to services or different health outcomes just because you live in a rural or remote area.**
- **We believe in encouraging community resilience by giving communities the opportunity to help themselves – train them, equip them and support them to make a difference.**

# Some LIVES numbers for you

- 21,000 people helped last year
- 58 people per day
- 2 people every hour
- Over 200,000 people helped by our CFR schemes since 2000.
  
- ROSC rate of 31.8% compared to 10-13% nationally
  
- 700 responders
- 164 responder groups organised into clusters
- 70 medics – doctors, nurses and paramedics with PHEM skills

# How do we work?

- **SLA with East Midlands Ambulance Service**
  - Dispatched by Ambulance control to jobs they feel are relevant
- **Close partnership with Fire & Rescue services**
- **Responders travel in their own vehicle**
- **Groups organised into 5-6 minute isochrones**
- **Group coordinators manage a local rota and share equipment between group members**



# What can the voluntary sector bring?

- **Tapping into the connectedness in communities**
  - Group structure links volunteers with their towns and villages
- **Understand the volunteer ethos**
  - Why people volunteer and how we can support them
- **A place for everyone at their own level**
  - Volunteer framework based on Skills for Health levels
  - Train people to do the basic well

# What's in it for our volunteers?

- **Helping their neighbours and the 'buzz' of doing good**
- **Recognition in their community – love a good uniform and signage on the car!**
- **Opportunities to develop skills and new career opportunities**
  
- **A challenge for the NHS: your reluctant and demotivated staff are my willing volunteers**

# Working with the NHS

- Collaboration has got to be a part of the answer to meeting health care challenges
- Recognise that our people WANT to help. Nothing makes them more cross than not being busy
- We provide the same standards of governance and assurance – but we can often innovate more quickly
- Could your NHS organisation recruit volunteers?

# What might you take out of today?



- **Tap into the rural community ethos**
- **Be mindful of why people volunteer and work hard to meet their needs**
- **Look for the specific gaps you can plug**
- **Don't try to be all things to all people**
- **Create opportunities for your volunteers to thrive**



**LIVES.**

MINUTES MATTER  
**ACT NOW**

**LIVES.ORG.UK**

 @liveshq  
 LIVESheadquarters

**WORKSHOP**

*Changing behaviour one message at a time*



**Beth Bowmer**

**Marketing and Sponsorship Officer  
Bedford Borough Council**

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Informing, Engaging  
& Encouraging Our Residents Into Action!

# Informing, engaging & encouraging our residents into action!

The power of email communications and what they've done for us.

**Beth Bowmer, Bedford Borough Council**

# Why email marketing

- Objective for a LA communications team is to reach target local audiences with **targeted messages**
- Local newspapers in decline
- **No budget** for a council printed publication
- Keen to offer full range of channels – **easy access to online content and services**
- Desire to **analyse how the messages are being received** and acted upon



# Results just over a year after launch...

- 18,300 subscribers
- **11.2% of the Borough's population, 26% of households**
- **Audience growth of 371%** in 12 months
- **Average engagement rate: 65%** (up from 37% a year ago)
- Average open rate: 40% (best performing bulletins: 65%)
- Average one bulletin per month...we don't overload!
- **Most popular bulletins:**
  - Sport and Physical Activity
  - Borough Monthly
  - Consultations
  - Jobs
- Attracting subscribers: social media; outdoor advertising; staff; partners; website overlay; data transfer.

The image shows a screenshot of the Bedford Borough Council website. A purple modal window is centered on the screen, titled "Stay Connected" and "Sign up for email alerts!". It contains a text input field for an email address, a "No Thanks" button, and a "Subscribe Now" button. The background website is dimmed and shows the Bedford Borough Council logo, a search bar, a main menu, and various news items. At the bottom right of the website, there is a link for "Local intranet | Protected Mod".

# The impact?



# the jobs hub

helping you into **work/training/business**  
**Vacancy and Apprenticeship Bulletin**

## Jobs of the week...



**GOLD CROWN**  
ESTATE AGENT

**Part-time | Branch Administrator | Gold Crown Estate Agent**

**Duties:** Problem Management, Invoicing, Dairy Management, Appointment Allocation, Contract and Utility Management.

**Age:** 21+

**Wage:** £8ph

**Working Hours:** 20 hours per week

**Notes:** 1 month probation, potential for job prospects and further development.

**Start Date:** February 2017

For more information or to apply, please send your CV and Covering Letter to [info@bedfordpropertiesgc.com](mailto:info@bedfordpropertiesgc.com)

**Full and Part-time | General Assistant | One Stop Connections LTD.**

**Duties:** Keeping records of stock, serving customers and assisting manager with

# Getting residents into work

- One of fastest growing bulletins
- Nearly 5,000 subscribers
- Nearly **300 people helped into work or training** in last 10 months
- Also reaching **2,500 NEET young people** and over **150 providers & partners**
- **Reduces officer's admin workload – more efficient use of resources**

# Your voice, your views

## have your say on local issues

have  
**your**  
 say...

