

Rural Health and Wellbeing Strategy for Devon 2010-2013



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Rural Health and Wellbeing Strategy for Devon

Foreword

Living in a rural area of Devon can be a very positive experience for people's health and wellbeing. At the same time some people, groups and communities can face particular issues that make achieving or maintaining good health and wellbeing more difficult. This first **"Rural Health and Wellbeing Strategy for Devon 2010-2013"** starts to explore the story and highlight actions that will help improve the health of all people in rural areas, particularly those with greatest need.

The Strategy has been developed following extensive dialogue and discussion with a wide range of individuals and organisations. It builds on the work of the Devon Rural Network and identifies a number of common themes; access to services, the need for more integrated services and the promotion of community cohesion and engagement. Focusing on a people perspective, its scope covers both the wider determinants of health such as housing, employment and transport, plus lifestyle factors including physical activity, sexual health and alcohol misuse. With the challenging financial situation facing everyone in the next few years, we must work together to achieve the best for our rural communities.

An implementation plan will be produced by December 2010 setting out how partners will deliver actions for each recommendation. The Healthier and Stronger Communities Partnership reporting to the Devon Strategic Partnership will monitor progress in implementing the Strategy. It will be subject to an annual review which will take into account the views of local people and any new local or national policies.

I look forward to working with you on this Strategy.

Dr Virginia Pearson
Joint Executive Director of Public Health
NHS Devon and Devon County Council

Rural Health and Wellbeing Strategy for Devon

Executive Summary

Overview

Living in a rural area of Devon can be a very positive experience for people's health and wellbeing. At the same time some people, groups and communities can face particular issues that make achieving or maintaining good health and wellbeing more difficult. The Strategy sets out Devon's vision to improve the overall health, wellbeing and quality of life of **all people** living in rural areas, with a focus on reducing inequalities in health and reducing inequities in health and social care provision.

Objectives

The main objectives are to:

- gain a better understanding of the needs of people of all ages living in rural areas in Devon;
- consider possible barriers to, and opportunities for, health improvement;
- build the resilience of Devon's rural communities;
- utilise the potential of local people and local infrastructure to provide innovative solutions to the challenges faced by people living in rural areas;
- develop and/or redesign services to meet the needs of rural communities.

Challenges

The real challenges faced by many people living in rural areas include:

- deprivation (including pockets of hidden deprivation);
- a growing ageing population;
- small, sparsely distributed populations;
- changing population patterns, including outward migration of young people;
- social isolation and social exclusion;
- lack of affordable housing and fuel poverty;
- poor infrastructure, access issues and a lack of health and related services;
- a shrinking skilled workforce;
- specific health needs associated with some population subgroups.

Commissioning

Commissioners of services in Devon need to:

- undertake rural proofing of local policies and initiatives to ensure that “rural need” is addressed appropriately (the Devon Rural Proofing Self Assessment Tool will be available during 2010);
- engage rural communities effectively and recognise distinctive needs;
- acknowledge the difficulty of achieving equity of access to services and include the issues of travel within dispersed communities;
- develop local resources by building on or adding value to already established local services;
- build on existing links with the voluntary and community sector, acknowledging their role in supporting the needs of the rural communities and recognising their potential for delivering innovative service solutions;
- involve people living in Devon’s rural communities in developing services to address need.

Priority areas

In order to make sense of the complex and multifaceted nature of the issues affecting rural health and wellbeing, the main challenges and opportunities have been grouped into **ten priority areas covering:**

- general issues for rural communities **across the life course**
- **specific communities** who may face additional challenges
- overarching issues relating to **rural health and social care provision.**

Issues relating to **access, social isolation** and/or **social exclusion** and **feeling safe in your own home** run through each of the above priority areas.

Supporting themes

In view of the complex nature of some of the issues facing rural communities, and the level of resources available, five supporting strategic themes are identified where a more co-ordinated and integrated approach is likely to enhance the implementation of the actions.

Delivering the strategy

This Strategy will be accompanied by a **separate implementation plan** that specifies who is best placed to lead the implementation of each recommendation outlined in Section 8, including resources, timescales and how success will be measured.

1. Introduction

Who is the Strategy for?

- 1.1 The Rural Health and Wellbeing Strategy is for **all partner organisations** which can impact on the health and wellbeing of local people (defined in its widest sense) and in particular those individuals and/or organisations who have key responsibilities in relation to any specific recommendations. Overall, the Strategy is for all organisations aligned to the Devon Strategic Partnership.
- 1.2 This Strategy will be accompanied by a detailed **implementation plan** that identifies who is best placed to lead the implementation of each recommendation, other supporting partners, timescales and available resources. The Strategy should inform priority actions within any local health improvement plan produced by District Level Local Strategic Partnership Health and Wellbeing Groups.

2. The vision

- 2.1 This Strategy sets out Devon's vision to improve the overall health, wellbeing and quality of life of **all people** living in rural areas, with a focus on reducing inequalities in health and reducing inequities in health and social care provision.
- 2.2 The main objectives are to:
 - gain a better understanding of the needs of people of all ages living in rural areas in Devon;
 - consider possible barriers to, and opportunities for, health improvement;
 - build the resilience of Devon's rural communities;
 - utilise the potential of local people and local infrastructure to provide innovative solutions to the challenges faced by people living in rural areas;
 - develop and/or redesign services to meet the needs of rural communities.

3. Background

Health, wellbeing and rurality

- 3.1 The World Health Organization defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”.¹ The Ottawa Charter for Health Promotion² outlined that in order to reach this state, “an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment”. In this context, health is seen as “a resource for everyday life, not the objective of living”. It is also viewed as a “positive concept emphasising social and personal resources, as well as physical capacities”.
- 3.2 In the rural context, evidence suggests that people living in rural areas typically enjoy better health and wellbeing than their urban counterparts,³ often appearing to score better on standard measures of health such as life expectancy and infant mortality. Many rural communities also offer well-developed community resources, strong social networks and healthy environments for leisure, education and enterprise.⁴ However, the widely recognised benefits of rural life have led to the concept of the “rural idyll”.³ This stereotype ignores the real challenges faced by many people living in rural areas, including:
- deprivation (including pockets of hidden deprivation);
 - a growing ageing population;
 - small, sparsely distributed populations;
 - changing population patterns, including outward migration of young people;
 - social isolation and social exclusion;
 - lack of affordable housing and fuel poverty;
 - poor infrastructure, access issues and a lack of health and related services;
 - a shrinking skilled workforce;
 - specific health needs associated with some population subgroups.

In particular, people experiencing deprivation often live alongside the affluent and car ownership is viewed as a necessity rather than a luxury. This means that the needs of some people living in rural areas can remain hidden to service providers.

¹ The World Health Organization (1948) - WHO definition of health - <http://www.who.int/about/definition/en/print.html>.

² The World Health Organization (1986) - Ottawa Charter for Health Promotion - http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf.

³ Mind (2009) – Rural issues in mental health - http://www.mind.org.uk/help/people_groups_and_communities/rural_issues_in_mental_health.

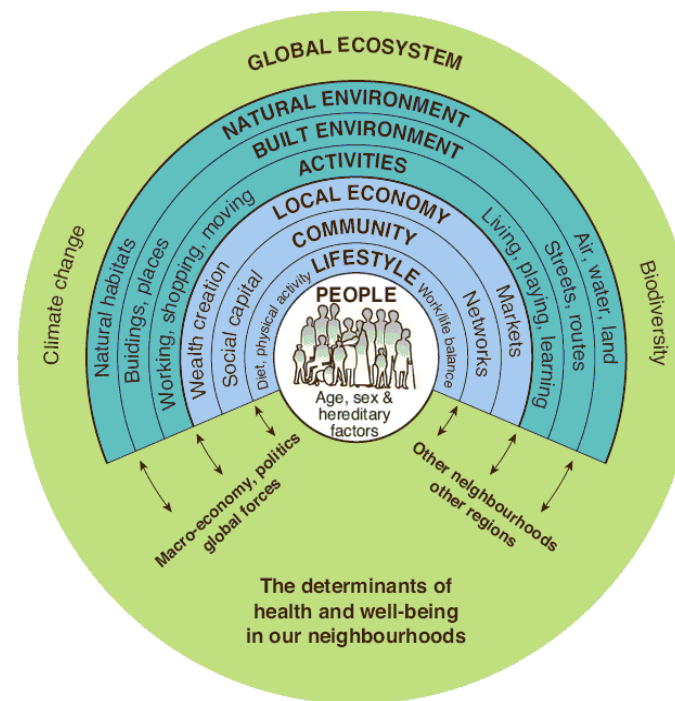
⁴ The Carnegie Commission for Rural Community Development – A Charter for Rural Communities - <http://rural.carnegieuktrust.org.uk/files/rural/A%20Charter%20for%20Rural%20Communities.pdf>.

3.3 According to the Ottawa Charter for Health Promotion,² the promotion of health and wellbeing is “not just the responsibility of the health sector”. Dahlgren and Whitehead’s model⁵ (Figure 1) provides a useful framework for considering many of the wider determinants of health and wellbeing, as well as helping to engender partnership working. This model underpins Devon’s Rural Health and Wellbeing Strategy, particularly as the issues identified (see Section 8) generally fall under the broad category of “living and working conditions”. Barton and Grant⁶ have since added additional layers to this model. This extended version has been included below as it proves useful in highlighting the impact of both the natural environment (e.g. access to green space) and the built environment (e.g. the availability of public infrastructure and facilities) on rural health and wellbeing (Figure 2).

