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SOMERSET: OUR COUNTY

Joint Strategic Needs Assessment (JSNA) 2014/15

Summary - Foreword

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Chair of Somerset's Health and Wellbeing Board

Cabinet Member for Health and Wellbeing Somerset County Council

Somerset's Health and Wellbeing Board is proud to present the new summary of 'Somerset - Our County 2014/15', our local Joint Strategic Needs Assessment. The summary gives an overview of the strategic health, wellbeing and social needs of Somerset people and has a particular focus on our rural communities. We asked: what is it like to live in the countryside, what are the things that make it a good place to be and what are the concerns and difficulties people living rurally have. We learned much from listening to young people in rural focus groups. It's an important issue for Somerset as 48% of our population live in areas classed as rural. We want to make sure life is as equal as possible for everyone in Somerset, no matter where they live.

This document is a summary of our research. It brings together the key issues facing our rural populations and, raises some interesting questions for us such as:

- ? How do we reduce emergency admission rates for people over the age of 75 in rural areas?
- ? Are the high emergency rates for older people linked to social isolation?
- ? How do we reduce social isolation for older rural women?
- ? How can we help young people into good jobs and housing when they seem so hard to find in the countryside?

We publish the whole JSNA as a web-based resource so it can be updated throughout the year once we get new information, not just on an annual basis, therefore making it easier for people to keep up to date with the needs of the Somerset population.

My thanks, as always, go to all the individuals and teams who provide the wealth of information for 'Somerset - Our County'; it really is a joint effort across organisations and helps inform us where we should be focusing our limited resources to improve the lives of the residents of Somerset. Once you have read this summary, I would encourage you to take a look at the Joint Strategic Needs Assessment webpages which can be found on the Somerset Intelligence website – www.somersetintelligence.org.uk/jsna It really is a useful resource.

With best wishes

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Introduction and background

Welcome to 'Somerset: Our County', a summary of the Joint Strategic Needs Assessment for Somerset (JSNA) 2014/15.

The JSNA is a statutory responsibility for all Health and Wellbeing Boards. It brings together information about the place, the people and their social and health status to give us a well-rounded picture of what it is like to live in Somerset. It is expected that the information will be used in the medium term to inform the development of services according to need, but it also provides a longer term view of what Somerset could be like in the future so we can shape the way we want our county to develop.

This year 'Somerset: Our County' focuses on rurality. It provides a digestible summary of the key issues facing our rural communities and looks at the assets the county is fortunate to have. It considers what the longer-term issues and strategic priorities might be within a rural context so the people of Somerset can continue to be healthy and prosperous. We have put the qualitative work first, 'Engagement and Conversations', looking at people's views and experiences of living in the countryside. This is the 'human face' of the JSNA and it complements the data.

The definition of rural used in this report and for all the analysis within it is taken from the Office for National Statistics (ONS) area classification. This considers that any built up area with more than 10,000 residents is urban, and anything smaller is rural. This definition is then applied to statistical geographies such as Lower Super Output Areas (LSOAs). On this basis, 48% of the Somerset population is rural, making it the 8th most rural county in England.

A wide range of information and insight is used to build the JSNA and can be found at www.somersetintelligence.org.uk/jsna. Our website provides interactive data as well as links to issue-specific needs assessments; it's a single place for all information relating to the strategic needs of the county.

We hope you find this summary interesting and informative. We are always grateful for any comments and feedback you might have on the JSNA in order to improve it in future years.

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Section 1

What people have said about living in rural Somerset

Link to full report: www.somersetintelligence.org.uk/rural-roadshows.html

Introduction

The 'voice' of individuals can often be hidden in statistics. Whilst the data in this report show a generally positive picture of life in the countryside, we wanted to give a better idea of how people felt about living in the countryside.

Somerset roadshows

During the summer in 2014 at a number of engagement events, we asked people from rural areas to tell us three things that they liked about the countryside and three things they didn't like.

These responses were grouped into 'themes' where possible. Where comments did not fit a particular theme, they have been grouped as 'other'. These were predominantly comments that related to someone's individual circumstances and therefore could not be generalised.

Positive themes

- **Less traffic / quiet** : Respondents used words such as 'peace and quiet' and 'less traffic'
- **Community**: Words such as 'friendly' and 'neighbours' were used, in addition to 'community'
- **Air quality**: 'Fresh air' and 'No pollution' were the main words used
- **Lovely area / scenery**: Words such as 'Countryside', 'Beautiful scenery', and 'Views' were used.
- **Activity easier**: Most respondents referred to ease of walking, and access to areas to exercise.
- **Good facilities**: respondents were positive about the local amenities, with good schools and pubs most frequently mentioned.

Negative themes

- **Planning / housing development:** This theme covered a range of comments including 'too much housing', the actual siting of housing developments, and the costs; 'affordable housing'.
- **Poor bus service:** This included comments such as 'lack of buses', 'bus service cuts', and 'poor bus services'.
- **Access to services:** In some cases this is related to the poor bus service theme. Comments included 'cost of having to travel', 'distance from amenities', and 'shopping difficult unless you have a vehicle'.
- **Road maintenance / hedge cutting:** Respondents commented on the poor state of the roads, and 'overgrown hedgerows'.
- **Few amenities:** This theme covered comments such as 'village shops closing', 'services not as good', and 'lack of amenities like shops and fuel'.

Rurality and Young People – summary overview of focus group results



Link to full report:

<http://www.somersetintelligence.org.uk/sryp.html>

Somerset Rural Youth Project engaged young people in focus groups to examine the quality of life for 16-24 year olds in rural (communities of <10,000 population) Somerset. In these groups the following themes were discussed:

Education, employment and housing

- Young people were supportive of the concept of the County Ticket but thought that it was expensive and may not represent good value for young people in rural areas where bus services are poor
- Information on the choice of study provided actively to young people is patchy and not individualised; it is focused on academic outcomes and progression and did not take a long-view for their circumstances. They would value greater access to 1:1 support.
- Young people have sound ideas of their future career - and wanted to remain in Somerset if possible, but also spoke about the 'need' to move away at some point in their education / career development. Family was the primary factor for staying in the county. Some young people recognised the limitations of rural living - and wanted to experience more.

"I would love to be able to make a difference here and stay with my family - but I know I might not be able to"

- Young people overwhelmingly had ambitions for owning their own home but know they will rent, and had an awareness of the expense of living independently. Many indicated that they received no coherent housing advice at school / college. Most spoke of receiving advice from parents primarily but knew of other sources.

"The only way I'll own my own house is through inheritance"

Digital

- All young people had access to technology: primarily mobile phone, followed by laptops, then tablets. Young people use technology 'daily' at least, with some 'constant'.

- Young people are massively affected by poor phone signal / broadband availability / speed - feeling out of touch with both their immediate lives (social life, friends) and the wider world. There is huge frustration at the assumption that everyone can get online.

“There’s no broadband at home so my phone is my lifeline”

- Most young people have access at school or college (filtered) and are using their devices to access any wifi signal they can find.

“I feel massively behind - it’s ridiculous how far behind I am all the time; so out of touch”

Risks of technology

- Young people are clear on the benefits of technology in their lives - and of the various risks that technology brings - including increased isolation, cyber-bullying and identity theft.

“There are plenty of weirdos on Facebook”

Every young person indicated that they do not habitually (if ever) turn their phone off.

“There’s not much else to do - so I’m isolated, on my phone all the time - it affects my sleep, affects my schoolwork”

Financial

- Young people do not receive financial information and advice through school / college; they learnt most from parents, friends and personal experience; they lack confidence with money management - especially in the longer-term.
- Young people know that things are more expensive in the countryside and understand why (e.g.in terms of costs of transporting goods)
- Young people are debt-adverse. They feel that there is a lack of advice targeted at them around issues of debt.

“If you get into debt you want a life you can’t afford”

- Young people understand risks around debt, including immediate and the longer-term. They know that sometimes debt is unavoidable (especially on low incomes).

“Constant stress and worry - I’ve seen that with my mum. We used to have to hide when the doorbell rang in case it was the loan man”

- To avoid debt, young people are keen to work more, earn more, plan better and live at home for as long as possible. Some young people will not go to University because of the debt involved.

“I would try to earn as much as I could - work as many hours as possible - and save more”

Volunteering.

- Young people understood the value of volunteering but also see practical barriers to volunteering that arise from living in the countryside - travel to the volunteering placement can be impossible / costly and limiting to choice.

“I would love to volunteer but I don’t get home from college until late on the bus - how would I get back to anywhere to volunteer - and then home again?”

- Young people had ideas on promoting volunteering opportunities to young people - and not just focused on social media.

“Give some incentives - guarantee an interview for every volunteer applicant?”

Health and wellbeing

- Young people feel healthy in the countryside and value the quieter life of rural living. Negative feelings around health and wellbeing were focused on lack of access, opportunity and linked to isolation.

“I can’t get to the surgery in time before it closes - so I have to miss college [work]”

- Young people take responsibility for looking after their own health and use multiple sources of information for this.

Adult Social Care Survey 2013/14

The Adult Social Care Survey is an annual statutory survey. Every Local Authority with responsibility for providing adult social care services is required to conduct a survey of their service users. The Adult Social Care Survey asks 20 questions to adults (18+) about quality of life and the impact the services received have on quality of life. It also collects information about self-reported general health and well-being.

Somerset County Council sent questionnaires to a sample of 1,321 service users from across all client groups. In total 545 surveys were returned achieving a response rate of 41.26%.

The responses of the Adult Social Care Survey have been looked at with the aim of showing any difference between rural and non-rural groups. It is important to note that the observed differences might not reflect any real underlying differences because the rates are based on small numbers and the population structure of rural and urban areas is different. It is included here as it may show issues that require further investigation.

Although there are some obvious differences in the responses in terms of rural/urban classification, a number are similar.

For example, a similar proportion of respondents from all rural and non-rural groups,

- feel safe
- are satisfied with the care that they receive
- say care and support services received improve the quality of life
- say their home meets their needs and is clean and comfortable
- feel clean and presentable

Differences between rural and non-rural groups

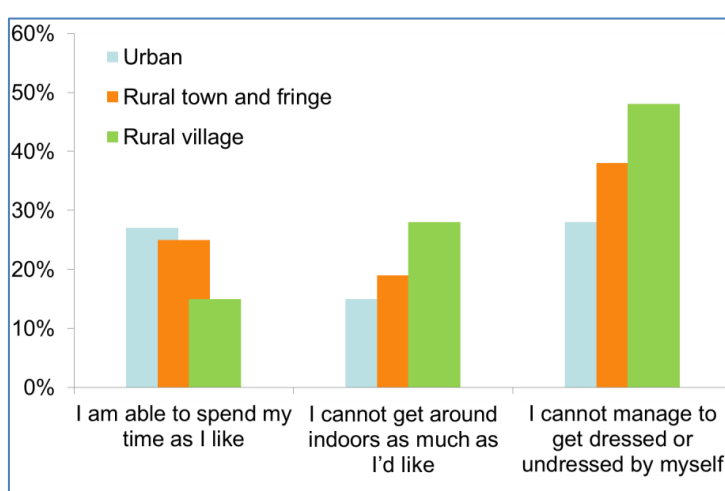
Social isolation

- 15% of those living in a Rural Village and Dispersed area feel 'they are able to spend their time as they like' compared to 25% of those living in Rural Town and Fringe area and 27% of respondents resident in an Urban City and Town
- 20% of those living in a Rural Village and Dispersed area feel 'that they have as much control over their lives as they like' compared to 35% of those living in Rural Town and Fringe area and 29% of respondents resident in an Urban City and Town

Ability to undertake tasks

- 28% of respondents resident in a Rural Village and Dispersed area feel that they 'cannot manage to get around indoors by myself' compared to 15% of those living in an Urban City and Town and 19% of those living in a Rural Town and Fringe area.
- 48% of respondents resident in a Rural Village and Dispersed area feel that they 'cannot manage to get dressed and undressed by yourself' compared to 28% of those living in an Urban City and Town and 38% of those living in a Rural Town and Fringe area.

