The Challenge of Distance – Rural Health Inequalities and COVID-19

Thursday 23 July 2020

Chair: Professor Sian Griffiths

Agenda:

Welcome and introductions	Professor Sian Griffiths
Covid-19, broader impact on localities dashboard	Billy Palmer, Nuffield Trust
Move to a digital world – applied best practice	Rob Aitchison and Marie Buchan, Airedale NHS Foundation Trust
Campus for Future Living	Michelle Howard, East Lindsey District Council and Ivan Annibal, National Centre for Rural Health and Care
Switching the Focus to Mental Health	Jim Hume, Support in Mind Scotland
Discussion including Q&A	
Summary	Jan Sobieraj, National Centre for Rural Health and Care

Join the conversation # NHS RESET
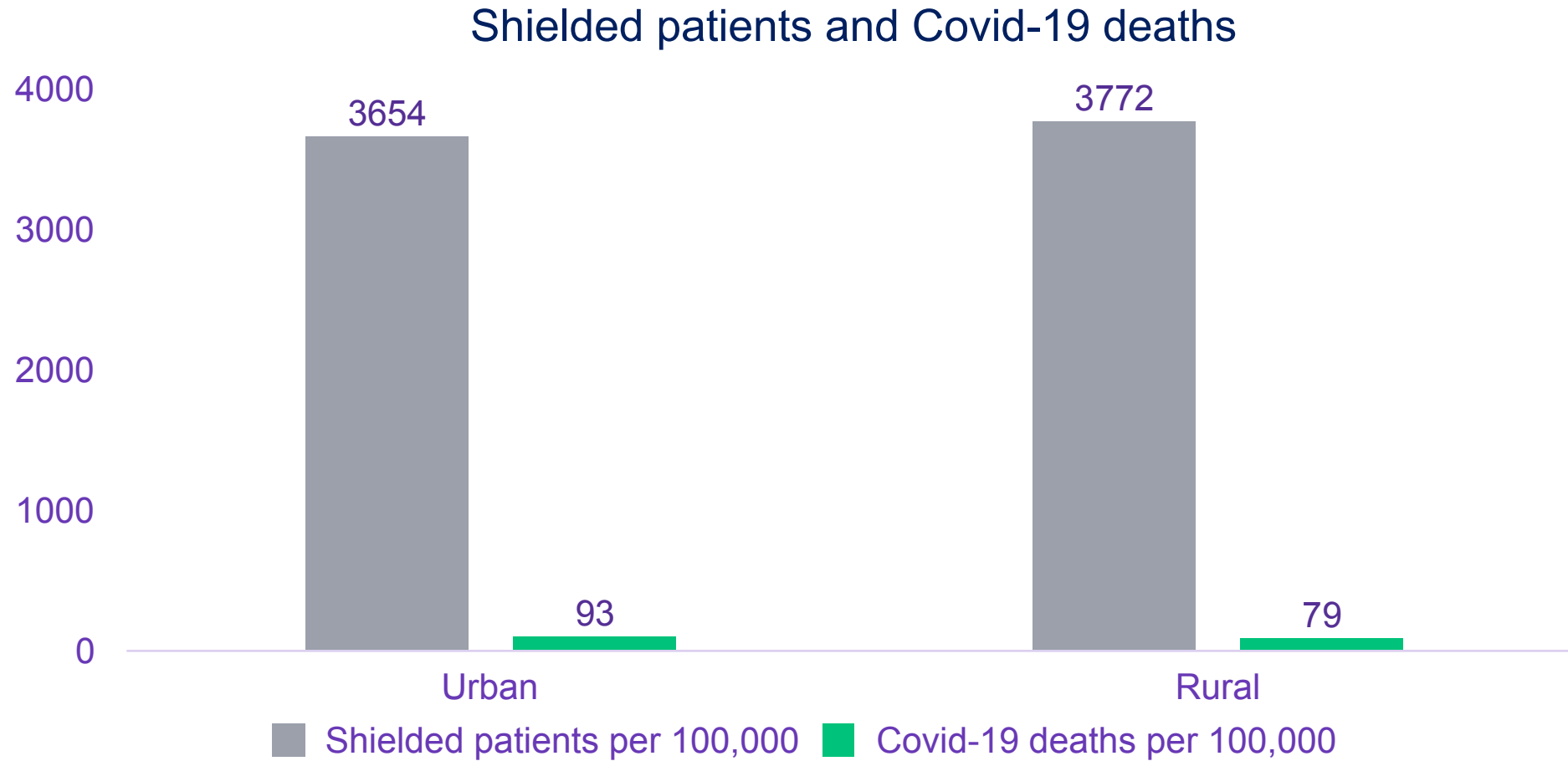
Covid-19, broader impact on localities dashboard

Billy Palmer

Nuffield Trust

The impact of Covid-19 on rural health services

Exploration of existing data

The direct health impact

Shielded patients and Covid-19 deaths

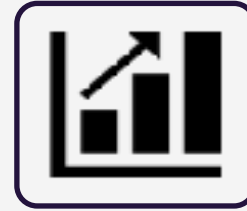|	Urban	Rural
Shielded patients per 100,000	3654	3772
Covid-19 deaths per 100,000	93	79

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Policy complication

£ Funding

- Debt write-off

- Discretionary funding

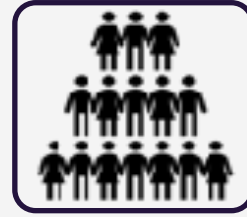- Underlying cost pressures

Existing pressures

- Waiting times

- Delayed discharges

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Policy complication *(continued)*

Capacity

- Access to extra resources

- Estates

- Independent sector

Resilience

- Smaller teams

- Isolated ~ transfers

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Question

Which geographies do you think will be most challenged in responding to Covid-19? *(Choose up to 2)*

- ❏ Rural
- ❏ Remote
- ❏ Small
- ❏ Coastal
- ❏ Junior

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A dashboard for rural pressures?

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Tracking performance in rural areas (1)

Public health influences
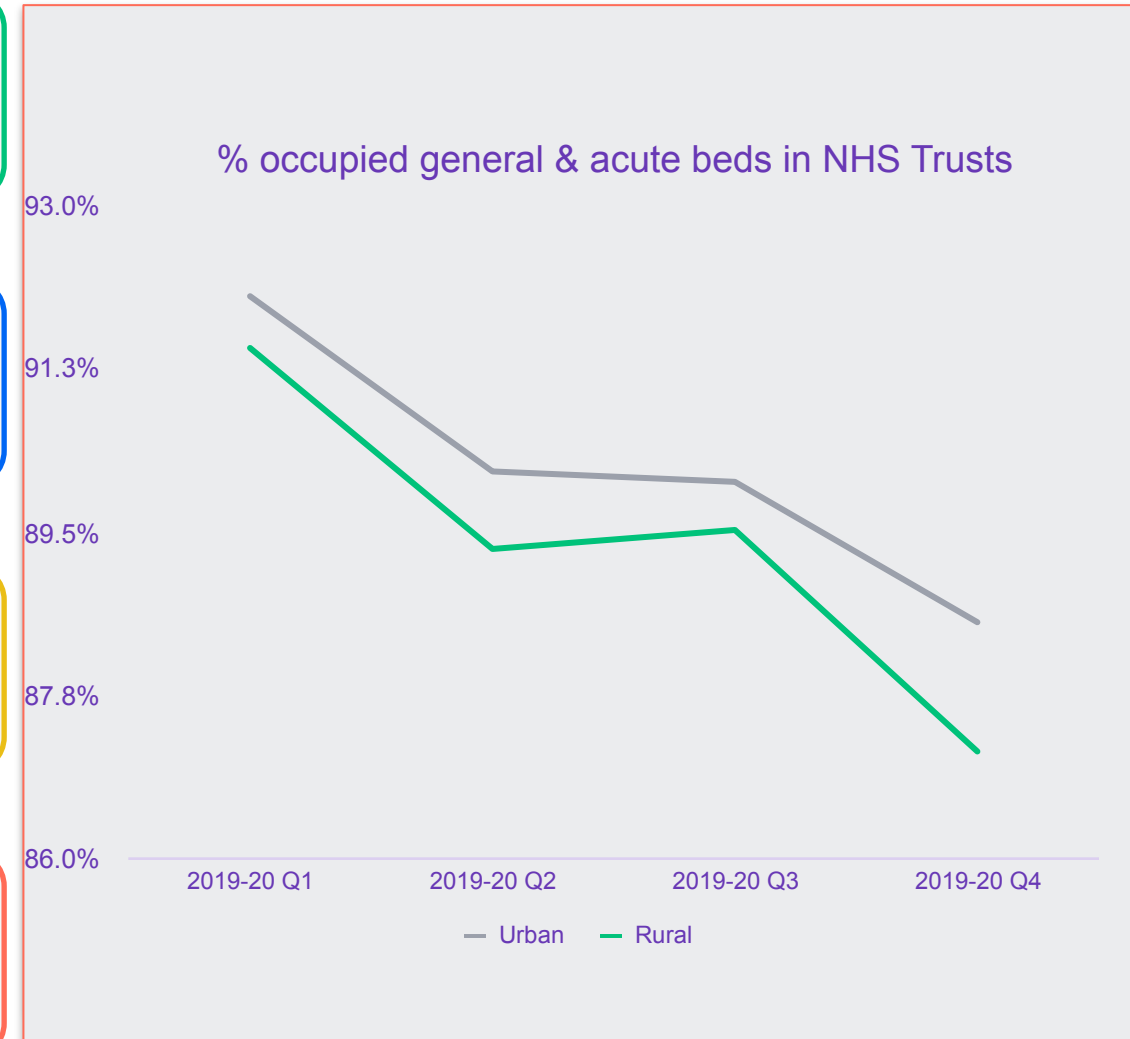- e.g. economic measures
- environment measures