Figure 1. The wider determinants of health (Dahlgren and Whitehead 1991)⁵



Figure 2. A health map (Barton and Grant 2006)⁶



⁵ Dahlgren, G. and Whitehead, M. (1991) - Policies and strategies to promote social equity in health - [http://www.framtidsstudier.se/filebank/files/20080109\\$110739\\$fii\\$mZ8UVQv2wQFShMRF6cuT.pdf](http://www.framtidsstudier.se/filebank/files/20080109$110739$fii$mZ8UVQv2wQFShMRF6cuT.pdf).

⁶ Barton, H. and Grant, M. (2006). A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health; 126: 252-253.

4. The national context and local approach

The Government's vision of sustainable rural communities in which economic, social and environmental issues are taken into account is at the heart of Devon's Strategy for Rural Health and Wellbeing. The importance of promoting citizen engagement and community involvement in local decision-making and the benefits that this can bring to health is emphasised. In particular, the New Performance Framework from the Improvement and Development Agency (see page 43) has had an important impact on rural communities and the ways in which service providers engage with them.

In relation to health outcomes, the Institute of Rural Health published a rural proofing guide for Primary Care Organisations in 2005 (page 42). Whilst this is useful in helping to identify gaps in service delivery and service provision, Devon's Strategy takes a **people-based** approach to rural issues, as well as acknowledging many of the **wider determinants** of health and wellbeing (Figures 1 and 2, page 7).

There are a number of other national strategies and initiatives that have direct relevance to rural health and wellbeing (see Appendix 2, page 42 for details). Devon's Strategy also relates closely to the **2010 Marmot Review "Fair Society, Healthy Lives"** which outlines an evidence-based Strategy for reducing health inequalities, with focus on addressing the wider determinants of health.

It is important that the Joint Strategic Needs Assessment reflects rural health and wellbeing issues to inform the commissioning cycles of individual organisations and various partnerships.

There are also a number of local policies and initiatives with positive implications for rural communities in Devon (see Appendix 3 page 45 for more details). Key local strategies, frameworks and reports are:

Sustainable Community Strategy for Devon (2008-18) – <http://www.devonsp.org.uk/scs/home.html>. The **Local Area Agreement (2008-2011)** priorities express this Strategy (<http://www.devonsp.org.uk/sustainablecommunitystrategy/outcomes/devonlaa0811.pdf>).

NHS Devon's and Devon County Council's joint vision and plans for health and social care (2010-2015) – "The Way Ahead – Five Years of Improvement" - http://www.devon.gov.uk/the_way_ahead_for_board.pdf.

The Devon Rural Strategy (2007) produced by the Devon Strategic Partnership's Rural Task Group - <http://www.devon.gov.uk/drruralstrategyactionplan.pdf>.

Rural Access to Health Task Group Report (March 2010) – http://www.devon.gov.uk/index/councildemocracy/decision_making/cma/cma_report.htm?cmadoc=report_cx1036.html.

Community-led and accessibility planning (see Appendix 3, page 45)

Devon County Council's Local Transport Plan (2006-2011) - <http://www.devon.gov.uk/ltp-ch1-2006.pdf>.

Local agencies and organisations with a rural focus are listed in Appendix 3.

5. Commissioning challenges

- 5.1 In order to achieve the vision outlined in Section 2, a number of commissioning challenges need to be addressed. Commissioners of services in Devon need to:
- undertake rural proofing of local policies and initiatives to ensure that “rural need” is addressed appropriately (the Devon Rural Proofing Self Assessment Tool will be available during 2010);
 - engage rural communities effectively and recognise distinctive needs;
 - acknowledge the difficulty of achieving equity of access to services and include the issues of travel within dispersed communities;
 - develop local resources by building on or adding value to already established local services;
 - build on existing links with the voluntary and community sector, acknowledging their role in supporting the needs of the rural communities and recognising their potential for delivering innovative service solutions;
 - involve people living in Devon’s rural communities in developing services to address need.
- 5.2 In terms of the Health and Social Care agenda, it will be important that the implementation of NHS Devon’s and Devon County Council’s joint plans for health and social care 2010-2015 (The Way Ahead: Five Years of Improvement) take rural issues into account. The current priorities outlined in Devon’s Local Area Agreement 2008-2011 take account of a number of rural issues; whilst Devon’s Children and Young People’s Plan 2008-2011 can make explicit actions which address the impact of rural issues on children, young people and their families. The Rural Health and Wellbeing Strategy also relates closely to **World Class Commissioning** competencies and objectives, particularly regarding reducing health inequalities and increasing life expectancy.

6. Delivering the Strategy

- 6.1 The accountability for the Strategy will be held by the Devon Healthier and Stronger Communities Partnership (HSCP), working specifically with the Stronger Communities and Health Improvement Group (SCHIG) which will oversee the implementation of the various recommendations and report on subsequent progress through the production of an annual report.
- 6.2 The nature of many of the issues is complex and will require links to be made across various organisations at a local level. To this end, it is anticipated that actions reflecting the recommendations will be made explicit within the local health improvement plans and other relevant plans linking into Local Strategic Partnership Sustainable Community Strategies.
- 6.3 This Strategy will be accompanied by a **separate implementation plan** that specifies who is best placed to lead the implementation of each recommendation outlined in Section 8, including resources, timescales and how success will be measured by December 2010.

7. A picture of rural Devon

7.1 The Rural Devon Profile⁷ provides an overview of rural life and is summarised below. This is supplemented by other relevant data, including the 2009 Devon Joint Strategic Needs Assessment.⁸

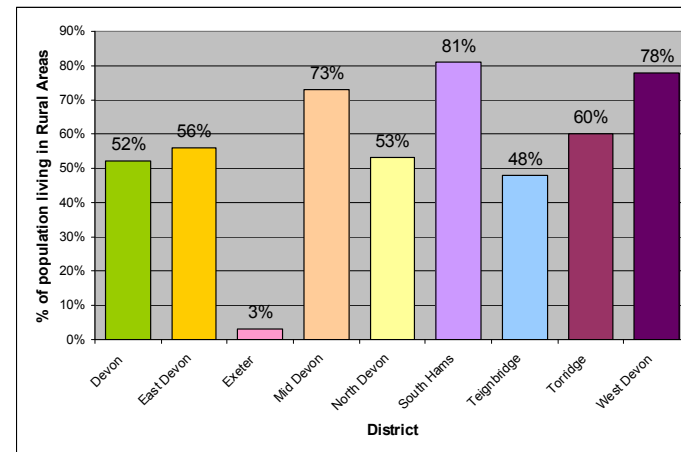
It is important to acknowledge two major limitations of existing data about rural populations in Devon:

- 1) There are difficulties associated with collecting data in sparsely populated rural areas making it harder to identify need.
- 2) Some data are based on the 2001 Census, which is now eight years out of date. Consequently, the Strategy will need to be updated following the 2011 Census (it will take time for these data to be made available), as well as being subject to annual review.

7.2 An overview of rural Devon

- Devon is the third largest county in England
- It is also the seventh most sparsely populated county, with a few large settlements and a dispersed rural population, covering Dartmoor National Park and part of Exmoor National Park⁸
- Over 90% of its land area is defined as “rural” (settlements <10,000)⁷
- Of 750,105 people living in Devon (excluding Plymouth and Torbay), 52% live in rural areas⁹
- The figure for Devon (52%) is significantly higher than the regional (34%) and national (19%) rural averages⁹
- South Hams, West Devon, Mid Devon and Torridge have the highest proportions of the population living in rural areas (Figure 3)⁹

Figure 3. Proportion of Devon’s population living in Rural Areas per District (“rural” classified as those outside settlements with a population of >10,000)⁹



⁷ Rural Devon Profile (March 2009) - http://www.drn.org.uk/rural_profile_final_july_2009.pdf.

⁸ Devon Joint Strategic Needs Assessment (2009) - <http://www.devon.gov.uk/index/socialcarehealth/ourplans/jsna.htm>.

7.3 Devon's rural population

- Of Devon's 422 parishes, 97% have a population of <10,000 and 75% have <1,000 inhabitants⁷
- However, the rural population is increasing faster than the national average⁷
- There is a higher than UK average proportion of pensionable-aged residents and a lower than average proportion of 0-15 year olds⁷
- By 2021, it is estimated that 26% of the total population will be aged over 65 (Devon County Council area)⁷
- There is a trend for urban to rural migration due to employment opportunities, lifestyle factors, increased use of Information Communication Technology in rural areas and retirement⁷
- There have been high levels of out-migration of young people as they seek career opportunities – although this may be changing due to increased access to universities that do not require students to move away from home⁷
- Only 2.5% of the total rural population are from non-white British ethnic groups. However, of all people from non-white British ethnic groups, 44% live in rural areas⁹

7.4 Income and deprivation

- 47% of the "income deprived" live in rural Devon⁹
- Generally, urban areas (cities, towns, fringes) are **less deprived** than the corresponding England average, whereas rural areas (villages, hamlets, isolated dwellings) are **more deprived**
- There are large numbers of **individuals** facing disadvantage but few recognised deprived **areas**, suggesting economic/social need is masked by official statistics which analyse deprivation at the area level⁹

7.5 Employment and skills

- Unemployment rates are generally lower in Devon's rural districts than for England as a whole⁷
- Devon has higher rates of self-employment than the national average - this is particularly pronounced in the rural districts of West Devon, South Hams and North Devon, where self-employment represents 13.8-16.6% of employment compared to an England average of 9.6%⁷
- There are high levels of part-time working/seasonal work⁷
- Almost half of all adults with no qualifications live in rural areas, accounting for 18% of the adult rural population (equivalent to regional averages but better than national averages). However, rural Torridge, with 24% of adults with no qualifications, is higher than both regional and national averages⁹

