

Rural Services Conference

Rural Health Challenges

Professor Richard Parish

National Centre for Rural Health and Care

September 2019



What am I going to cover?

- Context and influences on health
- Impact of recent changes in rural life
- Select Committee on the Rural Economy
- What we need to do to improve rural health and care

THE POSITIVES

Space and relative tranquillity
Air quality and vehicle pollution
Self-sufficiency and local food production
Volunteering
Lower crime rates
Higher life expectancy
Lower infant mortality

THE NEGATIVES

Social isolation and loneliness
Access to schools, hospitals, care centres, facilities
More costly food in shops
Poorer access to job opportunities and training
Service reduction
Seasonal employment
Weather in Winter

Background and Context

What has happened to some villages in the UK



BUT, behind the positive aspects of rural life

Trend has been a reduction in:

- Rural buses
- Rural banks
- Rural post offices
- Rural pharmacies
- Rural public services
- Fewer churches



Post Offices

Over 9,000 rural post offices in 2,000 to just over 6,000 in 2015.

However, 98.7% of residents still live within 3 miles of a post office in 2015





CARTOONSTOCK
.COM

COUNTRY
VILLAGE

POPULATION:

1,246 (WEEKENDS)

27 (MON-FRI)

R45

House Price Affordability

- 10 times average earnings in rural areas
- Up to 14.6 times in some rural counties
- National average is 8.2 times average earnings



Job Centres

40% of rural households are within 5 miles of a Job Centre compared to 95% of urban households

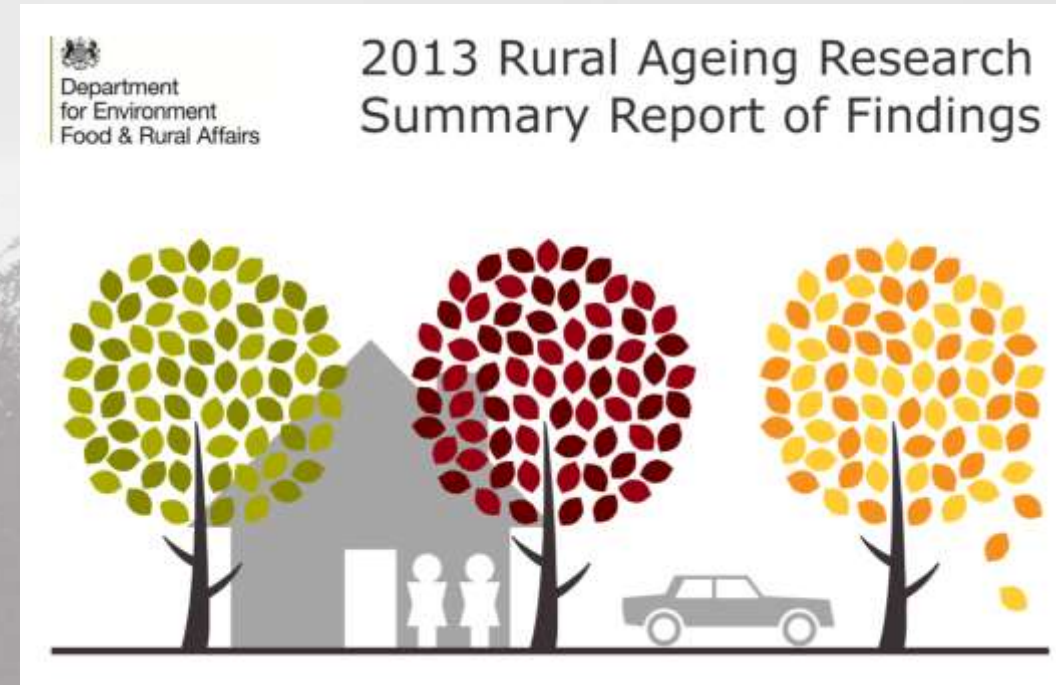


Access to Further Education

- 49% rural have 'reasonable access' compared to 69% urban
- Choice of 2 intuitions compared to 4
- £18 pw on travel compared to £15 (20% premium for rural learners)
- 90 minutes a day travel compared to 40 minutes
- Apprenticeships – fewer large employers
- ALL young people are supposed to be in education, training or apprenticeship until age 18



- The population aged 65 years and over is projected to grow by around 50% in both urban and rural areas between 2016 and 2039.
- In comparison, the younger population (aged under 65 years) is only projected to grow by 8% in urban areas, with virtually no increase in the younger population in rural areas.
- “This will result in an increase in the ratio of older to younger people, particularly in rural areas.” said the ONS.