Figure 1: Ability to undertake tasks



Self-reported health

- 9% of respondents resident in a Rural Village and Dispersed area have extreme pain or discomfort compared to 17% of those living in an Urban City and Town and 18% of those living in a Rural Town and Fringe area.
- Respondents living in a Rural Village and Dispersed area are less likely to be anxious or depressed than respondents living in other areas. There are also a slightly higher proportion of rural village respondents who believe that their 'health is good' in comparison with the other areas.

Interestingly, respondents resident in a Rural Village appear less able to carry out tasks without help, but their health seems to be better than the other areas.

Information and advice

- Respondents living in a Rural Village and Dispersed area are less likely to try to find information and advice about support, services or benefits.

- However of those respondents living in a Rural Village and Dispersed area who tried to find information only 9% found it difficult to find as opposed to Urban City and Town (18%) and Rural Town and Fringe (17%).

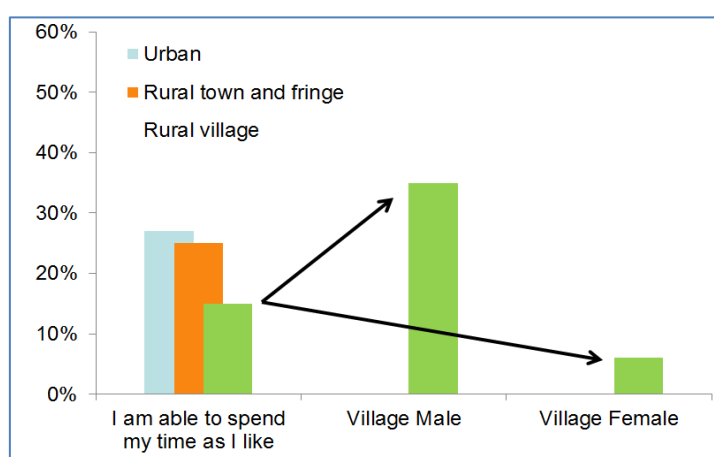
Quality of life

- 58% of respondents resident in a Rural Village and Dispersed area feel that their 'Quality of Life is good' compared to 60% of those living in an Urban City and Town and 50% of those living in a Rural Town and Fringe area

Differences between Rural and Non Rural Groups- Gender.

- For older women living in rural villages, there is a marked difference in their ability to spend their time as they like, possibly linked to a lack of personal transport if their husbands or partners have passed away or no longer drive.

Figure 2: Rural gender differences on spending time as liked



- 35% of Male respondents living in a Rural Village and Dispersed area feel that they are able to spend their time as they want compared with only 6% of female respondents
- Compared to male respondents less Female respondents feel,
 - That they have as much control as they like over their daily life
 - Can get to all the places they want.

In the Urban City and Rural Town categories the results for these set of questions are higher and very similar for men and women.

Link to Adult Social Care information on Somerset Intelligence website:

www.somersetintelligence.org.uk/adult-social-care.html

Some further case studies provided for this JSNA

Link to full reports: www.somersetintelligence.org.uk/rural-advice-support.html

The Somerset Advice Network

The [Somerset Advice Network](#) (SAN) is a project led by Taunton Citizens Advice Bureau to help local advice agencies respond to the growing needs of people in Somerset. Its website provides free information on a range of issues affecting people living in Somerset - including welfare benefits, debt, housing and employment - and a searchable directory to help people find local agencies to meet their need for advice services.

Its partner organisations are the Citizens Advice Bureaux representing Taunton and District, Mendip, Sedgemoor and South Somerset, and the West Somerset Advice Bureau.

Transport

Mr and Mrs T live in a rural area, just under three miles from the nearest bus stop. They have two children in post-16 education at Somerset College. The cost of a bus pass for each child amounts to a total of £1,300. In addition, the parents would have to provide transport to the bus stop. They decided that it would be significantly cheaper to take their children all the way to college than to try and find an additional £1,300 from their tight budget for a partial bus journey.

Now that post-16 education is becoming compulsory, the cost of student bus passes is likely to become an increasing issue for young people and their families, following the withdrawal of Education Maintenance Allowances, and the difficulties of young people in rural areas getting jobs to support themselves because of public transport issues.

Lack of access to food banks and the Local Assistance Scheme

Food banks are generally only located in the towns. Many families and individuals in rural areas experience extreme hardship, but are unable to access these town-based services because of their location and the expense of reaching them.

Regarding the Local Assistance Scheme, which is administered by the Citizens Advice Bureaux on behalf of the County Council, rural clients were considerably under-represented. Looking at Taunton Deane, in terms of population there is roughly a 47% to 53% split between rural and urban population. In general this split was reflected fairly proportionately in the issues raised by bureau clients. However, when it came to accessing the Local Assistance Scheme (the replacement for Social

Fund payments for essential requirements in an emergency situation) the contrast was stark. Enquiries numbered 46 for rural clients (16% of LAS enquiries) against 240 (84%) for urban clients.

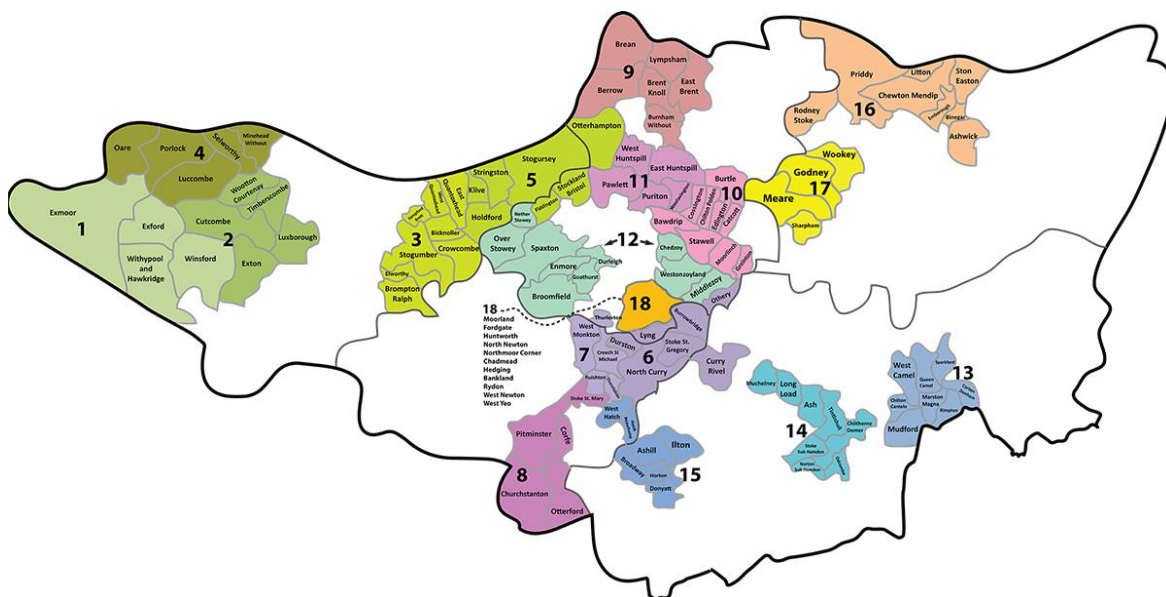
Community Council for Somerset

The [Community Council for Somerset](#) (CCS), originally established in 1926, is a non-profit organisation which works to support community groups, organisations and individuals in Somerset. It is part of the Action with Communities in Rural England (ACRE) Network of 38 county-based Rural Community Councils. The CCS is funded through a variety of means including central and local government, trusts, grants, sponsorships and subscribing members. The [2013/14 annual review](#) contains details of its projects and services.

Village Agents

The [Somerset Village Agent project](#) is a project of CCS and uses paid, part time, highly trained individuals living in the parish 'clusters' they support. They help to bridge the gap between isolated, excluded, vulnerable and lonely individuals and statutory and/or voluntary organisations which offer specific solutions to identified needs. At February 2015 there are eighteen Village Agents (VAs) covering a third of the county's parishes. It is hoped to attract funding to expand the network across the rest of rural Somerset.

Map 1: Parishes covered by the Village Agent Project at February 2015



Families/health/young people

From contact with the co-ordinator of the West Somerset Food Cupboard it became apparent that a large number of food parcels are being given to families with young children and also to young adults. It also became apparent that those in receipt of food parcels are unsure of what to do with the ingredients as cookery skills are very low. Following this piece of information, the village agent (VA) applied for funding (from the Somerset County Council Health and Wellbeing Fund) and the sum of £650 was received to fund a series of workshops aimed at showing families and young adults in regular receipt of food parcels what they could do with the ingredients. All who attended the workshops left with a bag of produce which would enable them to reproduce all that they had learnt at the session.

Feedback

"I never knew how to cut a whole chicken to use for different purposes. Ideal"

"Curry is great, I will definitely be cooking it for my children"

"Really learnt lots from it and the food was nice and healthy. Was amazed at the meals the food parcels provide"

"Fed up living off toast, to help make more nutritious meals would be a blessing"

"Thank you all very much to everyone involved. Learned that I can freeze things I didn't even realise"

"Amazing, really fun and interesting"

Older person on Exmoor

An 87 year old widow, living alone in a remote Exmoor property, she had previously contacted VA because she rents out half of her property to supplement her pension and had been helped with a number of issues surrounding this. However, following the December 2013 floods she contacted VA again. A blocked drain had caused flooding which damaged to the entire lower level of the property. Her tenant (whose rent money she relied upon) left because the house was uninhabitable. The tenant also alerted the council complaining that the house was not fit for rent. This resulted in an inspection and the property failed on three counts. She could not afford to make the modifications required by the council. Without the rent money she was in danger of falling into debt. Without a tenant in the property she feels vulnerable.

VA applied for a Community Foundation Flood Grant Phase 1 and 2. Within several days the client received £1,250. This money has been spent upgrading the property to council rental standard and has also helped her to pay for the de-humidifiers and skips that were required to dry the property out and remove carpets etc.

The client's telephone had not been working properly since the floods. VA contacted a BT flood coordinator and the problem was rectified within 24 hours.