7.6 Rural housing

- The demand for housing in rural Devon is high, particularly due to in-migration from other parts of the UK and the increased incidence of second or holiday homes⁷
- House prices are around 14 times the average yearly income of residents⁸
- 1 in 5 rural households are classified as "fuel poor"⁷
- High levels of 'non decent' homes in rural areas
- Housing surveys (Devon Rural Housing Partnership) indicate that around 3% of the total population of small villages is likely to be in "housing need" - most of this need is young people who need to leave home or families living in overcrowded accommodation
- Young people and those on low incomes are being forced to leave because of lack of affordable housing - impacting on the sustainability of villages as pubs, shops and local schools are forced to close

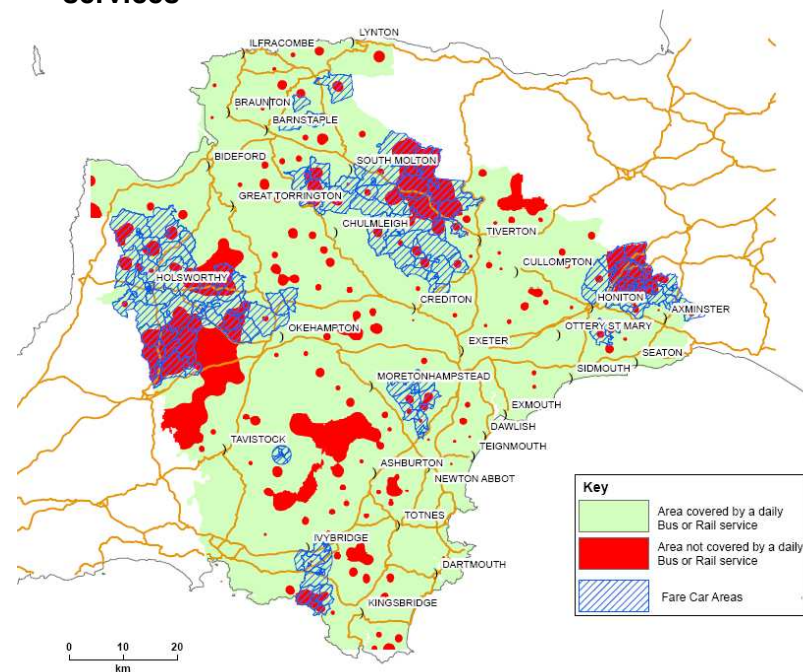
⁹ Devon's Rural Share of Deprivation Report (2009) - <http://www.devonrcc.org.uk/downloads/OCSI%20Executive%20Summary.pdf>.

7.7 Transport and accessibility

- Public Transport service provision in Devon has increased in number and frequency of services over the last 25 years, due to a constructive combination of commercial expansion by bus companies and increased central and local government funding, although it is recognised that the services could be further improved should even greater investment be available. However, during this time period the pattern of provision of Health Services has changed, moving facilities to the outskirts of some towns and cities, away from Public Transport routes - this has both increased the need to travel and decreased the ability of Public Transport to serve Health facilities without in some cases a lengthy journey or change of bus
- Issues associated with transport and accessibility cut across all age groups
- Almost 23% of households fall into Mosaic group k – “Rural isolation” – compared to the national picture of only 5% - indicating that nearly a quarter of the population live away from the largest settlements in Devon making it harder to provide services that are **equally accessible to all**⁸
- Over 99% of households located >6km from a secondary school and 83% of households located >10km from a principal Job Centre are in rural areas⁹
- 66.7% of people are within a 60 minute drive from their nearest hospital (national average: 92.5%)⁸
- 86.6% are within a 30 minute drive from their nearest GP (national average: 95.2%)⁸
- 38% of all the households in Devon with no access to a car or van are in rural areas – they account for 14% of the rural population (on a par with regional and national rural averages)⁹

- The distance that rural patients live from primary care and hospital services has been found to have a profound effect on their likely use of such services⁸
- The “distance decay effect” has resulted in rural patients showing lower levels of health services utilisation than their urban counterparts, which may lead to later diagnosis of common cancers⁸
- Figure 4 indicates the population of Devon that does not have access to a town centre by daily public, community or voluntary transport services⁸
- Rural areas have poorer access to ‘Broadband’.

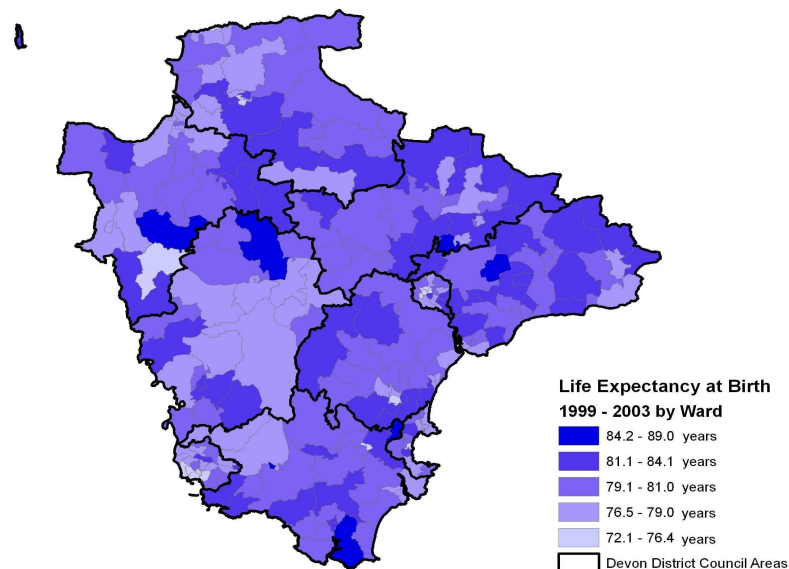
Figure 4. Population of Devon without access to a town centre by daily public, community or voluntary transport services⁸



7.8 Health and wellbeing

- Figure 5 shows that life expectancy at birth is lower in some of Devon's rural areas

Figure 5. Variation in life expectancy at Birth by ward across Devon (1999-2003)⁸



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- Immunisation rates vary widely⁸
- The proportion of all people living in rural Devon and claiming Disability Living Allowance is 4%, whilst 29% of people aged 0-64 have a limiting long-term illness (figures similar to regional and national rural averages)⁹
- Rurality is linked to mental health problems⁸
- Other health issues include accidents that result from rural employment, including major trauma injuries from

7.9 Voluntary and community activity, neighbourliness, social interaction and support

- There are high levels of social capital and volunteering⁷
- The rate of volunteering has increased and rates are consistently higher in rural locations⁷
- The South West average for persons who provide unpaid care is 10% - in North Devon it is 16%, Teignbridge 16% and in East Devon 28%⁷
- There are now 22 community-owned and managed shops in Devon (four opened in 2009)
- 6000 volunteers manage 550 village and community halls – an asset base of key service hubs in excess of £160,000,000⁷
- Currently, support to volunteers is provided through a network of Volunteer Centres hosted by eight district-based Councils for Voluntary Services (CVS) and working together through a collaborative partnership, Volunteer Centres Devon (VCD)
- Formed in 2004, the Devon Association of Councils for Voluntary Service (DACVS) is a partnership of 8 CVS's covering Devon - DACVS has a collective membership of over 4,000 voluntary and community organisations

7.10 Other

- Important issues regarding Devon's environment, energy and waste management, climate change and rural businesses are discussed in the Rural Devon Profile⁷
- Rural areas offer a 'green infrastructure' that provides significant opportunities for physical, mental and social health benefits from an active lifestyle. The forthcoming Devon Green Infrastructure Strategy, Local Transport Plan 3 2011-2026 and the Rights of Way Improvement Plan will set out a range of relevant actions.

8. Priority areas for action

Whilst rural communities can be great places to live, work and play, some people living in rural Devon face a number of challenges. In order to make sense of the complex and multifaceted nature of the issues affecting rural health and wellbeing, the main challenges and opportunities have been grouped into **ten priority areas** (see green box):

1. The first three cover general **issues for rural communities across the life course**
2. The next six examine **specific communities**¹⁰ who may face additional challenges to those not already identified in point 1
3. The final priority area examines overarching issues relating to **rural health and social care provision**.

Issues relating to **access, social isolation** and/or **social exclusion** and **feeling safe in your own home** run through each of the above priority areas.

When considering each area, it is also important to remember the six **strands of equality and diversity** (age; disability; gender [including Transgender]; race; religion and belief; sexual orientation). These strands are useful in drawing attention to the additional pressures and often **double or multiple discrimination** faced by some individuals in rural areas, whether this is related to the difficulties associated with accessing services or the cultural norms and values which may be reflected in some communities. They highlight the need to take a holistic approach, as well as cross agency and partnership working, to tackle rural issues in Devon.

A range of evidence, including needs assessment and local opinion, was used to identify key issues, share good practice and inform ideas for action. A number of **supporting strategic themes** are also considered in order to achieve the priorities for improvement.

Priority areas for action: General issues for rural communities

- Children & young people
- People of working age
- Older people

Rural communities facing additional challenges to those identified above

- Carers
- Farmers, farming families & farm workers
- Black & minority ethnic (BME) communities
- Lesbian, gay, bisexual (LGB) & Transgender people
- Gypsy & Traveller communities
- Migrant communities

Rural health & social care provision

- Challenges for service users
- Challenges for service providers

¹⁰ Whilst some communities have been grouped together because they experience similar issues from a rural perspective, they are not one single homogenous group. The communities have been identified because they face additional challenges to those already identified in “general issues for rural communities”. Care has been taken not to duplicate other relevant local strategies but to focus on those issues which are most relevant to the rural context.

These are outlined in Section 9 (page 26). Local government, NHS Devon, Third Sector agencies and local communities will need to work together to deliver the actions identified. A summary of evidence that was used to inform each of the priority areas can be found on page 33. Examples of good practice can be found in Appendix 4 (page 48).