Access and Service Provision

- Distance, time and cost to the individual
- Cost to the service provider
- Infrastructure



Travel and Access

- Total distances are between 31 – 55% longer depending on area and type of service
- Primary schools and convenience food stores are most accessible
- Hospitals and Job Centres are least accessible



Services for Older People

- Day Centres are urban focused
- Fewer centres per head of population in rural areas for dementia
- Access is limited because of poor public transport
- Under-representation of sheltered housing in rural areas
- Number aged 85+ in rural localities more than double 2012 - 2037

Rural Services Network 2016

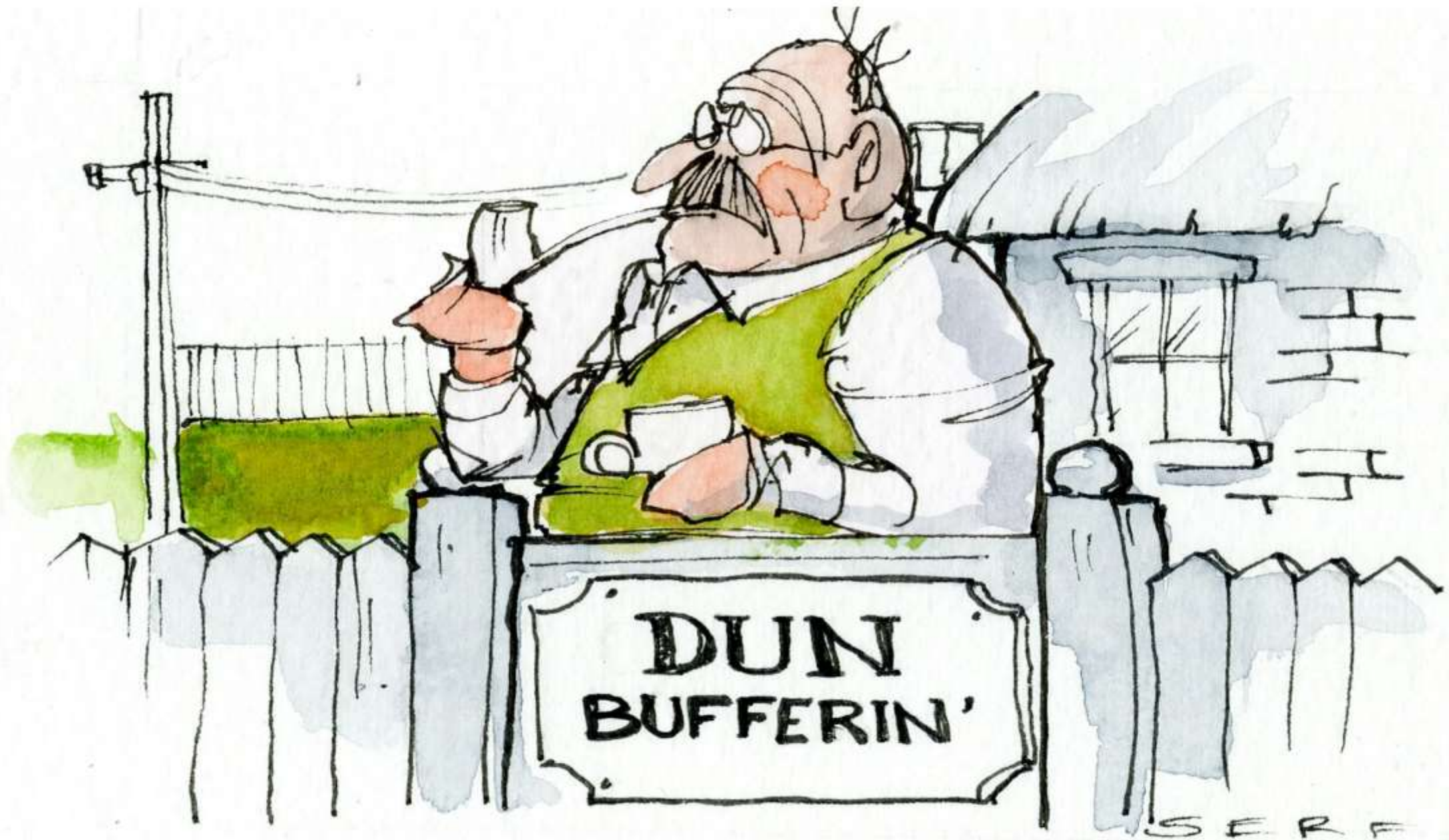


Public Health

- Life expectancy higher
- Infant mortality lower, **BUT**
- PH indicators (5 Shire Counties):
 - > school readiness
 - > fuel poverty
 - > social isolation
 - > smoking prevalence
 - > obesity
 - > YP self-harming
 - > sexual health
 - > provision of health checks
 - > avoidable sight loss
- PH budgets substantially lower

RSN 2016





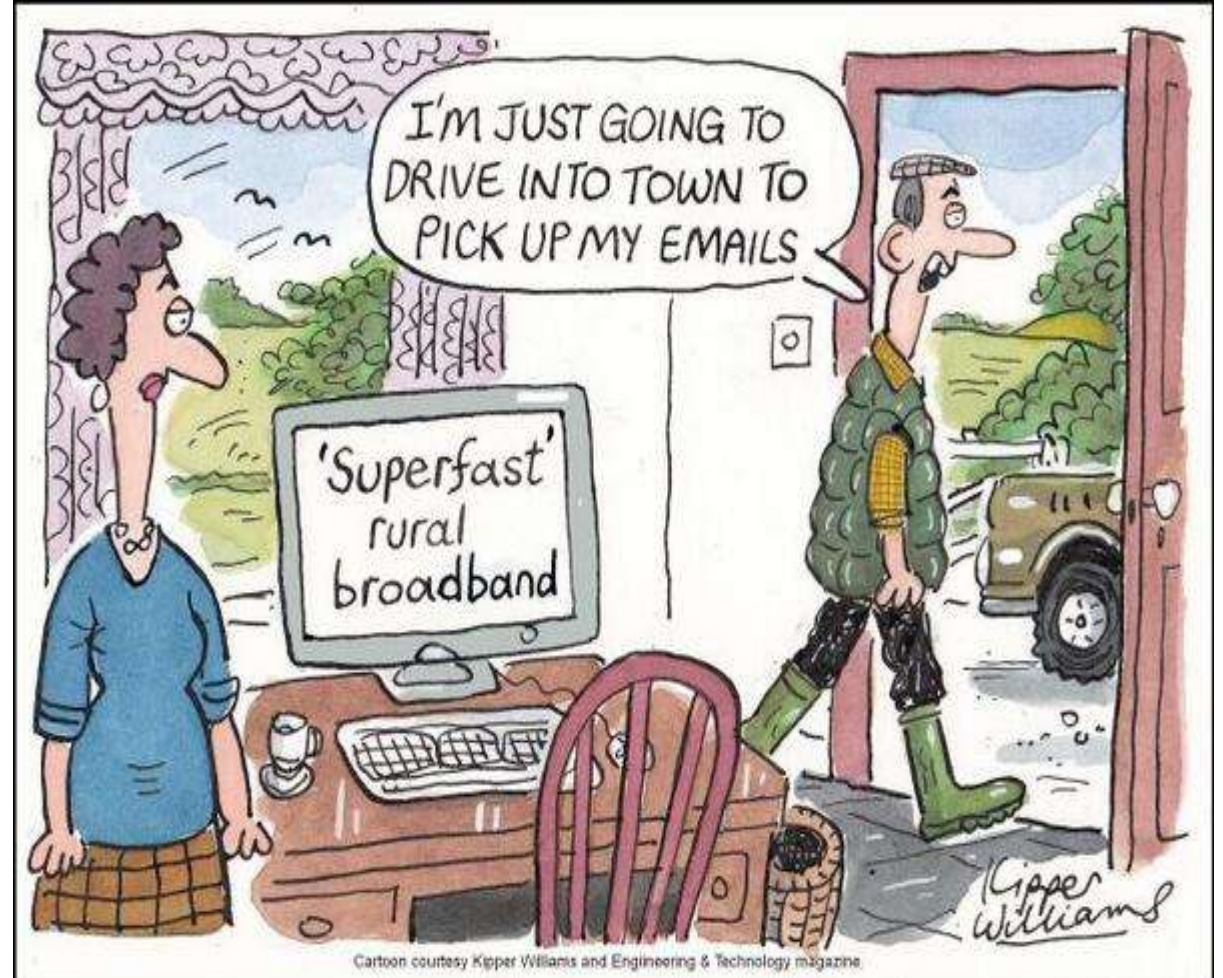
DUN
BUFFERIN'

