

## **West Midlands Regional Health & Well-Being Strategy**

### **Consultation Document – Rural Commentary**

#### **Introduction and Background**

This commentary is written in response to the request from the West Midlands Regional Health Partnership, Rural Accord and the West Midlands Rural Affairs Forum to appraise the West Midlands Health and Well-Being Strategy to ensure that the drafting process includes the best possible practice in terms of “rural proofing”. This commentary addresses the specific work need to rural proof the consultation document but also looks forward to work needed in the final stages to ensure that the implications for rural areas are considered as the final strategy is developed.

Rural proofing means that in order for the Strategy to effectively meet the needs of rural communities and the organisations that serve them there need to be correct mechanisms in place to systematically:

- Consider whether the strategy is likely to have a different impact in rural areas, because of particular rural circumstances or needs
- Make proper assessment of those impacts, if these are likely to be significant
- Adjust the strategy, where appropriate, with solutions to meet rural needs and circumstances

There is a strong rationale for undertaking an agreed “rural proofing” process for the drafting of the Health & Well-Being Strategy. Rural Proofing applies to all policies, programmes and initiatives and it applies across both design and delivery stages.

Firstly, the NHS Improvement Plan: Putting people at the heart of public services July 2004 set out the priorities for the NHS in England until 2008. It supported the ongoing commitment to a ten year process of reform first set out in the NHS Plan 2000. The government made a commitment in the Rural White Paper 2000 to ensure that its policies take account of specific rural needs.

Secondly, to further support the rural proofing agenda, in 2004 the Government incorporated rural proofing within the Regulatory Impact Assessment (RIA) framework. An RIA is an analysis of the likely impact of a range of options for implementing a policy change. There is clear government commitment at both regional and national level to ensure that the circumstances and needs of rural areas are considered.

Finally, the strategy is for the whole region and all partners. Its purpose is to focus the activity, investment and input of all partners. A joint approach between the WMPHG, the Rural Accord and the West Midlands Rural Affairs Forum reflects the commitment to this partnership approach to developing and implementing the regional strategy.

The Consultation on the West Midlands Regional Health and Well-Being Strategy seeks views on how the priorities identified might best be developed including thoughts about specific actions that could be fed into a future implementation plan. The consultation, due to end on 11<sup>th</sup> July, will be followed by the development of the strategy to support the vision for the region in 2020.

This paper outlines some of the key considerations in relation to each of the priorities for consideration contained in the Consultation document and is designed to assist the discussion with key stakeholders at the workshop on 22<sup>nd</sup> May 2007. It is based on a desk study of the existing evidence base using the bibliography noted in the consultation document plus those detailed at the end of this paper. A final rural commentary will be drawn up following the workshop to incorporate the points raised there and will be used to inform the WMRAF response to the consultation and to inform the authors of the developing Regional Health & Well-Being Strategy.

### **General Observations**

Rural communities have many similarities to their urban counterparts but their location means that there can be some important differences. Rural populations are spread over larger areas than in towns and cities which can result in greater time and travel costs for people and the organisations that serve them.

In the West Midlands these rural areas are very diverse. They vary from remote and sparsely populated areas on the Welsh borders and in the Peak District, to ex-coal-mining areas in Staffordshire, to more accessible, 'commuter belt' areas nearer the conurbation, to areas of growth along the technology corridors. When examining the priorities it is possible to identify some common characteristics of rural areas – some are simply the effects of distance and geography; some are the result of shifting economics and the rising costs of providing services in rural areas and some are much more rooted in cultures and behaviours - but in many instances the impact of the priorities will vary across the region, depending on the particular circumstances. The ability of the Strategy and the programmes that spring from it to respond to these different circumstances will be fundamental to its success in addressing the health and well-being of the region as a whole.

There is some dispute over the suitability of deprivation indices over rural areas as indicators that are more suitable for urban areas and generally used. There are significant pockets of deprivation and disadvantage to be found in rural areas, which have remained hidden, as inequalities in rural areas manifest themselves differently. This is largely due to the way in which deprivation has been measured in the past. Calculation of indicators that have been drawn up to measure need can be problematic when applied to rural areas, as they are usually standardised around urban values. Some of the indicators of deprivation for example have included car ownership as an indicator of wealth, which is known not to be appropriate in rural areas. The experience of deprivation for individuals in rural areas will be similar to the experiences of those living in inner cities but patterns of deprivation differ in rural areas. In rural areas individuals may also be classed as being deprived with or without a low income.