8.1 Children and young people

Overview

- 143,913 0-17 year olds live in Devon – of these, 47.81% live in urban areas, 22.57% live in towns and 29.62% live in villages, hamlets and isolated dwellings
- Projected figures show a consistent decline in the proportion of 0-19 year olds⁷
- Whilst children and young people living in rural areas are generally in better health, live in higher income households and have higher levels of educational achievement, there are huge disparities within and between rural communities³

What are the issues?

- Children and young people in rural Devon are at greater risk of social isolation which has consequences for their emotional and physical health and wellbeing
- Isolation and lack of reliable and affordable public transport impacts on their ability to access education, recreational facilities and services
- Some face long walking distances to school buses and/or public transportation on unlit, isolated and/or unsafe country roads
- Heavy reliance on school bus transportation means that some are unable to participate in extracurricular activities due to rigid bus timetables
- Young people generally face a more limited range of training and employment opportunities, typically have lower goals and aspirations and lower levels of literacy
- Lack of affordable housing for young people makes independence difficult
- Homelessness is hidden yet tackling homelessness in rural areas can help to prevent rough sleeping in towns and cities
- There are less youth clubs/activities and difficulties in establishing new volunteer services of this nature, especially in small settlements
- Limited opportunities, boredom and low self-esteem can lead to high-risk activities including substance misuse and self-harm as well as tension with other residents
- Declining numbers of children and young people may lead to inadequate services
- Young people may be reluctant to attend services with health or related problems because of a perceived lack of anonymity, since people living in rural areas are far more likely to know their neighbours and surrounding community



What action do we need to take?

- Develop services which focus on marginalised and isolated young people in rural communities to address issues of “double” or “multiple discrimination”
- Improve access to health promotion opportunities and primary and community health services for children and young people with disabilities
- Promote opportunities for play and physical activity
- Ameliorate the transport needs of children and young people in targeted rural areas
- Roll out the learning from the Ilfracombe “Narrow the Gap” pilot

- Rural issues are exacerbated for those in challenging circumstances, particularly young carers, those with disabilities and special needs and those living with domestic violence and abuse
- Ensure the Devon Child Poverty Strategy addresses the needs of rural families and homeless young people

8.2 People of working age

Overview

- A total of 131,000 people of working age (aged 16-59/64 years) live in rural Devon - based on an urban rural definition at postcode level (incorporating villages, hamlets and isolated dwellings)
- People of working age make an important contribution to Devon's economy, particularly through seasonal work – however, there are a number of issues for those living in rural areas

What are the issues?

- Low wages are common in rural Devon
- Isolation, changing employment patterns, relatively high levels of casual and seasonal work, and problems with access to transport are challenges for people of working age, particularly in terms of their ability to access recreational facilities, employment and/or training opportunities and services
- There is limited provision of affordable housing and fuel efficient housing
- Young families and those on low incomes are being forced to leave their rural communities because of lack of affordable housing - this impacts on the sustainability of villages as pubs, shops and local schools are forced to close
- Families in rural communities often experience a lack of choice in services and difficulties accessing information - in particular, specialist services are often located in our larger towns
- Families who experience domestic violence and abuse, postnatal depression, mental health issues and other additional medical needs face substantial additional challenges when living in rural communities
- There are difficulties in accessing affordable and locally available childcare, which is made affordable for some families who can access benefits e.g. Family Tax Credits
- The nature of seasonal, low paid work in either the tourist or farming sector means that childcare needs to be provided on a flexible basis
- There is a higher than average incidence of limiting long-term illness, which can have both direct and indirect effects on health and wellbeing



What action do we need to take?

- Ensure economic strategies prioritise substantive employment opportunities and increase the volume and flexibility of childcare
- Develop a multi-agency action plan to support people experiencing unemployment in rural areas
- Identify innovative solutions to provide transport to access recreational facilities, employment and/or training opportunities and services
- Increase opportunities for physical activity
- Specify the provision of affordable housing for rural areas within Local Development Frameworks
- Promote self-care approaches with people experiencing limiting long-term illness and/or disability
- Improve data recording about domestic violence and abuse and ensure the adoption of the routine enquiry model with appropriate follow-up support

8.3 Older people

Overview

- A higher proportion of people aged over 65 live in rural areas compared to urban areas
- Growth is particularly pronounced among those aged 85 years and older
- Life expectancy, healthy- and disability-free years at age 65 are higher in rural areas
- Older people make a significant contribution to community life through volunteering, caring and participating in social and community activities

What are the issues?

- Older people make up the largest group of people living in poverty in rural Devon
- Issues surrounding susceptibility to bereavement, loss of independent transport, lack of mobility, loneliness and social exclusion are exacerbated in rural areas due to poor public transport infrastructure, isolation and lack of extended family, which can impact on physical and mental health
- The risk of social exclusion increases with age but is pronounced among those aged ≥ 80
- Older people living in rural areas (particularly those on low incomes) are generally disadvantaged in terms of service provision compared to their urban counterparts, particularly with regards to accessing GPs, dentists, hospitals, social care, post offices and local shops
- Those on low income and those aged over 80 are significantly more likely to report poor access; and in consequence may not attend surgeries and hospitals when they should
- Due to the ageing population, there are high rates of long-term limiting illness and multiple chronic conditions
- Mental health problems affect a significant minority of older people in rural areas, yet they are more likely to be misdiagnosed and neglected at primary care level
- Rates of depression, stroke, falls and dementia are projected to increase by 50-60% in rural areas compared to increases of 34-42% in urban areas
- Older people in rural areas are more likely to report living in “non-decent” homes (i.e. those which do not meet the Government’s statutory minimum standards)
- The rates of older people households in fuel poverty has shown the greatest growth among older people households in the most rural areas - this is largely due to poor insulation and the fact that fewer homes have mains gas thereby requiring more expensive forms of heating



What action do we need to take?

- Implement the recommendations of the Devon ‘Ageing Well’ Strategy
- Target fuel poverty interventions at the most vulnerable older people
- Promote the integration of appropriate services e.g. healthcare, social care, housing and benefit advice and information
- Provide a range of opportunities to be physically active
- Explore opportunities to improve support networks and knowledge of and access to services
- Promote travel schemes with public and community transport providers

8.4 Carers

Overview

- The Department of Health (2008)¹¹ defines a carer as someone who “spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.”
- There are over 72,400 carers in Devon providing substantial levels of care - 12% are aged 65 or over and 9% are aged 75 or over and women are more likely to be carers than men¹²
- There over 2,000 young carers in Devon (less than 3% of carers of all ages) and around half are aged less than 16 years of age¹³
- Appendix 5 (page 60) shows that a greater proportion of people provide unpaid care in rural areas

What are the issues?

- Whilst Devon offers a wide range of services to support carers, it is recognised that there is currently a deficit in support to carers in rural areas
- Additional barriers **for carers** in rural areas include:
 - Physical and social isolation
 - Lack of respite care, access to medical services, choice, alternatives to family care
 - Limited access to information, transport options and employment opportunities
 - Poverty and additional cost of living in a rural areas
- Problems facing **agencies serving carers** in rural areas include:
 - High unit cost of providing services and difficulties in consulting rural people
 - Rural users and carers may be reluctant to ask for help
 - Lack of reliable data about needs of people who live in rural areas
 - Staff recruitment/retention problems
 - Problems disseminating information
 - Privacy issues when using shared buildings
 - Poor uptake of services due to the transport, privacy and other reasons outlined above



Source: NHS Photo library

What action do we need to take?

- Fully implement the recommendations of Devon’s Carers Strategy 2009-2019 particularly increasing access to health and wellbeing checks for older carers in rural communities

¹¹ Department of Health (2008) - Carers - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345.

¹² Devon County Council and NHS Devon (2009) – A health needs assessment for carers: young people and adults in Devon.

8.5 Farmers, farming families and farm workers

Overview

- Agriculture is a vital part of Devon's economy and the wider community
- Members of Devon's rural communities typically possess high levels of business and commercial expertise which could be of great benefit to farming and other rural businesses

What are the issues?

- Farmers and farm workers are typically on low wages and are self-employed
- Farming communities are often isolated from mainstream services
- They are among the least likely to access health and social care services – this may be due to a combination of factors including their geographical location, long working hours, cultural issues and a general distrust of services
- They are a high-risk group for musculoskeletal problems, cardiovascular disease and mental health conditions
- The high incidence of suicide in rural Devon indicates widespread but hidden mental health issues
- Identified “stressors” include: economic difficulties; social isolation; perceptions of self-worth; age-related factors relating to succession and retirement; demographic changes in rural communities fracturing social support; employment issues; regulation and inspection; diseases in cattle
- Few farmers approach mental health services (as well as other services) due to the stigma attached to mental health problems and the shame of being seen as “not coping”
- Stress can be hugely debilitating for individuals families and communities, particularly as it is often transferred within the family
- Services treating mental health problems in rural areas may be inappropriate
- Individuals from farming families with learning disabilities often present late to social care services (e.g. in their fifties when their parents die) highlighting a need to identify these individuals as children
- There are higher rates of accidents/injuries in rural areas often with more serious presentation due to delays in getting/accessing emergency treatment
- There are a number of problems associated with tied accommodation (i.e. accommodation that is provided as part of a person's job) – in particular, job dismissal or retirement usually results in the farmer being evicted from their home



Picture courtesy of Pauline Rook

What action do we need to take?

- Carry out a Health Needs Assessment of farming communities in Devon to identify unmet need and address inequalities in the provision of health care to this community

8.6 Black and Minority Ethnic (BME) communities

Overview

- The rural BME population is growing and becoming more diverse
- A number of BME initiatives are underway in Devon and considerable progress has been made - for example, there are now over 30 third sector support groups and/or organisations working with BME populations
- Despite this, there remains a number of issues for BME people living in rural areas

What are the issues?