### Budget Consultation 2017

Despite already achieving savings of £90 million Bedford Borough Council needs to identify further savings of £27.5 million by 2020. Central government cuts and a rise in demand for some of our services means we face difficult times and some very tough decisions.

The following numbers give you some idea of the challenges we face and the additional demand on our services:

- In the last four years there has been an eightfold increase in the number of nights of temporary accommodation we need to provide for homeless families;
- Each day we make **815 home care visits**;
- Since 2012, there has been a **70% increase** in the number of children subject to Child Protection plans;
- Our overall spending is expected to reduce by 3.3% from 2015/16 to 2016/17, however spending on **Adult Social Care** is projected to increase by **9.3% or £4.3 million** over the same period, due to the higher number of people receiving care but also the complexity of care packages.



# Your voice, your views

- **Four fold increase in subscribers** to nearly 5,000 residents now actively seeking alerts on our consultations.
- A clear and obvious link between email bulletin send time and action from subscribers:
  - Licensing survey: **55% of responses came in within 24 hours of the email bulletin** being sent out.
  - Customer experience survey: **70% of responses came in within 24 hours of the email bulletin** send time.
- Positive impact on **how we plan** our services **based on resident opinion.**



## Bins at Christmas

We've created a webpage where you'll find everything you need to know about waste and recycling over the festive period:

[www.bedford.gov.uk/xmasbins](http://www.bedford.gov.uk/xmasbins)

- Check your bin collection days over the festive period.
- Find out where you can pick up extra orange recycling sacks.
- Check your nearest glass recycling point.
- Find out where to recycle your Christmas tree once the festivities are over.
- Tips on reducing waste and recycling more over Christmas & the New Year.

**We wish you all a very Merry Christmas and a Happy New Year.**



# Bins, bins and more bins...

- Bins are a very popular topic amongst residents!
- Festive period is a challenging time for our waste collection team.
- **33% of hits to our website** across the campaign period were generated by our email bulletins.
- **Reduces calls** to contact centre and **fewer complaints**.
- **Saves money** and makes **services run more efficiently** .

## Mindful Swimming at Robinson Pool

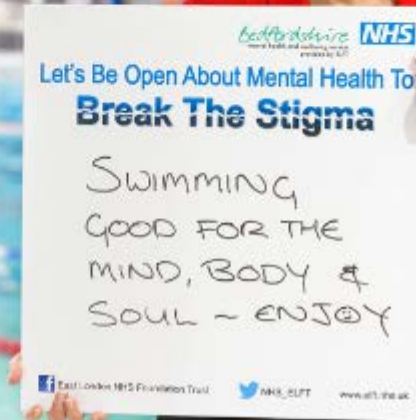
**Wellbeing Swimming**

**3pm - 4pm Mondays**

**Robinson Pool  
Park Avenue,  
Bedford,  
MK40 2JZ**

**£2 Per Session**

**Contact Robert :  
01234 718829  
robert.lindsay@bedford.gov.uk**



**Bedford Borough Council has partnered with ELFT NHS trust, Mind BLMK and Fusion Leisure to provide this group swim session for the community.**

The open session is designed to be social and relaxed however a coach is on hand to offer technique tips for those who want to improve their swimming.

Swimming for just an hour a week can lower stress levels, raise your mood, lower incidences of depression and anxiety and improve sleep patterns. At least one in six people suffers from depression in the UK. Rhythmic and aerobic forms of exercise like swimming improve psychological wellbeing.

[Click here to find out more](#)

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## Shelf help on offer to Bedfordshire teenagers



**At a time when 1 in 10 young people have a diagnosable mental health issue, Bedford Borough & Central Bedfordshire Councils are launching the 'Reading Well for Young People: Shelf Help' Scheme in libraries across Bedfordshire.**

Shelf Help is part of the hugely successful 'Reading Well: Books on Prescription' Scheme and provides 13-18 year-olds with high-quality information, support and advice on a wide-range of mental health issues, such as anxiety, depression, eating disorders and self-harm; as well as difficult life experiences, like bullying and exams.

A reading list of 35 books have been specially selected by mental health experts and young people, and is available at a number of libraries across Bedfordshire.

[Click here to view the full list of books and find out more about Shelf Help.](#)

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# A healthy Bedford Borough

- Healthy residents able to lead independent lives is a priority for the council.
- **Less than a third of residents are physically active.**
- Sport and Physical Activity bulletin is our **most popular bulletin.**
- **37% of bookings onto ReActive8 courses were generated by email bulletins and 'searching online'.**
- Successes on **public health initiatives** just from a brief mention in our generic news bulletins.

