

ESSENTIAL REFERENCE PAPER B

Rural Isolation PID

Version: 23 February 2016

Project Aim:

To propose actions to East Hertfordshire District Council and partner agencies to reduce the effects of rural isolation on access to key services and loneliness.

Project Objectives:

- To identify the size, scale and implication of rural isolation across East Hertfordshire in regards to access to council services across all tiers.
- To identify projects and actions that can be delivered to reduce the impact of rural isolation.
- To share outcomes with Heads of Services to inform service delivery.

Project Outcomes:

Through the first stage of the project, we will have produced a piece of research on rural isolation which identifies the size and nature of the problem in East Herts and the communities affected.

It is unclear at this stage what actions will come out of this project. As a district council, it is likely that our internal actions will be around:

- Community initiatives (e.g. Timebanking, sports projects e.t.c.)
- Lobbying and funding community transport.
- Targeted communication material informing residents and local organisations of services available and raising awareness of issues.
- Support volunteer and community groups.

Definitions:

Rural: Settlements with less than 10,000 residents. This will encompass the whole of East Herts excluding Hertford, Ware and Bishop's Stortford as defined by DEFRA and in the Eastern Plateau for RDPE.

Rural Isolation: The feelings of powerless and disconnection experienced by individuals or groups as a consequence of living in a rural area as defined by DEFRA.

Loneliness: Subjective negative feeling that can encompass emotional loneliness – the absence of a significant others (for example a partner or a close friend) and social loneliness – the absence of a social network (for example a wider group of friends, neighbours) as defined by Public Health England.

Social isolation: Objective state referring to a complete or near lack of contact with people and society as defined by Public Health England.

Project Team:

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Simon Barfoot & Christine Gillham (has now left the council) (Public Health)

Kate Belinis (Community Development Agency)

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Action Plan:

Stage 1: Hypotheses Testing

- The first step shall be to gather data metrics to test the following hypotheses. Where relevant, all data metrics should be filtered down by age and disability, with reference to Lower Super Output Areas.
- Hypotheses 1 – 3 are people-based hypotheses. Using mosaic data we should plot households where people are likely to be economically disadvantaged, have poor physical health or have poor mental health.
- Hypotheses 4 – 5 are more place-based hypotheses. We can (crudely) assess how ‘vulnerable’ an area is in contributing to rural isolation by assessing the number of shops, post offices, churches, faith groups and buses, for example.
- Hypothesis 6 is difficult to prove. We can get an indication by plotting the people data over the place data and look at households where disadvantaged people are living in vulnerable places.

Stage 2: Identify services in place

- Understand what public and voluntary services currently do to address any of the above issues.
- Identify gaps in services provided to residents and provide recommendations on projects and actions to reduce the impact of rural isolation.
- Once we've completed this first stage of work, we will be able to identify:
 - Areas in the district that are vulnerable to rural isolation.
 - Gaps in services available to residents that address the issues in rural isolation.
- We can then cross reference the two so we can identify actual services and projects that we can start up to close some of these gaps.
- Write up of business case(s).

Stage 1 Plan:

Hypothesis Number	Hypothesis	Inputs
1	There's a link between people living in rural areas in East Herts and being economically disadvantaged.	<ul style="list-style-type: none">• Indices of Deprivation<ul style="list-style-type: none">○ Income○ Employment○ Education Skills and Training• Benefit Claimant figures• Employment figures• Earnings• Skills
2	There's a link between people living in rural areas in East Herts and having poor mental health.	<ul style="list-style-type: none">• Indices of Deprivation<ul style="list-style-type: none">○ Health deprivation and Disability○ Crime• GP Visits for mental health• Loneliness• Public Health Data

<p>3</p>	<p>There's a link between people living in rural areas in East Herts and having poor physical health.</p>	<ul style="list-style-type: none"> • Indices of Deprivation <ul style="list-style-type: none"> ○ Health deprivation and Disability • GP Visits for physical health • Public Health Data <ul style="list-style-type: none"> ○ Length of life ○ Length of life in good health ○ Physical disability
<p>4</p>	<p>People living in rural areas in East Herts have difficulty accessing services compared with those in towns.</p>	<ul style="list-style-type: none"> • Indices of Deprivation <ul style="list-style-type: none"> ○ Living Environment ○ Barriers to Housing and Services ○ Crime • Broadband connectivity • Rural businesses count <ul style="list-style-type: none"> ○ Shops ○ Gyms ○ Pubs ○ Post Offices

		<ul style="list-style-type: none"> • Community groups/ initiatives count • Bus routes/ Train connectivity • Car ownership • Community transport accessibility
5	Rural communities have less social contact than urban areas	<ul style="list-style-type: none"> • Number of people per household (Dwellings under single occupancy) • Rural businesses count <ul style="list-style-type: none"> ○ Shops ○ Gyms ○ Pubs ○ Post Offices • Community groups/ initiatives count
6	People who suffer from loneliness experience enhanced feelings of loneliness whilst living in rural areas	<ul style="list-style-type: none"> • Provision of extra care required • Disadvantaged people plotted over vulnerable areas