Whilst these influences are currently being tackled to try to reduce the inequalities in health across the region as a whole, there have been problems regarding the measurement of deprivation and consequent health need in rural areas. Deprivation, as seen in urban areas, has traditionally been tackled in area-based initiatives, but in rural areas many people that experience deprivation live alongside the affluent, making it harder to target resources due to the difficulties in collecting small area data and identifying deprivation in sparsely populated areas. In rural areas the wealthy and the poor live alongside each other. Consequently their needs are not recognised, as traditional indicators of deprivation, i.e. it is not possible to recognise need within small, heterogeneous communities. An example of this can be seen in what is one of the core elements – car ownership. The lack of a good public transport infrastructure means that car ownership in rural areas is a necessity rather than a luxury. This results in poorer households becoming more impoverished due to the need to maintain a family car.

## Key Issues and Characteristics

The following sections should be read in conjunction with the Consultation Document, specifically the Chapters and Selecting Priorities for Action. The key issues for each priority that is raised are examined in relation to rural areas in the region.

### Priority: PLANNING TRANSPORT & HEALTH

Priority Headline Issue	Commentary
Transport and Accessibility	<p>Access to health services is often defined as choice of providers and ability to see a health professional within a certain timescale. However for people living in rural areas access to services can be defined more geographically in distance to services and time taken to travel to those services. Distance from services and lack of availability of both private and public transport can mean that some people living in rural areas may not make use of the health services that are available, and that they need to access. This is sometimes known as ‘distance decay’ where uptake of services, screening etc decreases with increasing geographical remoteness from the service.</p> <p>Access to specialist health care, GPs and hospitals is increasingly dictated by distance and is a major difficulty for many rural residents. There is evidence that some health outcomes for rural patients are poor compared with those from urban areas. Distance from services is the most significant factor on the take-up, followed by lack of car ownership.</p> <p>Increasingly, many services are being withdrawn from local areas and centralised in larger cities. This means that rural residents have to travel large distances, even crossing regional and national borders, to gain access to services such as A&amp;E care that the local GP cannot provide.</p> <p>NB: Changes in healthcare delivery has been rapid and examples of best practice do exist in the WM Region, e.g. the roll-out of the mobile diagnostics and elective surgery units brings high-technology diagnostics and day-case surgery into the heart of local communities and some market towns.</p>
Social Inclusion and Accessibility	<p>Accessibility to services by public transport or by pedestrian means is particularly difficult for those living in rural areas. There are therefore some expected difficulties for those accessing services without a car. The elderly population is least likely to own or have access to a private transport yet are in most need of access to public transport. Distance is also an issue when it comes to maintaining or improving health. Issues that do arise include time and distance for cases of heart attacks and the ability to make and keep doctor’s appointments.</p>
Alternative Transport	<p>Mobility is constrained for those who do not own or have access to a car. Supporting and enhancing the role of Rural Transport Advisers may help – promoting and publicising existing community transport and public transport services, although this is unlikely to provide a viable and sustainable alternative to the private car without considerable modernisation and integration of these sectors.</p>

	<p>Access to CT is not universal and is subject often to stringent eligibility criteria that would for example debar single parents with no car from using it (which is the case with a couple of schemes at least here). Generating additional passengers for CT is also a risk as these schemes have a dwindling band of volunteers. Some new system of 'lightweight' paid-for travel in rural areas – taxibuses for example – may be the only way forward. Certainly existing networks do not seem to me at least to be completely fit for purpose.</p>
Road Accidents	<p>Fatal collisions are more likely to occur on rural roads. These tend to happen because of darkness, road configurations, slow heavy vehicles, young inexperienced drivers and motorcyclists, wild animals and over familiarity. There is also a need to look at response times standards set for ambulance trusts in rural areas. A quarter of UK child pedestrians in rural accidents were killed or seriously injured compared to a fifth of those in urban settings.</p>
Air Pollution/Noise	<p>The rural areas provide the region's "lungs" – lots of green space, fresh air with woodlands, parklands and hedgerows providing considerable carbon sequestration (locking up carbon in the form of carbon dioxide and correspondingly producing fresh oxygen). Trees also have the added advantage of acting as "dampers" minimising the effects of noise and air pollution – particularly around industrial and logistics sites, but also in urban and rural settlements.</p> <p>Air Pollution is not just an urban problem. Rising numbers of people susceptible to zoonoses and respiratory disorders specific to the rural environment: brucellosis, farmer's lung, hay fever, tree pollen, organo-phosphates, etc.</p>
Built and natural Environment	<p>Rural areas are a core component of the region's natural, built and historic environment contributing to the landscape, heritage and cultural identity. Green Infrastructure policy ensuring areas of access and green space provision for all at local level.</p>
Community Participation and Partnership Working	<p>Accessibility planning in collaboration with other agencies is an important part of planning and should be an ongoing process to ensure that the whole of the local population have good access to available services, i.e. community-based planning with integrated services for rural communities where possible. Many rural VCOs have developed to fill the gaps left by the public and private sector. They are often essential to the viability of rural communities and rely more heavily on the support of volunteers than in urban areas. However smaller populations mean that there are less people available to volunteer and the ageing volunteer base raises sustainability issues.</p> <p>New ways to access advice on healthcare via the internet and telephone helplines e.g. NHS Direct can be advantageous for people living in rural areas, however the reconfiguration of out of hours services may be problematic for some people who are unable to access Primary Care Centres and Walk In centres.</p>

