EAST HERTS COUNCIL

EXECUTIVE - 19 JULY 2016

REPORT BY EXECUTIVE MEMBER FOR HEALTH AND WELLBEING

RURAL ISOLATION IN EAST HERTS

WARD(S) AFFECTED: ALL

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Purpose/Summary of Report

- To obtain approval for a direction of travel to further explore and address issues of rural isolation

RECOMMENDATIONS FOR EXECUTIVE: That:	
(A)	**the comments of Health and Wellbeing Scrutiny Committee be received; and**
(A)	**the direction of travel as now detailed in the report submitted, be approved.**

1.0   Background

1.1   In December 2015, Health and Wellbeing Scrutiny Committee agreed it would like officers to conduct a review of rural isolation and determine whether it is an issue in East Herts. This decision had the support of the Leader of the Council and portfolio holder for health and wellbeing.

1.2   Rural isolation and its implications on peoples' health has been a concern nationally for many years and there is increasing research being carried out to explore the impact of isolation and loneliness on the health and wellbeing of individuals.

1.3   According to Public Health England (PHE), anyone can experience social isolation and loneliness but some individuals or groups may be more vulnerable than others, depending on factors like physical and mental health, level of education, employment status, wealth, income, ethnicity, gender and age or life-stage.   It goes on to state that there are links between health and social inequality and social isolation; many factors associated with social

isolation are unequally distributed in society. (*"Reducing social isolation across the lifecourse",* Sept 2015). Reducing isolation is a priority for social care and public health. In July 2014, local authorities were charged with tackling social isolation in their communities (PHE, Adult and Social Care Outcomes Framework 2014)

1.4 The East Herts Health and Wellbeing Strategy (2013-2018) lists "increasing opportunities for social interaction and reducing isolation" as one of its actions under the priority of Empowering children, young people and adults to achieve their life potential.

1.5 Officers used the Department of Farming and Rural Affairs' definition of rural isolation: "the feelings of powerlessness and disconnection experienced by individuals or groups as a consequence of living in a rural area." **Essential Reference Paper B** contains the Project Initiation Document.

1.6 A Project Steering group involving external agencies to work together to kick start the work has been set up by EHC officers in January 2016. The group regularly updated the multi-agency Ageing Well Steering group on this issue. Names of the representatives involved in the group can be found in the project Initiation Document (PID) in **Essential Reference Paper B**.

2.0 <u>Report</u>

2.1 The PID is outlined in **Essential Reference Paper B**. The initial investigation set out to test the following hypotheses:

- **Hypothesis 1**: There's a link between people living in rural areas in East Herts and being economically disadvantaged.
- **Hypothesis 2**: There's a link between people living in rural areas in East Herts and having poor mental health.
- **Hypothesis 3**: There's a link between people living in rural areas in East Herts and having poor physical health.
- **Hypothesis 4**: People living in rural areas in East Herts have difficulty accessing services compared with those in towns.
- **Hypothesis 5**: Rural communities have less social contact than urban areas.
- **Hypothesis 6**: People who suffer from loneliness experience enhanced feelings of loneliness whilst living in rural areas

2.2 Methodology of data collection (Appendix 2)

The data used to test these hypotheses has been collated from a number of sources. The principal data source has been the Mosaic Demographic Profile of the East Herts population households. Mosaic allocates a group/type categorisation to households, which can then be cross referenced with over 900 characterised behaviours. The index rating for the group/type against the behaviour indicates how likely it is that the particular behaviour or characteristic will be displayed.

- A rating of 0 indicates Highly Unlikely to display a behaviour/characteristic
- A rating of 100 indicates an Average Inclination, measured against the national population (i.e no more or less likely than the national average).
- A rating of more than 100 indicates a growing inclination above average, with ratings over 200 being categorised as Extremely Likely

For the indices chosen to test the hypotheses, we selected those groups/types who were considered to be more likely than average (i.e. and index rating of higher than 100) to display the behaviour/characteristic. We then identified (using the Mosaic Profile of all East Herts households) where in the districts households who had been assigned those groups/types were located, and produced maps showing their geographic distribution.

As well as the Experian behaviour inclinations/likelihood data, we also used specific data on Revenues and Benefits customers (anonymised and mapped at the postcode level rather than household), Census data on Car Ownership, and data from both Ofcom and Herts County Council showing broadband internet services and bus route services respectively.

2.3   **Hypothesis 1: There's a link between people living in rural areas in East Herts and being economically disadvantaged.**
There is no significant evidence to suggest that this hypothesis is true. Figure 1 shows pockets of likely-to-be deprived families are generally focused around major towns and larger villages with good transport to towns.

2.4   **Hypothesis 2: There's a link between people living in rural areas in East Herts and having poor mental health.**
There is no significant evidence to suggest that this hypothesis is

true. Figure 2 shows that people anywhere in the district are likely to exhibit some symptoms of mental health.

Figure 2a shows that those residents who exhibit a greater number of symptoms of mental health live in pockets where population is greater. To summarise, pockets of mental health are likely to be observed in areas of greater population. The observation of likely conditions appears reflective of the spread of population – no clear link can be observed between rural living and poor mental health nor urban living and poor mental health.

2.5   Hypothesis 3: There's a link between people living in rural areas in East Herts and having poor physical health.
There is no significant evidence to suggest that this hypothesis is true. Figure 3 shows that pockets of poor physical health are likely to be observed in areas of greater population. The observation of likely conditions appears reflective of the spread of population – no clear link can be observed between rural living and poor mental health nor urban living and poor mental health.