VA also contacted the council to have the blocked drain cleared and this was also done several days later. The property has now passed the inspection and the client currently advertising for a new tenant.

Section 2

What does the data tell us about living in rural Somerset?

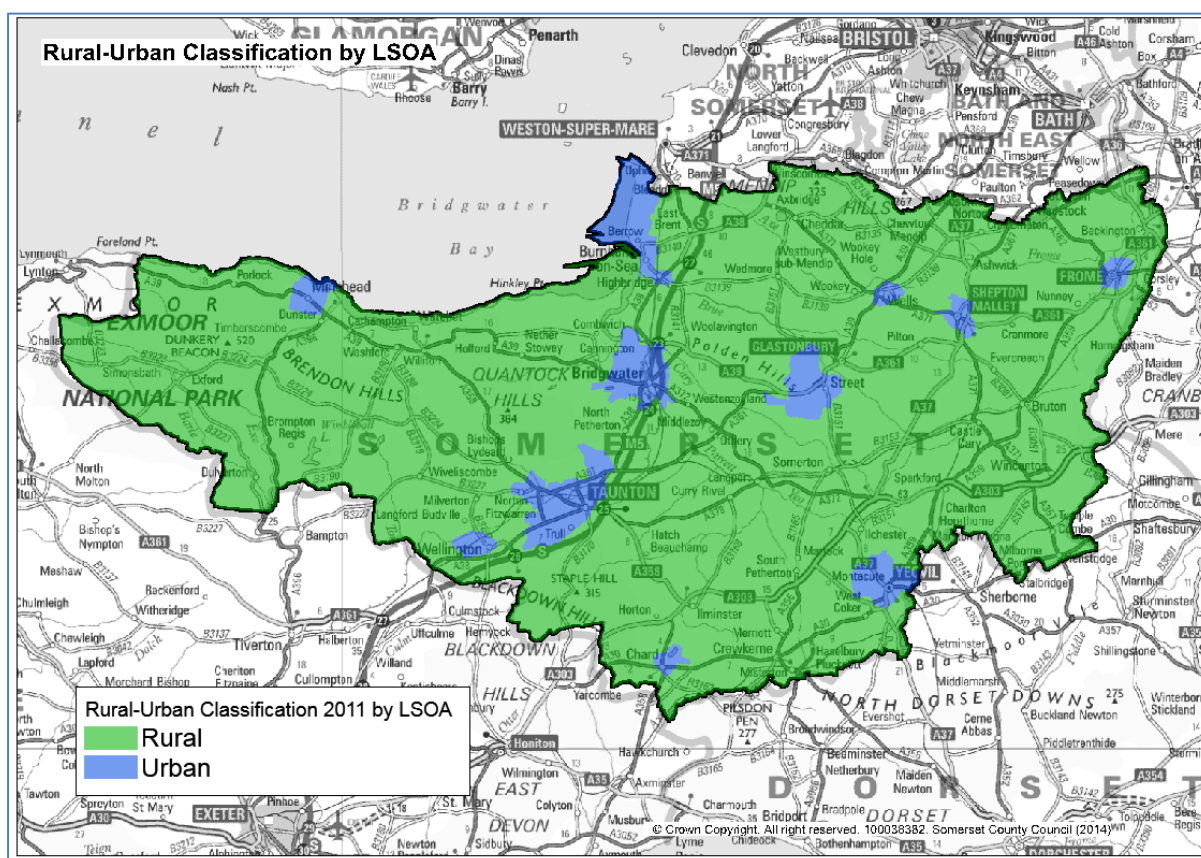
Population and changing demographics

According to the Office of National Statistics, Somerset's population is classified as 48% living in a rural area and 52% in urban, making it one of the ten most rural local authority areas in England. The rural population continues to increase, although at around half the rate of the county's urban population. Nationally, there is consistent net migration from urban to rural areas.



Somerset covers a land mass of 1,333 square miles (3,452 square kilometres), the 12th largest geographical county in England. As can be seen in map 2, the majority of the land mass is classified as rural, interspersed with urban centres.

Map 2: showing 11 urban areas in Somerset using ONS/Defra classification



The most recent population estimates published by the Office of National Statistics (ONS), for 2013, show the estimated population for Somerset to be 538,104. The

population is currently increasing by an average of around 3,000 people per year. All districts are experiencing population growth with the exception of the predominately rural West Somerset which has seen its population marginally decline in the last five years (by around 2%).

Figure 3 shows the population split by district and age

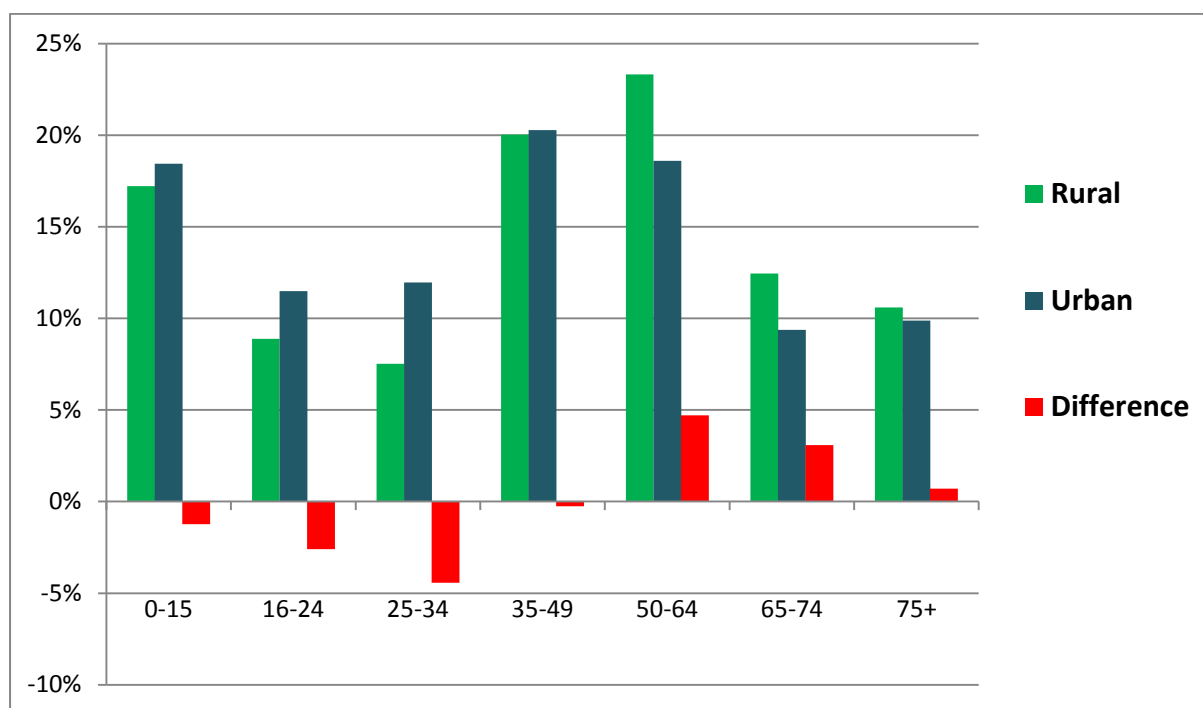
Figure 3: Population by Age and District (Mid-Year Estimates June 2013)

	Mendip	Sedgemoor	South Somerset	Taunton Deane	West Somerset	SOMERSET
Under 16	20,146	21,139	28,905	19,982	4,706	94,878
16-34	21,765	23,933	32,833	24,518	5,911	108,960
35-49	22,075	22,765	30,837	21,689	5,237	102,513
50-64	22,997	24,374	33,386	22,104	7,760	110,594
65-74	12,519	13,910	20,381	12,207	5,671	64,688
75 and older	10,679	11,540	17,601	11,616	5,035	56,471
TOTAL	110,181	117,544	163,943	112,116	34,320	538,104

Source: ONS

Importantly, the population structure in rural areas is different from urban. As seen in Figure 4 below, Somerset's rural population have an older demographic, particularly in the villages and more dispersed areas. People in their 20s and 30s are under-represented in rural areas. The 'positive' red bars on the chart denote age groups where rural areas have a relatively high proportion of the population, and 'negative' red bars denote those where rural areas have a relatively low proportion.

Figure 4: Urban and rural age structure



Source: ONS

Note:

For the purpose of the analysis following in the report, the definition of rural is taken from the Office for National Statistics (ONS) area classification. This considers that any built up area with more than 10,000 residents is urban, and anything smaller is rural. This definition is then applied to statistical geographies such as Lower Super Output Areas (LSOAs). On this basis, 48% of the Somerset population is rural, making it the 8th most rural county in England. This summary report uses the most fine-grained geography appropriate to the analysis being undertaken. In addition, ONS divides ‘rural’ into ‘Rural Town and Fringe’, which includes most of the county’s market towns, and ‘Rural Village and Dispersed’.¹

In May 2014, the ONS released new population estimates projected to the year 2037. The Somerset population is projected to rise by around 77,000 (14%) to 612,000 by 2037. However, there are no specific official projections for rural/urban areas.

Link: <http://www.somersetintelligence.org.uk/population-estimates-and-projections.html>

¹ The definition makes a separate division between ‘sparse’ rural areas, which are generally upland, and found in the county only in West Somerset, and ‘non-sparse’, which is the lower land, even including the Mendips and Blackdowns. As the vast majority of rural Somerset is ‘non-sparse’ this distinction is excluded here. For more on the needs of sparse Somerset, see the West Somerset Joint Needs Assessment (www.somersetintelligence.org.uk).

The ethnic profile of rural Somerset is relatively unchanging, with recent international migration being more focussed in the county's urban areas. Around 96% of rural Somerset residents are 'White British', rising to 97% in the more remote areas (by comparison, around 93% of the county's urban population is 'White British'). Whilst rural Somerset can be considered to be relatively affluent overall, there remain significant pockets of deprivation.

Because the population structure is so different, it can 'swamp' the other effects of rurality. For that reason, the analysis here ²'standardises' the population wherever possible, so that other factors can be revealed. In the real world, of course, the proportion (but not necessarily the number) of older people is higher in rural areas and that needs to be taken into account in service planning.

Nationally, there is consistent net migration from urban to rural areas. However, at the county level, the rural population increase is at around half the rate of the urban population increase. This reflects planning policy, which focuses new housing development on the edges of existing towns.

Much of the county's recent overall population growth is from in-migration from the rest of the UK. Net inward migration to Somerset from elsewhere in the UK was estimated to be 2,915 in the year to June 2013. Numbers have been increasing year-on-year; five years earlier net inward migration from the UK was around 1,600.

By comparison, net international inflow (i.e. people from outside the UK) was estimated at 561 in the year to June 2013, with numbers relatively stable over recent years.

² Standardisation is a method used to make comparisons between groups allowing for any different age and sex structures of the groups.