**Priority: HOUSING & HEALTH**

<b>Priority Headline Issue</b>	<b>Commentary</b>
<p>Provision of Decent Homes, Homes for Life, and Better Access to People with Disabilities and Mental Ill Health</p> <p>Provision of Decent Homes, Homes for Life, and Better Access to People with Disabilities and Mental Ill Health <i>(continued)</i></p>	<p>Rural communities just like others need a blend of social, intermediate and market housing, in order to support mixed and sustainable communities. Where rural communities, particularly smaller villages and hamlets, do differ from towns and cities is that their stocks of social housing are significantly smaller. In addition, housing in many rural areas is unaffordable and completely inaccessible to would-be first time buyers. 1 in 8 working age households with a mortgage in rural districts are economically vulnerable with no-one in full time work.</p> <p>Over the coming years, we can expect that some 45% of newly forming young rural households will not be able to access their local housing market. In the most desirable communities, where in-migration and second home ownership are at their most significant, this figure is worse still.</p> <p>WMRAF have put forward proposals to significantly increase both the rate and volume of affordable homes to people living and working in rural communities. Challenging many aspects of current policy and practice it recommends a rurally-centred approach:</p> <ul style="list-style-type: none"> <li>• Placing restrictions on the right to buy, right to acquire and social homebuy schemes in rural areas</li> <li>• Breaking the link between the delivery of affordable housing and open market housing in rural areas</li> <li>• Offering an increased allocation to rural areas for Housing Corporation funding and bidding</li> <li>• Selective capping of rural land values</li> <li>• Increased resources for Rural Housing Enablers</li> </ul> <p>Land supply for affordable and social housing in rural communities can be problematic. Identification of land for social housing in particular can create marked resistance in rural settlements. Furthermore, mere expansion of housing stock without the associated infrastructure (school, shop, accessible transport network) will exacerbate not address isolation issues.</p>
<p>Supporting Diverse and Vulnerable Groups</p>	<p>The quality of housing can impact on individuals. Poor housing, particularly prevalent in rural areas, can cause and aggravate chronic diseases such as respiratory disease and can also affect an individual's mental health. The impact is especially felt among the elderly and the younger population. Caution should be expressed however when examining Council Tax Band data although research suggests that those living in Bands A and B suffer worse health outcomes.</p>
<p>BME Groups</p>	<p>Account for less than 2% of the countryside, and are now more likely than they were to have experienced overt racism.</p>

