National Centre for Rural Health and Care Business Plan 2017-23

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Synopsis

The National Centre for Rural Health and Care aims to, develop and address major issues affecting the provision of health and social care in rural settings, through the delivery of products and services, which improve outcomes and reduce health inequalities.

The Centre is initially national in scope with an HQ in Lincolnshire, It will be launched in autumn 2017 and has been in development for 6 months to date.

Current partners are: East Midlands Academic Health Science Network, Health Education England, Public Health England, Lincolnshire County Council, United Lincolnshire Hospitals Trust, University of Lincoln, Lincolnshire Economic Action Partnership, the private sector and the voluntary and community sector.

The Centre will have touch down points throughout the country such as with other rural Universities including Aberystwyth and Cumbria. It will grow its influence and effectiveness through networking and dissemination and it has an emerging concordat with the Rural Services Network – a consortium of over 200 rural public sector bodies. It has established an ongoing link with the All Party Parliamentary Group on Rural Health.

The Centre will be established as a Community Interest Company. It will act as a governance vehicle for formal collaboration amongst partners interested in the four key themes it has identified as the core drivers of impact in rural health and care as well as influencing policy and strategy:

- Data – scoping and measuring the challenge and the response to it
- Research – identifying and testing what works
- Technology – shrinking distances *between* and adding to the human capacity *in* rural communities
- Workforce and Learning – making the case for rural settings as the location of choice for ambitious health and care professionals

The Centre will have an Executive Chair and 5 staff – an overall lead Director and one member of staff dedicated to each of its four themes.

It will be the role of these individuals to design, organise and agree work amongst partners to identify, scale up and promote the adoption of activities across the public and private health and care sector, which reduce health inequalities and improve the quality of life of rural people.

Key activities will include:

- horizon scanning for good practice and to predict future issues/needs,
- brokering collaboration where innovation or good practice exists or can be stimulated,
- supporting the development of bids for funding or specific cases for private investment,
- supporting the piloting/testing of products and services,
- working to scale up effective products and services,
- evaluating the impact of products on services in addressing rural health challenges,
- and through focused dissemination and networking generating wide scale adoption of what works

The Centre has currently secured start up funding from:

- Health Education England to develop its mission around workforce and learning,
- Public Health England in the context of its data activities,
- University of Lincoln for its research activities,
- East Midlands Academic Health Science Network in the form of a number of key technology innovations with rural impacts being routed by that organization through it
- Lincolnshire County and Lincolnshire Economic Action Partnership have also provided resources towards the initial development associated with the Centre

The scale of the population and the market for the National Centre is huge – there are over 9 million rural residents according the 2011 Census, they represent around 18% of the population of England and are relatively older than their urban counterparts. Understanding and responding to the health and care needs of such a large proportion of the population provides scope for significant savings to the public purse through preventive outcomes. Where these savings are driven out by commercial and social innovation there is the potential for significant income generation and jobs growth. Where universities such as Lincoln and BGU position themselves as key facilitators in this process they deliver on their requirement to provide social impact.

It is this triple win of: preventive outcomes, commercial and social innovation and HE impact which sits at the heart of the mission of the National Centre for Rural Health and Social Care. We would like to thank the following individuals for their active contribution to the development of this Business Plan:

Jane Ablewhite – Executive Assistant to the CEO- United Lincolnshire Hospitals Trust,
Professor Tanweer Ahmed –Director of Research United Lincolnshire Hospitals Trust,
Amy Beaton – Health Education England East Midlands Locality Manager (Lincolnshire),
Dr Graham Basten – Head of School (Social Sciences) Bishop Grosseteste University,
Professor Chris Bridle – Director Institute of Health University of Lincoln,
Dr Adrian Carr –Professional Development Centre Director University of Lincoln,
Keith Darwin – Chairman Lincolnshire Economic Action Partnership,
Janine Dellar – Associate Director - Local Knowledge and Intelligence Service Public Health England,
Andrew Dickenson - Post Graduate Dean Health Education England East Midlands,
Nigel Edwards – CEO Nuffield Trust,
Claire Flavell – United Lincolnshire Hospitals Trust Strategic Lead Lincolnshire Talent Academy
Jill Guild - Health Education England East Midlands Programme Lead Lincolnshire,
Professor Mike Hannay – CEO East Midlands Academic Health Science Network,
Marta Kowalczyk - Public Health Analyst Lincolnshire County Council,
Professor Ira Muscovice – University of Minnesota Rural Health Research Center,
Tony McArdle – CEO Lincolnshire County Council,
Tony McGinty – Interim Director of Public Health Lincolnshire County Council,
Heather Miller – Project Manager Clinical Research United Lincolnshire Hospitals Trust,