# And the next steps?..

- Launch of new email bulletins...Public Health, Volunteering, Highways.
- Trial adverts.
- A / B testing, to further improve our engagement rates.
- Plan to continue to take advantage of Granicus webinars and conferences.

**WORKSHOP**

*Changing more lives through collaboration*



**Professor Chris Bridle**

**Director**

**Lincoln Institute for Health**

**University of Lincoln**

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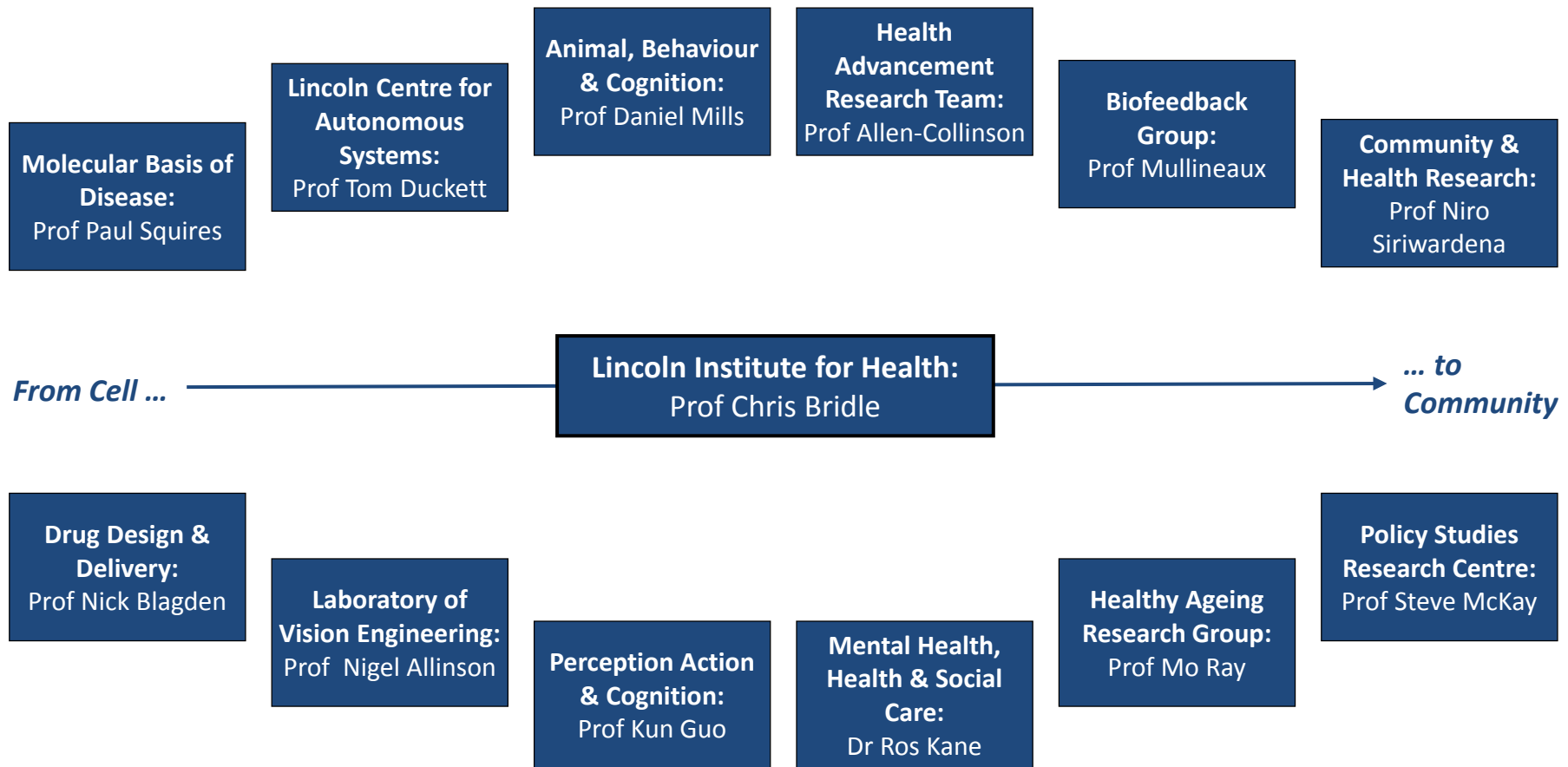
Coordination and Collaboration Strategies  
Across Higher Education Focused on  
Delivering Health Outcomes