Older People	<p>1 in 5 rural households live below the official poverty line. One quarter of these households are pensioners scraping by on the basic state pension. High energy bills and lack of cheaper energy options exacerbate the problem.</p> <p>High energy bills are an acknowledged problem for older people and those on restricted incomes, and are linked in part to the excess in winter deaths experienced in the UK. However, the age and condition of much rural housing stock militates against modern adaptations like cavity wall insulation: some rural properties do not have cavity walls for example. We need to focus on the systematic introduction of modern technology in all homes 'at risk' of energy poverty in rural areas at an individual dwelling level and the market town level as at Tenbury Wells in Worcestershire, for example where a sustainable community energy plant is being proposed (and resisted by a number of local objectors).</p>
Disabled People	<p>Providing the same facilities and levels of care for people living in rural, sparsely populated communities as those living in urban areas is a considerable challenge and services may need to be configured differently in rural areas. Extra costs may be involved in delivering services and the allocation of resources differentially across an area may be required.</p> <p>The creation of <i>Public Service Trusts</i> as in Herefordshire may well prove to be a cost-effective and integrated way of delivering care.</p>
Migrants & Refugees	<p>The needs of migrant workers falls through the cracks at present, particularly those employed on a seasonal basis and rurally-based harvesting and processing of fresh produce. Many suffer from low pay, poor accommodation, lack of awareness of their employment rights, lack of advice and language barriers.</p>
Gypsies & other Travellers	<p>Largely because they are subject to frequent evictions from unauthorised sites travellers face huge barriers in their access to health and related services. Approximately 20% of gypsies and travellers have no legal place to pitch their caravan and so are officially homeless. Many of these use temporary rural sites and lay-bys near to where they can access seasonal work.</p>
People at Risk of Domestic Abuse	<p>Domestic violence is less recognised in rural areas than urban areas. The secrecy surrounding domestic violence which provokes many incidents to go unreported is exacerbated in the countryside by lack of transport, physical isolation and the associated stigma.</p> <p>The provision of housing and other facilities for people at risk of domestic violence within rural communities is limited as there is insufficient critical mass to provide alternatives.</p>

Homelessness	A higher proportion of rural residents than urban residents have to commit over half their income to buying/renting a house with average house prices being up to 14 times the average local income. Homelessness is often hidden in rural areas, yet it is on the rise. Sofa-surfing, where homeless people move from one friend's house to another, means that many local authorities are unaware of how many vulnerable people need help.
Supporting & Encouraging Better design of New Developments	Eco design, using locally sourced, sustainable natural materials incorporating energy efficient measures. Rural brownfield, e.g. redundant farm buildings or greenfield sites within/close to rural settlements, have an excellent opportunity for highlighting best practice

**Priority: ENVIRONMENT & HEALTH**

<b>Priority Headline Issue</b>	<b>Commentary</b>
Creating a Rich Environment	Our rural land mass is one of our key assets which offers significant economic, leisure and environmental potential and is helping the region adapt to meet the region's most pressing challenges, through energy production and food sourcing. The Region, and rural parts in particular, offers a strong quality of life backed up with unique heritage locations, areas of outstanding natural beauty and major cultural assets.
Ensuring the Environment supports Healthy Lifestyles	Older people in mining and industrial areas are more likely to suffer from acute illness and smoke than people living elsewhere. The real impacts relate to the amount of contaminated land as brownfield sites for development. Initiatives like The National Forest, community forests and other natural green spaces are important, together with better planning in terms of green infrastructure in our towns, cities and rural settlements.
Protecting the Indoor Environment: Tobacco Smoke	Smoking is certainly related to deprivation and low educational attainment but is not <i>necessarily</i> occupation-specific and not directly to the urban-rural divide.
Protecting the Outdoor Environment	Livelihoods dependent on agriculture, forestry, fishing and farming are under threat as a result of a steep decline in farm income. The traditional custodians of the countryside are changing and support for sustainable rural communities is needed if we are to protect and enhance the outdoor environment.  The countryside offers wider recreational space and is a considerable amenity to both the local and urban community.

Climate Change	<p>Account must be taken of global environmental challenges such as climate change, and tackling at a local level, making links with local communities and schools. This includes both mitigation and adaptation strategies reducing the impacts facing society today and into the future.</p> <p>In developing health services the overall carbon footprint, that includes both staff and patient travel, should be determined. The scale and placing of institutions/facilities should align with sustainable travel arrangements as far as possible.</p> <p>Immediate action is required to adjust to the inevitable effects of the degree of change already under way. Care of the vulnerable in very hot spells, provision of shade in schools, perhaps changes to the school day, flood preparation, changes in agriculture and water supply, etc. All these adjustments will impact on health and wellbeing.</p>
Environmental Sustainability & the NHS	<p>Minimising waste and promoting sustainable use of resources. Provide opportunities for environmental training and education. Incorporating energy efficient measures that are better than current Building Regulation requirements, i.e. future proofing and adopting technologies to reduce greenhouse gas emissions.</p> <p>Delivering national targets and offering considerable local employment opportunities to rurally based workers and supply chain companies is biomass CHP (Combined Heat and Power). MWEN and Birmingham City Energy Supply Companies are at the forefront of this work making biomass CHP energy solutions economically viable for rural, peri-urban and urban-based health provision facilities.</p> <p>Procuring and purchasing food and other products from local and sustainable sources, e.g. following the example of the Cornish Health Authority which is helping to sustain local rural businesses and cut down the “food miles”. The NHS is a powerful procurement agency.</p>
Infectious Diseases, Inequalities and Environment	<p>Rural areas can unwittingly provide the location and conditions for infectious diseases: water-borne diseases (such as Lyme Disease), TB and Food Safety. Bio-security measures and training of appropriate personnel can minimise any risk.</p>
Managing Health Impacts of Major Incidents	<p>Rural communities, farmers and landowners have a responsibility for maintaining bio-security and restriction zones around infected areas, e.g. avian flu outbreaks. Given the dispersed nature of the population and high travel to work/leisure/culture distances and food miles, the problems of containment arise.</p>