Activity Areas

A substantial process of consultation and engagement has been held with stakeholders as a means of planning the work of the Centre. This began with a commission to identify the issues and responses to the challenge of providing health and care in rural settings. It was followed by a series of stakeholder interviews with key informants to flesh out the desk research. These activities were used to frame the terms of reference for a symposium, which was held in Grantham in February 2017. The outcomes of this event provided the initial momentum for the identification of the main Centre partners and a starting point for a more detailed dialogue about the four key themes, which emerged as the areas for it to focus on.

Background

The Centre research demonstrated that there are limited benefits in trying to be too prescriptive about the definition of "rural". To avoid closing down opportunities for impact we decided to leave participants in the work of the Centre to use their own definition of the term as a justification for collaboration.

It became very clear from our analysis, from global to local perspectives, that whilst the context varies there are a number of underpinning themes which are common to the challenges of delivering health and care in rural settings. These were grouped into four thematic headings:

- Workforce and Learning
- Intelligence, Data and Analysis
- Research
- Technology

Through a process of consultation and engagement the following activities have been identified as the focus of the Centre in relation to each of these themes, as the Centre evolves they will take on a deeper and wider national perspective:

Workforce and Learning

Framing and clearly defining the impact of rurality on recruitment, development and retention of those working in health and care – There is a significant body of information from our literature review which indicates rurality has a negative impact on attracting people to work and stay in rural settings. An early responsibility of the Centre will be to develop a comprehensive overview, which can provide an updatable resource, of why and how this manifests itself. This should involve the collation of data from the international perspective downwards. This needs to encompass activities from the school level upwards in terms of recruitment. Whilst each of the four themes (workforce/learning, technology, data and research) should be addressed independently it is the holistic weaving together of their components which will make the Centre work effectively and this needs to be recognized in the work on this particular strand. Real progress is likely to be made by the Centre in this context if it can describe and support the broadest possible range of personal pathways and progression into careers in rural Health and Care – uniting the work of key agencies and employers across vocational and HE settings.

Identifying current areas of good practice in addressing the challenges arising from the above – There is currently good practice within the NHS in Lincolnshire and significant good practice at a far wider territorial level seeking to address these issues – the Centre should develop a detailed overview of both local and wider areas of activity in this context and provide a hub of information for those involved in this agenda. There are a number of areas of good practice which the Centre should explore, codify and highlight including: multi-professional activities, innovation around key health and social care related apprenticeships (including the work of the Talent Academy), extended roles such as: non-medical prescribing and physician's assistants.

Identifying new and innovative approaches, what roles work, what competencies are involved – The Centre should work with those engaged in the workforce and learning agenda to identify new areas for development and "cherry pick" examples of good practice elsewhere for replication/roll out in appropriate settings. This can involve areas of good practice including: the University of Lincoln GP rural fellowship scheme and its diploma in rural health, it could develop as a nationally facing "know how" organization picking out the learning and challenges from the initiatives referenced above and offering support and toolkits to individual trusts and organisations as a means of implementing the good practice it has identified.

Disseminating good ideas and practice amongst those involved in this agenda – The Centre should develop a pro-active approach to ensuring that the information it collects and the actions its stimulates are effectively and substantively communicated to the

networks developed to further its mission. If the Centre is to deliver on this aspect of its work it needs a strong and well promoted brand, which acts as a rallying call for people to participate in Rural Health and Care as a profession and which ensures its recognition across the UK as a Centre of Excellence. A strong social media approach and presence is an important component in this context. It needs be structured like a "Russian Doll" with Lincolnshire in the middle, England outside of that, UK outside of that and areas of international relevance outside of that.