S E R F

BROADBAND

The average broadband speeds in the majority of rural area types are lower than speeds in urban areas.

In 2014 the average broadband speed in rural hamlets & isolated dwellings in a sparse setting was 5 Mbit/s compared with 27 Mbit/s in major urban conurbations.

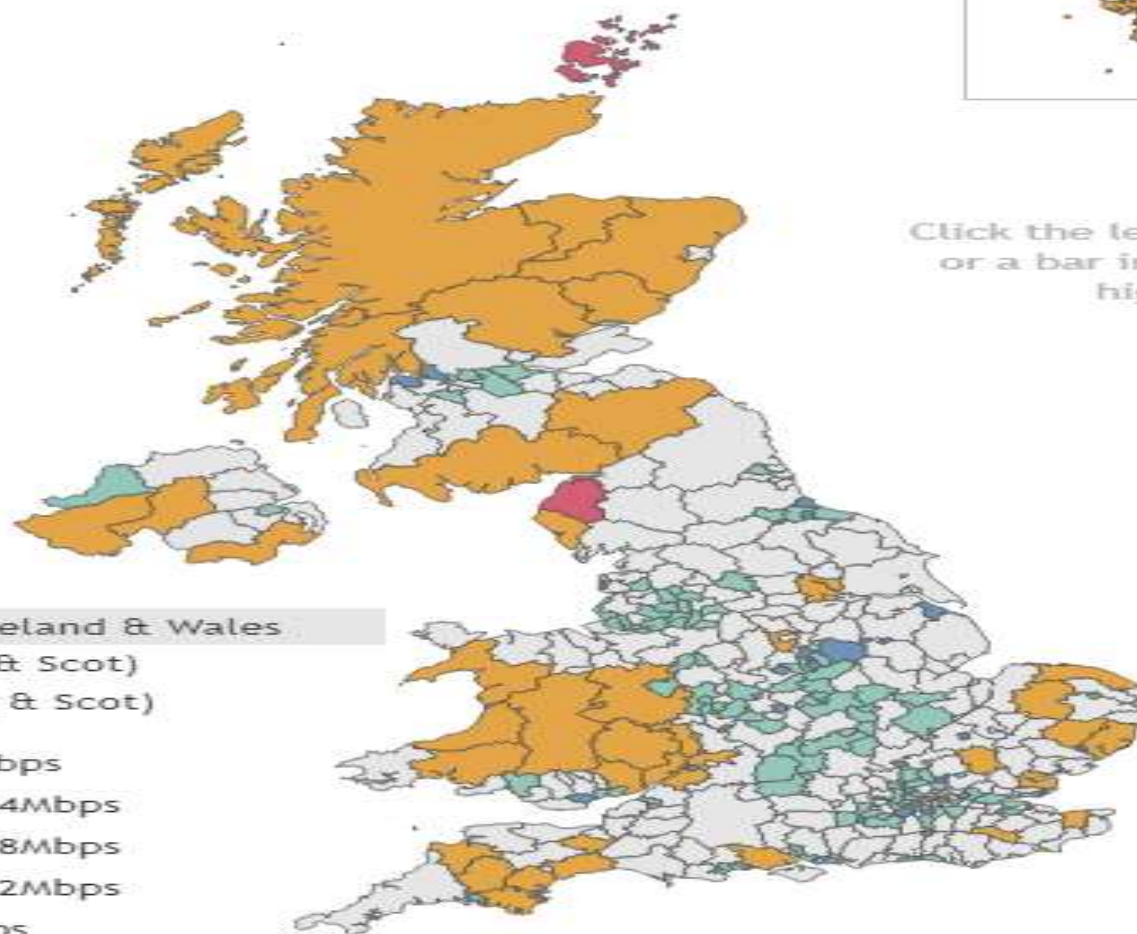


Cartoon courtesy Kipper Williams and Engineering & Technology magazine



Click the legend, an area,
or a bar in the chart to
highlight

- ☒ Northern Ireland & Wales
- ☒ Rural (Eng & Scot)
- ☒ Urban (Eng & Scot)
-  above 24Mbps
-  less than 24Mbps
-  less than 18Mbps
-  less than 12Mbps
-  Up to 6Mbps



Lower Speeds

Higher Speeds



Median 16mbps

Source: Which? broadband speed test data, 12 months to September 2018; ONS Urban Rural Classification of Local Authority Districts 2011; Percentage Population Estimates by Urban Rural Classification, National Records of Scotland - Council areas classified according to highest percentage of population dwelling in Urban or Rural areas.

Which?

The potential to use technology

EITHER YOU
HAVE A NEW
VIRUS OR MY
COMPUTER
DOES.



What impacts health in rural areas?

Health risks in rural areas

- Access to health and social care services
- Digital exclusion
- Infrastructure
- Population changes – migration, seasonal,
- Housing and fuel poverty
- Air quality
- Social exclusion and isolation
- Seasonal peaks and troughs in population
- Employment and low pay
- Disposal income – asset rich and income poor

Select Committee on the Rural Economy

1. What challenges do rural areas pose for the delivery of health and social care services, and how does health and wellbeing impact the rural economy?
2. What are the main challenges when it comes to recruiting and retaining staff to work in health and social care? How can rural areas attract the staff they need?