**Priority: ECONOMY & HEALTH**

<b>Priority Headline Issue</b>	<b>Commentary</b>
Health & Social Care Sector	<p>Low income and lack of work are causes of rural poverty and contributing factors to low health and wellbeing. Research indicates that rural deprivation and poverty tend to be the consequences of low paid, self-employed and part-time seasonal work rather than long-term unemployment. However, robust routinely collected data are not available for these factors. Data is available for income support, job seekers allowance and pension credits. The figures are based on claimants but there are lower levels of benefit uptake in rural areas and therefore the true picture remains masked.</p>
Work & Health	<p>Home-based working is becoming increasingly important for social and economic stability in rural communities by raising local prosperity, inhabiting communities around the clock and through the year, reducing commuting, increasing community inter-trading and improving people’s work-life balance. One of the challenges is to develop a policy climate that enables home-based business support and works with the grain of health work practices.</p> <p>Livelihoods dependent on agriculture, forestry, and fishing are under threat as a result of a steep decline in farm incomes. Growth in wildlife and heritage tourism has led to the emergence of a new sector in the rural economy. Increasingly conservation bodies are managers of farms, garden centres, cafés, shops, visitor centres, car parks and other visitor facilities which can impact on local economies in a dramatic way if they sell products of local character which themselves can become a distinctive part of the tourism experience and healthy lifestyles.</p> <p>The ability of women in rural areas to enter employment is affected by limited public transport, the cost of private transport, low wages, low confidence, childcare needs and lack of experience. Gender dynamics are often imbalance in the countryside. Fewer women have personal pensions and are in greater risk of falling below the poverty line. There are perhaps grounds for promoting social enterprises in rural areas to meet the health needs of the community that cannot be met by other means.</p> <p>However, the impacts of seasonal income need to be highlighted, e.g. seasonal income in tourist honeypots – a visitor economy is not a sustainable one.</p>
Children	<p>23% of rural children live in poverty. Hidden poverty – the prosperity of much of the countryside often conceals local and individual hardship. Poverty is a single and persistent problem with the close proximity of affluent and deprived households in rural areas making it harder to identify social exclusion in statistical data.</p>

Skills	<p>Education levels are dependent on population structure. Access to learning is often impeded by distance and low aspirations. In England, 1 in 8 people of working age in rural districts has no educational qualifications with transport problems influencing decisions about education for many of them.</p> <p>Language barriers are an emerging problem in increasingly diverse rural areas and exist not only for migrant workers but also for rural residents where accents can be barriers to employment and a sense of belonging.</p>
Skills & the Health Sector	<p>Rural economies are less diverse and there is greater reliance on fewer sectors, i.e. just 7 sectors account for over half the employees and Health is one of the largest. Housing affordability is a key issue to the economic future in many rural areas, particularly for young people who cannot afford to stay. Promoting accessible and appropriate rural transport solutions would help to ensure access to skills development and training opportunities for target groups within the sector.</p>
NHS Spend	<p>Given the ambition of the NHS to provide a universal service, it follows that the whole of the population should have access to appropriate care at the right time and delivered in the most appropriate place. Research indicates that the further away from care people are the less they will access that care. It is also important for Acute Hospital Trusts and modern community hospitals to understand the make up of the populations that they serve and for them to adopt a rurally sensitive approach to policy making and delivery of care.</p> <p>Technological and medical advances, including assistive technology and remote monitoring of vital signs, mean that it is possible for a wider range of more advanced care to be delivered by primary care at or close to patients' homes. Modern community hospitals can deliver intravenous therapies and dialysis, advanced diagnostics using PACS, minor (day) surgery and day treatments and even palliative care in ways impossible a decade ago. Access to appropriate, safe, effective and sustainable health and social care really is the issue.</p>
Procurement	<p>In partnership with local producers, processors, suppliers and distributors a much greater percentage of food stocks, and other materials can be purchased or procured locally – supporting the local economy and cutting down the road miles, particularly the food miles and thereby supporting many rural businesses.</p> <p>Ensuring efficient use of resources, for example water and energy, will not just minimise waste but effectively save money too.</p>
Medical Technologies Sector	<p>This is an important employment sector for a number of rural areas. Furthering research and development in order to create high quality job opportunities for rural communities.</p>