Brokering interactions, group problem solving and networking amongst those involved in this agenda – *The Centre should pro-actively work to bring key players in this agenda together, stimulate discussions and engagement amongst them, not just at the Lincolnshire, but where appropriate wider levels, to exchange good practice and ideas. The Centre could develop an overview of key components of good practice across all aspect of Rural Health and Care and then disseminate this information through a range of focused activities including providing a bulletin, seminars and a conference. The Centre could promote and support research programmes linked to key aspects of workforce planning as a resource and point of reference for problem solving and innovation by helping with transferrable good practice.*

Commissioning innovative research and looking at scale and applicability in the context of as yet untried good ideas – *The Centre should look at opportunities to raise new and pool current resources and activities to further this area of work, looking at opportunities to broker the alignment and development of resources. It should do this in the context of strategies to promote and widen scaling up and adoption of things that are effective. In undertaking this activity it should have a perspective, which operates from an international perspective downwards. The Centre could broker a dialogue, amongst organisations with an interest in rural research and support the commissioning of research, joint bidding for resources and act as an incubator for the development of innovation through an exchange of ideas. The Centre could undertake work in conjunction with its data strand to project future workforce demand and recruitment issues and identify common characteristics with a rural component underpinning these issues.*

Acting as a physical hub and developing income generation possibilities – *The Centre has the potential to align very closely with the evolution of the Talent Academy, it would benefit from having a clear physical hub, but with potentially spokes in key supporting organisations, in the medium term having its own physical presence (perhaps there is an opportunity to work with organisations like LEAP) would give it an independent income stream. It could also develop a number of charged for activities linked to access to its resources and its dissemination work, particularly in conjunction with detailed bespoke information provision for individual organisations.*

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Research

Brokering cooperation and information sharing amongst public, VCS and private sector partners involved in research with rural applicability *– It is clear that there is significant scope for the development of an overview of rural research activity. The Centre should undertake an audit of current academic and applied research. It should then feed this information into the development of its dissemination activities through its briefings and in terms of the development of the proposed journal of Rural Health and Care.*

Raising funding and bidding for resources to commission research into health and social care activities which improve rural service delivery and outcomes – *Arising from its role as an information hub for research with a rural component the Centre will be well established to assemble partnerships to address rural research opportunities. These could be based on responding to external bidding opportunities or identifying gaps in current knowledge. The Centre can act as a collaboration exchange identifying partners to undertake research or commissioning research where it is able to generate funding. It is not anticipated that it would seek to conduct research directly through its own staff.*

Undertaking clinical and other research based trials to test and refine activities, which deliver rural service delivery and outcomes in health and social care – *Whilst the Centre will not undertake a significant amount of research in its own right it will seek to programme manage and coordinate the work of others where appropriate. It will have the capacity to act as a bidding vehicle for work and will be in a position to take a fee for its collaboration and programme management activities.*

Publishing papers on the outcomes of rural facing research undertaken through the Centre - *The Centre in addition to developing a bulletin document and an academic journal, will also publish the outcomes of the research it has facilitated. This will enable it to build a reputation as a Centre for original research in this context.*

Harvesting and disseminating information on the outcomes of research from other areas/settings which offer insights and practical solutions in the context of rural health and care *– The Centre will develop a regular, accessible bulletin document which disseminates the outcomes of research in the filed of rural health and care. It will also scope out the potential for a series of themed events and an annual conference. In addition to research information the bulletin would also contain information arising from the data analysis of the Centre (see above).*

Development/sponsorship of a Journal on Rural Health and Care – *As a more academic complement to the bulletin referred to above the Centre will develop an academic journal. This will provide a focus for engagement and collaboration amongst academics interested in this agenda.*

Technology

Researching and defining the market for rural health and care technology – *As part of a submission to the Industrial Strategy Green Paper we have identified that the commercial opportunities arising from designing and implementing technological solutions (including pharmaceutical innovation) to the challenges facing vulnerable rural dwellers seeking to live independently are very significant. We have identified that these issues could be addressed through the Centre developing the following roles:*

- *A portal into commercial development for individuals and companies with ideas, which will address the challenges of providing rural health and care.*
- *Providing a development team able to identify and conceptualise the commercial opportunities around the development of technology, which addresses rural health and care challenges.*
- *Hosting a research team able to harness the capacity of partner organisations and their wider connections to source expertise to develop, refine and fine-tune innovations.*

Collating information and connections amongst those involved in the development, testing and deployment of technology applicable to rural health and care settings – *The Centre will develop a series of contacts with key companies and commissioners interested in the role of technology in addressing rural health and care challenges to enable the piloting of the technologies in rural settings. As an extension of its research management role set out above it will also scope out and provide support for the testing and evaluation of technology field trials. Working with AHSN it will help identify innovative and powerful ideas and proposals for technologies, which improve outcomes in relation to rural health and care.*

Identifying opportunities for scaling up and widening the adoption of technologies which improve rural health and care outcomes *– Working with AHSN the Centre will undertake two activities which enable the potential of the innovative approaches it has identified and stimulated to be realized though:*

- *Providing business advice and support to scale up and embed the technologies in England and to promote their adoption more widely.*

- *Seeking to establish a development budget to provide financial support and incentives for rural health and care technology ideas and companies.*

Wider Organisational Considerations

In addition to undertaking a work programme associated with the themes arising from the collegiate process of Centre development, the following wider organizational activities will be undertaken.