- Rural Devon has not seen the emergence of geographical areas which are predominately inhabited by BME people– instead “communities” are often made up of isolated individuals and families spread across a large geographical area
- BME people are at greater risk of social exclusion and social isolation due to language barriers and the rural dispersal and diversity of identities
- Negative attitudes towards BME populations may not be tackled effectively due to a general denial of their existence in some rural locations, ignorance, racism and a lack of cultural awareness
- Because the groups affected are so small, there is less BME infra-structure and specialist support groups available than in urban areas – although increasingly such groups are starting to emerge
- Individuals can suffer from being visible within their local community but invisible to those planning services
- Whilst progress has been made, there is often a lack of meaningful consultation with BME communities
- BME people also face language barriers in accessing appropriate information
- Discrimination, racism, social and cultural isolation, “culture shock” and other social issues such as immigration, as well as culturally inappropriate services, can lead to mental distress
- There is poor uptake of some health and social care services among particular ethnic groups
- There are poor data available about BME populations in rural Devon due to the complexities surrounding: (a) race and ethnicity; and (b) collecting data on sparse populations in rural areas



Source: NHS Photo library

What action do we need to take?

- Support the development of BME community support groups which can provide increased opportunities for people to establish co-ethnic and non-co-ethnic social relationships

8.7 Lesbian, Gay, Bisexual (LGB) and Transgender people and communities¹³

Overview

- LGB and Transgender people and communities participate in all aspects of rural life and make an important contribution to the economic, social and cultural quality of rural Devon
- However, there are a number of issues that LGB and Transgender people in rural Devon may face

What are the issues?

- Individuals can suffer from being visible within their local community but invisible to those planning services
- Negative attitudes towards LGB and Transgender people may not be tackled effectively, largely because the groups affected cannot easily build strong local support networks³
- There is currently a lack of community-led social and support groups for all ages and genders in rural Devon
- There is also a lack of LGB and Transgender appropriate services in rural Devon, particularly regarding elderly care, end-of-life care and bereavement services
- Discrimination, social isolation and social exclusion and inappropriate services can lead to poor mental health and wellbeing and risk of suicide
- Both young and older LGB and Transgender people are particularly vulnerable due to poor public transport infrastructure and limited access to appropriate services
- There is a high experience of Prejudice/Hate Crime against LGB and Transgender people



Source: NHS Picture Library

What action do we need to take?

- Conduct a Health Needs Assessment of LGB and Transgender people and communities in rural Devon

¹³ LGB and Transgender people have been grouped together because they share similar experiences and issues from a rural perspective.

8.8 Gypsy and Traveller communities

Overview

- Gypsy and Traveller communities form an important part of rural Devon
- There are approximately 5,000 Gypsies and Travellers in Devon (Romany Gypsies; New Travellers; Irish Travellers; Showmen), although no accurate figures exist
- It is estimated that the Romany Gypsies comprise half of all Gypsies and Travellers⁸

What are the issues?

- Gypsy and Traveller communities have specific health needs and often experience significant and wide-ranging inequalities including exclusion from rural communities (see Devon's Health Needs Assessment of Gypsies and Travellers – link on page 35)
- In particular, inappropriate and inadequate sites are associated with poor health and wellbeing (see Devon's Gypsy and Traveller Housing Needs Assessment 2006 – link on page 35)
- Addressing the health needs of Gypsies and Travellers is further complicated by rural issues such as poor public transport infrastructure
- Gypsies and Travellers are more likely to present at Accident and Emergency departments at hospitals because they reportedly cannot access a GP and fear discrimination
- There is poor awareness and understanding of the cultural needs of Gypsies and Travellers among some health care staff
- There is greater need for flexible and innovative systems of service delivery to meet the health needs of Gypsies and Travellers in rural areas, including those with additional needs such as learning disabilities



What action do we need to take?

- Implement the recommendations within the Devon's Health Needs Assessment of Gypsies and Travellers 2009
- Maintain the Gypsy and Traveller awareness training and the training of health mentors/champions from different Gypsy and Traveller communities

8.9 Migrant communities

Overview

- Migrant communities make an important and positive contribution to rural Devon, the rural workforce and Devon's economy
- The number of national insurance number allocations to overseas nationals in Devon in 2008/09 was 3,090 compared to 1,250 in 2002/03 (Source: National Insurance Recording System)
- Migrants typically share the same health problems as the indigenous population⁸

What are the issues?

- Increased numbers (and visibility) of migrants in rural communities can lead to incidents of racial discrimination and harassment, particularly in areas where local services are already under pressure
- Discrimination and harassment is linked to misleading information in local communities about migrants and their right to work and the contribution they make to rural economies
- Barriers in rural areas include lack of access to appropriate information and services, particularly in terms of practical language support and suitable means to improve levels of English. Service provision is further compounded by a lack of resources (e.g. translators) to be able to respond appropriately and effectively to need
- Due to language barriers and the rural dispersal and diversity of identities migrants are at risk of social isolation. For example, migrant workers often have no social support network as their families typically remain in their country of origin. In situations where social networks exist, migrant workers often rely on them in terms of advice and signposting regarding housing, welfare and employment, which may result in them being misled and/or exploited
- Housing issues for migrants in rural Devon include: poor and unsafe living conditions; overcrowding; lack of privacy; and unsafe travel to employment - these issues are closely linked to physical and mental wellbeing
- Lack of information about employment rights can result in exploitation by employers

What action do we need to take?

- Implement the recommendations within the Health Needs Assessment of Migrant Workers in Devon

8.10 Rural health and social care provision

Overview

- The current infrastructure of primary and community services provides opportunities for innovative service delivery, increasing opportunities for health improvement interventions and the transfer of some services currently delivered in the acute hospital setting
- Strong community networks in rural areas can make a major contribution to the implementation of the self-care, personalisation and independence agenda

What are the issues?

- The standard matrix of health and social care provision (based on urban models and targets) typically breaks down when looking at rural communities

Challenges for service users

- Limited opportunities for engagement can mean that health and/or social care problems are not easily identified
- Difficulties accessing sustainable, high quality services
- More limited choice e.g. in terms of choice of General Practitioner
- Limited transport infrastructure
- Longer travel time to services, which can be costly in terms of time, energy, finances, emotions and health
- Appropriate access to information and information communication technology, including accessing informal help from pharmacists
- Assessment for social care is often based around one individual factor, with little scope for considering the impact of multiple vulnerabilities faced by some people in rural areas
- People with learning disabilities are less likely to access health services – this “reluctance” is compounded by rural issues such as poor transport infrastructure

Challenges for service providers

- Ensuring local access to and delivering sustainable, high quality services and providing a range of services
- Higher proportion of older people
- Age and quality of building stock
- Limited transport infrastructure and non-attendance at health appointments
- Travel time for service providers
- Viability of small practices/branch sites
 - In particular, small patient list sizes and no economies of scale make small practices considerably more expensive to run and there can be a more limited level of service e.g. large practices are able to employ specialist nurses to provide enhanced management of long term conditions, yet small practices do not have sufficient numbers of patients to make this viable
- Governance issues associated with single-handed clinicians working in isolation in rural areas (NHS Devon will no longer support a contract variation that would leave a single-handed practitioner in place)
- The quality of GP practice premises is often poor, but the opportunity to develop new sites is often more limited in rural areas due to planning constraints
- People living in rural areas are at greater risk of not receiving thrombolysis and defibrillation within the stated time limits
- Supporting the voluntary nature of key rural service provision
- Poor information communication technology infrastructure, which acts as a barrier to successful integration of patient care between services and sectors
- Economic challenges, including rising fuel costs

What action do we need to take?

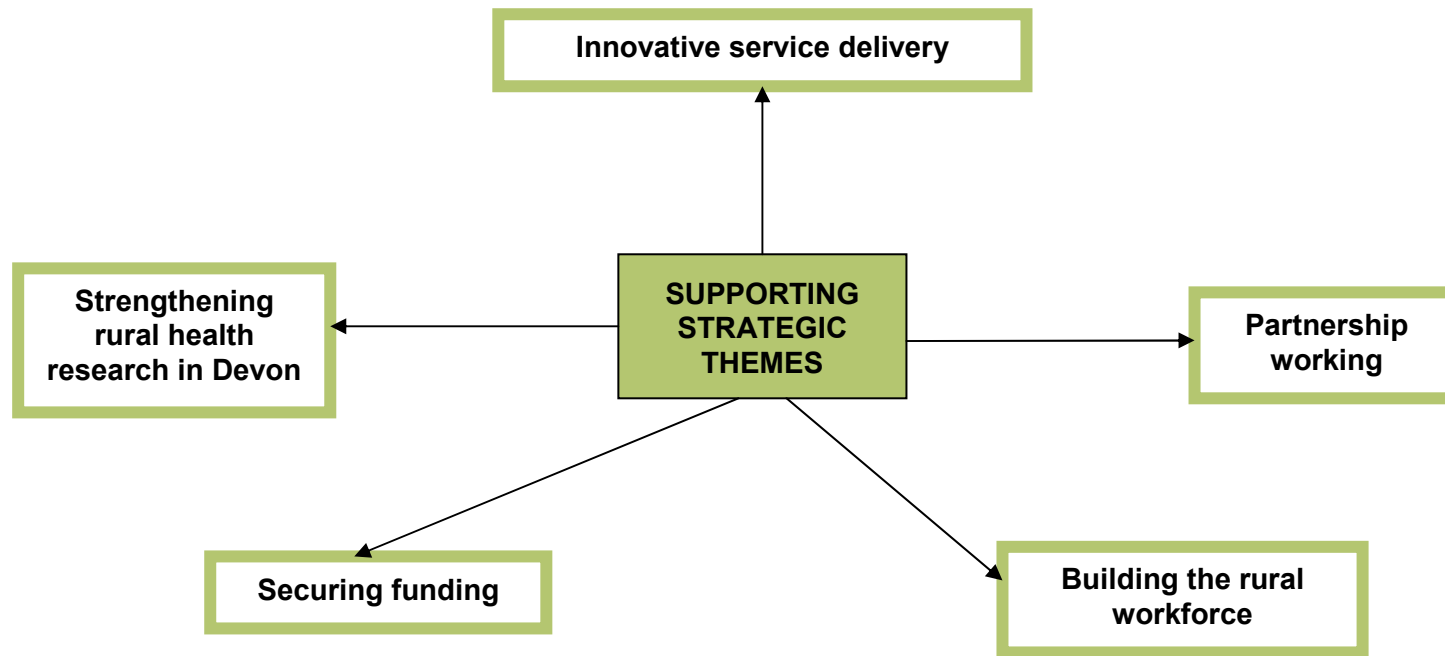
- Implement **Way Ahead (2008-2013)** actions to:
 - Establish “health hubs” by 2013 to support people to lead healthy lives, including reaching out through rural locations such as village halls
 - Develop new opportunities and approaches for self-care
 - Focus on locally-accessible advice and support at pharmacies and GP practices, using outreach services such as mobile response services with visiting paramedics and community-based urgent care services
 - Develop robust networks of providers offering urgent or emergency response via a single access point
 - Ensure consistent access to end of life care across Devon and developing local arrangements linked closely with outreach support from specialist providers to bring assessment, clinics and appropriate palliative care closer to home