3. Are there sufficient education and training opportunities for people already living in rural areas or for people who would be interested in working in rural areas as health and care professionals?
4. What are the opportunities arising from new technology for delivering health and social in rural areas?
5. What are the main barriers to overcoming loneliness and social isolation?
6. Are preventative public health activities being adequately resourced?
7. What is the mental health situation and what can be done?
8. What role does the voluntary and charity sector play in delivering health and social care?

What challenges do rural areas pose for the delivery of health and social care services, and how does health and wellbeing impact the rural economy?

- Health disadvantage and inequalities often hidden
- Health data are biased towards an urban model
- Seasonal or casual employment can mask the work situation
- 23.5 % over 65s compared to 16.3% (2017)
- Highest proportions in Lincolnshire, Cumbria, Devon, Dorset, Somerset
- Outward migration of younger people
- Proportion of under 45s decreases with rurality
- Financial poverty in rural areas concentrated in elderly – ¼ of population over 65
- Recruitment and retention of health and care professionals
- On average health appears better, but there are more older people
- An urban model of healthcare delivery

What are the main challenges when it comes to recruiting and retaining staff to work in health and social care? How can rural areas attract the staff they need?

- Centres of Excellence are in urban areas
- Universities mainly city orientated
- Career development – fewer opportunities in rural areas
- Continuing education and development
- Professional support, supervision and consultation - isolation
- Housing costs
- Transport to work
- Family support

Are there sufficient education and training opportunities for people already living in rural areas or for people who would be interested in working in rural areas as health and care professionals?