**Priority: CULTURE, PHYSICAL ACTIVITY & HEALTH**

<b>Priority Headline Issue</b>	<b>Commentary</b>
A Strong Force for the Common Good	<p>Rural communities have embraced traditions of mutual help and self-reliance, supportive of each other and sometimes suspicious of strangers. Many rural communities have a deeply ingrained culture of stoicism and self-reliance. The predominant focus on farming has led to the experience of women being neglected. Where evidence exists it points to higher levels of stress amongst women.</p> <p>Rural churches and faith groups make a vital contribution to the social capital and culture.</p>
Developing and Active Population	<p>Journey makers from rural areas make 28% fewer walking trips per year than the national average and walk 33% fewer miles. Bad diet and levels of fitness are hindered by car usage. Shopping for fresh produce is harder when local shops close down.</p> <p>Better efforts to understand the links between the countryside and health need further developing e.g. Walking for Health, Active Woods campaign, the Health-Woodland Improvement Grants, Forest Schools, Farm Parks, etc. Data collection, collation and assessing the benefits in order to convince the planners, the health service and community leaders should be encouraged to maximise the opportunities to deliver a healthier region both physically and spiritually.</p>
London 2012 Olympics and Paralympics Games & Health	<p>There is great potential for the rural areas to capitalise on the back of the opportunities presented by the Olympics hosting a myriad of high profile sporting and cultural events both in the run up to and post event.</p>
Improving Quantity, Quality and Accessibility of Cultural Opportunities for Children & Young People	<p>The voluntary sector often provides the vehicle for providing both physical activity and culture in rural areas. However, the changing demographics and ageing volunteer workforce has the potential to erode the social fabric of rural communities.</p>
Enriching Lives through the Creation and Improvement of Healthcare Settings	<p>Create and enhance healthy environments, minimising pollution and providing green and open spaces within the confines of the healthcare setting and the local environment. Maximising rural community and staff involvement in planning, development and provision of services to instil pride of place and sense ownership, thus providing opportunities to contribute to healthier lifestyles and overall physical and mental well-being of patients and staff alike.</p>
A Partnership Approach	<p>Parish planning, community strategies and the Local Area Agreements are all about delivery of services through partnerships. This includes cross-district boundaries and cross-borders, e.g. Wales. Adjoining communities such as those spanning the English-Welsh border in rural Herefordshire and Shropshire have to cope with very serious anomalies in terms of health care, social care and public transport.</p>

**Priority: SAFER COMMUNITIES & HEALTH**

<b>Priority Headline Issue</b>	<b>Commentary</b>
Safety & Health	<p>Accidents and fatalities within the land-based industries have been a continuing concern over recent years. The increase in mechanisation, the seasonal nature of the work, the vagaries of the weather and the lack of safety training and awareness all contribute to a worryingly high number of reported incidents.</p> <p>Accidents and deaths involving migrant workers go largely unreported. Trafficking and slavery in the countryside is extensive although largely hidden. Only when crimes and tragedies happen does the scale of the problem come to the fore.</p>
Drugs & Alcohol	<p>Middle class children who have two working parents and living in affluent areas or rural communities are significantly more likely to have tried alcohol than any other group. In the region, under-age drinking is a significant problem as well as binge drinking in market towns. The lack of alternative “entertainment” in rural areas exacerbates the problem.</p> <p>A higher % of boys and girls (11-16) in rural areas admit to using illegal drugs.</p>
Anti-Social Behaviour	<p>In rural areas the number of rural households that include children aged 15 or under is below the national average. This can lead to a lack of age-appropriate services which may increase isolation and mental distress. In England 49% of rural parishes have no youth groups or clubs and a lack of transport can breed a culture of isolation – nothing to do and nowhere to go.</p> <p>Certain crimes are specific to rural places and peculiar to the countryside such as thefts of livestock and farm equipment, wildlife crimes and trespass. Fear and insecurity particularly affects remote rural dwellers.</p> <p>Stigma and discrimination affect people living in rural areas, e.g. BME Groups are up to four times as likely to experience overt racism.</p>
Road Safety	<p>There are considerable concerns about safety and vehicle use on what are generally smaller country roads in rural areas. The risks faced and the type of accident is different from those on or near urban roads because of the higher speed of vehicles, lack of pavements and lack of lighting.</p> <p>The better deployment of rapid response teams will help but education and publicity campaigns are equally important; to learn how to reduce the risk of being injured for pedestrians, cyclists, in-car safety and horse riding. The provision of road engineering measures is more difficult in terms of much greater areas of road network and the lack of resources. The role of driver education and enforcement measures like safety cameras is now being emphasised and support is required for Safer Roads Partnerships in the region in addressing rural highway safety.</p>