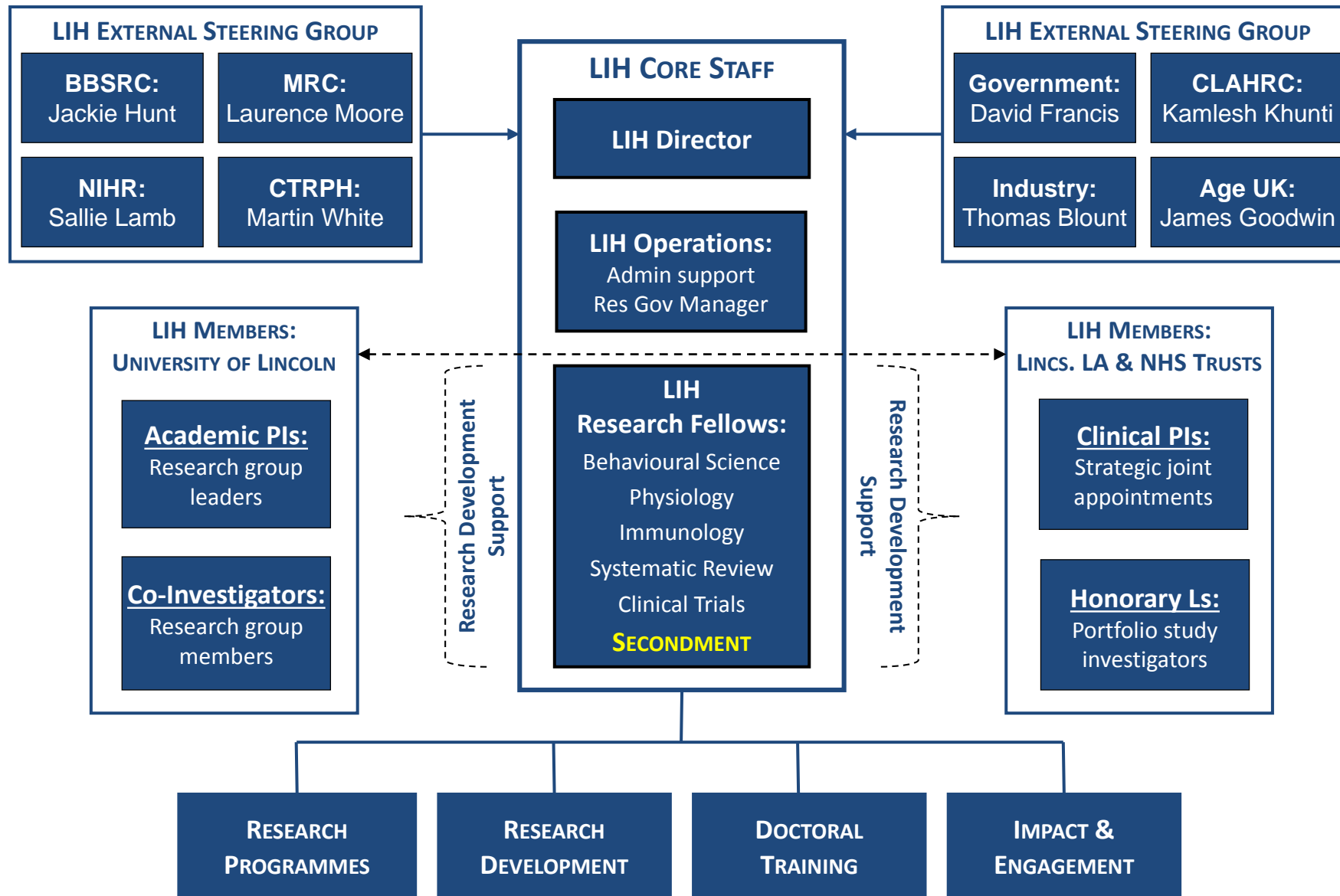
UNIVERSITY OF  
LINCOLN

Lincoln Institute for Health

Professor Christopher Bridle  
Director, Lincoln Institute for Health







Thanks for listening.

Any questions, ... now or later?

Professor Chris Bridle

Director, Lincoln Institute for Health

University of Lincoln

T: (01522) 886004

E: [cbridle@lincoln.ac.uk](mailto:cbridle@lincoln.ac.uk)

**WORKSHOP**

*Changing behaviour one message at a time*



**Matt Bukowski**

**Director**

**Social Care Strategies Ltd**

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The Role of "GrandCare" in Helping  
Vulnerable People to Live Independently in  
Rural Areas

# Thank you for coming

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For more events and resources from Granicus visit [uk.granicus.com](http://uk.granicus.com)

For more events and news from the Rural Services Network visit [rsnonline.org.uk](http://rsnonline.org.uk)