Figure 5: Migration

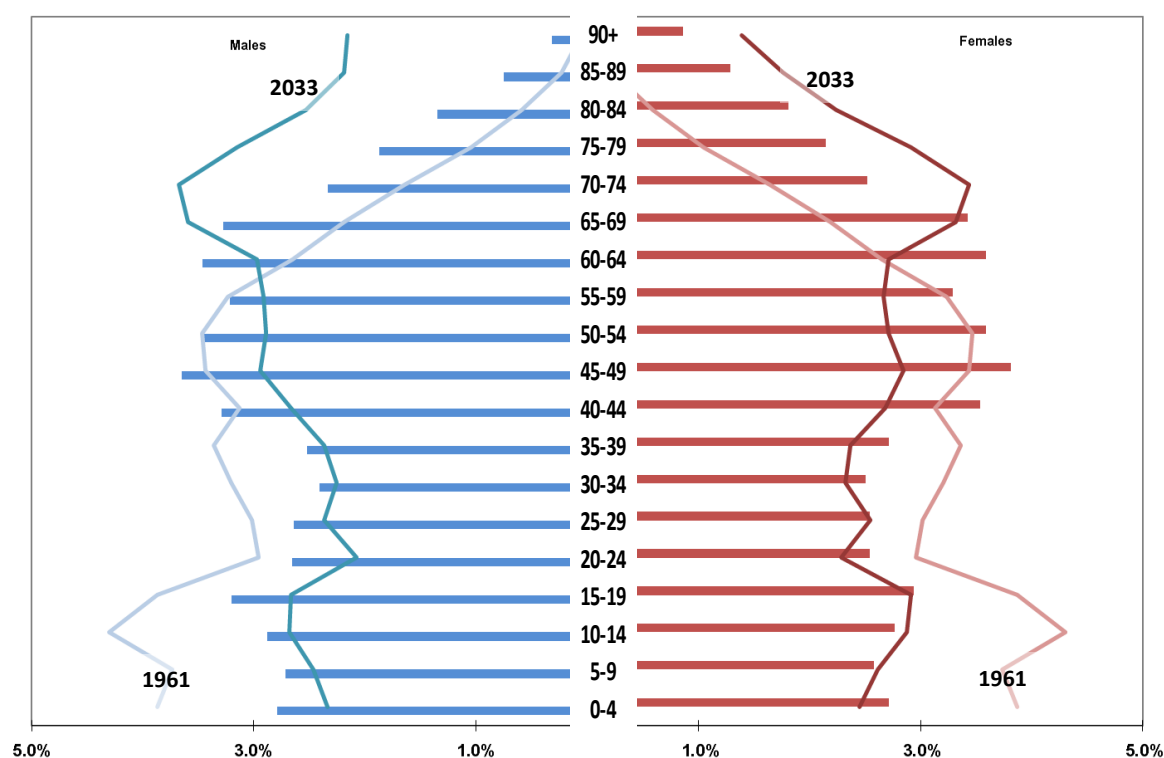
	Mendip	Sedgemoor	South Somerset	Taunton Deane	West Somerset	SOMERSET
Population 2012	109,938	116,071	163,012	111,370	34,559	534,950
Births – Deaths	-34	98	44	-66	-218	-176
Net Internal migration	374	1,072	828	684	-43	2,915
Net International migration	51	311	64	112	23	561
Other	-148	-8	-5	16	-1	-146
Population change	243	1,473	931	746	-239	3,154
Population 2013	110,181	117,544	163,943	112,116	34,320	538,104

Source: ONS Mid Year Estimates

Long-term Demographic Change

The population structure of Somerset has undergone profound change in the last fifty years, with a fall in the proportions aged under 25 and a dramatic rise in the proportion aged over about 60. The projection shows a strong rise for men over 70 – this reflects the assumption that recent trends in improvements in male life expectancy continue.

Figure 6. Population Structure, 1956 - 2037



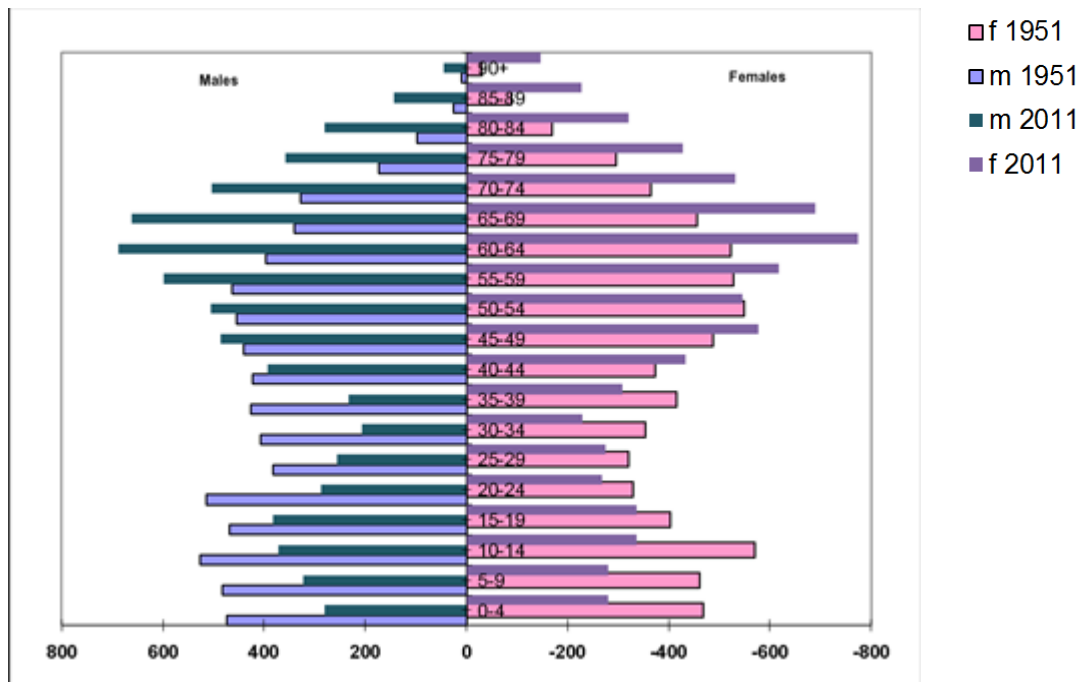
Pale blue and pink lines represent male and female populations in 1961. Dark blue and pink lines represent projected male and female populations in 2037. The bars shows population in 2012 mid-year estimates for comparison.

Source: Census 1961, County Report for Somerset; ONS 2012 based population projections.

Rural population change

Far less information is available from pre-electronic censuses, making population projections for areas smaller than local authority districts exceptionally difficult. Also boundaries of local areas have changed over time. So it is impossible to reproduce Figure 6. for rural areas alone. It is, though, possible to compare populations in 1951 and 2011 for a limited number of places in rural Somerset. The countryside has unquestionably been transformed since the Second World War because of agricultural mechanisation and changing patterns in work and education. A comparison of what was 'Williton Rural District' in West Somerset, in the 1951 and 2011 censuses, shows this clearly. Whilst the total number of people has barely changed there are far more older people, with the number over 80 rising from 420 to 1,162. On the other hand there have been deep losses in the number of younger people including a fall from 2,894 to 1,875 under 15 year olds.

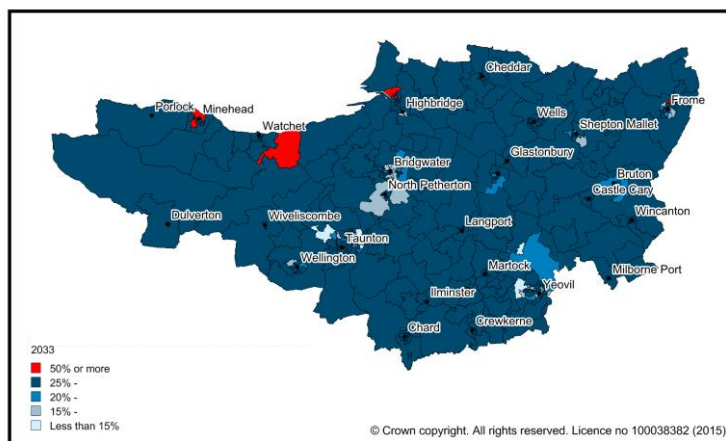
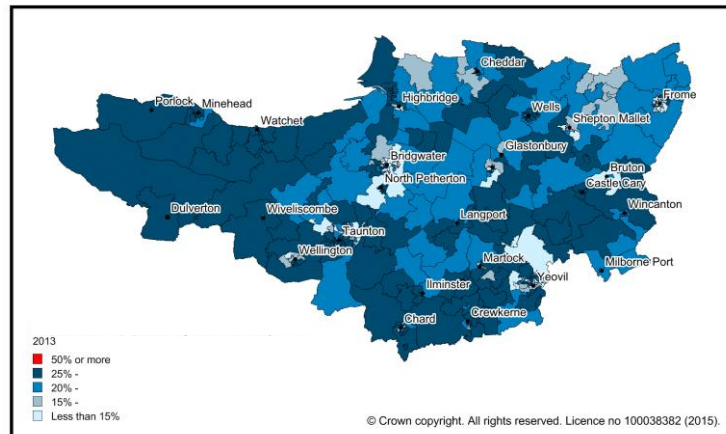
Figure 7. Population Change in 'Williton Rural District' 1951-2011



Note: Williton Rural District covered the northern part of West Somerset, excluding Minehead and Watchet. It is possible to provide almost exactly comparable parish-based data from the 2011 census.

Map 3: Proportion of the population aged 65+ by LSOA – 2013 and 2033

Comparison of the population in 2013, and local projections, show how most of the Somerset, including almost all rural areas, is likely to have at least 25% of the population over 65 by 2033.



Transport and access to services in rural areas

Transport has a major impact on rural communities, both socially and economically. Having access to a vehicle, be it a private car, motor cycle, van, bus or other mode of community transport is a necessity to enable normal daily living in the 21st Century. A lack of adequate and affordable transport can affect people's ability to:

- attend college, job interviews and employment
- comply with welfare benefit conditions (e.g. 'signing on')
- budget effectively by being unable to shop around for essential goods, such as food or petrol
- attend GP or hospital appointments which in turn has a financial impact on health services through 'Did Not Attend's'
- maintain family and social networks, so important in combating loneliness which in turn adversely affects an individual's health and wellbeing (for example, socially isolated and lonely adults are more likely to undergo early admission into residential or nursing care)

Bus times often do not serve the needs of young people and a lot of participants need transport to get to the bus stop. Buses are also perceived as unreliable, young people reported experience of buses not stopping for them.