- In addition to the above actions, implement through the Way Ahead approach the recommendations of the **Devon Rural Access to Health Task Group Report (published March 2010)** (details page 45), covering transport, remote care, Accident and Emergency, community hospitals, maternity services, discharge planning and delayed transfers of care
- Explore the potential for community hospitals to support an infrastructure of telemedicine and outreach services
- Develop a holistic approach to health and social care, which takes account of the multiple vulnerabilities faced by some people living in rural Devon (e.g. a young person with a learning disability living in isolation)
- Strengthen the contribution of the community and voluntary sector to ensure that the views of rural communities inform the Joint Strategic Needs Assessment process
- Work with the community and voluntary sector to identify appropriate opportunities for effective and efficient service development to meet local needs
- Ensure that the commissioning of health and social care services satisfies the requirements set out in the Disability Equality Duty (<http://www.dotheduty.org/>) services
- Explore the potential to share buildings with a range of partners (with consideration given to clinical governance and patient safety issues)
- Recognise the need to address sustainability issues relevant to the commissioning and delivery of services e.g. local procurement, reducing the impact of climate change through sustainable energy sources and more efficient modes of travel, increasing job opportunities for local people

9. Supporting strategic themes

In view of the complex nature of some of the issues facing rural communities, and the level of resources available, five supporting strategic themes (Figure 6) are identified where a more co-ordinated and integrated approach is likely to enhance the implementation of the actions outlined in Section 8.

Figure 6. Five supporting strategic themes to support the delivery of the actions outlined in the priority areas (Section 8)



An outline of the potential contribution within each strategic theme follows overleaf.

Providing innovative models of service delivery

An integrated transport system

- Access to a range of services e.g. health, local authority, shops, leisure and recreation presents challenges in rural areas
- There is a good foundation to work from but more integrated approaches are needed to improve access whilst taking account of sustainability objectives

Devon County Council and NHS Devon Transport to Health Partnership

Devon County Council and NHS Devon have been working in partnership to help to provide a Community Transport “safety net” for those people who need to access health appointments but have no means of getting there. Devon County Council and NHS Devon have pooled funding to support five Single Points of Contact (SPoC). These are based within the Voluntary Sector and provide transport information and booking services for people needing to travel to health appointments. The SPoC hold information on public and community transport and are able to make bookings with the South Western Ambulance Service Trust for eligible passengers. This work is supported by regular liaison meetings between the five SPoC, NHS Devon, the Health Trusts and Devon County Council, to discuss operational and strategic issues. The “safety net” across all of Devon is not yet complete but an essential aim is to achieve 100% coverage, sufficient capacity to ensure all requests are met and long term funding from partners.

Example of bottom-up, community care – the Blackdown Support Group

Established in 1991, the Blackdown Support Group is a registered charity supported by Devon and Somerset County Councils, Mid Devon and East Devon Social Services, NHS Devon, local District and Parish Councils and its many friends. The Support Group covers 200 square miles and provides a number of services, including: escorts for clients to hospital/business appointments; transport to and from appointments with doctors, opticians, dentists; transport to local social events; short term loan of Careline telephones (see <http://www.blackdownsupport.org.uk/>).

Outreach services

- Outreach services can be a way of providing access to a wide range of information and advice as well as for specific conditions or vulnerable groups, such as older people, those without transport and farming families and farm workers
- Mobile services can possibly have a role in delivering services to rural communities - reaching farmers and older people, especially if practitioners have a background in farming or rural culture and the service is tailored to meet specific needs, may have benefits
- It will be important that any mobile and outreach services are delivered safely and appropriately and meet professional guidelines and standards

West Devon Connect – Outreach Surgeries

For the last three years, West Devon Borough Council has been providing regular multi-agency outreach surgeries throughout the district, where citizens get access to a broad range of services not easily available in that area. Locations include a local Farmers Market, community shops and cafes, village halls and a local pub. These venues are carefully chosen to maximise impact by tying in with existing community events and facilities. The West Devon Connect initiative now boasts a collaborative partnership of 28 public service agencies, organisations and community groups. These surgeries have been well-attended and the model is now being replicated in both the South Hams and Torridge districts. For further information: <http://www.westdevon.gov.uk/doc.asp?doc=14683&CAT=2905>. For South Hams Connect: http://www.southhams.gov.uk/20091027_094-09_south_hams_connect_successful_launch_22.10_8230_-2.pdf.

The use of Information Communication Technology (ICT)

- ICT is a major tool for modernising the delivery of services but take up is lower in rural areas than in urban areas often due to the lack of capacity (e.g. people who are unable to offer support), poor access (e.g. slower broadband) and content issues (e.g. availability of relevant and timely information)
- The use of technology, such as interactive health communication applications and telemedicine, has a role in bringing services and information closer to rural people e.g. the use of telemedicine in rural areas has been shown to be effective in trauma, psychiatry, cancer, caring for older people, supporting those with neurological injuries and supporting carers
- The opportunity exists to improve rural service delivery by delivering services online and by engaging with rural communities through local websites

Effective rural service delivery through a community-led website

Cybermoor is a community website for the residents of Alston Moor (Cumbria). Cybermoor is funded by the North West Development Agency to promote social inclusion through ICT, including support for hesitant residents who are uncomfortable using a computer. The website acts as an entry point to local government services such as the Council, Neighbourhood Forums and the Police. It has also been used to trial a range of travel services, including text message alerts when roads are blocked by snow, and a lift sharing service. The project has been evaluated independently to assess its impact on Alston Moor. Improving the level of skills among residents has been one of the key outputs, with 72% of residents using a computer to learn from home. According to this evaluation, the portal is visited by 10% of the local population every day (see <http://www.cybermoor.org/> for more information).

Community development initiatives

- Initiatives can be developed that provide a variety of activities, such as friendship and social support schemes, Telecare and transport services
- Voluntary and community sector organisations and partnerships are particularly well placed to strengthen community approaches to “service user engagement” and the networking of services through a model of community hubs which utilise local infrastructures and resources

The “Village Hub” – Community Access and Information Points

The scope for individuals in rural communities to access electronically mediated outreach services in their own homes is compromised by some of the poorest broadband connectivity in the UK. The “Village Hub Initiative” aims to quantify both the costs and benefits of introducing electronic community access and information facilities in rural settlements of 100-1000 people across West Devon, South Hams and Torridge. The initiative focuses specifically on those areas with poor broadband accessibility. It involves a cluster of authorities (West Devon Borough Council, South Hams District Council and Torridge District Council) and is linked with the Rural Services Network in order to share knowledge and experience across England. The project involves undertaking a feasibility study to explore:

- Examples of good and poor practice in the provision of ICT mediated outreach across England
- Practical challenges in terms of providing services at a small settlement (100-1000 population) level
- Proposals for implementing the provision of ICT mediated services in Torridge, West Devon and South Hams

A reference group has been formed to bring together Officers, Members and community/voluntary sector representatives in order to assess the project’s findings.

The initiative is being funded by the South West Regional Improvement and Efficiency Partnership (<http://www.southwestiep.gov.uk/>).

Support for people to stay in their own home/communities

- A combination of all of the above approaches can enhance the development of integrated social support interventions which enable people to stay in their own homes for longer. This will be particularly important in the context of Devon’s ageing rural population

Village agents (see page 56)

Partnership working and collaboration

- A better understanding of the “story of life” for people living in rural communities across a range of agencies and organisations should enhance the opportunities for multi-agency approaches and responses, which utilise community engagement process to inform the planning and delivery of services.
- Drawing on the “community intelligence” held within voluntary and community sector organisations informed by engagement with service users e.g. Councils for Voluntary Service will help identify unmet need and inform service developments at a very local level
- The opportunity exists to enhance the understanding of rural health and wellbeing issues within the joint Strategic Needs Assessment process
- Through the Local Development Framework process, partnerships between planners and public health can be enhanced to maximise benefits in relation to addressing the wider determinants of health (see page 8) which can improve access to services, transport networks and housing and employment opportunities
- The evolving “Total Place” methodology may provide a useful way of ensuring a better clarity of resource allocation to meet rural health need
- Issues such as access and more effective usage of buildings and infrastructure may be addressed by more innovative partnership approaches

Building the rural workforce

- Recruiting and retaining staff can be problematic due to low morale, professional isolation, lack of support and inadequate training facilities, which can lead to a lack of skilled health and social care workers in rural areas
- Public, private and voluntary sector organisations need to work closely on workforce strategies that acknowledge the rural issues and also increase the skills and competencies of staff to work in a flexible way within substantive posts or education, training and volunteering roles

Volunteer Centres Devon

Volunteer Centres Devon is part of a national network of Volunteering Development Agencies. They work with individuals, groups and organisations in the voluntary sector to promote, support and develop volunteering in the community (<http://www.volunteerdevon.net/>).