Activity
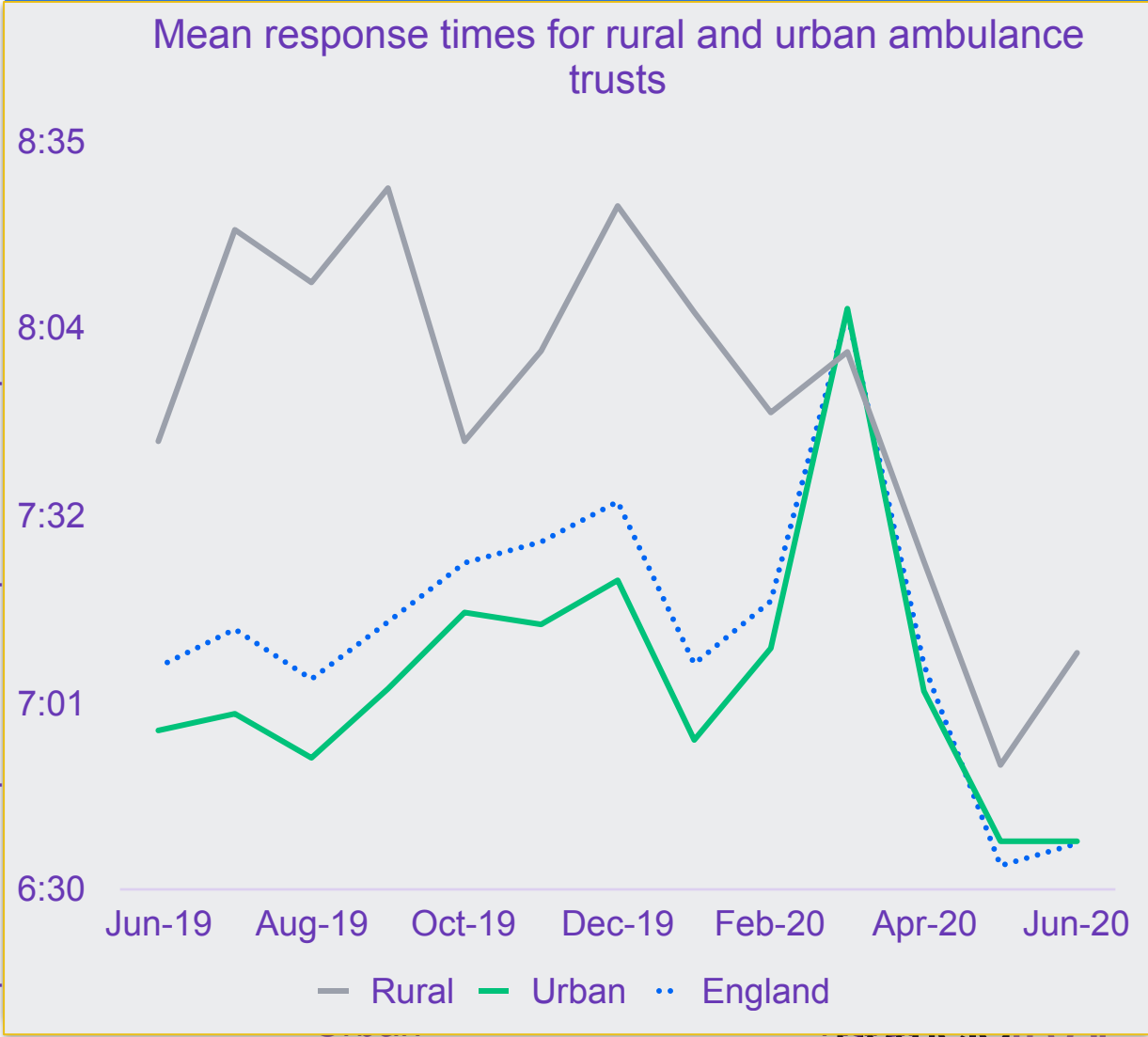- Hospital (A&E, elective,…)
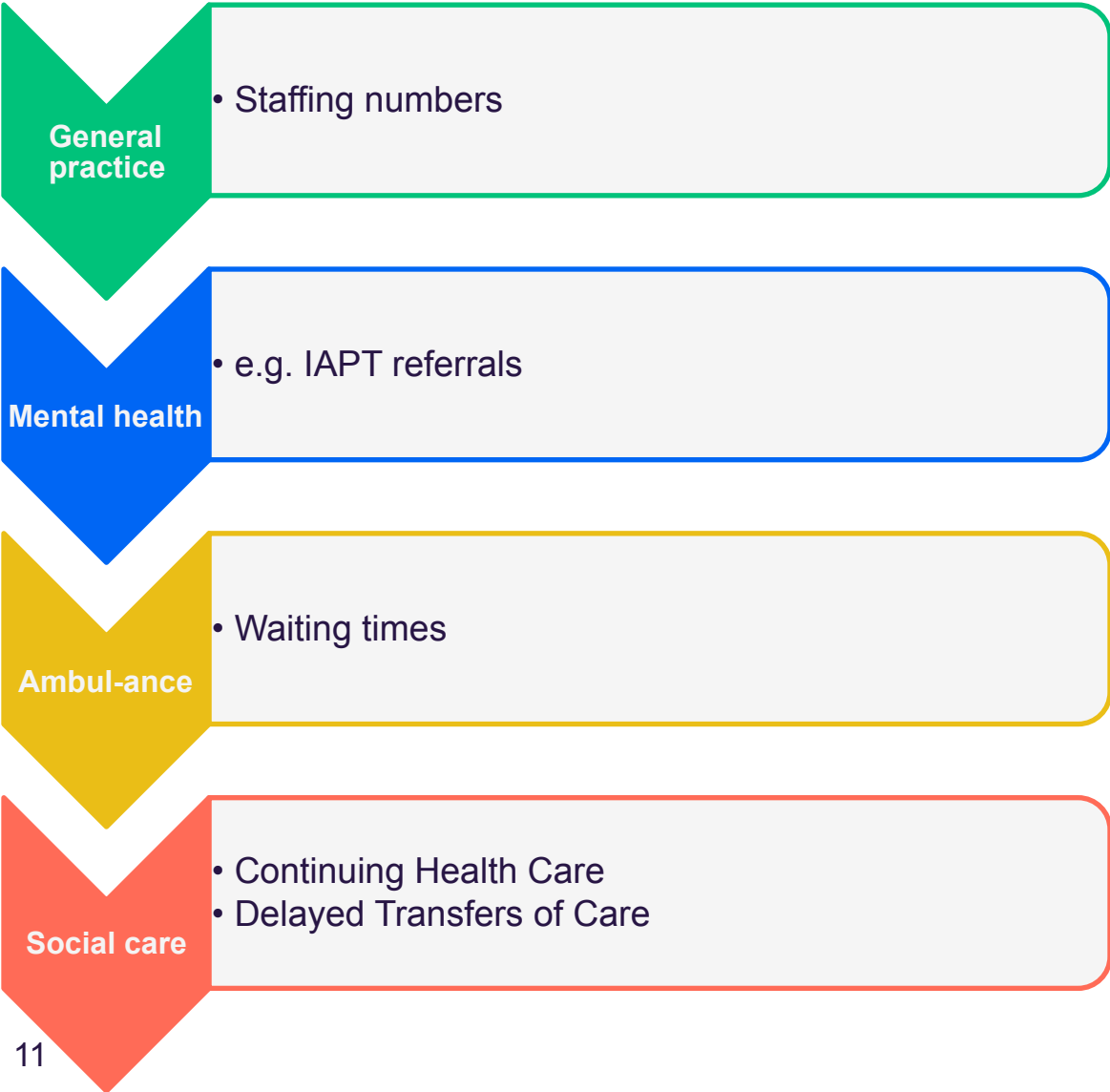- GP

Waiting times
- Cancer
- Diagnostic
- Treatment
- A&E

Hospital capacity
- Occupancy levels
- Cancelled operations
- Overall number of nurses & doctors
- Sickness absence