Network Development – Building on examples of good practice in complementary areas of activity such as the Rural Services Network (www.rsnonline.org.uk) the Centre will develop a subscription based formal network for those organisations interested in its work. This will also have an international component, reaching out to those centres of excellence identified in other settings involved the rural health and care agenda. This work will also involve considering the development of a programme of work to build the capacity of the voluntary and community sector in the context of Rural Health and Care which may over time become a formal 5th "enabling strand" within the work of the Centre.

Advocacy and Awareness Raising – Without engaging in direct lobbying activities the Centre will seek to influence national policy beneficially in relation to the challenges linked to its agenda. It will ensure this is an aspect of the planning of its dissemination work. It will reach out to engage with key organs of influence such as the All Party Parliamentary Group on Rural Health. The Centre will also work to become the "go to" source of high quality advice and thinking/horizon scanning on the rural health and care agenda.

Agglomeration Activities – There are very good opportunities to work in partnership with a number of HE institutions, key players in policy development, research and the Local Enterprise Partnership to develop a cluster of activities linked to innovation and rural health and care. Working with key facilities at the University of Lincoln such as the new Boole Technology Centre at the heart of Lincoln's Innovation and Technology Park and linked to the new £3.5 million Lincolnshire Open Research and Innovation Centre at Bishop Grosseteste University it will look at the opportunities to undertake activities which attract mutually reinforcing businesses involved in activities pertinent to rural health and care to locate in and work with these centres.

Structure

Staffing

The National Centre will have a staffing cadre of five individuals:

- A professorial post funded by the University of Lincoln – the role of this individual will be to lead the research work of the Centre
- 3 Manager posts linked to leading the intelligence, data and analysis, workforce and learning and technology aspects of the work of the Centre. There will be strong links between the work of the data manager and the Public Health England partnership with the Centre. There will also be strong links between the Technology Manager and the work of the Academic Health Science Network and there is scope for this to be a joint post operating directly between the two organisations.
- An administration post to support the overall operation of the Centre.

In addition to these roles the Centre will have its work directed by an Executive Chair. A detailed Job Description for this role has been agreed and is attached at Appendix A.

Legal Status

The National Centre for Rural Health and Care will be a Community Interest Company. It will have a board comprising core members – those who have provided actual or in-kind funding towards the cost of its operation. It will have wider members based on those organisations paying a network subscription and it will have broader stakeholders based on any organization or individual with an interest in its work. The status of each category of engaged body will be set out in the CIC Mem and Arts.

The purpose of the organization will be based around its core activities namely:

- Operating as a national hub for rural health intelligence and data
- Running as a "Know-How" network for commissioning research on "Good Ideas"

- Providing a national window on technology leading to improved health care in rural areas
- Acting as a centre of expertise on rural recruitment, training and accreditation of health care practitioners
- Providing a network for ease of access and dissemination on behalf of third parties

Location

The Centre will have its main operational base in Lincoln. It will have touch down points in a number of other locations connected with its partners where it is practical and possible to accommodate it.

Operational Budget

A five year operational budget has been prepared for the Centre and is set out below:

Activities	Year					Source	Notes
First Draft 5 Year National Centre for Rural Health and Care Budget							
	Costs						
	2017/18	2018/19	2019/20	2020/21	2021/22		Sept/Sept - 3% inflation
Research Director	88072	90714	93436	96239	99126	University	Professorial Post plus university on costs
Other University Costs	108923	112191	115556	119023	122594	University	Accommodation and admin for Research Director
PHE Secondment	24000	0	0	0	0	PHE	Assumed £45K plus 1/3 on costs (2 days per week)
Executive Chair	20000	20600	21218	21855	22510	LCC - one off	Individual with National Profile 1 day per week
Intelligence, Data, Analysis Manager	40000	41200	42436	43709	45020	HEE/AHSN - £20K	Full time post plus on costs of 1/3
Technology Manager	40000	41200	42436	43709	45020	HEE/AHSN - £20K	Full time post plus on costs of 1/3
Workforce Manager	40000	41200	42436	43709	45020	HEE/AHSN - £20K	Full time post plus on costs of 1/3
Admin/Finance	27000	27810	28644	29504	30389	HEE/AHSN - £20K	Full time post plus on costs of 1/3
Website	5000	2030	2091	2154	2218	grants	Design, population and maintenance
Dissemination Activities	10000	10300	10609	10927	11255	HEE/AHSN in full year 1	Including regular e-briefings, launch of an academic journal, occasional seminar series
Set Up Costs	10000					HEE/AHSN in full year 1	1500 for equipment etc per team member - 2500 for launch
Operating Budget	10000	10300	10609	10927	11255	To be identified	Travel etc
AHSN Rural Project Funds	300000	309000	318270	327818	337653	AHSN	Direction of E Mids AHSN rural projects
Total	722996	744686	767026	790037	813738		Annual totals

Income							
HEE/AHSN	100000	0	0	0	0	AHSN	AHSN managed
LCC	20000	0	0	0	0	LCC	Held pending release
PHE	24000	0	0	0	0	PHS	Costs of seconded individual
University	196995	202905	208992	215262	221720	University	In UoL core budget
AHSN	300000	309000	318270	327818	337653	AHSN	Direction of E Mids AHSN rural projects
Network Subs	0	10000	25000	50000	60000	Network Members	£500 per partner
Grants	150000	150000	150000	0	0	Grant Bodies	A number of bidding opportunities have been identified and are in train
Dissemination and other member based income - conference, paid for services etc	0	10000	15000	20000	25000	Members and other third parties	Services sold directly to members - advice, information, seminars
Bid development and programme management	0	20000	30000	50000	50000	Collaboration partners	Recharge to core members for these services from successful bids
Direct grants and other income raising	0	25000	75000	100000	120000	Grant Bodies	Balancing amount required
Operating costs sponsorship	10000	10,300	10,609	0	0	Sponsor	Funding source to be identified
Total	800995	737205	832871	763080	814372		Annual Totals
Balance	77999	-7481	65845	-26957	634		Annual Cash Flow Outcome
Running Total	67999	60518	126363	99405	100039		Running Total

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Budget Narrative

Costs

Research Director – This is the figure for the Research Director and actual on costs of the post committed by the University to the initiative.

Other University Costs – These are the additional accommodation and support costs for the Professsorial post (including administrative support) sufficient space is available to accommodate all members of the Centre.

PHE Secondment – This is a valuation assumed for the contribution of Public Health England to the establishment of the Centre through a secondment.

Executive Chair – This is the salary provided to the Executive Chair operating on a one day per week basis.

Data Manager, Technology Manager, Workforce Manager, Admin/Finance – These are the salaries and on-costs of the delivery staff of the Centre.

Website – This is the cost of the maintenance and management of the Centre website and associated social media activities.

Dissemination Activities – These are the costs of the dissemination of the Centre including production of a regular bulletin, academic journal and events.

Set Up Costs – These are the year one mobilization costs for the development of the Centre in terms of equipment and other one off consumables.

Operating Budget – These are the day to running costs of the Centre linked to the activities of its staff such as travel and subsistence.

AHSN Rural Project Funds – The Academic Health Science Network has agreed a partnership with the Centre. It will route its rural focused innovations through the Centre and will jointly manage the Technology Manager within the Centre team who will be strongly integrated with the AHSN headquarters operation in Nottingham. This is the estimated value of the science and technology aspects of their work, which will be managed in conjunction with the Centre.

Income

HEE/AHSN – East Midlands AHSN were able to reallocate a number of cost headings in partnership with HEE to enable the deployment of resources to support the establishment of the Centre in 2016/17. AHSN will carry forward some of their contribution to the project in 2017/18.

LCC – This is a one off budget contribution pledged towards the set up costs of the Centre by Lincolnshire County Council.

PHE - This is a valuation assumed for the contribution of Public Health England to the establishment of the Centre through a secondment.

University – These are budget costs linked to the University of Lincoln partnership involvement with the Centre.

AHSN - This is the estimated value of the science and technology aspects of the AHSN work, which will be managed in conjunction with the Centre.

Network Subs – This is a gradually rising income stream linked to the development of subscription paying members. It is based on a very modest set of projections using the Rural Services Network approach as a baseline model.

