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Why Responding to Rural Health is Important

- Overall greater life expectancy and generally better health mask significant challenges arising from a rural context.

- These challenges come to the fore with a nuanced understanding of how "space" affects health.

Rural Challenges #1

- 9.3 million people in England, or 17.0 per cent of the population, live in rural areas in 2014.
- The population in rural areas has a higher proportion of older people compared with urban areas.
- **8% of rural residents** live within 4km of a GP surgery, compared with **98% of the urban** population.
- Only **55%of rural households** compared to **97% of urban households** are within 8km of a hospital.
- **57% of rural residents** live within 4km of an NHS dentist, compared with **98% of the urban** population.
- *Rural* households spend a higher proportion of their disposable income on transport and essential goods.

Rural Challenges #2

- **Affordability, poor quality housing and significant fuel poverty** in the most rural areas are threatening the wellbeing and sustainability of communities

- Rural house prices are **26% higher than in urban areas** and are on average less affordable

- Around 50% homes in the most rural areas and villages **are classified as 'non-decent'** compared to around 30% in small towns and urban areas.

- Around 50% houses in the most rural areas and 25% in village centres are '**energy inefficient'** compared with 7% in urban areas.

- 2 in 5 homes in rural areas **are off the gas grid** and have to rely on expensive fuel options

- A combination of the older demographic and the unavailability of high speed broadband and mobile phone networks **are leading to an increasing digital gap**

Rural Health Care Challenges

Our initial rapid review of the research literature on unavoidable costs of providing health care in rural and remote areas suggests possible issues related to:

- difficulties in staff recruitment and retention and higher overall staff costs
- higher travel costs and unproductive staff time
- the scale of fixed costs associated with providing services within, for example, safe staffing level guidelines
- difficulties in realising economies of scale while adequately serving sparsely populated areas.

The Lincolnshire Context

- Lincolnshire is the fourth largest county with the 4th most dispersed population.
- Seasonal variation in population due to holiday makers along the coast
- We have a registered population of 768,688. 9.9% of the population is 75 + with an expected increase of 20.1% 75-84 yr. and 19.6% increase 85+ years by 2021 (above national average).
- The number of working age adults is not expected to rise.
- 14.2% of the population live in the most deprived areas in England.
- Significant housing growth planned across Lincolnshire with circa 5000 additional homes built in and around Lincoln alone over the next 5 years.

Role

To work with partners to identify, scale up and promote the adoption of activities, which reduce health inequalities and improve the quality of life of rural people.

Core Focus

Bringing real focus to the challenges and opportunities in providing health and care in rural settings.

- Exploring:
  - 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 – improving the offer that rural settings can make to current and future workforce.

Activities

- 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.

What we have found so far - Technology

There is a massive market but it does not have a rural perspective
Housing and independence are the greatest areas worthy of intervention

Academic Health Science Networks a great route to market
Innovation Exchange – 6 December Lincoln.

What we have found so far - Workforce

Report by Professor Anne Green just completed suggests:

- Adopting a more segmented approach to workforce recruitment, retention and development based on a better understanding of the demographics of rural areas
- A detailed mapping of programmes and initiatives that have funded innovative approaches to workforce development in the past 15 years with rural components
- Introducing 'rural proofing' into health service planning and delivery in rural areas.

What we have found so far –Insight/Data

Traditional indicators – such as the English Indices of Deprivation are urban biased

Context is really important – qualitative perspectives help make the data more relevant

There is scope to make things more relevant – we are beginning a dialogue with PHE about a series of data sets to ease rural navigation around their data.

What we have found so far – Research

Limited focus on specifically rural research

There is a growing consciousness that this is important – and that the NHS doesn't really grasp rural

Our latest commissioned research from Nuffield Trust on the rural component of Trust funding showed: the 7 trusts given a modest uplift in funding to address their "unavoidable smallness" represent approaching 25% of all the debt in their system across England

The arbitrary use of a one hour drive time as the denominator for unavoidable smallness has no real rationale. If it was reduced to 30 minutes the number of trusts eligible for support would rise from 7 to 27.

Where to next?

Parliamentary Inquiry Themes:

1)   What are the needs of rural communities and how are they different from their urban counterparts?

2)   How are rural health and social care needs currently met?

3)   What is not working in rural communities and why?

4)   Workforce challenges and opportunities

5)   Education and training challenges and opportunities

6)   Structural challenges of fitting current delivery models into a rural setting

7)   Technology opportunities and challenges

8)   Integration opportunities and threats.