% occupied general & acute beds in NHS Trusts

| | 2019-20 Q1 | 2019-20 Q2 | 2019-20 Q3 | 2019-20 Q4 |

93.0%
91.3%
89.5%
87.8%
86.0%

— Urban   — Rural

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Tracking performance in rural areas (2)

```
General
practice     • Staffing numbers

Mental health  • e.g. IAPT referrals

Ambul-ance    • Waiting times

Social care    • Continuing Health Care
               • Delayed Transfers of Care
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Mean response times for rural and urban ambulance trusts

Legend: Rural, Urban, England
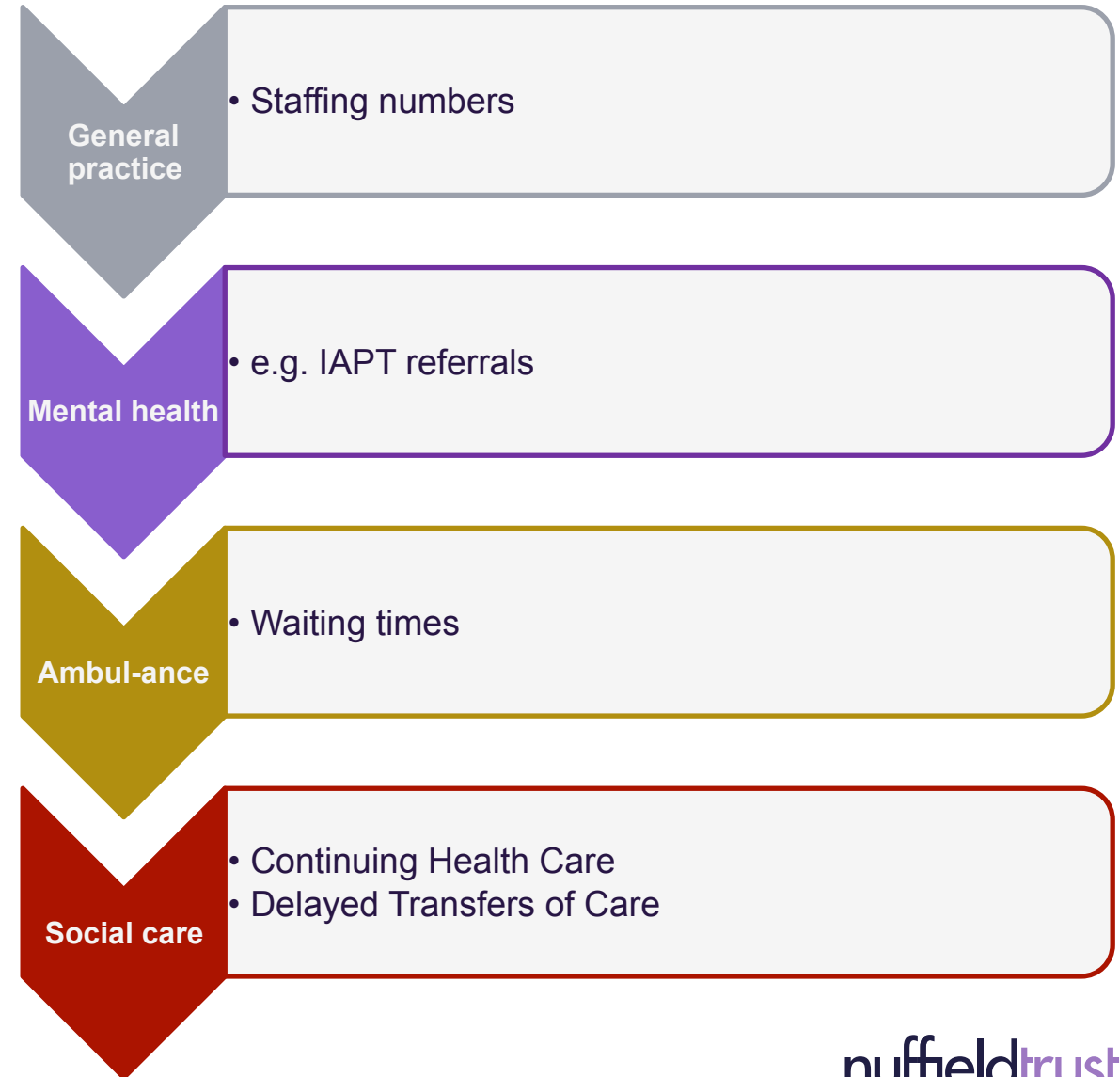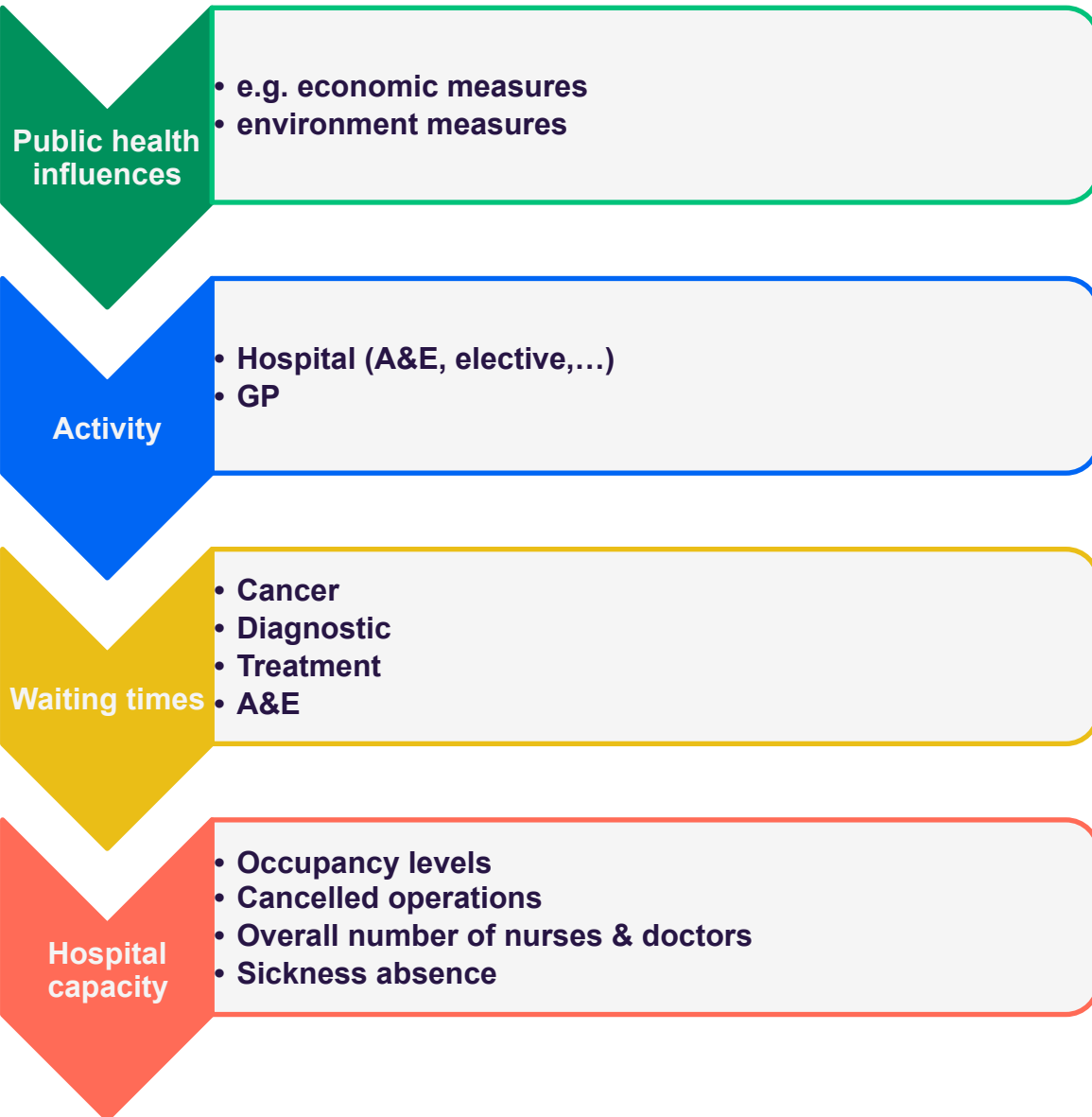
Key considerations
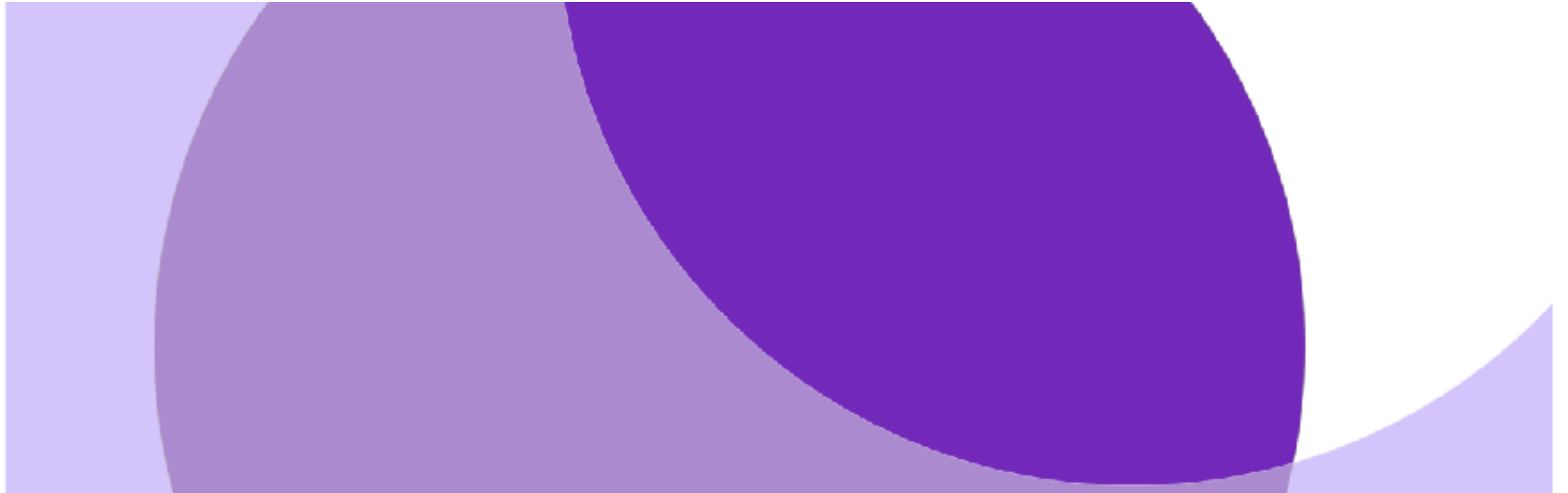
Which providers to focus on?

- Measure of rurality (or remoteness or…)
- Threshold for this measure
- Choice of comparator

Monitoring choices

- Useful?
- Valid?
- Timely?
- Impact?

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Question: What are the key indicators of service pressures in rural areas?

Public health influences
- e.g. economic measures
- environment measures

Activity
- Hospital (A&E, elective,…)
- GP

Waiting times
- Cancer
- Diagnostic
- Treatment
- A&E

Hospital capacity
- Occupancy levels
- Cancelled operations
- Overall number of nurses & doctors
- Sickness absence

General practice
- Staffing numbers

Mental health
- e.g. IAPT referrals

Ambul-ance
- Waiting times

Social care
- Continuing Health Care
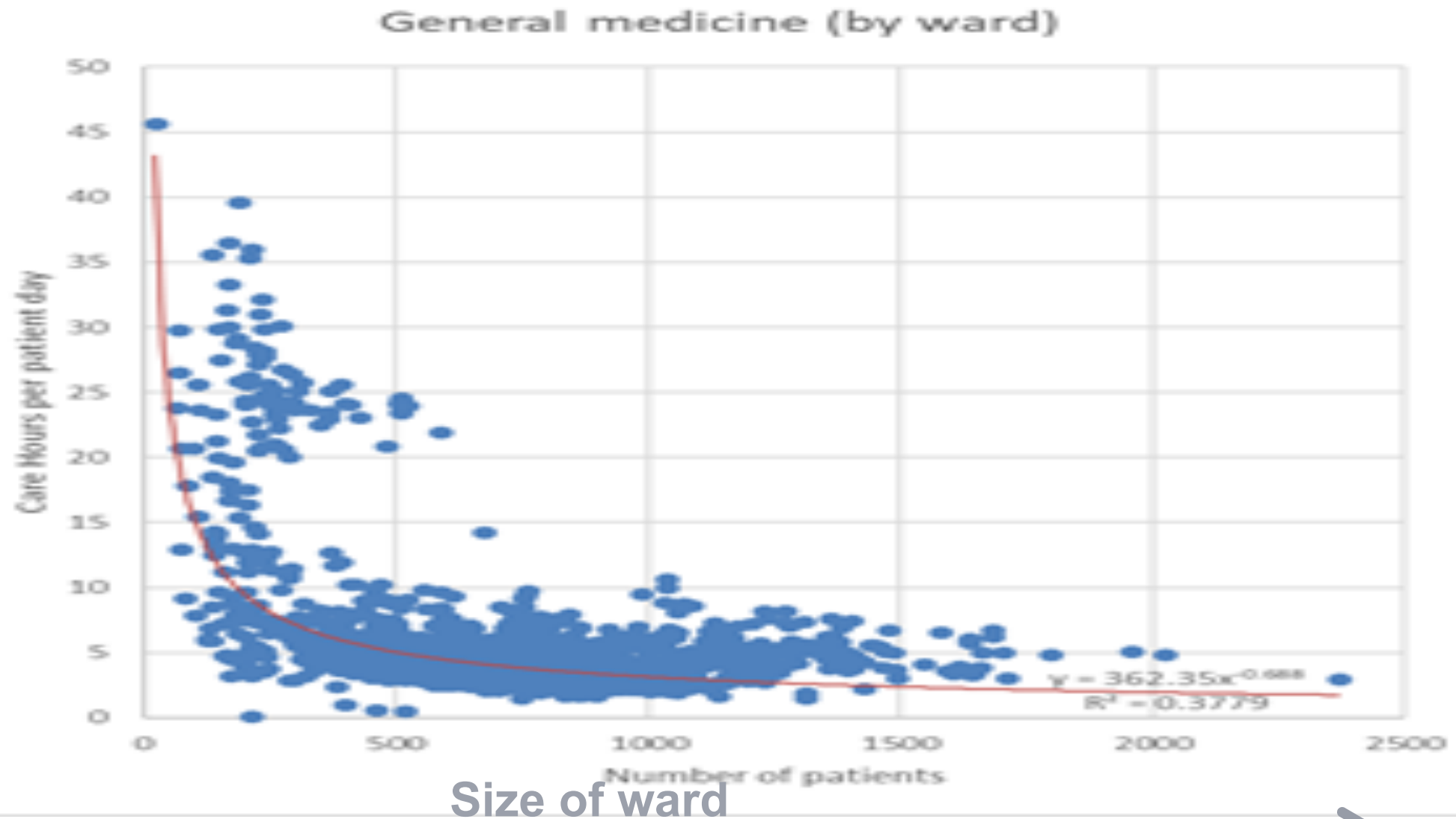- Delayed Transfers of Care

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Fixed costs

General medicine (by ward)

Care hours per patient day — More nurses per patient

Number of patients — Size of ward

$y = 362.35x^{-0.668}$
$R^2 = 0.3779$

Move to a digital world – applied best practice

Rob Aitchison and Marie Buchan

Airedale NHS Foundation Trust

Join the conversation # NHS RESET
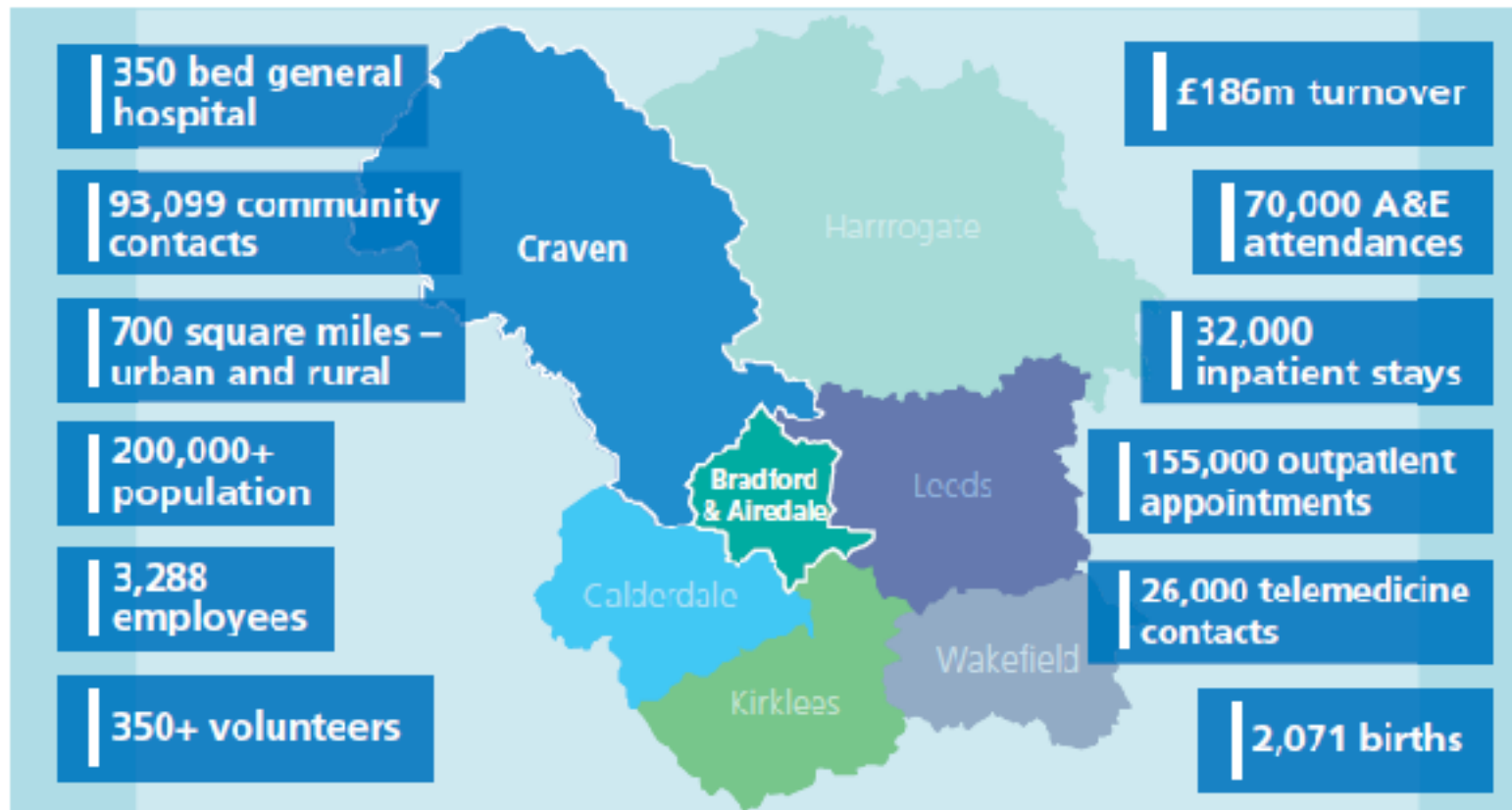
Our move to a (mostly) digital world – putting it into practice

Airedale NHS Foundation Trust

Rob Aitchison – Chief Operating Officer
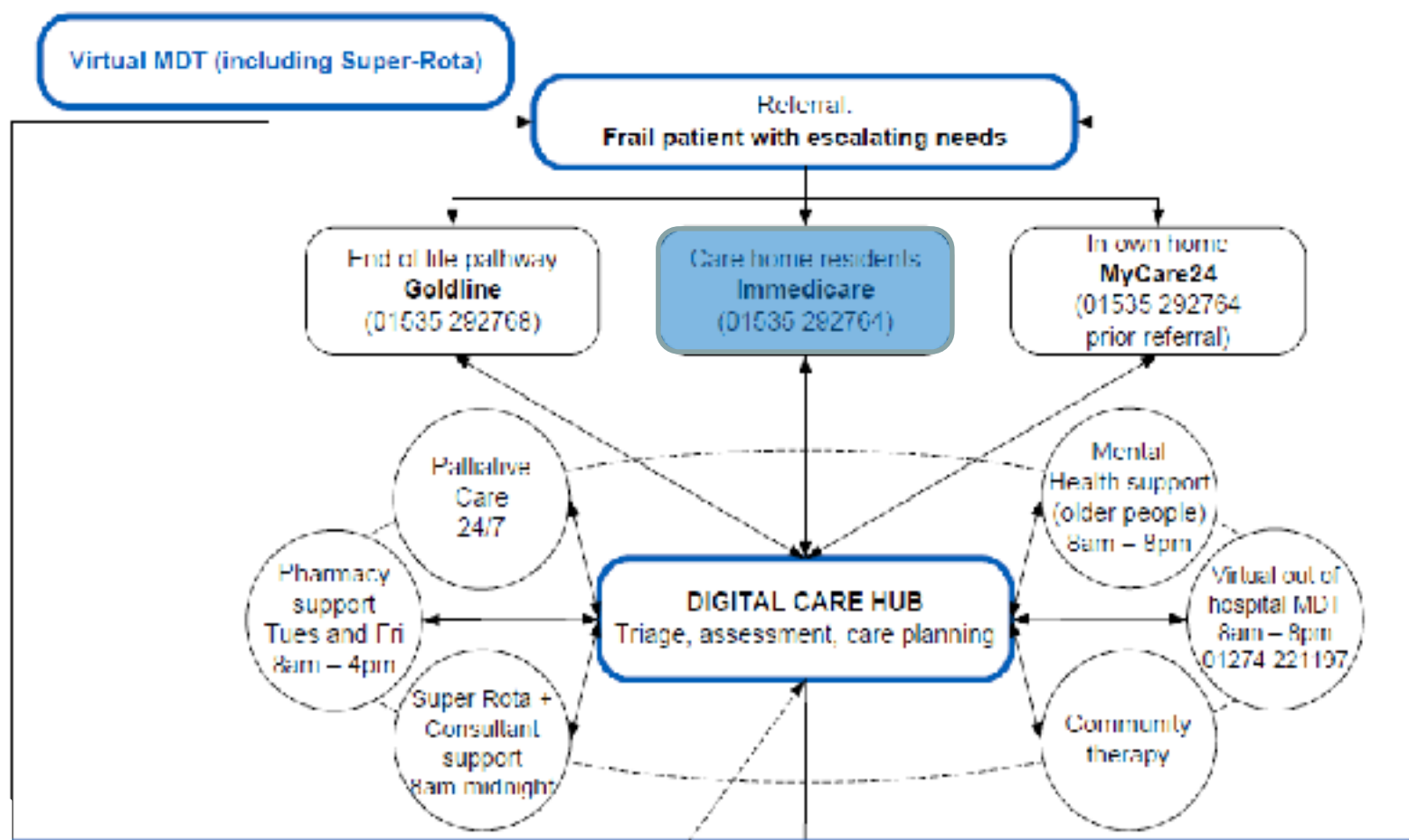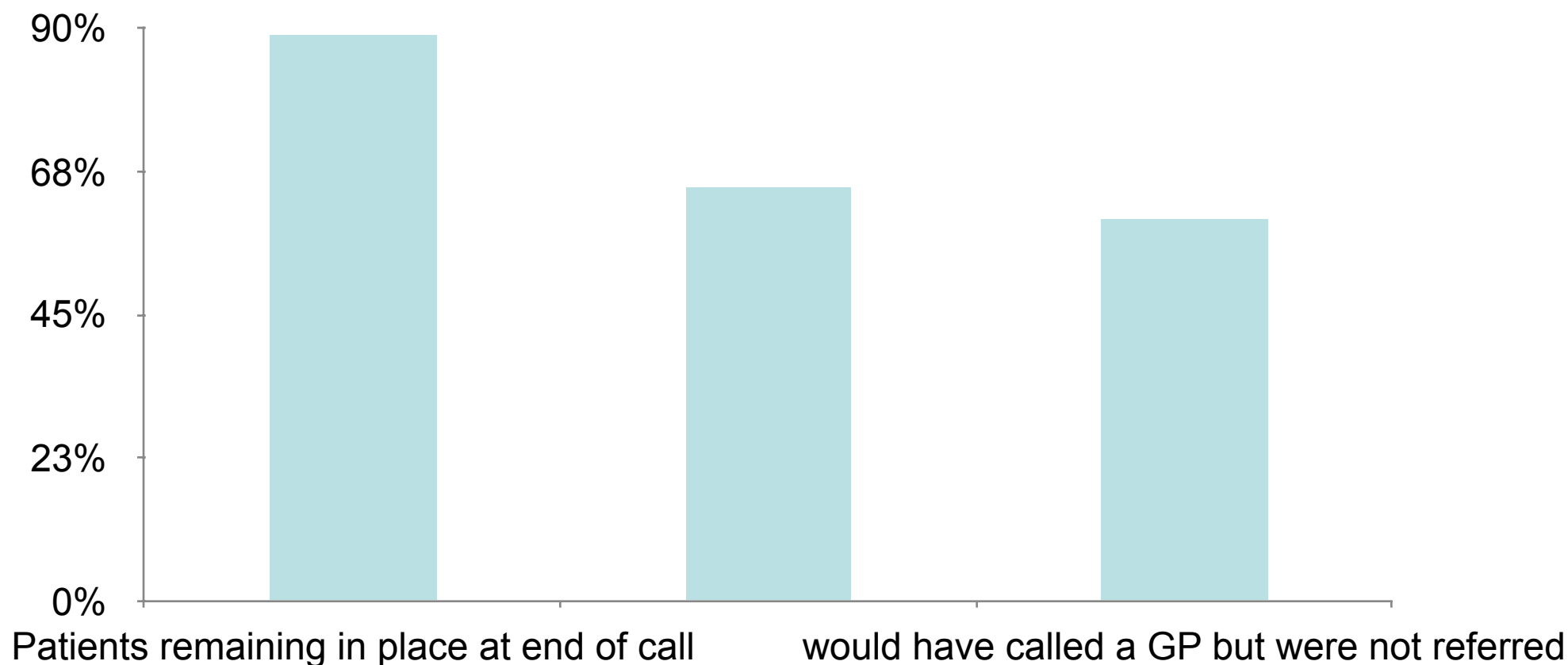**Marie Buchan – Digital Care Hub Manager**

Local context

350 bed general hospital

93,099 community contacts

700 square miles – urban and rural

200,000+ population

3,288 employees

350+ volunteers

£186m turnover

70,000 A&E attendances

32,000 inpatient stays

155,000 outpatient appointments

26,000 telemedicine contacts

2,071 births

Craven

Harrrogate