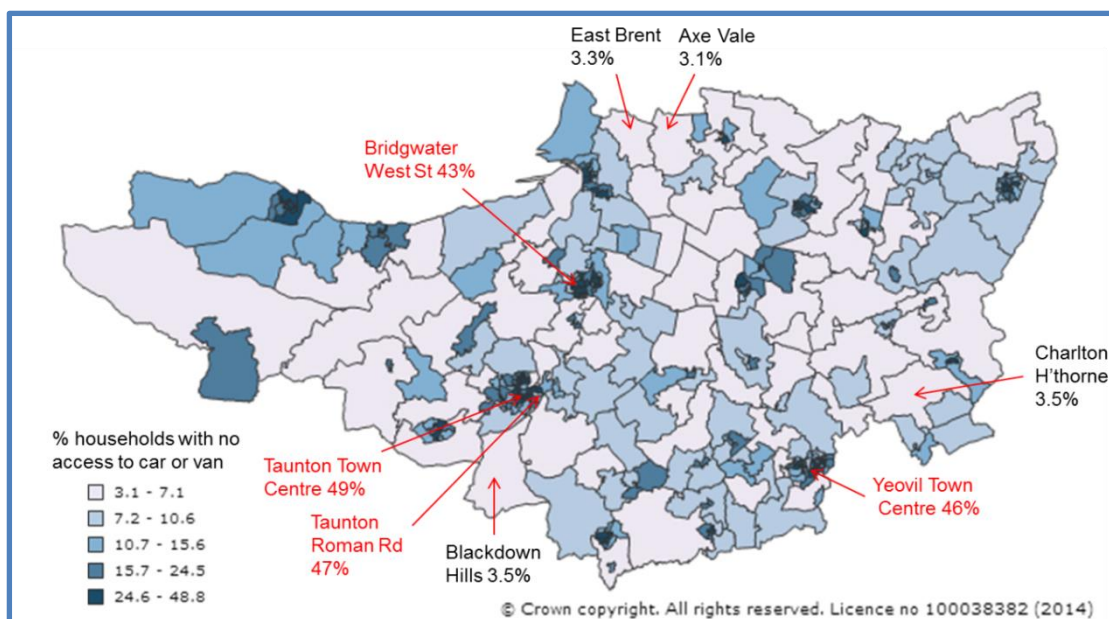
SRYP focus groups

When a population is widely dispersed across a large area, it can create difficulties in accessing services for example supermarket or fuel deliveries and essential medical supplies and equipment. Communities in rural West Somerset are particularly isolated; in parts of Exmoor households can be on average around 40 minutes by public transport from their nearest food store and 50 minutes from a GP.

Barriers to Housing and Services is one of the seven domains which make up the DCLG's Index of Multiple Deprivation (IMD). The IMD ranks all areas of England in terms of relative deprivation, down to small geographical areas (LSOAs). In respect of barriers to housing and services, Somerset has three of the top six 'most deprived' areas (from a total of 32,482 nationally), all of which relate to West Somerset. For further details on IMD in Somerset, see: www.somersetintelligence.org.uk/imd/

As may be expected, car ownership is high in rural Somerset (see Map 4) with around half of households having at least two vehicles. Accessibility may be a particular issue however for the one in nine households in rural Somerset who have access to one car/van or no vehicles at all. Older women are particularly affected by a lack of transport, especially if they outlive their partner as they are less likely to drive a car,

Map 4: % households with no access to car or van (source: Census 2011)



Note: there are some darker blues in rural areas like Dulverton and Porlock

Much of rural Somerset relies on voluntary and neighbourly transport provision in the form of community car and moped loan schemes and informal lifts. By its nature these services have little or no strategic co-ordination, and there remain many gaps. Bus companies provide services where these are profitable or where they receive public subsidies to compensate. Almost 2,000 rural students rely on a County Ticket in order to reach college by bus, and the current non-discounted cost is £650 a year.

Somerset County Council is developing a draft rural transport strategy which seeks to build capacity, working with community transport groups, the main commercial bus operators and health and social care providers. The Local Sustainable Transport Fund 'Smart Rural Travel' project is designed to pilot an innovative solution to the twin challenges of decreasing public sector funding and the unsustainable current model of rural public transport provision.

The Objectives of the 'Smart Rural Travel' Project are to:

1. Improve knowledge of the potential passenger transport market
2. Improve public transport offer and choice to customers
3. Stimulate additional demand for passenger transport
4. Achieve commercial viability for currently subsidised services
5. Improve access to and information on transport services
6. Improve coordination between transport providers

Link to full Travel & Access section on Somerset Intelligence website:

www.somersetintelligence.org.uk/travel-an-access/

Broadband

Somerset has historically suffered from relatively poor broadband speeds and low access to superfast broadband. The issue has been more pronounced in rural areas. At the time of the last Somerset Economic Assessment (2013) only 21% of premises had access to superfast broadband compared with 65% across the UK.

However, significant improvements in superfast broadband connectivity are being delivered through the Connecting Devon and Somerset (CDS) Programme. CDS has been set up to deliver next generation broadband infrastructure to areas where the market has failed to invest. It is a public-private partnership of six local authorities (Somerset, Devon, North Somerset, Torbay, Plymouth and Bath and North East Somerset) and our delivery partner BT.

CDS is investing £94m and will bring superfast broadband to 90% of premises in the programme area. This means that most residents and businesses in Devon and Somerset will have broadband speeds of over 24Mbps by the end of 2016. By then, it is also aimed to ensure that every premise within the programme area has a broadband speed of at least 2Mbps.

To date:

- More than 100,000 homes and businesses in the two counties now have access to fibre broadband as a result of CDS
- Almost 90% can access speeds in excess of 24Mbps
- Engineers have installed more than 78,000 km of underground optical fibres
- 461 new fibre broadband cabinets are now 'live'
- A further 224 fibre cabinets have been installed and are waiting for final works to be completed

In 2014 Government announced a further £22.75m allocated to the CDS programme to support the extension of superfast broadband coverage to 95 per cent of premises nationally. This has been matched locally, which means the programme has over £45 million further to invest in bringing superfast broadband to the area. CDS is on track to achieve its ambition of 100% superfast broadband coverage by 2020.

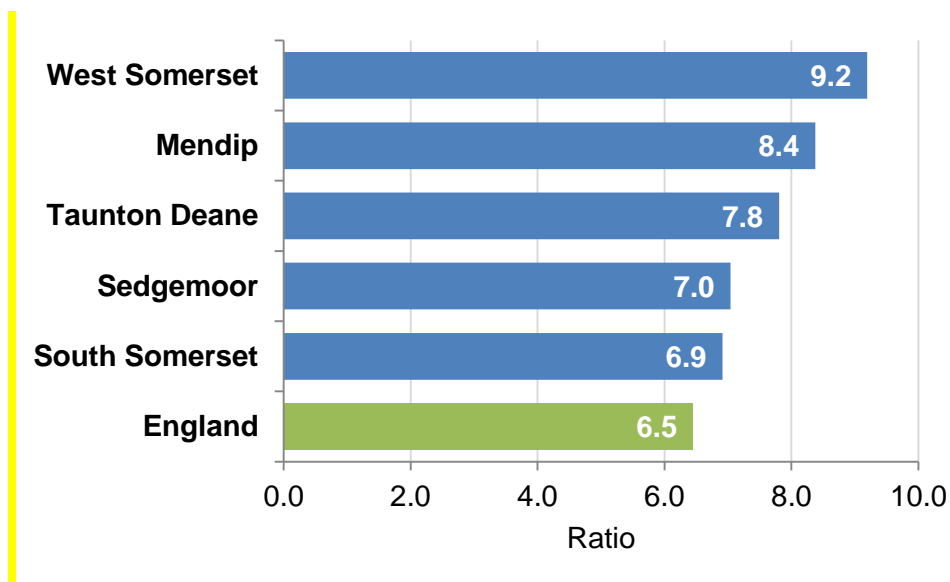
Housing

The average price of a semi-detached ('starter home') in Somerset's rural villages and dispersed areas is around 30% higher than in urban areas, meaning rural home ownership is beyond the reach of many local people. Detailed breakdowns of prices (by property type and location) are available at: www.somersetintelligence.org.uk/house-prices.html



As can be seen from Figure 8, the ratio of entry level house price to earnings is higher in all Somerset districts than the national average. This is a particular issue in West Somerset where house prices at the market entry levels are more than nine times the average earnings figure. This makes it especially difficult for local people to afford their own homes.

Figure 8: Ratio of lower quartile house price to lower quartile earnings, Somerset districts, 2013



Source: [DCLG](#)

Private rents in rural settings are difficult to assess because of the relatively low number of lettings in small communities. Many rural area properties are also not let through estate or letting agents but by word of mouth or through local knowledge.

A large proportion of private-rented properties are also seasonal lets, and are not available for use all year round. In addition, many agricultural workers live in 'tied' accommodation attached to their employment. Renting 'tied' accommodation has declined in recent years as agricultural employment has decreased. Instead of offering this accommodation for rent, increased house prices have persuaded many landowners to sell this accommodation off on the open market.

People on low incomes are also often further excluded from rental markets in a rural settings because housing benefit will not cover the higher rents. This is because claimants are entitled to a maximum of the average market rent for an appropriate-sized property across a large 'locality'. This exacerbates the demand and supply issue and quickly makes private renting beyond the reach of low-income households.

Second home ownership is relatively high, again with West Somerset having one of the top ten rates of second addresses for holiday purposes in England. Second homes bring money to the local economy but also inflate house prices and inhibit community cohesion when properties are empty for long periods.

Demand for accommodation has an impact on people and communities in different ways according to personal and wider economic circumstances. Where demand exceeds supply, market housing prices or rents will increase, and this in turn can lead to higher demand for social housing and, in extreme cases, homelessness. This is recognised in the priorities detailed in the Somerset Strategic Housing Framework.

"I would prefer to buy but can't afford it - it's a vicious circle: finance is tight so I can't save for a deposit. I'd have to get a second job to do that."

SRYP Focus Group

In particular, Priority 1 is to increase the supply of affordable housing to support economic growth and development, and Priority 3 is to meet the housing and accommodation related support needs of Somerset's most vulnerable and least resilient residents.

Social housing



Demand in rural areas appears to be lower than in urban areas. Homefinder Somerset is a partnership of local authorities and housing associations working together to make the process of finding a home simple and transparent for all applicants across Somerset. Anyone over the age of 16 and not subject to immigration control, who are seeking social housing in Somerset can apply. Depending on their circumstances applicants are placed into one of four bands: Gold, Silver, Bronze, or in a very small number of cases an Emergency band. The

criteria against which applications are assessed is published on the [Homefinder Somerset website](#).

Overall, the number of people on the Homefinder Somerset housing register doubled between 2000 and 2010. This compares to increases of approximately 60% in the South West and England as a whole. A snapshot of the housing register in February 2014 indicates there are 14,538 active applicants. The greatest need is for one and two bed properties, due in part to applicants who wish to downsize to avoid the Housing Benefit Spare Room Subsidy.

More than two-thirds (69%) of Homefinder applicants currently live in urban areas. As seen in figure 9, more than seven out of 10 Gold and Emergency Band applicants live in urban areas. By comparison, only just over half (52%) of all Somerset residents live in urban areas.

Figure 9: Applicants by Band (as at Sept 2013)

	Emergency	Gold	Silver	Bronze	All
Rural town and fringe	2	293	1,070	1,037	2,402
Rural village and dispersed	1	198	862	770	1,831
Urban city and town	8	1,146	4,117	4,022	9,293

Source: Homefinder

Note that since these figures were published Homefinder Somerset has implemented new 'Local Connection Qualification Criteria', which will have the effect of reducing the number of eligible applicants. An initial review of the register at the end of 2013 to establish numbers without a local connection estimated that between 500 and 1,000 applicants across all the five Somerset local authorities would be affected by this change.