Grants – This is based on applications to specific third party funders. A number of organisations have been identified and a dialogue with Greater Lincolnshire Local Enterprise Partnership is planned.

Dissemination and other member based income - conference, paid for services etc – Based on charges for the range of charged for services set out in the Business Plan.

Bid development and programme management – These are recharges linked to brokering and programme managing the work of partners around the research, workforce and learning and technology aspects of the work of the Centre.

Direct grants and other income raising – This is the balancing amount of funding required from third parties to ensure that the operating costs of the Centre are fully met.

Operating costs sponsorship – This is a sponsorship opportunity for a private or public sector partnership to contribute in return for publicity to the running costs of the Centre.

Work Programme

Activity Area	Year 1	Year 2	Year 3	Year 4	Year 5
Research					
Audit of research activity	Baseline approach agreed and implemented	Ongoing	Ongoing	Ongoing	Ongoing
Collaboration	Development of formal partnership protocols	10 partners	20 partners	30 partners	40 partners
Raising Funds	Agree areas of collaboration with bidders	3 bids	5 bids	7 bids	10 bids
Clinical Research	Development of detailed rural research strategy	Oversee 3 interventions	5 interventions	7 Interventions	10 Interventions
Published papers on activity	Literature review to set base line of focus	1 paper	2 papers	5 papers	7 papers
Bulletins	Agree structure and content of bulletins 2 bulletins	4 bulletins	4 bulletins	4 bulletins	4 bulletins
Journal	Develop detailed journal proposals	Launch Journal 1 issue	2 issues	2 issues	2 issues
Intelligence Data and Analysis					
Audit and Collation of Data Sources	Undertaking of audit and collation of active list of information sources	Ongoing	Ongoing	Ongoing	Ongoing
Applying a rural cut to established data sources	Manipulation of data to provide a regular rural template based overview	4 bulletins	4 bulletins	4 bulletins	4 bulletins

	2 bulletins				
Identifying gaps in intelligence undertaking/commissioning research	4 new commissions/collaborations	4 new commissions/collaborations	4 new commissions/collaborations	4 new commissions/collaborations	4 new commissions/collaborations
Dissemination Network Established	4 data digests incorporated in the Centre bulletin	4 data digests incorporated in the Centre bulletin	4 data digests incorporated in the Centre bulletin	4 data digests incorporated in the Centre bulletin	4 data digests incorporated in the Centre bulletin
Innovative use of data to scope/evaluate interventions	Up to 4 evaluation commissions or Innovative approaches	Up to 4 evaluation commissions or Innovative approaches	Up to 46evaluation commissions or Innovative approaches	Up to 6 evaluation commissions or Innovative approaches	Up to 8 evaluation commissions or Innovative approaches
Technology					
Rural Innovation Portal	Establishment and profile raising for portal 3 Innovations	3 Innovations	3 Innovations	5 Innovations	7 Innovations
Establishment of grant fund	Grant fund rationale and pitch developed	3 grants	3 grants	5 grants	7 grants
Innovation adoption	1 innovation adopted	1 innovation adopted	1 innovation adopted	2 innovations adopted	3 innovations adopted
Workforce/Learning					
Good practice	Identifying and recording good practice – baseline collection and establishment of collection approach	4 inclusions in the bulletin	4 inclusions in the bulletin	4 inclusions in the bulletin	4 inclusions in the bulletin
Research	1 research collaboration based on good practice/innovation	2 research collaborations based on good practice/innovation	2 research collaborations based on good practice/innovation	2 research collaborations based on good practice/innovation	3 research collaborations based on good practice/innovation
Identifying and supporting new interventions	1 partnership intervention in terms of the skills and workforce agenda	2 partnership interventions in terms of the skills and workforce agenda	2 partnership interventions in terms of the skills and workforce agenda	2 partnership interventions in terms of the skills and workforce agenda	3 partnership interventions in terms of the skills and workforce agenda

Development of advice, consultancy and policy and practice notes	Development of a framework for this service	5 paid for projects	7 paid for projects	7 paid for projects	10 paid for projects
Networking					
Generation of fee paying members	Development and test marketing of member package	20 members	50 members	100 members	120 members
Advocacy					
Development of lobbying campaign	Consolidation of key issues into a clear influencing strategy	5 clearly focused and Centre led campaign activities	5 clearly focused and Centre led campaign activities	5 clearly focused and Centre led campaign activities	5 clearly focused and Centre led campaign activities
Agglomeration					
Identification of opportunities for the creation of a rural health and care cluster	Initial discussions and scoping with key partners: Universities LEP, LCC	Development of marketing and promotions campaign	Implementation of inward investment aftercare service to businesses	Implementation of inward investment aftercare service to businesses	Implementation of inward investment aftercare service to businesses