Bradford & Airedale

Leeds

Calderdale

Wakefield

Kirklees

Local context

Thriving people, healthy communities

Patients
People
Progressive
Partnership
Population

Quality and Safety strategy | People strategy | Digital strategy | Clinical Services strategy | Estates strategy | Financial strategy

Divisional service plans

Our values
what
- Commitment to quality of care
- Compassion
- Working together for patients
- Everyone counts
- Respect and dignity
- Improving lives

Our behaviours
how
- Listening and communicating
- Supportive and approachable
- Honesty and integrity
- Even-handed and encouraging
- Patient-centred and compassionate
- Leading by example and being self-aware

Digital Care Hub

- Established 2011
- Model based on 24/7 telephone and video clinical support
- Shared clinical record – SystmOne

- **Three elements we will talk about today:**
  - Immedicare – care home support model. 820 care homes nationally
  - Goldline – end of life model
  - MyCare24 – care coordination (Parkinson's, Respiratory, Frail elderly)

# Immedicare – 24/7 Video Consultation in Care Homes

Immedicare Impact

Bar chart with y-axis labeled 0%, 23%, 45%, 68%, 90%.

X-axis labels:
- Patients remaining in place at end of call
- would have called a GP but were not referred

* 88% of residents who made contact with the service require no further contact in subsequent 72 hours

YOUR HOSPITAL *Here to care*

Falls related consultations and safe admission avoidance - a key component of the model

- 12,000 falls-related consultations (70% out-of-hours)
- Of those calls not requiring an ambulance (80%)
- 92% do not require any onward referral
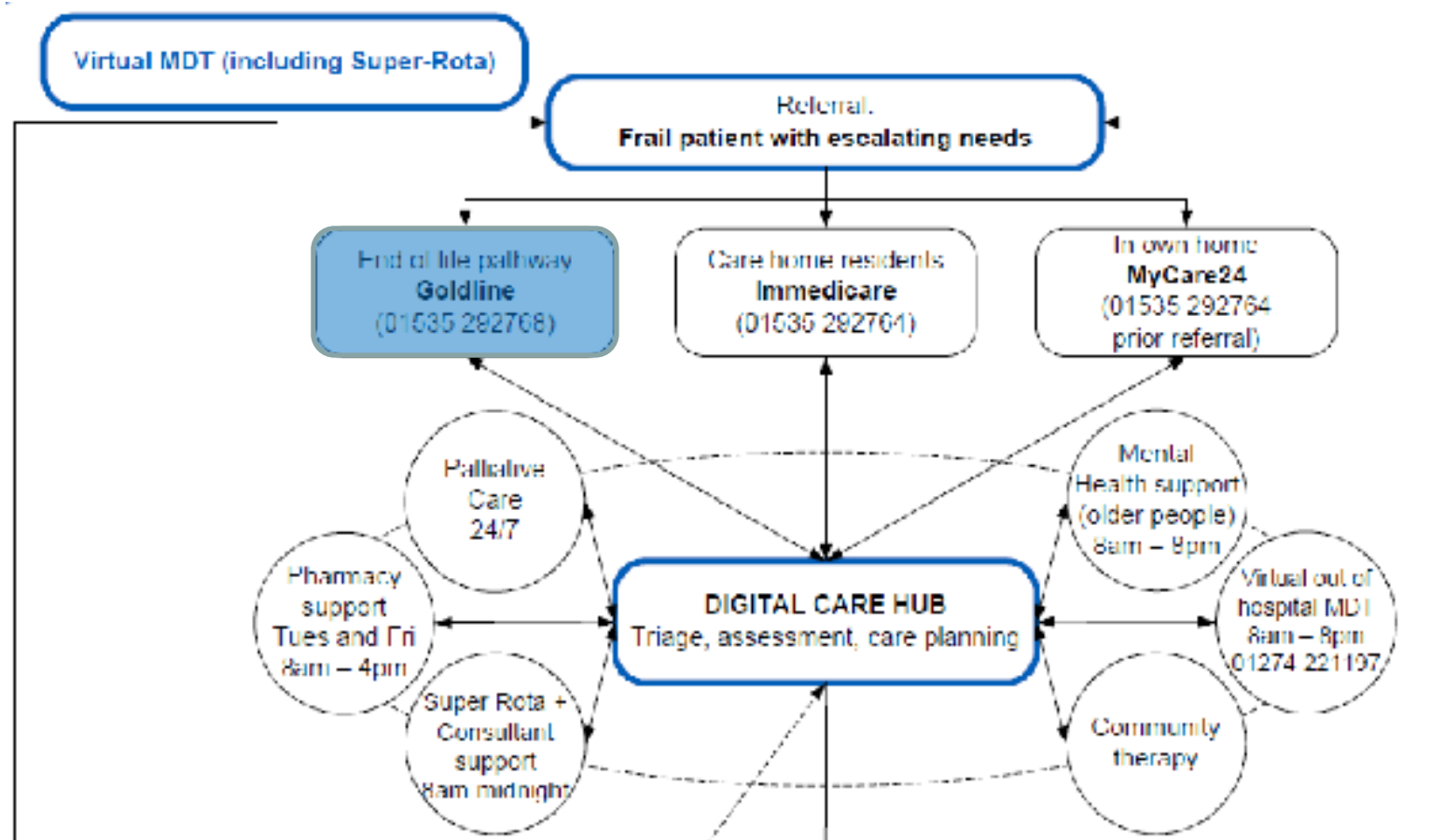
Goldline

Goldline

- Electronic referral in SystmOne from any health professional
- Single patient record across primary care, community, local hospice and hospital
- EoL care planning

Place of death	Gold Line (2019/20)	England (March 2018)
Home	31%	23%
Care Home	40%	23%
Hospice	12%	6%
Hospital	17%	46%

- 2,633 Goldline patients died in the year ending March 2020 - 2,630 of these had place of death recorded and available to us

Deaths in usual place of residence (i.e. home or care home) for Gold Line patients = 71% (England = 46%)

MyCare24
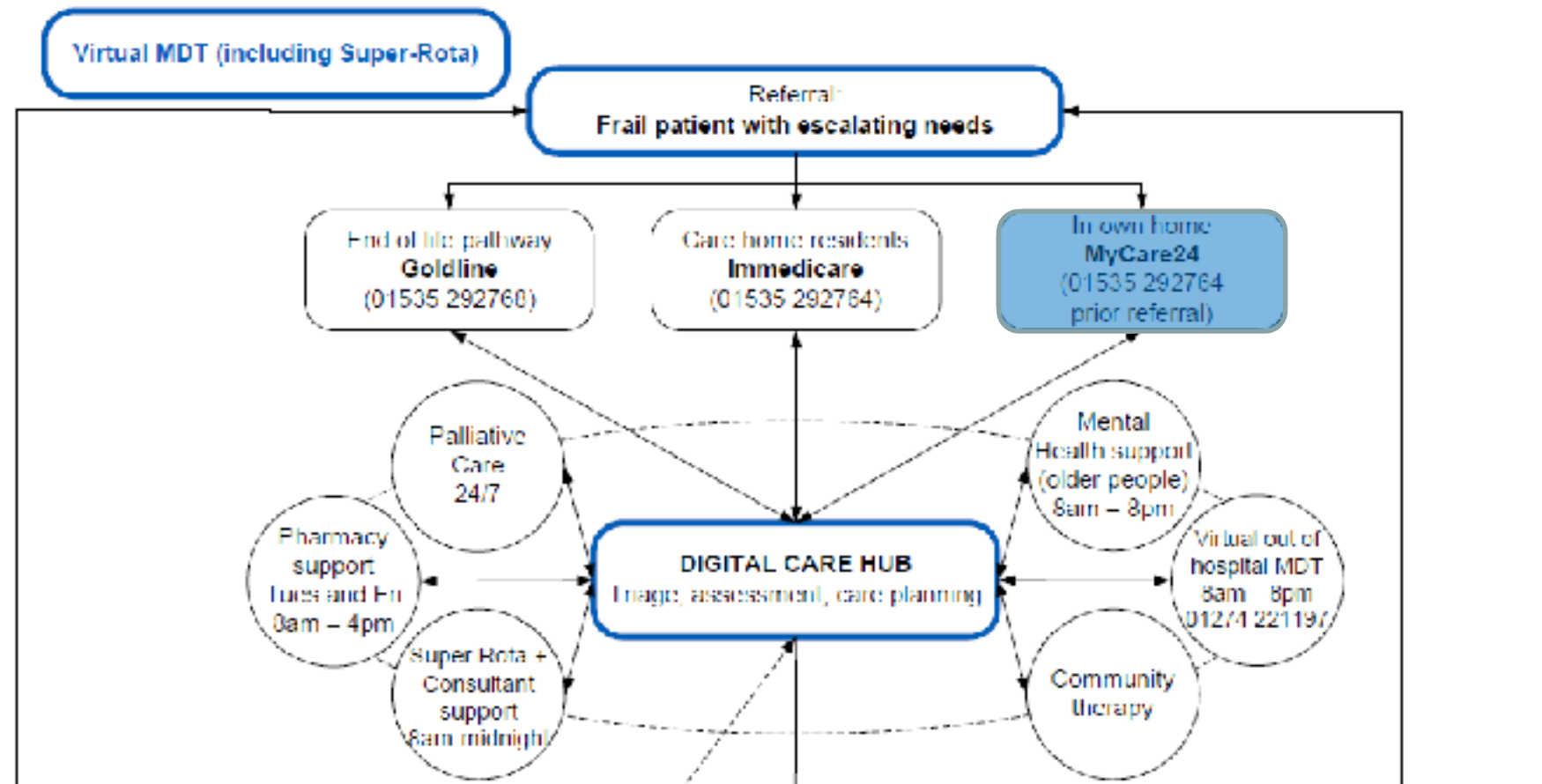
MyCare24 – first steps

24/7 service

- Reduce admission and ED attendance
- Support safe early discharge
- Reduce demand on primary care and community service

Delivered via:

- Proactive - welfare checks, clinical assessments, medication prompts