Volunteering England

Volunteering England provides a “Good Practice Bank”, which contains a number of resources to help anyone working with or managing volunteers in a rural setting (<http://www.volunteering.org.uk/resources/goodpracticebank/Specialist+Themes/Rural+Volunteering/>).

Community Learning Host Model

The Rural Outreach Learning Initiative (ROLI) ran until March 2008, using the “Learning Host” model to target non-traditional learners in rural and disadvantaged communities. The project established a network of 33 learning Hosts in communities across Devon, who collectively brokered local learning opportunities for over 600 learners. As part of this, an external Impact Assessment was commissioned to review the effectiveness of this model, and particularly focused on three of the projects which have utilised the learning Host model, CORA, RB2L and ROLI. The Executive Summary of this Assessment is available at: <http://www.devonrcc.org.uk/downloads/Learning%20Host%20Model%20-%20Executive%20Summary.pdf>.

Women Do Business (see good practice model - page 57)

Securing funding

- Given the current economic climate, there are difficulties around sustaining local projects and initiatives, particularly in terms of securing long-term funding
- For rural projects, this is further compounded as in rural areas the needs and challenges are different
- Understanding the cost effectiveness of rural focused services will be increasingly important to inform future commissioning processes across all partners - Total Place methodology should be able to support this “economic” approach
- Strategic Partnerships are also well placed to lobby central government for fair shares which acknowledge rural challenges

Devon Association of CVS and Funding Advice

Every rural district in Devon has a Council for Voluntary Service, local support and development agencies which provide capacity building and support to voluntary and community groups. Funding advice is a core part of this work and the CVS network offers its members access to funding search databases; regular updates on new funding opportunities; training and hands on support with all aspects of planning and putting together funding bids (www.dacvs.org.uk).

Devon Community Foundation – Grassroots Funds

Devon Community Foundation is an independent charity committed to supporting local community causes. The Grassroots Funds support small community and voluntary groups helping their local community and local people. As endowed funds, donations are invested and the income generated is used to provide a permanent source of help for community groups. Over the last six years, the Devon Community Foundation has made grants totalling over £6 million to over 1,400 community groups in Devon (<http://www.devoncf.com/>).

Strengthening rural health research in Devon

- The Centre for Rural Policy Research at the University of Exeter (<http://centres.exeter.ac.uk/crpr/is>) is an inter-disciplinary team of social scientists who are interested in the rural economy and society, including:
 - Agricultural, environmental and bioenergy policy
 - Sustainable land management
 - Agro-food regulation
 - Sustainable communities
 - The social and economic development of agriculture
 - The impacts of climate change on farming and land use
- It will be increasingly important to utilise relevant expertise and research evidence from national bodies, the Universities of Exeter and Plymouth, and Peninsula Medical School, in order to help inform and prioritise the future commissioning of services and initiatives

The Institute of Rural Health

The Institute of Rural Health is a UK-wide academic charity that works to inform, develop and promote the health and wellbeing of rural people and their communities through:

- [Research and projects](#) (contributing to the evidence base)
- [Education and training](#) (developing a workforce fit for purpose)
- [Policy analysis](#) (including rural proofing)

The Institute has launched its new Research Strategy for 2009-2013 (see <http://www.rural-health.ac.uk/pdfs/ResearchStrategy0609.pdf>). This focuses on three cross-cutting themes: the ageing rural community; poverty and deprivation; community sustainability. These three themes underpin the following research areas, which have been identified as priorities for the next five years:

- Access to service
- Chronic disease
- Health and the sustainable environment
- Rural medical, health and social care research

The work of the Institute of Rural Health will help to inform decisions taken at the local level, as well as highlighting possible future research directions.

10. Evidence, resources and links

The local, regional and national evidence used to inform the development of this Strategy is listed below by priority area. Other useful links can be found in Appendix 2 (national context) and Appendix 3 (local context).

Children and young people			
Location:	Title:	Brief description:	Link:
Regional	Young people and transport in rural areas (2000)	This study, carried out by the Thomas Coram Research Unit, Institute of Education, examines 15-24 year olds experiences of transport in rural areas in the South West.	www.jrf.org.uk/sites/files/jrf/750.pdf
National (and local)	Insights from users and providers of Children's Centres in rural communities: summary report (November 2009)	A report by the Commission for Rural Communities.	http://www.ruralcommunities.gov.uk/files/CRC111%20Childrens%20Centres_TAGGED.pdf
National	Participation in our village: involving children and young people in the development of parish and town plans	This report, commissioned by the Forum for Rural Children and Young People (National Children's Bureau), is based on the findings of a project that followed a small group of town and parish councils during 2003-04 as they worked to engage young people in developing local plans. The councils came from six rural counties: Dorset; Essex; Hampshire; Cambridgeshire; Devon; Cumbria.	http://partner.ncb.org.uk/crcyp/participationinourvillage.pdf
National	Social inclusion in rural areas: Innovative projects for young people	This study was carried out by Emily Bain for the Scottish Executive Social Research, Rural Research Team between October 2001 and April 2002. The study was carried out as a preliminary review of rural youth projects. Specifically, the study sought to gather information on innovative community and policy responses to problems faced by young people living in rural areas.	http://www.scotland.gov.uk/Publications/2002/10/15570/1775
National	Rural issues in mental health	A report by Mind (2009).	http://www.mind.org.uk/help/people_groups_and_communities/rural_issues_in_mental_health#children

Older people

Location:	Title:	Brief description:	Link:
National	Building a society for all ages (2009)	This national Strategy focuses on the challenges faced by an ageing population and develops the Government's 2005 Strategy, "Opportunity Age".	http://www.hmg.gov.uk/buildingasocietyforallages.aspx
National	Working together for older people in rural areas (July 2009)	A report by the Cabinet Office Social Exclusion Taskforce. The findings informed the Government's "Ageing Strategy".	http://www.cabinetoffice.gov.uk/media/226170/working-together-older-people-rural-areas-july09.pdf
National	Occupational therapy interventions and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care (October 2008)	NICE public health guidance.	http://www.nice.org.uk/nicemedia/pdf/PH16Guidance.pdf
National	Rural issues in mental health (2009)	A report by Mind.	http://www.mind.org.uk/help/people_groups_and_communities/rural_issues_in_mental_health#older

Farmers, farming families and farm workers

Location:	Title:	Brief description:	Link:
National	Farmers, farm workers and work-related stress	A report prepared by Policy Studies Institute for the Health and Safety Executive (2005).	http://www.hse.gov.uk/research/rrpdf/rr362.pdf
National	Rural issues in mental health (2009)	A report by Mind.	http://www.mind.org.uk/help/people_groups_and_communities/rural_issues_in_mental_health#farmers
National	Improving access to healthcare for farming communities – "the farmers' health project" (November 2001)	A report to NHS Executive (North West).	http://www.farm-ruralhealth.org.uk/final%20report%20electronic%20copy.pdf

Black and minority ethnic (BME) communities

Location:	Title:	Brief description:	Link:
Local	Multi-ethnic Devon: a rural handbook (2003)	A report by the Devon Racial Equality Council.	LINK NOT CURRENTLY AVAILABLE
National	Rural issues in mental health (2009)	A report by Mind.	http://www.mind.org.uk/help/people_groups_and_communities/rural_issues_in_mental_health#bme
Regional	Equality South West	Equality South West is dedicated to promoting equality and diversity	http://www.equalitysouthwest.org.uk/knowledge-base.html

		throughout the region. The website has a number of tools, factsheets, case studies and useful links.	
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Lesbian, Gay, Bisexual (LGB) and Transgender people and communities

Location:	Title:	Brief description:	Link:
National	Rural issues in mental health (2009)	A report by Mind.	http://www.mind.org.uk/help/people_groups_and_communities/rural_issues_in_mental_health#bme
National	Sexuality and ageing (last updated June 2009)	This document was produced by Age Concern and signposts to useful resources, as well as other relevant organisations and agencies.	http://www.helptheaged.org.uk/NR/rdonlyres/C24B3CF4-456B-474B-9D82-0E26E0FE161A/0/sexuality_and_ageing_ss.pdf
Regional	Equality South West	Equality South West is dedicated to promoting equality and diversity throughout the region. The website has a number of tools, factsheets, case studies and useful links.	http://www.equalitysouthwest.org.uk/knowledge-base.html

Gypsy and Traveller communities

Location:	Title:	Brief description:	Link:
Local	Draft health needs assessment of Gypsies and Travellers in Devon (July 2009)	Produced on behalf of the Devon Strategic Partnership – this report examines the health needs of Gypsies and Travellers in Devon and outlines a number of recommendations.	LINK NOT CURRENTLY AVAILABLE
Local	Travellers wellbeing – multi agency approaches to address issues for Travellers (2003)	A report by the Devon Health Forum.	http://www.devon.gov.uk/travellers_wellbeing.pdf
Local	Devon-wide Gypsy and Traveller housing needs assessment (November 2006)	A report by the Social Research and Regeneration Unit, Plymouth University. This summarises the findings of a project to assess the housing and accommodation needs of Gypsies and Travellers within the county.	http://www.southwest-ra.gov.uk/media/SWRA/RSS%20Documents/Gypsies_and_Travellers/Devon_GTAA.pdf
National	The health status of Gypsies and Travellers in England (2004)	Summary of a report to the Department of Health.	http://www.shef.ac.uk/content/1/c6/02/55/71/GT%20report%20summary.pdf