2.5   Hypothesis 4: People living in rural areas in East Herts have difficulty accessing services compared with those in towns.
There is insignificant evidence to suggest that this hypothesis is true. Figures 4a and 5a show there are a small number of households that are not within one miles walking distance of social and health amenities. Generally, these households are expected to own a car according to their Mosaic profile. There is likely to be few people who have no means of getting to health and social amenities privately.

2.6   Hypothesis 5: Rural communities have less social contact than urban areas.
There is no significant evidence to suggest that this hypothesis is true. The information described under hypothesis 4 suggests most people in the district have access to services that provide social contact. There are no other relevant metrics to describe the level of social interactions a resident has.   What is known by looking at Local Health Profiles data is that in Bishop's Stortford Central 43% of pensioners live alone, compared to Aston and Datchworth where 21% live alone. This is also the ward with the second highest number of households with no cars or vans.

2.7   Hypothesis 6: People who suffer from loneliness experience enhanced feelings of loneliness whilst living in rural areas
There is no significant evidence to suggest that this hypothesis is true. None of the metrics established can describe this to be true.

We know that high-performing broadband, public transport and the number of services in rural areas is less well provided in rural areas compared to urban areas but we cannot know, with the data we have, what impact this has on people's feelings of loneliness.

2.8 Whilst there is insufficient evidence at this stage from the data gathered through Mosaic to suggest any of the hypotheses outlined are an issue, this is not to say that rural isolation is not a problem in East Herts. This is confirmed at the consultation meeting with Village Halls in April 2016 (Please see 2:10 below). From a broad perspective, looking at the average population, they are healthy, able-bodied and have access to a car. The most vulnerable members of our community may be in poor health, disabled with no access to a car.

2.9 For those vulnerable members of the community, poor public transport, a lack of relevant social facilities and distant health facilities are likely to become a greater problem. The Council should not lose sight of this. Members may want to consider a multi-faceted approach going forward and a framework has been developed by the Campaign to End Loneliness and Age UK (Appendix 1 and Background Paper). The council's role is at the neighbourhood level, supporting volunteers and enabling local initiatives. This could be linked to the Council's current work on Time Banking /Volunteering.

2.10 A new public health representative on the project team will be vital to support some of the difficulties the Council have around the health data for mental and physical health – a lot of the key indicators the Council can use (e.g. length of life in good health, Indices of health deprivation) don't separate out mental and physical health. It would be great if the Council could get involvement from the Health Intelligence team at Hertfordshire County Council (HCC).

Additionally, moving forward, CCG support on this project will be vital. It will be useful to get some data around GP visits and as we have drawn nearer the end of the hypothesis testing it would be useful to investigate whether we could use GP surgeries to get patients to do a self-assessment on care provision and a comparison between care requirements for those in rural and urban areas.

It is recommended that the Executive Member for Health and Well Being and the Chairman of the HWS committee liaises with East and North Herts Clinical Commissioning Group (CCG) to explore

how the Council could work with CCG in addressing rural isolation

2.11   Officers attended a Village Hall network meeting in April 2016 where a lengthy discussion took place following a presentation from an EHC officer on the topic. It was clear that most villages were concern about rural loneliness especially amongst their older and vulnerable residents. The Village network provided volunteer support in supporting people in need such as providing transport for medical appointments, shopping or getting to places. Also the villages provided their own activities to interact socially. In some cases there were good examples of cross village initiatives. It was stated that there were a lot of hidden isolation in the villages where volunteers were not pro-active. Having no shops or GP surgeries and very limited public transport in some villages have been cited as concerns. The recommendations from the discussion were:

i.   More involvement of Parish Councils and Ward councillors
ii.   Financial support for local initiatives such as good neighbour schemes
iii.   Provision of better transport through community transport and volunteer supported schemes.   HWS felt that transport, although an issue in some rural areas, was generally a Hertfordshire County Council matter and not for consideration by the committee.
iv.   Kick start funding to recruit, support and retain volunteers to create a legacy and sustain these initiatives beyond funding.

Recommendations ii – iv can be addressed through targeting the Council's Discretionary grant funding at areas that are less well served in terms of community facilities and services that help bring people together.

2.12   A separate review on Community Transport had been carried out by officers in line with priority 3 of the Corporate Strategic Plan (CSP) 2016/17 – 2019/20. The purpose of this review was to inform Members of the current funding allocations towards community transport which should enable members to investigate alternative funding models and whether EHC funding is appropriately targeted.

2.13   The Economic Development Team are currently working on a project to collaborate with district councillors and parish councillors to deliver rural broadband solutions in their communities. There is a 'Connected Counties Programme' that

Hertfordshire County Council are responsible for. The programme is focused on delivering broadband infrastructure through BT under two contracts. Under these contracts, there are some communities that are not timetabled in to receive BT infrastructure. There are other options available to residents, however, such as working with alternative providers such as Gigaclear (as Much Hadham have done), deploying satellite broadband or taking advantage of 4G options. Where Members want to take action within their communities they should work with the Economic Development team to identify best options.

3.0   Implications/Consultations

3.1   Information on any corporate issues and consultation associated with this report can be found within **Essential Reference Paper 'A'**.

Background Papers
LGiU Policy Briefing "Loneliness and social isolation in older people", 22 February 2016:
http://www.lgiu.org.uk/briefing/loneliness-and-social-isolation-in-older-people/

Campaign to End Loneliness:
http://www.campaigntoendloneliness.org/

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