Sub-district (electoral ward and LSOA level) information about the geographical spread of Homefinder applicants is available through the [INFORM Somerset](#) data hub.

The issue of rurality also has additional limitations on infrastructure. Rural households are more likely than average to have no central heating. They are also much more likely to have no access to mains gas, with a greater dependency on oil (around 28% of rural households in Somerset have oil central heating, compared to just 2% of urban households). Around one in eight households in the most rural areas of Somerset are estimated to be in fuel poverty. The combination of older, less energy-efficient housing and limited access to cheaper fuel sources means residents of rural communities must spend a greater proportion of their income on heating bills.

Case study – Taunton Deane Citizens Advice Bureau

Mrs R is a single woman in her mid-50s living in South Somerset. She has health problems and is living in a mobile home with calor gas as her principle mode of heating. She is on Employment and Support Allowance, Housing Benefit and Council Tax Rebate. She purchases gas bottles, which she is struggling to afford. However, she is not eligible for help with her fuel costs because the social tariffs are all located within the major suppliers of gas and electricity and there is no assistance for rural households dependant on bottled gas or oil. She is too young for a winter fuel payment and not eligible for help targeted at families with children and people with disabilities. This results in her living in an uncomfortably cold environment over the winter, and at high risk of self-disconnection through inability to find the money for a new cylinder.

Fuel costs for those without a mains gas supply are a common problem for people living in rural areas, where fuel deliveries often require large upfront payments; a delivery of heating oil can easily cost £500.

Link to full Housing section on Somerset Intelligence website:

www.somersetintelligence.org.uk/housing.html

Economy and Jobs

The economic activity rate – the proportion of the population wither working or looking for work - in Somerset is highest in the urban areas (71.7%) and lowest in rural villages (69.4%). In terms of working patterns, more people in urban areas work full-time (61.4%) compared to 51.9% in rural areas. Levels of self-employment in rural areas are substantially higher than in urban areas, with 33.1% of people in rural hamlets working for themselves - more than double the national average³ and compares 13.3% in urban Somerset areas.

Unemployment (measured by the unemployment claimant count in September 2014) was lower in rural areas (0.7%) than urban areas (1.5%), and lowest in the most isolated areas of the county (less than 0.5%). Employment rates are highest in areas characterised by rural hamlets and isolated dwellings (66.6%), compared to 65.4% for urban areas. Although small numbers make urban-rural comparisons difficult, over a quarter of Somerset's 3,600 unemployed claimants are aged 24 or under.

Somerset's largest employment industry is wholesale and retail, with 17.6% employed in this sector. Human health and social work is the second largest sector in the county, employing 13% of the workforce. Relative proportions do, though, vary between urban and rural parts. Urban areas have a stronger presence of the following sectors: manufacturing, wholesale and retail, transport and storage, accommodation and food services, admin and support services and human health and social work. Across the profile of rural areas, agriculture is an important sector as would be expected, employing 9.2% of the workforce in sparse rural areas. ICT and professional, scientific and technical activities also show a strong presence in rural areas, perhaps supported by increasing levels of remote working and broadband.

As would be expected, the employment rate for those whose daily activities are limited by a disability is lower than for the working population as a whole. Only 10.8% of Somerset residents whose activities are limited significantly are employed. Rates are higher in rural areas, with 14.3% in rural/isolated areas in employment. The same pattern can be seen amongst those people whose activities are limited a little; the highest employment rates are in the rural areas and the lowest are in the urban areas⁴.

Self-employment is high in rural Somerset, and particularly in the more isolated areas. Rural residents are more likely to work longer hours than their urban counterparts, and therefore are more likely to be challenged in terms of work-life balance. Residents in rural areas are also, on average, more highly qualified, and

³ Census briefing – Economic Activity and Employment, Somerset Intelligence website

⁴ Census briefing – Employment Rate by Disability, Somerset Intelligence website

more likely to work in 'high-tech' industries (e.g., ICT, professional, scientific and technical activities), supported by increasing levels of remote working and broadband. Rural residents are also more likely to be employed in senior management and professional occupations. Nevertheless, within this relative affluence, around one in 10 rural residents find employment in potentially low-paid low-skilled 'routine' and 'semi-routine' occupations.

Somerset has a lower proportion of workers qualified to Level 4 or above compared to England overall (25.6% and 27.4% respectively). Within the county, urban areas and the rural town and fringe areas have lower levels of highly qualified workers than the county level. In rural hamlets and isolated areas, 33.8% of residents aged 16+ are highly qualified⁵.

Young people had a mixed experience of receiving information about employment gaps - describing a lack of careers advice that was locally targeted. Young people felt that most school-based advice was focused on them staying in education (i.e. progression to College) and offered very little in the way of personalisation (longer-term aspiration / ambition). Young people felt that schools spoke mostly about qualification gaps - informed by the national picture (science, maths, engineering) - and this did not particularly relate to local employment prospects.

SRYP Focus Groups

Available data do not allow for full comparison of incomes between rural and urban, but it is very likely that the more highly qualified rural workforce will receive higher salaries, on average, as a consequence. However, it should be noted that research from the Joseph Rowntree Foundation suggests that households in rural areas *need* to earn more to cover a range of higher costs than those for urban households. In particular, a couple with two children living in a hamlet, with both parents working full-time, would need to be paid twice the national minimum wage to meet a minimum living standard.

Link to full Economy & Jobs section on Somerset Intelligence website:
www.somersetintelligence.org.uk/economy-and-jobs.html

⁵ Census briefing – Occupation and Qualifications, Somerset Intelligence website

Crime and community safety

Overall levels of crime, domestic violence and anti-social behaviour in rural Somerset are relatively low, representing around 30% of recorded incidents in the county as a whole. However, burglary and some other theft offences are relatively high in more isolated areas, suggesting that these communities - largely made up of older couples and singles - are particularly susceptible and vulnerable. Crime and fear of crime can have a significant impact on health and well-being.



A rural-urban breakdown of the 'violence and sexual offences' crime group can be found here: <http://www.somersetintelligence.org.uk/rural-crime.html>

As seen in Figure 10 below, in rural Somerset, reported crime is falling, mirroring falls in urban areas, although rates in the most rural areas have been static in the last two years.

Figure 10: Crime rates (per 1,000 population) by Rural-Urban Classification

	Rural Village and Dispersed	Rural Town and Fringe	Urban City and Town
2011/12	31.4	44.4	76.3
2012/13	25.5	36.6	64.3
2013/14	25.6	34.0	59.4

Source: police.uk/data

Overall rates of domestic violence in urban areas are more than double those seen in the rural areas of the county. However, rates in rural areas increased in 2013/14, while those in urban areas fell.

Internet safety

Sadly no information is available regarding any urban and rural differences in internet safety so the information presented here is for Somerset as a whole.

From the results of the Somerset Children and Young People Survey 2014, approximately nine out of ten Primary and Secondary pupils had been told how to stay safe online, mainly at school however, almost one in three Secondary pupils (and almost half of Year 10 boys) responded that they did not always follow the advice they have been given.

Girls were up to twice as likely to have received a nasty or scary chat message which upset them and one in eight Primary boys and one in six Primary girls said they had sent a chat message or posted a comment which they later wished they had not written.

More than one in three (37%) Year 10 girls said that someone online who they didn't know has asked to see pictures of them and 6% had actually sent sexual pictures of themselves to someone they don't know.

Two in three (68%) of Secondary pupils responded that they had blocked someone because of something upsetting that happened online and 3% had reported something to the Child Exploitation and Online Protection centre (CEOP). Girls were much more likely than boys to have talked to someone about an upsetting online incident.

"No one can see online bullying - people say things they wouldn't normally. People are more concerned about short internet 'fame' than anything real"

SRYP Focus Group

Fire safety

Accidental house fires are relatively rare but are higher for people who live alone. Older people can be particularly at risk due to reduced mobility. West Somerset has the highest rate of accidental dwelling fires of any Somerset district (based on 2009-2012 data).

Road safety

A higher number of people in Somerset are killed or seriously injured on rural roads than on urban roads, likely to be linked to the higher speed limits on rural roads. Motorcyclists and young drivers in particular are more likely to be killed or seriously injured on rural roads, around three-quarters of young car drivers (aged 17-24) killed or seriously injured on Somerset's roads are on rural roads. However, in 2013 for the second year running, no children were killed on Somerset roads.

Link to Road Safety information on Somerset Intelligence website:
www.somersetintelligence.org.uk/road-casualties-rural-and-urban/

Children and Young People

There are around 44,000 children (aged 0-15) living in rural Somerset and around 23,000 young people aged 16-24. Very young children are relatively under-represented, particularly in the most rural areas; the Under 5's make up 4.3% of the rural village population, compared to 6.1% of the county's urban population.



Rural schools

Somerset has one of the highest ratios of rural to urban schools of any local authority area in England. The Department for Education (DfE) classifies 70% of state-funded primary and 54% of state-funded secondary schools in Somerset as rural.

The cost per pupil of operating small schools is generally greater than for larger schools, which benefit from economies of scale. The historic nature of educational provision in Somerset means that small schools require more funding per pupil to be viable. In 2014/15, a total of 16 schools in Somerset received additional 'sparsity' funding (five Primary, five Middle and six Secondary schools). Changes brought about by the DfE for 2015/16 will halve the number of Somerset schools eligible for this funding. For more information, see

<http://www.somersetintelligence.org.uk/rural-schools.html>

Overall levels of attainment for pupils living in rural and urban areas are broadly the same at Foundation Stage. However, rural students increasingly outperform their urban counterparts through the school system, with rural students performing much better on average by GCSE. Overall rates of Special Educational Needs (SEN) are lower for pupils living in rural areas, as are rates of eligibility for Free School Meals (FSM). For more details, including underlying data, see: www.somersetintelligence.org.uk/rural-schools.html

The Somerset Children and Young People Survey 2014

(<http://www.somersetintelligence.org.uk/scypps/>) also highlights some differences in attitudes and lifestyles between those living in rural and urban areas:

Children living in rural areas were less likely to live with both parents together and were more likely to be young carers.

Aspirations for post-Year 11 education or skills training were lower amongst rural children (especially boys) and they were less likely to think school prepares them for when they leave.

Rural primary children were more likely to have experienced some form of teasing, pushing, name-calling and other bullying and to feel afraid of going to school because of bullying.

Rural pupils were more likely to say their parents/carers smoked and that the pupils themselves had smoked or were still smoking.

Pupils attending rural secondary schools were more likely to have been offered cannabis and knew someone who takes drugs to get high. They were also less likely to do or enjoy physical activities, or to eat vegetables most days. Interestingly however, they were more likely to have walked to school that morning.