- Reactive – patient contacts service for triage/support instead of 111
- Education around self care management
- Sign posting VCS
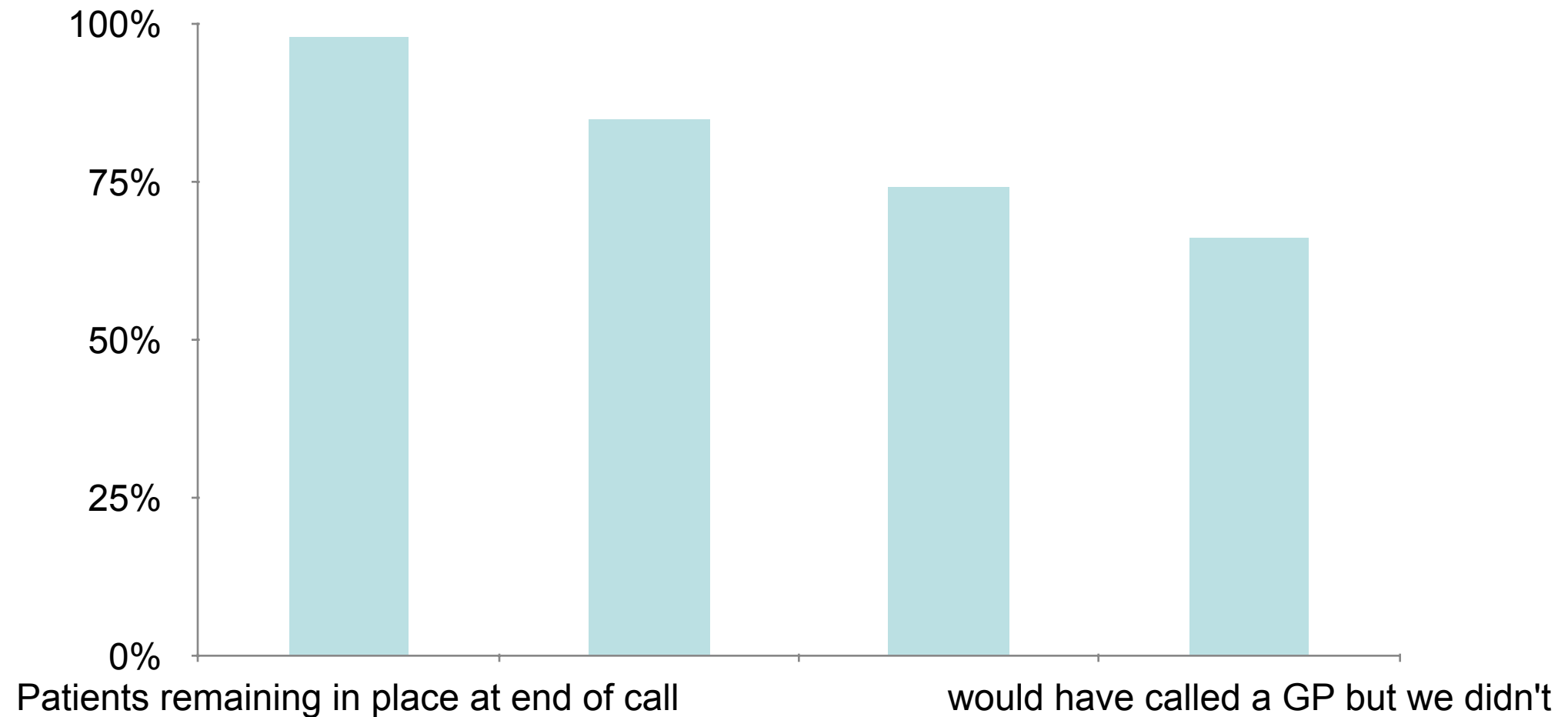
- Covid has shifted the Digital Care Hub away from an organisation resource, now seen as a place-based asset
- Expansion of MyCare24 as an offer for anyone with frailty
- Continuation and widening of 'super rota' to including virtual medical, pharmacy and mental health input
- Continue to build on care coordination principle to become a multi-disciplinary, single point of access for people to remain at home
- How can this model support other system asks – e.g. 2 hour/2 day crisis response, enhanced care home support

Some things to consider…

- We've built an infrastructure and scale behind this over a number of years – however, the principles can be worked to in any team
- Technology is important but isn't everything – telephone remains a popular and effective choice

THANK YOU (AND GOOD LUCK!)

Campus for Future Living

Michelle Howard

East Lindsey District Council

Ivan Annibal
National Centre for Rural Health and Care

Join the conversation # NHS RESET

Campus for Future Living

Michelle Howard, East Lindsey District Council
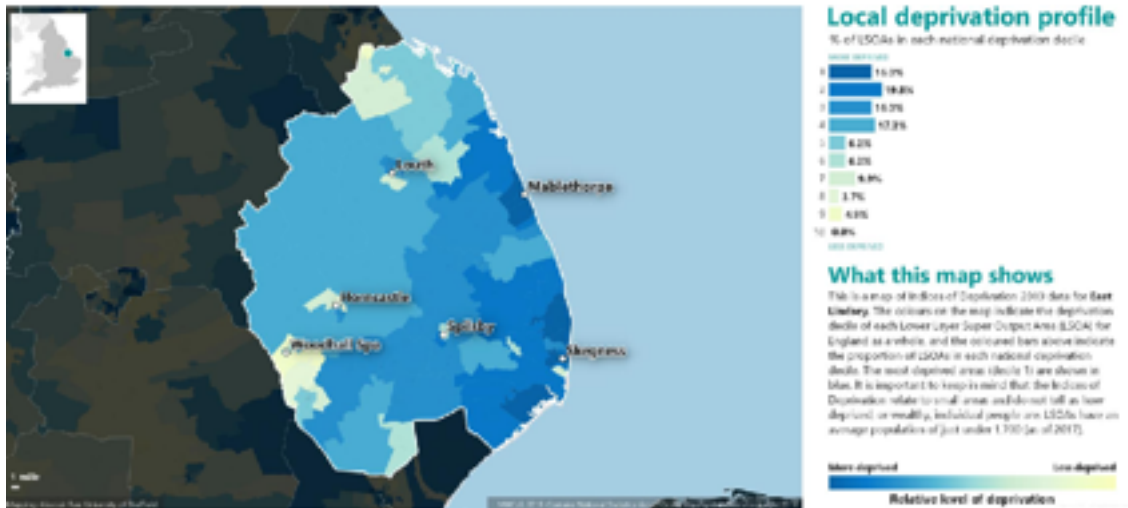**Ivan Annibal, National Centre for Rural Health and Care**

Setting the Scene: Mablethorpe

Deprivation, Inequality, Economy and Covid 19

Our Aspiration for Mablethorpe

…To take the challenges facing our place and turn them into its greatest opportunities

Towns Fund:
A Once in a Lifetime Transformational Opportunity

AUDIENCE POLL

Do you consider that the economic argument for enabling communities to **live and age well** is well understood or articulated?
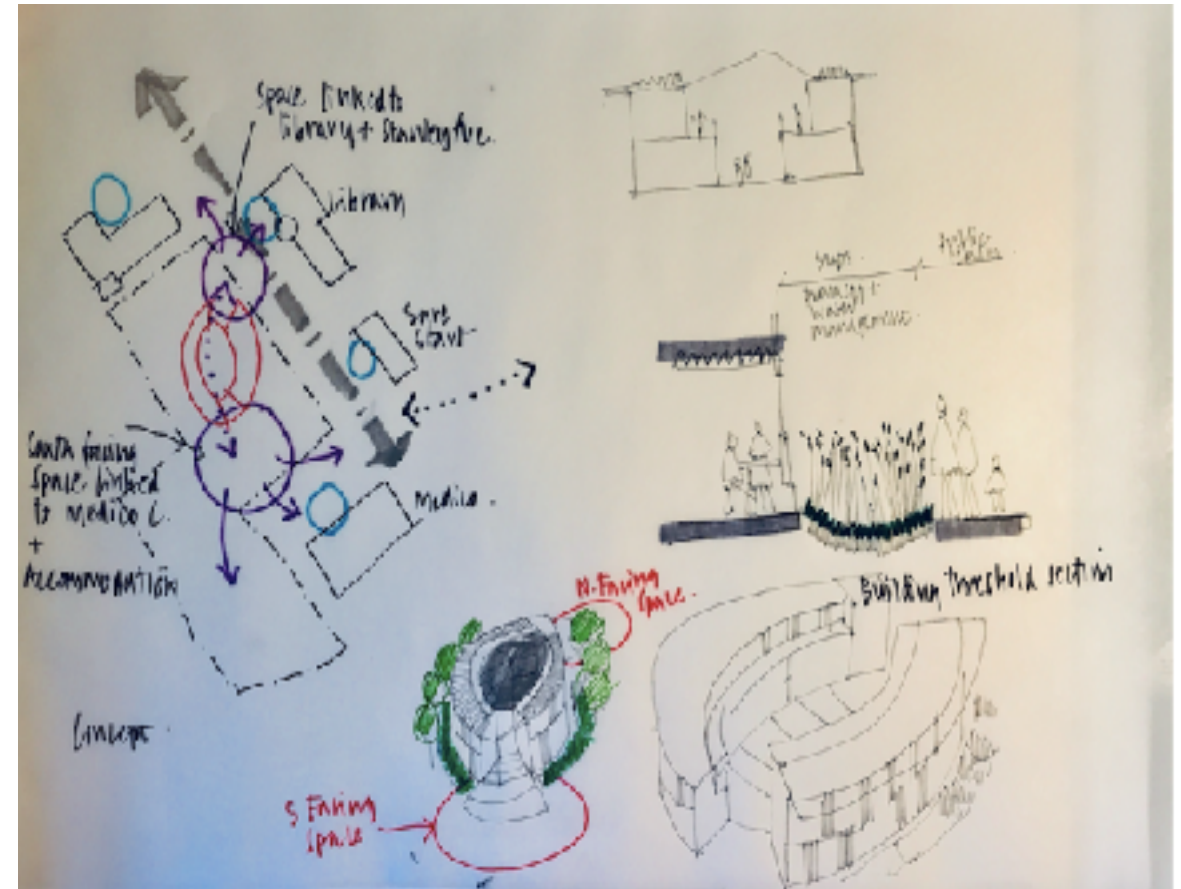
- Yes
- No
- Unsure
- Some local examples

Concept: Campus For Future Living?

More than a building or a Towns Fund project, it will unequivocally demonstrate economic prosperity from the investment in people's health and wellbeing

A chance to turn the greatest challenges facing our coastal towns into its greatest strength

Campus Design and Layout

Opportunities

- Innovation space for businesses developing innovative applications

- A learning environment for people training in all aspects of adult social care

- Extension of the operational activities of those delivering health and care following international models

- Brokering cooperation amongst other service providers on Stanley Avenue (including Linkage Trust, Medical Practice, Sure Start, Library, Community Centre)

