SCOTTISH RURAL HEALTH PARTNERSHIP STRATEGIC PLAN

2021-2024

SCOTTISH RURAL HEALTH PARTNERSHIP

Introduction

Our Strategic Plan sets out our ambition for the future and is anchored in working with others and transforming the way we work.

A key strength of the Scottish Rural Health Partnership (SRHP) is its ability to pull together a wide coalition of stakeholders, allowing us to highlight the big social and economic challenges post COVID in health and social care that we all face, and to develop creative solutions to help these issues in remote and rural communities.

Success will be shown through the outcomes that we now deliver. A culture of collaboration, support and open dialogue has been clearly developing within the SRHP. This will lead to transformational change in the way the SRHP progresses, our engagement with Scottish Government and other partners, and the way we work together.

This Strategic Plan is not just about looking at new areas; It is also about focussing on what we can improve upon. Our goal will be greater collaboration right across the field of rural health and social care and how we can collectively strengthen outputs and outcomes with partners, whilst retaining clear roles and responsibilities about delivery.

The focus is on productivity, but also equality, wellbeing and sustainability in all we do. This includes ensuring our resilience in the face of a changing global landscape: how we can grow in innovative ways to prepare for future opportunities and challenges in political and environmental models such as Brexit and shifts in population demographics.

The Strategic Plan is a plan for the medium term, with a 3-5 year horizon, but given the fluidity of geopolitical and economic circumstances, it will be updated regularly to ensure it is fit-for-purpose and able to flex in response to ever changing environment.

Background

The population in remote and rural areas is older than urban areas and it is ageing more quickly. Many rural young people move to urban areas for employment and training opportunities and stay there for the duration of their working lives. At the same time there has been a population increase in accessible rural areas[1] linked to people moving in retirement. As people get older their reliance on health and social care services increases and so the demands for these services will rise simultaneously in coming years.

NHS Western Isles, NHS Shetland, NHS Orkney, NHS Highland, NHS Dumfries and Galloway, NHS Borders and NHS Grampian (Aberdeenshire) are all predicted to have an above average population share of over 65 year olds by 2037[2] and have relatively high levels of access deprivation on the Scottish Index of Multiple Deprivation[3].

A further challenge is that the nature of deprivation experienced by rural residents tends to differ from that experienced by their urban counterparts. Important aspects of rural deprivation can relate to fuel poverty where households whose energy costs are higher than can be sustained by their income[4], hidden unemployment, poor access to housing and lack of opportunities to services including shops and amenities, healthcare, childcare or digital services access[5].

Guidance on the SIMD website points out that rural data zones cover larger areas than urban ones, contain a greater mix of deprived and less deprived people and contain more geographically dispersed populations than in urban areas[6].

As an area measure of concentrations of material deprivation, SIMD is not ideal as a proxy for individual level deprivation. The issue is relevant to all NHS boards, but particularly important for rural NHS boards where deprivation is less concentrated and SIMD-based approaches are less efficient[7].

Social deprivation such as isolation, both physical and social, may be more relevant to rural areas. Living alone or lone working in rural areas can feel particularly isolating[8]. In addition, standardisation of indices for larger area levels can lead to urban bias, with more dispersed and isolated rural disadvantage being averaged out by wider more affluent neighbouring zones. It would appear that there remains the need for further work to identify a set of indicators which may be used to better identify rural deprivation and the inequalities within rural communities. Such indicators might focus on households in fuel poverty, travel time to services and adults and children in need of social care[9].

In the SHIIAN (2015) Health Impact Assessment of Rural Development[10] some of the key issues identified during stakeholder workshops were:

- Population – youth out-migration and ageing of the population
- Economy – lack of major employers and reliable work; lack of diversity
- Employment – 'portfolio' careers (seasonal working and seasonal/transient workforce); lower wages; lack of jobs for young people in some locations; recruitment and retention of high skill workers
- Access to Services – need to travel long distances to access services and amenities
- Physical Environment – different patterns of land use, physical terrain, water and land use
- Infrastructure – vulnerability of supply and distribution chains; higher costs
- Cost of living – fuel costs; food costs
- Resilience of people in rural communities

Mental health is a major public health issue in Scotland with growing recognition that environments such as those found in our rural areas, whilst a core component of associated with mental ill health, have been widely overlooked in Scotland. This has led to the creation of the National Rural Mental Health Forum. The National Rural Mental Health Scotland Survey[11] examined whether there were any links between the top five self-reported mental health issues and public transport access. This data revealed that for those self-reporting suicidal thoughts and feelings, more than double stated that public transport did act as a barrier compared to those who stated it did not. For those who self-reported self-harming behaviour, three times the number of people stated public transport was a barrier than those stating it was not. This is crucial because the perception of geographical remoteness, coupled with these barriers of accessing mental health care via public transport, can lead to a "layering" of remoteness and isolation for people experiencing mental ill health in rural areas. Moreover, issues of perceived stigma and visibility of mental illness in small rural communities remain and can affect rural residents' help-seeking behaviour[12].