Abuse & Violence	As rural areas become more diverse, cultural violence has often become an emerging problem. Minor ethnic people living in rural areas, including migrants have been victims of harassment and abuse.
Social Cohesion	Lack of privacy can have serious effects on well-being. There is often a significant lack of privacy in small communities that prevents people from seeking advice, care or health treatment and it impacts on their quality of life.
Social Cohesion <i>(continued)</i>	<p>Carers living in rural areas face challenges over and above those experienced in towns. Carers living predominantly in rural areas may face problems accessing information, support services and appropriate respite care. Distances involved may require a rural carer to leave their relative for long periods in order to shop or attend medical appointments.</p> <p>The reduction in numbers of rural post offices is a real problem where the lack of provision of viable alternatives is a real issue. Multi-use facilities help mitigate against the higher costs and fewer customers, particularly helping those without private transport, on low incomes, with health or mobility problems, the young and the old.</p>
Role of Partner Agencies	Limited channels of information restrict both awareness and physical access to services in rural areas

**Priority: CHILDREN & YOUNG PEOPLE**

<b>Priority Headline Issue</b>	<b>Commentary</b>
Safeguarding	Rural children and young people living in poverty are excluded financially from what does exist and are more likely to be highly visible in their communities and feeling constantly subject to adult scrutiny. This lack of privacy can impact on their ability to gain confidential access to services and advice.
Safeguarding <i>(continued)</i>	Serious mental problems are often hidden or go unrecognised. The rate of suicides for young people between 16 and 24 is higher in remote rural districts than accessible rural or urban districts, yet consultation rates for mental illness were markedly lower. Those living in remote rural communities have adopted a range of coping strategies and coping norms that may prevent disclosure and hamper effective policy delivery. The consequences for young people are higher rates of suicide and a greater likelihood of being placed on the “at risk” register than youth in towns or cities.
Sexual Health	Sexual health information and advice are difficult to access although there are outreach examples in the region. The increased use of the internet for available advice and guidance is also noted. Rural areas have better sexual health than urban areas.

Teenage Pregnancy	The level of teenage pregnancies is lower in rural districts than in urban districts.
Infant Mortality	Interventions targeting the offspring of rural women are more difficult because of demography and possibly nutrition if access to fresh fruit/vegetables/dietary needs is difficult. Density dependent constraints and transport difficulties therefore exacerbate the situation. Comprehensive health education programmes, health information and advice will help together with the support of caring professionals, e.g. midwives.
Healthy Schools	The provision of both Healthy Schools and Extended Schools may well be difficult within the rural areas because of the lack of critical mass and the need to concentrate resources. Small rural schools are unable to provide a full range of subjects and may lack specialist teaching resources.
Extended Schools	Extended schools are dependent on need, local organisation and circumstance, engaging with harder-to-reach parents and carers. Rural children and young people from low income families are particularly vulnerable and visible in rural areas especially those taking school meals, who are more likely to report having been bullied.  Rural areas may be helped by clustering, joint commissioning, using sites away from schools for services as in a “hub” approach.
Childhood Obesity	Obesity will not be tackled by merely serving healthy local food to pupils at school. Parents, carers and teachers must be involved in tackling the culture. For all sorts of reasons rural children may be disadvantaged through road safety issues, lack of local playing fields/sports facilities and become very much “trapped” in their own homes, particularly those from low income families. A study on young people and transport in rural areas found that their main method of accessing services and activities was by lifts from parents. Multi-agency training and adopting a shared approach is advocated – perhaps through rural clusters, healthy schools, forest schools, etc.