Mobilisation

We have established the following timeline for the mobilization of the Centre:

June
- Announcement of LEP Director for Health Sector – imminent
- Initiation of CIC process – 28 June

July
- Agreement of PHE secondment arrangements – 19 July
- Recruitment of new Professor – University of Lincoln – July tbc
- Completion of first draft mobilization and business plan – w/c19 July
- Steering Group Meeting – 26 July
- Formal agreement of CIC – by end of July

August
- Meeting with LEP key players – date tbc August

Sept
- Proposal to LEP – date tbc early September
- Completion of partnership agreements– mid September – inc possible announcement of hosting and other nodes –BGU, LCC, Aberystwyth and Cumbria
- Formal identification and announcement of Chair –end of September
- Completion of Business Plan, imp of Mobilistaion Plan – end of September

Oct
- Appointment of University Professor – September/Early October

Nov
- Presentation to Rural Health and Care APPG – November
- Formal launch and potential conference – in partnership with RSN? – end of November 2017

Jan
- All staff in place and Centre begining its detailed implementation activities.

Lincolnshire Outcomes

During the development of the Centre there has been a debate about focus. In terms of ambition and impact it has become clear that the Centre will work best if it has a UK locus and a global perspective. Notwithstanding this focus it is really important that Lincolnshire benefits substantively from the Centre.

Lincolnshire is the ideal headquarters for the Centre for three reasons namely:

- It provides a large "signature" rural population for research engagement
- It has a significant and wide ranging series of challenges in the context of the workforce and learning issues facing rural areas more generally
- It is ideally placed host innovation and development activities in the context of improving rural health outcomes through technological innovation

Setting out the challenges for the county in more detail:

- Lincolnshire is the fourth largest county with the 4th most dispersed population.
- We experience significant seasonal variation in our population due to holiday makers along the coast
- We have a registered population of 768,688 with a higher proportion of over 75s than the national average.
- The number of working age adults is not expected to rise during this period.
- 14.2% of the population live in the most deprived areas in England.
- Significant housing growth is planned across Lincolnshire with circa 5000 additional homes built in and around Lincoln alone over the next 5 years.

In relation to the plans to address the challenges which arise from this rural setting in the context of the provision of health and care the Sustainability and Transformation Plan for Lincolnshire has conceptualised its themes in terms of:

- Provider Efficiency

- Capacity Optimisation
- Workforce
- Commissioning Priorities
- and a Clinical Redesign Programme

The structure of the plan is set out in the diagram below and we have indicated in italics the areas of activity which resonate with the work programme planned for the Centre. The lack of a direct link does not mean that during the work of the Centre further connections and resonances will not arise.

Provider Efficiency	Capacity Optimisation	Workforce	Commissioning Priorities	Clinical Redesign Programme							
				Technology	Urgent and Emergency	Planned Care	Proactive Care	Primary Care	Mental Health	Women's and Children's	
Non pay efficiency	Repatriation	Culture and OD	Estates Rationalisation								
Management and back office costs	Diagnostics	Workforce Supply and Demand	Right Care	Capacity Management	Urgent Care Centres	Demand and Referral Management	Neighbourhood Teams	International Recruitment	Acute Mental Health Pathways		
Use of agency, locum and other variable pay costs	Length of Stay/Theatre Utilisation	Workforce Transformation		Telehealth	Clinical Assessment Service	End to End Integration Outpatients	Self-care and lifestyle support	Mentoring Programme	Crisis Response Home Team		
Workforce efficiency		Talent Academy				Reconfiguration of services	Transitional Care	Releasing time for patients	Older Adults Community MH Teams		
		Attraction Strategy				New service models for specialties		Developing federations and super partnerships	Psychological therapies into planned care		
								Physios as first point of contact			
								Mentorship for pharmacists			

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Whilst it is not possible at this stage to create a causal link between the work planned for the Centre and the achievement of the specific targets in the STP it is proposed that an evaluation framework be developed from the outset for the Centre. This will involve mapping of the outputs of the Centre against the outcome areas identified through the STP. It is proposed that this should be a phased process beginning with a focus on the two strongest links with the STP – workforce and technology.