Other issues identified by young rural residents aged 16-24 in specially-commissioned focus group research are detailed on pages 5 - 7

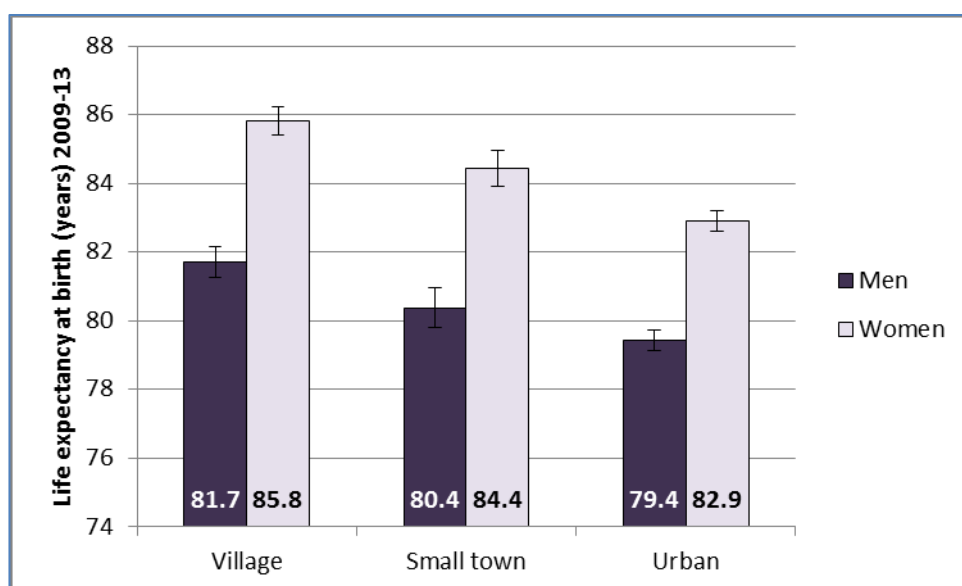
[Link to full Children & Young People section on Somerset Intelligence website:
www.somersetintelligence.org.uk/cyp/](http://www.somersetintelligence.org.uk/cyp/)

Health and health services

Somerset people have differing needs, depending on their age, gender, where they live and the way they lead their lives. In this section, we look at differences in the health of the rural and urban population as well as differences in access to health care.

The most commonly used measure of health status is life expectancy. This has the advantage of bundling together the whole range of impacts on health. When looking at small geographical areas, deaths over a period of five years are combined so the numbers are greater and we can be more confident that the effect we are seeing is not due to chance. As can be seen in Figure 11, there is a clear pattern of longer life expectancy in the isolated villages and rural areas (Villages) and shorter life expectancy in the small towns and urban areas. Life expectancy is closely associated with wealth and deprivation, and these may well mask specifically 'rural' factors.

Figure 11: Life expectancy at birth (years) 2009 - 13



Source: ONS Primary Care Mortality Database and Population Estimates

Death rates were lowest in villages and highest in the urban areas, with small towns somewhere between the two, as shown in Figure 12 following. This follows the widely observed pattern of health indicators showing improved conditions in more

rural areas. This is very likely to be associated with greater deprivation in urban areas and the related healthier lifestyles generally practised by rural residents⁶.

Figure 12: Deaths – standardised rate per 100,000: 2009-2013

	Village	Small town	Urban
All causes	847	901	988
All causes <75	239	287	345
All causes 65+	3838	3991	4276
All circulatory	254	275	292
All circulatory <75	47	64	77
CHD	104	123	130
CHD <75	25	32	42
All cancers	250	276	284
All cancer <75	116	130	144
Breast cancer	35	30	37
Colorectal cancer	30	30	34
Lung cancer	37	52	53
Prostate cancer	52	48	55

Source: ONS Primary Care Mortality Database and Population Estimates

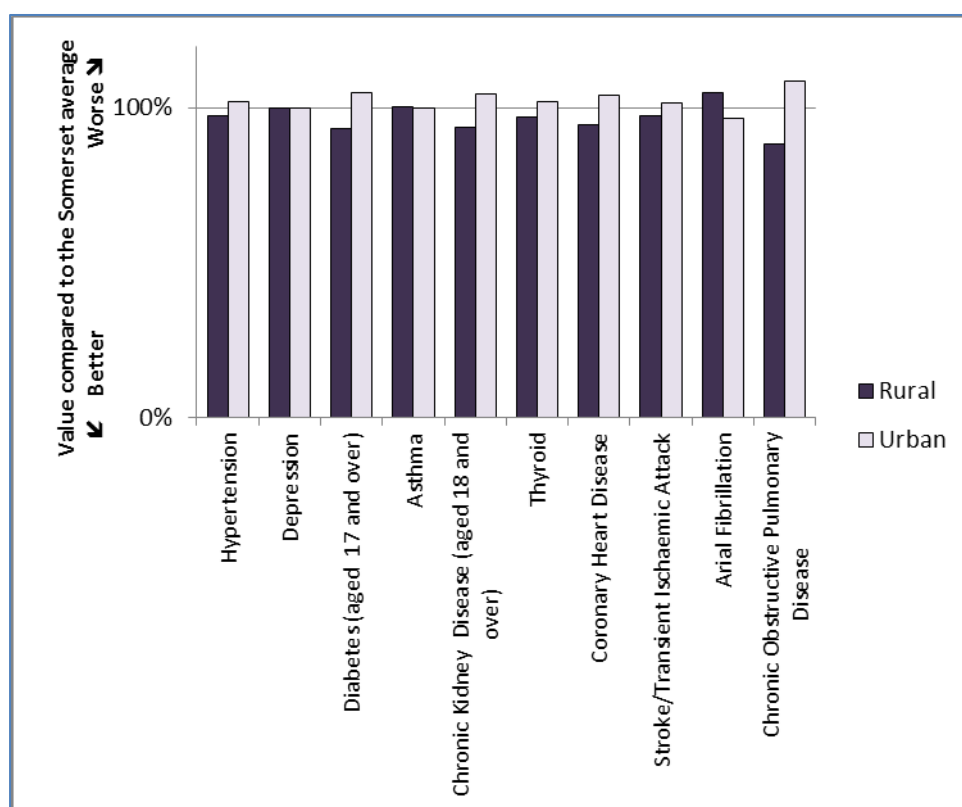
	significantly worse than Somerset rate
	significantly better than Somerset rate

However, the older population in rural areas has more emergency and elective hospital treatment – possibly as a result of risk aversion behaviour of GPs

Data from GP Practices shows there is less recorded disease for people living in rural areas than those living in urban areas. As shown in Figure 13 following, this is the case for the majority of long term conditions with the exception of Atrial Fibrillation (a problem with heart rhythm).

⁶ When originally published in July 2015 the data contained an error that generated a more complex pattern. The corrected data and interpretation are given here.

Figure 13: Prevalence of disease

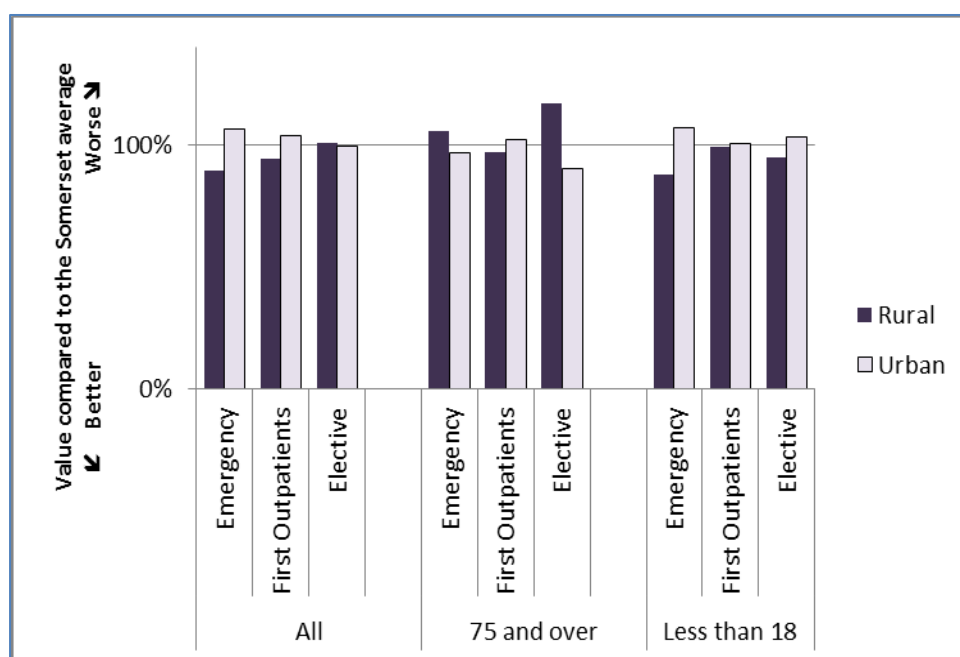


Source: MIQUEST queries on GP clinical systems

How these differences in health need translate into hospital admissions is a complex picture. Emergency admissions reflect unexpected need that has not been either identified or controlled in the community or through planned hospital treatment. It is likely that areas with easy access to hospitals will have a higher emergency admission rate to hospital than areas with poorer access and this could to some extent explain the rural areas having consistently lower rates than urban areas.

It is also likely that areas of high deprivation have a higher need for emergency admissions and these tend to be in urban areas. Hence it is difficult to disentangle whether the reason for the lower admission rates from rural areas seen in Figure 14 is as a result of poorer access or less deprivation or maybe something else relating to rurality.

Figure 14: Admissions to hospital



Source: MIQUEST queries on GP clinical systems

First outpatient appointment rates (which reflect the number of people that GPs refer on for specialist care) are in general lower in rural than urban areas as would be expected given the lower levels of recorded disease. As elective admission rates in the two groups are very similar this suggests that a higher proportion of those referred from rural areas need admission. This might reflect a higher threshold of need before referral being used in rural areas and/or the easier access to visit hospital in urban areas.

Although generally rural rates of hospital use are less than urban rates, there are two notable exceptions: the rates for emergency and elective admissions for those aged 75 or greater. This might be as a result of a “better safe than sorry” philosophy. There is a possibility that rural older people are admitted to hospital at a lower threshold than urban older people.

The table following shows disease prevention and detection indicators. There is not really much difference in rates between rural and urban areas - the large numbers of people mean that some small observed differences can be statistically significantly different when there is no operationally significant difference between the rates.

Rural areas are slightly more likely to take up or practice preventive and protective actions such as breastfeeding continuation, vaccination and screening. There is very little difference in the secondary preventative care received for long term conditions such as dementia, COPD, mental health problems and diabetes.