- Empowering vulnerable people to design and manage the environment in which they live

- Establish Lincolnshire coast as a national exemplar in the planning and delivery of adult social care

- Potential to attract high quality jobs and investment into Mablethorpe diversifying its employment structure

- A

Partners (in negotiation)

- University of Lincoln
- Medical Technology and Innovation Facility (NTU)
- Lincolnshire Workforce Action Board
- Lincolnshire Sustainability and Transformation Partnership
- National Centre for Ageing Better
- Local Medical Practice
- Grimsby College
- East Midlands Academic Health Science Network
- Health Education England

A collaborative opportunity to test and learn – a catalyst for innovation through a rural / coastal exemplar

Scope / Uses

The Campus for Future Living would be an enabler. <u>For example</u>:

a) Attracting – and retaining - new health care professionals with new facilities
b) Continuing Professional Development to retain and support clinicians
c) Connections to national/regional partners to test new ways of working
d) Investment and development of e-medicine and other digital innovation
e) A new hub for self directed care and community ownership of local health issues

AUDIENCE POLL:

Which elements of the Campus for Future Living would make the biggest difference to rural and coastal areas such as this?

a) Attracting new health care professionals with new facilities
b) Continuing Professional Development to retain and support clinicians
c) Connections to national/regional partners to test new ways of working
d) Investment and development of e-medicine and other digital innovation
e) A new hub for self directed care and community ownership of local health issues

Final Thoughts…

- National Reach

- A Catalyst for Change

- An Opportunity to be a Rural and Coastal Testbed Exemplar

- A Platform for Innovation and Research

- An 'Anchor' Project – An Enabler within a Wider Transformational Opportunity

- An Opportunity to Take the Greatest Challenges facing our place and turn them into its greatest opportunities

<u>Thank You</u>

Michelle Howard: <u>michelle.howard@e-lindsey.gov.uk</u>

Ivan Annibal: <u>ivan.annibal@roseregeneration.co.uk</u>

<u>https://www.connectedcoast.co.uk/</u>

Switching the Focus to Mental Health

Jim Hume

Support in Mind Scotland

Join the conversation # NHS RESET

- The National Rural Mental Health Forum

- National Centre for Health and Care & NHS Confederation Seminar

- 23 July 2020