Remote access to health and care services should be a universal option for the entire population however, digital connectivity continues to be an issue of inequality in remote and rural communities with around 19% of Scotland without access to a 4G service from any operator. Around 34,000 premises in Scotland still cannot get at least a decent broadband service from either fixed or fixed wireless networks. This compares to 113,000 in England; 19,000 in Northern Ireland, and 18,000 in Wales[13].

Health (demand-led) and social care (budget-led) are multi-agency and multi-disciplinary services[14] delivered across a multi-stakeholder environment, and it is important that the wide spectrum of health and social care providers as well as community groups, third sector and voluntary organisations are involved and consulted on service delivery in remote and rural areas. A Connected Scotland 2018 states[15] – different solutions may be required in remote and rural or island communities. We need to understand how initiatives such as social prescribing, community link workers connect citizens with community and support for physical and mental health in rural contexts.

The Independent Review of Adult Social Care in Scotland 2021 highlights the need for change in current social care provision. Recommendation 29 states that a national approach to improvement and innovation in social care is needed, to maximise learning opportunities and create a culture of developing, testing, discussing and sharing methods that improve outcomes. The future role of the Institute for Research and Innovation in Social Services (IRISS) and its inclusion as part of the National Care Service must be considered.

The Scottish Rural Health Partnership endeavours that it will reflect the current environment in Scotland through this updated strategy.

Vision

To consolidate the Scottish Rural Health Partnership as an innovative national and international centre which acts as an umbrella organisation to foster strategic development and collaborative partnerships; contributing to Scotland's Rural Health and Social Care story using data to inform policy development, strategy planning and delivery of remote and rural health and wellbeing that delivers improved long-term health outcomes for rural communities.

Mission

To be a leading authority and source of knowledge on remote and rural population health and social care; a strong advocate for equity and wellbeing in rural and remote areas of Scotland and a key contributor to developing and shaping rural and remote health and wellbeing policy. Our research will be guided by the pursuit of excellence in improving rural health outcomes, embedded in engagement with communities, government, clinicians, and research, education and health-related organisations. Through the nurturing of research capacity, support, expansion of existing internal and external multidisciplinary relationships and the development of new partnerships, the dissemination and implementation of ours and others research will reduce population health inequities and promote improvements in remote and rural health and social care.

Our work at the Scottish Rural Health Partnership will be based around 4 key themes.

RESEARCH

EDUCATION

INNOVATION

COMMUNITIES

Strategic Objectives

1. The SRHP strengthens existing and build new partnerships for research engagement, knowledge exchange, and the promotion of a culture of research, learning and continuing improvement with clinicians, policy makers, communities and other researchers.

2. The SRHP conducts translational research that is implemented to improve health outcomes for rural communities which can be used to influence health policy and practices in three key areas:
   • Rural, remote and islands primary care
   • Rural, remote and islands social care
   • Mental health and social and emotional wellbeing

3. The SRHP ensures an alignment of all activity with developments at University of Highlands and Islands.

4. The SRHP fosters strong and adaptable brand identity across the UK and internationally.

5. The SRHP will ensure financial sustainability and diversify funding streams.

6. The SRHP engages with outreach to remote and rural communities across Scotland forming collaborative partnerships to support resilience.

7. The SRHP will continue to develop meaningful interaction and dialogue with Scottish Government seeking to influence health policy and practice.

How we are going to do it

1. Live our values

Our values are the foundations of how we act individually and collectively as staff members of the SRHP:

• Service, inspiration, leadership and engagement: We bring commitment, passion and courage to working in partnerships, and to acting as role models and transformative leaders.

 • Curiosity, innovation and creativity: We are committed to life-long learning and advancing knowledge through constructive questioning, reflection, and the development and testing of new ideas and solutions.

 • Equity, inclusion, diversity and respect: We strive for cross-cultural competence and to act respectfully with people from all backgrounds and circumstances.

• Compassion and empathy: We care for our partners, colleagues and ourselves through building empathy and self-awareness.

 • Professionalism and ethical practice: We are committed to professional and ethical excellence in all our interactions.

• Integrity and authenticity: We each hold ourselves true to our conscience through reflection and by demonstrating commitment to these values, which we strive to uphold in all our work.

2. Follow our principles

Whilst the delivery of the objectives may change over the lifetime of this strategy, the underpinning basis of the foundation will be of a consistent approach to how we achieve it. The SRHP will:

- be transparent and easy to understand in everything we do

- have a clear rationale for how our activities deliver our mission and strategic objectives

- be clear about what we are trying to achieve

- demonstrate the impact of our work

- be clear about our role and how it interacts with other organisations

- challenge on behalf when we can demonstrate a good reason for doing so

3. Value and grow our membership

The SRHP is a membership organisation and members will join us because they believe in our purpose.

Of course, we must also offer unique value to members. This value must be defined with engagement and influence is at the heart of this.

We are therefore committed to growing our membership and to reviewing the value membership offers. And we will be proactive, listening, engaging and improving.

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