Figure 15: Disease prevention and detection

	Rural	Urban	Somerset
5-in-1 vaccination uptake by age 1	95%	96%	95%
MMR vaccination uptake by age 2	93%	94%	94%
Breastfeeding initiation	85%	82%	83%
Breastfeeding prevalence at 6-8 weeks	54%	46%	49%
Flu vaccination for those aged 2 and 3	46%	42%	44%
Flu vaccination for those aged <65 at risk	52%	51%	51%
Flu vaccination for those aged 65 or over	72%	73%	72%
Chlamydia screening uptake (ages 15-24)	4%	3%	3%
Health checks - % of eligible who received a check	41%	39%	40%
Health checks - % of eligible in most deprived areas who received a check	32%	27%	28%
Cervical cancer screening coverage (ages 25-49)	81%	78%	79%
Breast cancer screening coverage (ages 53-64)	80%	79%	80%
Bowel cancer screening coverage (ages 60-69)	61%	59%	60%
Diabetic retinopathy screening	93%	94%	93%
The percentage of patients diagnosed with dementia whose care has been reviewed in the preceding 15 months	86%	83%	84%
The percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March	94%	93%	93%
The percentage of patients on the Mental Health register who have a comprehensive care plan documented and agreed in the records	88%	88%	88%
The percentage of patients with diabetes with a record of a foot examination and risk classification within the preceding 15 months	94%	93%	93%

Data from a variety of NHS sources and all for 2013/14 except the Quality Outcome Framework care indicators (the last four) which are for 2012/13

Lifestyles

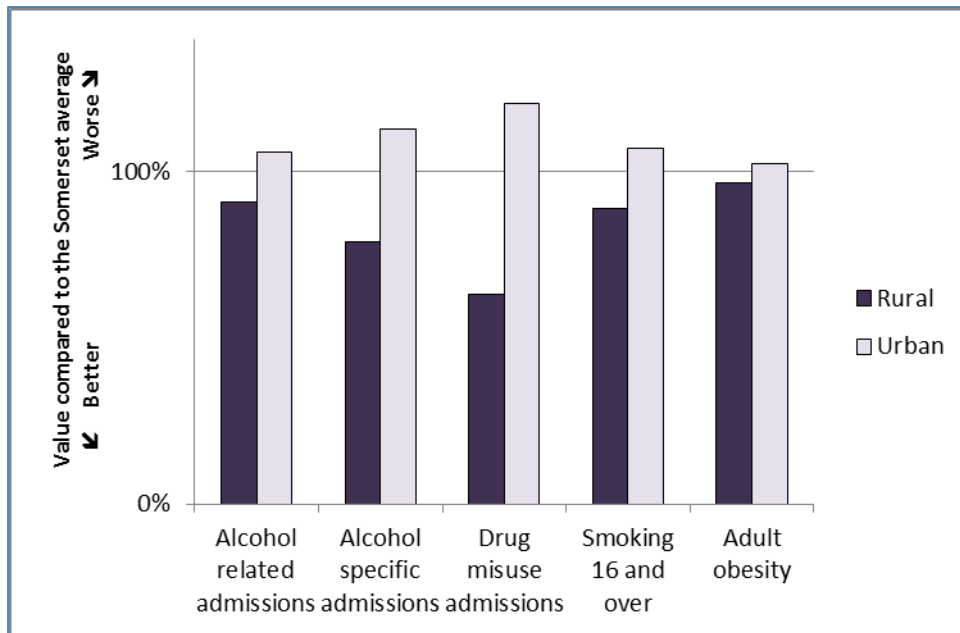
Case study – Community Council for Somerset (Village Agents – VA) 2014

Lady of 86 years; independent and lives alone in her own home but has multiple health issues including macular degeneration, limited hearing and vertigo. Until recently she received no benefits whatsoever and both she and her family were becoming increasingly concerned about her wellbeing. She phoned VA having picked up a flyer at a coffee morning. VA visited the lady in her own home and learnt about her own health issues and how they were affecting her.

Due to knee problems the client only goes downstairs once a day in the morning and again at night to go to bed; she doesn't eat properly because of her poor appetite plus not being able to see properly what she is preparing, her fridge was under-stocked and dirty and her clothes often stained. VA suggested that she should apply for an Attendance Allowance so that she could have ongoing help. Her initial application was refused, but with VA's support she requested a Mandatory Reconsideration and was granted the lower rate Attendance Allowance. The rate will increase when her sight deteriorates further.

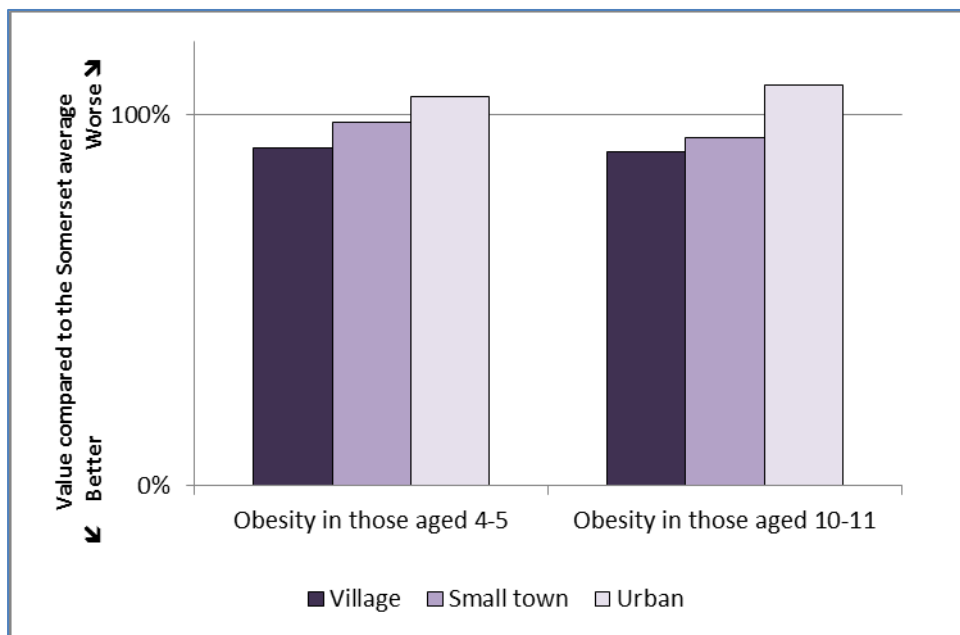
Figure 16 following looks at some indicators describing the way people choose to live. Rural people appear to live healthier lives. It might be expected that this will reinforce the effect of greater prosperity in rural areas and help explain the apparent better health outcomes.

Figure 16: Alcohol and drug admissions/smoking/adult obesity



Source: Secondary User Services (SUS), MIQUEST queries on GP clinical systems

Figure 17: Children - Obesity



Source: National Child Measurement Programme

Link to Rural Health section, including underlying data tables, on Somerset Intelligence website: www.somersetintelligence.org.uk/rural-health.html

Section 3

Conclusions

What people have said about living in rural Somerset

Listening to younger and older people, we have heard many positives about living in the countryside. A large majority put much value on the quality of the landscape and tranquillity, and the strength of the communities they lived in. Most young people said that they would stay in the county if they could. However, many people told us how much they disliked new housing development in villages.

Rural people in Somerset – like everyone else - face challenges in day to day living, and for some they can be made worse by living in the countryside. The distances from home to services such as health, education, leisure and employment combined with limited public transport, mean that getting things done takes more time and costs more money than in towns. That makes effective budgeting more difficult, and young people told us that financial and employment advice did not seem to take proper account of local conditions.

We also heard concerns that we had not expected. Young people said that they experienced more bullying and were more likely to have been offered cannabis than their urban counterparts. It is also unexpected that they reported doing less exercise, but that might just mean less formal sport. The evidence of social isolation for older people is perhaps unsurprising, but it was notable that rural areas showed such a big difference between men and women. Women seem to be restricted in what they could do by lack of access to cars – perhaps having spent much of their lives reliant on their husbands to get around.

What does the data tell us?

Statistical information largely supports the qualitative findings, but there are differences, and these suggest areas where some action may be needed.

The desirability of rural living is reflected in higher house prices (which are also a reflection of the more expensive – often detached – housing stock). And even with a generally more highly qualified workforce in rural areas houses are less affordable. This is particularly true for the 10% of the workforce without qualifications. This is most pointed in West Somerset where the lower quartile house price is more than nine times the lower quartile income. Rural houses are often older than urban and more expensive to heat and maintain, adding fuel poverty as a further problem for many.

School educational attainment is higher in rural areas after the foundation stage, but this success must be contrasted with the lower employment aspirations and advice not reflecting local conditions that young people reported. And whilst statistics suggest consistently healthier living (in terms of smoking, alcohol and obesity), this should be contrasted with the children who reported higher levels of parental smoking.

Dependence on the motor car is high for most rural dwellers, with eight out of nine households having a vehicle. Whilst that helps overcome many of the problems of distance, it brings problems of its own, with 75% of the young drivers killed and seriously injured on Somerset's roads being in rural areas. This is in addition to the up-front costs of vehicle purchase and insurance, as well as fuel and maintenance, that rural dwellers can rarely avoid. The households without cars are largely dependent on the limited public transport and face particular problems of accessibility.

The data unsurprisingly suggest that the health of people in the countryside is better than that for people in towns. This is almost certainly closely related to the lower levels of deprivation in rural areas. However, two interesting findings emerged from the statistics. The first is that over 75s in rural areas were more likely to be admitted as emergency cases, almost certainly because of a 'safety first' approach for people whose access to acute care may be difficult. The second surprise emerged from the analysis splitting rural areas into the small towns and fringe, and the villages and hamlets. This showed that for a range of causes of death, the highest rates occurred not in the urban areas, but the small towns. The reason for this remains unclear.

What does this mean for us?

This report has shown that rural people experience *different challenges* from urban people when it comes to managing budgets and getting access to services. For richer people this may be just a question of extra expense that they are prepared to put up with for the sake of the high quality of life in the countryside, but for poorer people it can make being poor much harder work. Any policy or commissioning that isn't 'rural proofed' can disadvantage such people further.

Young people were very aware of being *isolated*, in terms of transport and digitally, both in broadband and mobile signals. It was also surprising how reporting of drugs and bullying were higher for young people in the countryside. Rural childhood should not be seen as idyllic for all.

The higher emergency admission rates for people over 75 in rural areas were not expected, but in all likelihood explained by a desire to keep patients safe. However, emergency admissions are not pleasant for the patient, and are expensive for the

health service. This finding suggests that improving *accessibility* for the rural elderly to health care, or initiatives such as FOPAS (Frail Older Persons' Admissions Scheme, in Yeovil District Hospital) may provide a way to reduce admissions.

Social isolation and *lack of control* over the use of time has emerged as hugely important for older rural women in particular, and we know that there is a close association between loneliness and ill-health in the elderly. This report has identified a range of organizations, such as Citizens Advice Bureaux and Village Agents, working in the county to provide social support in rural areas. This diversity is a strength, but coordination may be needed to ensure no-one falls through the gaps.

Finally, the report raises questions on the *future vision* for rural Somerset. The objections of existing rural residents to new housing development were strongly expressed. Many talked about 'dog walking land' being built on, reducing the opportunities for informal exercise that promote good rural health. However, access to housing is critical for young people staying in the countryside and many told us how their own rural home seemed well out of reach. Availability and quality of housing, including the ability to stay in or close to home as people age, are critical determinants of personal health and community resilience. There is a choice to be made between adapting services to an ageing and changing population, and developing new, different but more vibrant rural communities.