- Jim Hume, Convener

- Jhume@supportinmindscotland.org.uk

Who's responsibility is it to tackle mental health?

**- Communities
- Mental Health Organisations
- NHS
- Government**

One in four suffer mental ill health

Cost to UK economy £99 Billion per year (MIND)

Each case of stress – related ill health leads to an average of 29 working days lost per person per year.

300,000 people per year leave their jobs, UK (MIND)

In each year the total cost of mental health problems per employee for employers is £970

Every £1 on improving health can generate savings of £10 in reduced absence and presenteeism.

Covid-19 impact

rural

Support in Mind Scotland (SiMS) has been supporting people with poor mental health in Scotland for nearly 50 years. SiMS looks after up to 1,500 people every week, 80% of whom are in rural Scotland and has a workforce of around 120 dedicated people who believe anyone affected by mental health issues deserves compassionate and expert support.

Support in Mind Scotland work in the partnership organisation Mental Health UK with Rethink (England), Hafal (Wales) and Mindwise (Northern Ireland)

Around 1 million people live in rural Scotland and 98% of Scotland's land mass is defined as rural. Scottish Government classifies rural Scotland as populations of 3,000 or less. In addition, "Remote rural" is classified as living in a population of less than 3,000 and **more** than a half hour's drive from a population of more than 10,000. "Accessible rural" is classified as living in a population of less than 3,000 and **less** than a half hour's drive from a population of more than 10,000

Investing in addressing mental health at the earliest point, pre-crisis, is crucial to prevent people's mental health worsening and to improving the wellbeing of our nation..

Why did we do this research?

1. Find out how people with mental ill health *experience* rural
2. Anecdotal evidence, especially:
   a. High suicide rates
   b. No systematic evidence for rural areas
3. Data challenges – standardised data not detailed enough:
   a. Rural population size is relatively small (compared with urban)
   b. Rural population is dispersed
4. Challenge the dominant view that too difficult to gather data in rural areas

how?

Living in rural Scotland: evidence...

1. Disadvantages:
   - Geographical and social isolation
   - Lack of anonymity
   - Distance from/centralisation of services
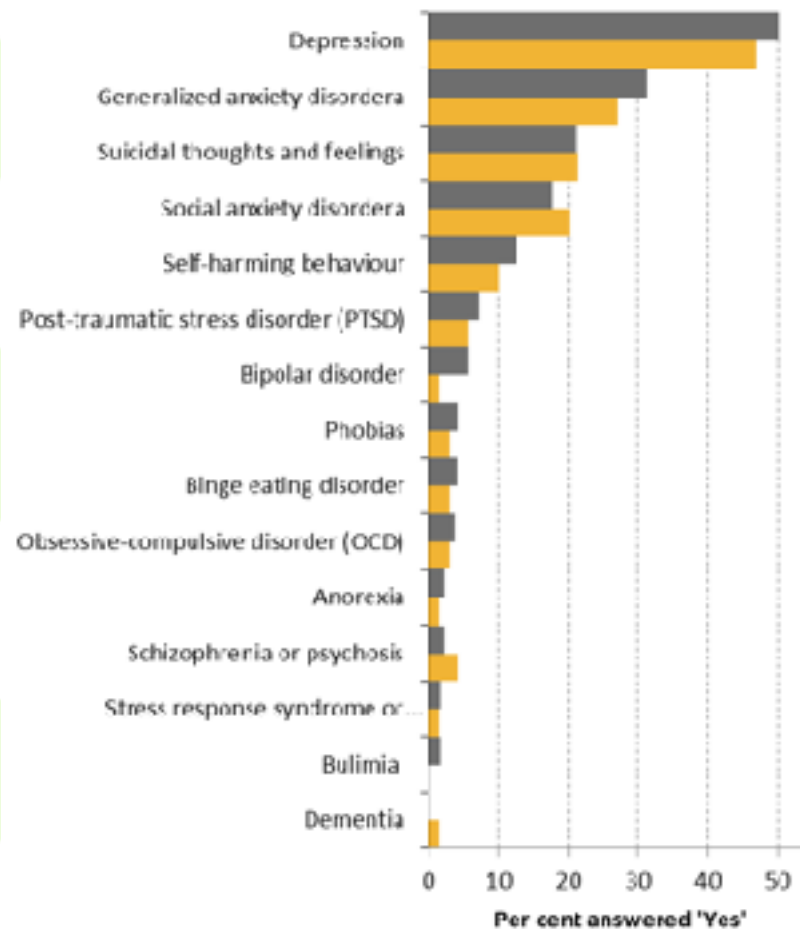   - Lack of public transport
2. Advantages:
   - Geographical and social isolation