- Dispersed further education opportunities
- FE training premium in rural areas
- Higher costs in delivering vocational training
- Too few rural facing medical schools
- Joint clinical/academic positions less readily available

What are the opportunities arising from new technology for delivering health and social in rural areas?

- Telemedicine
- Online and other web based consultations
- More accessible support for people in their own homes
- Home monitoring for vulnerable individuals – visual, biomedical
- Combatting loneliness; providing companionship
- Volunteer and family support
- Professional access to postgraduate education. Buddying.

What are the main barriers to overcoming loneliness and social isolation?

- Better contact with distant families
- Lack of understanding and supported networks for volunteering
- Poor broadband speeds
- Sensory loss - sight and hearing
- Poor public transport
- Diminishing local facilities and infrastructure
- Relatively poor funding for health and social care

Are preventative public health activities being adequately resourced?

- Rural per capita funding much lower than urban.
- Population distribution increases need and costs (elderly; sparsity; lack of infrastructure)
- Higher prevalence of obesity and smoking
- Indications of greater mental health problems
- Childhood indicators

What is the mental health situation and what can be done?



Mental Health

- Rural areas apparently do better on depression and anxiety, BUT.....
- Culture of self-reliance
- More pronounced stigma in rural communities
- Confidentiality may be compromised (e.g. home visits may be more visible)
- Poorer access to services ([Scottish Association for Mental Health](#))
- Farmers have the highest suicide rate of any occupational group
- Fewer doctors, nurses, social workers and therapists
- Poorer provision – assertive outreach, crisis resolution, early intervention and diagnosis, rehabilitation, day care, psychotherapy, old-age psychiatry and community mental health teams

Scale of Rural Services 2016



What role does the voluntary and charity sector play in delivering health and social care?

- Links to the community
- Befriending, even at a distance
- Requires organisational and communication capacity – funding, but cost effective
- Training and safeguarding
- Sector has specialised expertise in various areas – mental health; bereavement counselling; home help.
- Willing to help, but don't know what to do!

So what are some of the potential solutions?

National Strategy for Rural Health and Care

New model and different care management pathways

- Currently a tweaked urban model.

Enhanced primary care and new ways of working

- More minor surgery.
- Nurse led consultations.
- Pharmacy led prevention and management of long term conditions.
- GPs as 'Expert Generalists'.
- Physician Associates.
- Prescribing pharmacists, nurses, PAMs.

So what are some of the potential solutions?

Rural medicine and nursing as a speciality

- Review professional boundaries across health and social care.
- Inter-disciplinary training.
- Enhanced roles for care workers.
- Video consultations. Biomedical measurement. Counselling support.

Recruitment and retention incentives

- Fewer NHS workers per head of population
- Housing support
- Interest free car loan scheme
- Rural salary premium
- International labour supply

So what are some of the potential solutions?

Data collection designed to reflect rural circumstances

- Socio-economic situation.
- Health, disease and inequalities.
- Determinants and constraints on health
- Rural proofing in national data sets
- Differences between needs and assets in remote, rural and coastal areas

So what are some of the potential solutions?

Education, training and professional development

- Rural universities
- Flexible and open learning support
- Apprenticeships
- Interdisciplinary shared learning
- Rural curriculum (Professional and Accreditation bodies)
- Ongoing professional development/CPD
- Buddying with major teaching centres (universities and students)
- 'Ladders and Bridges' approach to career progression

So what are some of the potential solutions?

Investment in the determinants of health

- Housing
- Economy and Employment
- Education
- Environment
- UK National Eye and Hearing Survey
- Sensory deprivation. Mobility. Independence

So what are some of the potential solutions?

Technological innovation

- Remote examination and diagnosis
- Biometric screening
- Monitoring
- Alarm
- Patient records and referrals
- Information and support

So what are some of the potential solutions?

Funding formula that represents the true costs

- Staff time and travel
- Distributed infrastructure
- Incentives for recruitment and retention
- Training
- Pooled budgets for health and social care

Listen!

- Staff. Local communities.