**Priority: LATER LIFE**

<b>Priority Headline Issue</b>	<b>Commentary</b>
Tackling Inequality, Ageism and Promoting Positive Contribution	Life expectancy tends to be higher in rural wards, and older people are the largest group in many rural populations.  In rural areas, non-specialist treatment is in decline. Fewer rural parishes now have a GP surgery and the withdrawal of services and a lack of choice in regard to facilities and GPs may prevent people from seeking out such services. NHS Direct has a key role to play in providing out-of-hours health advice to urban and rural areas and is available 24/7.

<p>Choice, Accessibility and Inclusivity</p>	<p>The urban rate of emergency hospital admissions is higher. For elective admissions the urban/rural rates are similar with the exception of the rural sparse areas which are lower. Rural areas tend to have lower rates of mortality (except for suicides and road accidents). Higher rates of premature mortality are associated with higher rates of poverty.</p> <p>Loneliness and isolation can create rural prisons with a high proportion of older women in rural West Midlands living alone. A similar proportion of these older women has long-standing illness and do not have a car. Women outlive men by around six years or so on average (a fundamental inequity!) and rural women will experience better health than urban women. As wealthier retirees move to rural areas this will create difficulties in terms of the availability of social support networks and it is this latter aspect that should give rise to real concern.</p> <p>Remote villages or commuter villages often experience low community engagement with older people often completely invisible in small isolated villages that have become dormitory towns for a new middle-aged generation that run parish councils and other visible aspects of village life.</p>
<p>Improving Health &amp; Wellbeing</p>	<p>The State of the Countryside Report 2005 suggests that 65% of people in villages and 74% in hamlets and isolated dwellings do not talk to their neighbours; over 20% of residents over the age of 55 will not have contact with neighbours more than once or twice per month. Fear and insecurity particularly affects remote rural dwellers and is a major contributor to social isolation of older women, particularly the over 75s who never learnt to drive. Many do not leave home such is their sense of vulnerability.</p> <p>People in rural areas may often feel unable to access specialist services due to issues of confidentiality and cultural stigmas. It is often harder for problems to remain anonymous in small communities. For service providers there remains the problem of providing a wide range of easily accessible services in rural areas due to lack of staff capacity, lack of critical mass of the population and the diseconomies of scale that this creates. It is, therefore, necessary to develop innovative ways of working to make sure that everyone has access to the services that they require, at the appropriate time and in an appropriate place.</p>
<p>Promoting Independence</p>	<p>Rural pride is often an obstacle to people accessing services and reporting need. Pride in work and ownership – “may not have much, but what they have is theirs” can have a negative effect on mental health, which goes unreported and untreated. This attitude prevents people accessing services they are entitled. The enabling of vulnerable adults, and in particular the growing population of older people in rural areas to continue to live independently in their own homes and communities should continue. Many rural districts still cannot access the internet or do not know how to, and people over 65 are significantly less likely to use broadband at home as are those in local authority housing association accommodation and those on low incomes.</p>

## Concluding remarks

The Consultation process calls for views on the relative importance of each priority and which should be the focus for activity and investment. The balance between these two is likely to vary across the region, between urban and rural areas, but also between different types of urban areas and rural areas. The rural picture is complex, full of interconnecting factors to do with economics, geography, identity, cultures and behaviours.

Inequalities within rural areas are marked; it is often not specific rural areas that need support and investment but specific groups of people, e.g. migrants in farming villages, single pensioners living in remote rural areas, low income families in rural honey pots, unemployed men in ex-industrial villages, etc. Some of these are needs in rural areas rather than needs of rural areas and face the same complex challenges of diagnosis, intervention, dosage, etc as their equivalents in urban areas.

In terms of an overall direction rural areas of the region would probably benefit from a strategy that:

- Prioritises and champions a move towards low carbon solutions
- Has a vision of health and well-being that measures social and environmental health more accurately and robustly for the rural areas to ensure that they are not unduly disadvantaged
- Is flexible enough to allow programmes of investment and activity appropriate to different locations whether rural or urban, large or small
- Is alive to the interdependencies of urban and rural areas
- Actively promotes both the understanding of what constitutes 'sustainable rural communities' and what will help them remain sustainable in the future

## Bibliography

In addition to many of those listed in Section 13 – References of the Consultation Document the following have been particularly helpful:

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