The Centre will also seek to act as a catalyst for synergistic working on local issues such as delivering key elements of the Sustainability and Transformation Plan.

Appendix A

Executive Chair Job Description

The Role of the National Centre for Rural Health and Care is:

To develop and address the environment for the provision of health and social care in rural settings, through the delivery of products and services, which improve outcomes and reduce health inequalities.

This role is offered initially for a period of one year with the scope to extend the arrangement for the longer term. It is anticipated that the work required will be one day per week for a gross remuneration of £20,000. Remote working is fully acceptable although the Chair will be required to attend Board (up to 4) and some management meetings (details to be determined with the board and staff of the National Centre post appointment) in Lincoln.

The role of the Executive Chair is set out below:

1. **Leadership**

   1.1   Leadership of the board, ensuring the board's effectiveness in all aspects of its role and setting of its agenda.

   1.2   Leading the company in its relationships with stakeholders, core partners (those organisations with board member nominees who have provided finance towards the Centre) and partners.

   1.3   Networking across current and prospective major partners, client, and funders and providing contacts or introductions as appropriate.

   1.4   Effectively positioning the organisation with partners and potential funders to facilitate the delivery of the objectives of the National Centre.

2. **Meetings**

2.1   Chairing board and general meetings.

2.2   Running the board and ensuring its effectiveness in all aspects of its role, including regularity and frequency of meetings.

2.3   Setting the board agenda, taking into account the issues and concerns of all board members.

2.4   Ensuring that there is appropriate delegation of authority from the board to executive management.

2.5   Ensuring that the directors receive accurate, timely and clear information, including that on the organisation's current performance and is advised of all likely future developments and trends, to enable the board to take sound decisions, monitor effectively and provide advice to promote the success of the National Centre.

3.   Directors

3.1   Facilitating the effective contribution of non-executive directors and encouraging active engagement by all members of the board.

3.2   Ensuring constructive relations between the executive and non-executive directors.

4.   Induction, development and performance evaluation

4.1   Ensuring that new directors participate in an appropriate induction programme.

4.2   Ensuring that the development needs of directors are identified and, with the company secretary having a key role, that these needs are met.

4.3   Identifying the development needs of the board as a whole to enhance its overall effectiveness as a team.

4.4   Ensuring the performance of the board, its committees and individual directors is evaluated at least once a year and acting on the results of such evaluation by recognising the strengths and addressing the weaknesses of the board.

5.   Relations with Core Partners

5.1   Ensuring effective communication with Core Partners.

5.2   Maintaining sufficient contact with Core Partners to understand their issues and concerns, in particular discussing governance and strategy with them.

5.3   Ensuring that the views of Core Partners are communicated to the board as a whole so that all directors develop an understanding of their views.

6.   Direct reports

6.1   The Executive Chairman's direct report is the Executive Director.

7   Business Strategy and Management

7.1   Developing group objectives and strategy having regard to responsibilities to core partners, other funders, employees and other stakeholders ensuring the long term stability of the National Centre.

7.2   The successful achievement of objectives and execution of strategy following presentation to, and approval by, the board.

7.3   Recommending to the board an annual budget and 3 year financial plan and ensuring their achievement following board approval.

7.4   Optimising as far as is reasonably possible the use and adequacy of the group's resources.

8.   Communication

8.1   Providing a means for timely and accurate disclosure of information, including an escalation route for issues.

9.   Other

9.1   Setting group HR policies, including management development and succession planning for the senior executive team and approving the appointment and termination of employment of members of that team.

9.2   Ensuring that the performance of the National Centre staff is monitored by the board.

9.3 Providing counsel, advice and support to the executive team (acting as a mentor/coach where necessary)

10. **The duties which derive from these responsibilities include:**

10.1 Leading the executive team in the day to day running of the group's business.

10.2 Ensuring effective implementation of board decisions.

10.3 Regularly reviewing the operational performance and strategic direction of the group's business.

10.4 Regularly reviewing the group's organisational structure and recommending changes as appropriate.

10.5 Formalising the roles and responsibilities of the senior executive team, including clear delegation of authorities.

10.6 Overseeing the development of corporate policies for board approval and then implementing them.

10.7 Ensuring that all group policies and procedures are followed and conform to the highest standards.

10.8 Providing coherent leadership of the company, including, representing the Group to partners, stakeholders, government, employees, the media, the community and the public.