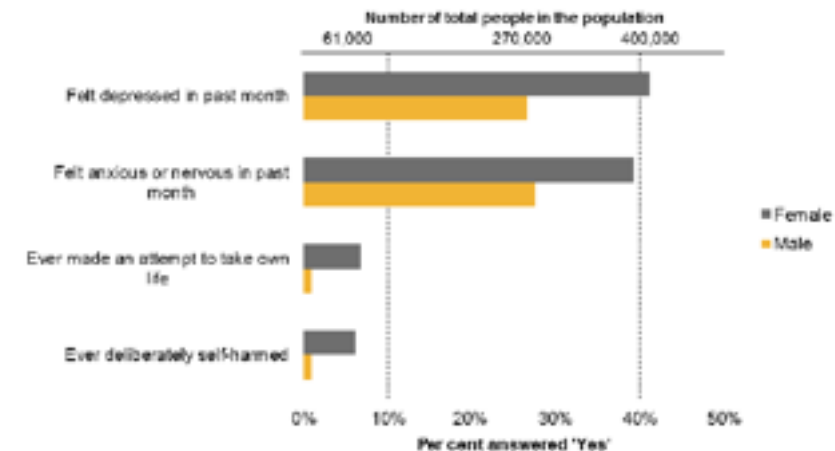   - Lack of anonymity
   - Community support
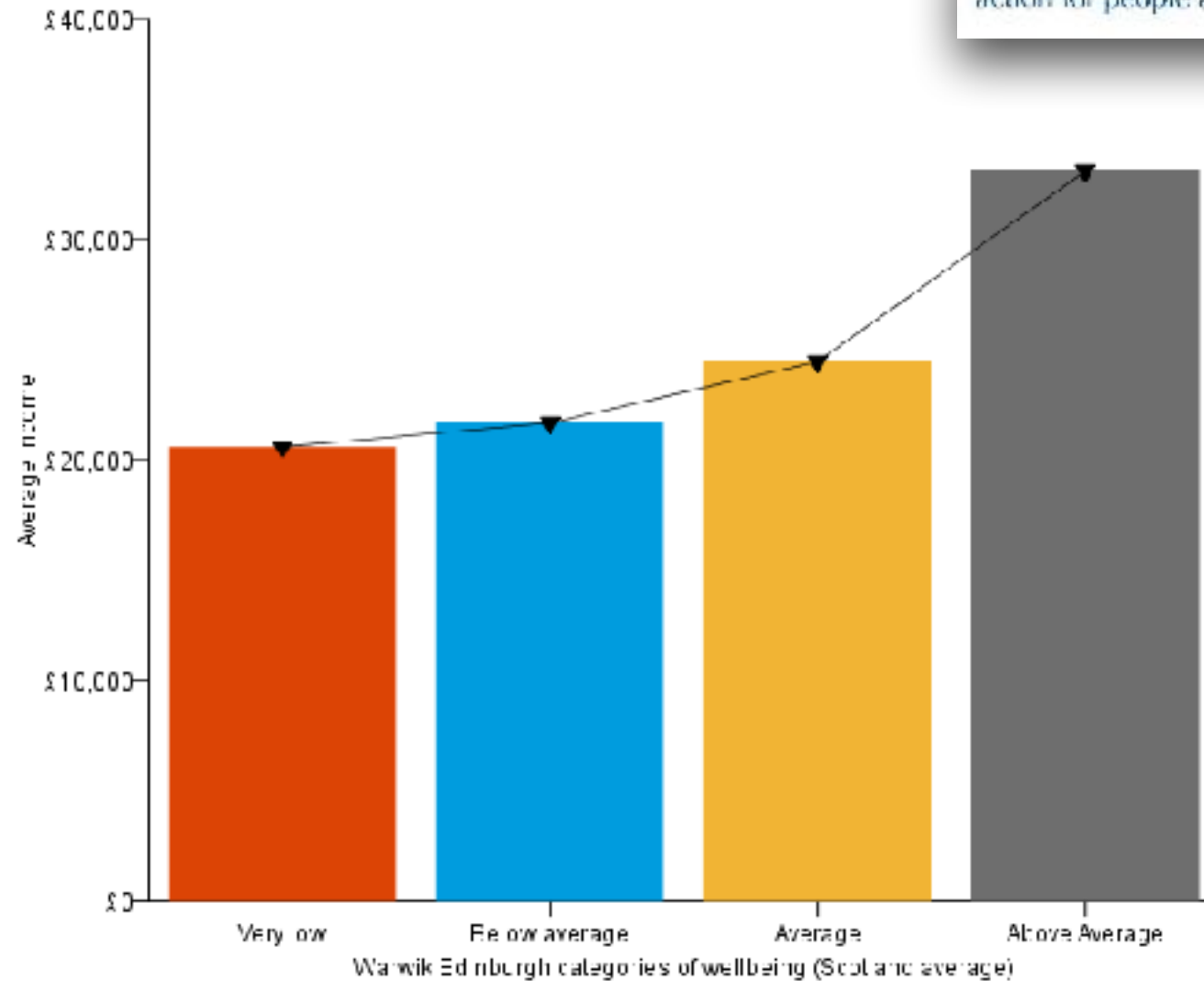
Mental Ill Health by Gender

Income levels
by Mental Well Being

"What KEY MESSAGE do you want to tell policy-makers to help you manage your mental ill health in a rural setting?"

1. It happens in rural areas
2. Isolation, community support and access
3. Not just medication:
    1. Listening and talking
    2. Holistic
    3. Different types of support
4. Resourcing and training
    1. Equality of mental and physical health
    2. Types of services
    3. Increase in funding
    4. Finances
    5. Training
5. Stigma
6. Research - https://tinyurl.com/yb77f9f7

"We want to be supported in our communities in a low level, non-clinical manner pre crisis"

"Its everyone's business to tackle mental health and wellbeing"

Scottish Government Mental Health Strategy: 2017-2027

Rural Communities
The challenge presented by isolation is keenly felt by many in our rural communities. The National Rural Mental Health Forum has been established to help people in rural areas maintain good mental health and wellbeing.
This forum will help develop connections between communities across rural Scotland, so that isolated people can receive support when and where they need it.

Action 12: Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation.

"There may also be specific issues around access to services and support for those living in remote and rural communities."

Raising awareness

Members' networks and events

Conferences

Highland Show

Members' Magazines and Newsletters

Social Media

TV and Radio

Informing Policy -

Mental Health Strategy

Suicide Prevention Action Plan

Loneliness & Social Isolation – Connected Scotland

University Research

Government Stakeholder Groups

Social Security Powers

Ministerial Meetings

Presenting at Conferences/events

Parliamentarian Engagement

Adding Value

Samaritans and RSABI

Engaging with Business

Mental Health First Aid Training

University Research Projects

Samaritan's Rural Work

Aspiring Communities Project

Regional Network

Who's responsibility is it to tackle mental health?

- Communities
- Mental Health Organisations
- NHS
- Government
- Everyone

- **Jim Hume**

- Convener

- Jhume@supportinmindscotland.org.uk

- Twitter @Rural_Wellbeing

Discussion

Please submit any questions into the question box on the webinar control pane

Summary

Jan Sobieraj

National Centre for Rural Health and Care

Thank you for joining