National	Inequalities experienced by Gypsy and Traveller communities: a review (2009)	A report by the Equality and Human Rights Commission.	http://www.ucl.ac.uk/gheg/marmotreview/travellersinequalities
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Migrant communities

Location:	Title:	Brief description:	Link:
Local	Migrant Workers: scoping the issues for Devon (April 2007)	This report was produced by Greg Davies and David Rolls on behalf of the Devon Migrant Worker Multi-Agency Task Group. It makes use of available evidence and existing research to identify the scope of Migrant Worker issues in Devon and the potential actions which might address these issues.	http://www.devonrcc.org.uk/downloads/Migrant%20Workers%20-%20Scoping%20the%20Issues%20for%20Devon%20_final%20web%20version_.pdf
Local	Draft health needs assessment of Migrant Workers in Devon (July 2009)	Produced on behalf of the Devon Strategic Partnership – this report examines the health needs of Migrant Workers in Devon and outlines a number of recommendations.	LINK NOT CURRENTLY AVAILABLE
Local	The housing needs of Migrant Workers in Devon (April 2008)	This report by Caroline Nicholson and Agnieszka Romaszko (the Anglo-Polish Organisation of Tiverton) describes research conducted to obtain information about housing needs of Migrant Workers in Devon (excluding Plymouth and Torquay).	http://www.equalitysouthwest.org.uk/esw/live/about-us/promoting-equality-for/migrant-workers/useful-documents--migrant-workers/D_report_final_hnmw-2.pdf
Regional	South West Forum for Migrant Workers	This forum - set up by the South West Councils, with funding from the Home Office - helps to bring together a range of organisations (e.g. Jobcentre Plus, Citizens Advice) and local authorities. The website has links to examples of good practice from across the region.	http://www.equalitysouthwest.org.uk/about-us/promoting-equality-for/migrant-workers/good-practice.html
Regional	Supporting Migrant Workers in the South West (October 2008)	A report by the South West Citizens Advice Bureaux Migrant Workers Advisory Group.	http://www.equalitysouthwest.org.uk/esw/live/about-us/promoting-equality-for/migrant-workers/useful-documents--migrant-workers/Citizens_Advice_Report_2008.pdf
National	Rural issues in mental health (2009)	A report by Mind.	http://www.mind.org.uk/help/people_groups_and_communities/rural_issues_in_mental_health#bme

National	A8 Migrant Workers in rural areas (January 2007)	This briefing paper by the Commission for Rural Communities examines migration of workers from the “accession eight” (A8) counties into rural areas of England since May 2004. It provides an evidence base on the current numbers of the A8 Migrant Workers in rural areas and the impact this is having on rural economies and societies.	http://www.ruralcommunities.gov.uk/files/A8%20migrant%20workers%20in%20rural%20areas2.pdf
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Carers

Location:	Title:	Brief description:	Link:
Local	Devon carers strategy (2009-2012)	This Strategy outlines a ten year partnership Strategy for carers, statutory, independent and third sector organisations in Devon.	LINK NOT CURRENTLY AVAILABLE
Local	A health needs assessment for carers: young people and adults in Devon (2009)	This report describes the specific health needs affecting carers.	LINK NOT CURRENTLY AVAILABLE
National	Rural carers (2003)	Policy briefing published by Carers UK.	http://www.carersni.org/Policyandpractice/Policybriefings/maincontent/ruralcarersbriefing.pdf
National	Carers at the heart of 21st-century families and communities (2008-2018)	This Strategy sets out the Government’s short-term agenda and long-term vision for the future care and support of carers.	http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085338.pdf

Rural workforce

Location:	Title:	Brief description:	Link:
National	Undergraduate medical education in rural settings – executive summary	This report emphasises the importance of rural exposure during undergraduate training on recruitment and retention of rural GPs.	http://www.rural-health.ac.uk/pdfs/publications/UnderGradMedEd.pdf

Appendices

Appendix 1 Acknowledgements (individuals/organisations consulted in the early stages of preparation)¹⁴

1. Agnieszka Szpinda – Migrant Worker Project Officer, Community Council of Devon
2. Alan Crabbe – Lesbian, Gay, Bisexual & Transgender Lead, NHS Devon
3. Alan Robinson – Strategic Director (Community), South Hams District Council
4. Ali Eastland – Community Strategy, Officer, Devon County Council
5. Anil Lee - Project Co-ordinator for Multilingua, Devon
6. Becky Carmichael – Head of Health Improvement (Children & Young People/Vulnerable Groups), NHS Devon
7. Brenda Laker – Service Manager, Hikmat
8. Brian Warren – Farm Crisis Network
9. Charlotte McEvoy – Migrant Worker Project Officer, Community Council of Devon
10. Chukumeka Maxwell - Senior Community Development Worker, BME Mental Health and Wellbeing, NHS Devon and Torbay Care Trust
11. Chris Cruise - Head of Strategic Development, NHS Devon
12. Clare Cotter - Joint Planning and Strategic Commissioner (Carers), NHS Devon
13. Colin Reeves - Access to Work Adviser, Jobcentre Plus, Brixham
14. Darren Cole – Customer Services Manager, West Devon Borough Council (West Devon Connect)
15. Dave Wright – Devon County Council (The Olive Tree Association)
16. Debbie Pritchard – Assistant Director, Children & Young People Services, Devon County Council
17. Devon Consortium
18. Diana Crump – Chief Executive, Living Options, Devon
19. Diane Pedley - Children's Centre Manager, My Start and Braunton's Children's Centre Services, Ilfracombe
20. Ella Hussman - Project Administrator, Sahara BME Mentoring Project
21. Dr Emma Treby - Living Options, Devon
22. Fiona Tolley – Consultant in Public Health, NHS Devon
23. Gemma Hobson – Children's Trust Management Information Officer, Devon County Council
24. Gill Munday - Primary Care Business Manager, NHS Devon
25. Ian Hobbs – Community Strategy Officer, Devon County Council
26. Ian Hopkins – South Western Ambulance Service NHS Trust
27. Ian Pearson – Joint Commissioning Manager for Adult Mental Health, NHS Devon
28. Janine Gassmann - Scrutiny Officer, Health and Adults' Services, Devon County Council
29. Jay Talbot – Chief Executive, Community Council of Devon
30. Jenny McNeill – Assistant Director of Strategic Development, NHS Devon
31. Jenny MacKenzie – Children's Centre Manager, Hatherleigh Children's Centre

¹⁴ To be updated following the official consultation period.

32. Jeremy Mann – Environment Health Manager, North Devon District Council
33. Jo Birbeck – Natural England
34. Julia Page – Head of Health Improvement (North), NHS Devon
35. Inspector John Livingstone - Devon and Cornwall Constabulary
36. Karen Nolan – Chief Executive, West Devon Community and Voluntary Services
37. Kate Brookes - Chief Inspector (Strategic Partnerships), Devon and Cornwall Constabulary
38. Kate Cantwell - Policy/Locality Officer, Communities and Strategy Team, Devon County Council
39. Kate O'Neill – English As An Additional Language Service, Devon County Council
40. Liz Wood – Locality Operations Manager (Exeter & East Devon), Adult and Community Services, Devon County Council
41. Lynn Thornton - Rural Transport Partnership Officer, Devon County Council
42. Malcolm MacDonald - Corporate Consultation and Engagement Manager, Devon County Council
43. Mark Bridges - South West Region Health and Environment Lead, Natural England
44. Melanie Stiles – BME Community Development Worker, NHS Devon
45. Mike Bottone - South Western Ambulance Service NHS Trust
46. Monika Stennett - Equality Development Officer (Migrant Workers), Equality South West
47. Nick Creasy –County Organiser, Devon Young Farmers
48. Nick Spence – South Western Ambulance Service NHS Trust
49. Professor Nigel Curry - Director, Countryside and Community Research Institute, Gloucestershire
50. Nory Menneer – Health Development Manager, Devon Learning Disability Partnership
51. Parminder Southcott – Project Development Worker, Planet Rainbow Project, West Exe Children's Centre
52. Paul Delahoy – Director, The Devon Towns Forum
53. Dr Paul Lovell – General Practitioner, East Street Surgery, South Molton
54. Penny Dane - Community Development Worker (Gypsies and Travellers) - Devon Racial Equality Council and NHS Devon
55. Penny Mason - Chief Officer, Torridge Voluntary Services
56. Peter Jeffs - Corporate Director, East Devon District Council
57. Rachel Kehyaian - Project Manager, HR and Workforce Development, South Western Ambulance Service NHS Trust
58. Roger Bartlett – Inspector (Devon Basic Command Unit), Devon and Cornwall Constabulary
59. Roger Grainger – County Community Strategy Officer, Devon County Council
60. Roland Pyle – Policy Officer, Devon County Council
61. Sally Foxhall – Non-executive Director, NHS Devon
62. Samantha Magne - Project Manager, Open Hearts, Open Minds
63. Sarah Sharpe – Superintendent (South Hams & West Devon), Devon and Cornwall Constabulary
64. Sheena Asthana - Professor of Health Policy, Faculty of Health, University of Plymouth
65. Simon Chant – Head of Public Health Intelligence, NHS Devon
66. Sonia Burgess – Assistant Community Strategy Officer, Devon County Council

67. Steve Pitcher, Executive Director (Regeneration and Development), North Devon District Council
68. Sue Craythorne – Community Strategy Officer, Devon County Council
69. Sue Southwell – Rural Housing Enabler, Community Council of Devon
70. Sue Wroe – Chief Executive, Teignbridge Council for Voluntary Service
71. Tess Lomax – Service Improvement Facilitator, Strategic Commissioning, NHS Devon
72. Tim Todd – Chief Executive, Young Devon
73. Tina Henry – Head of Health Improvement (South & West Devon), NHS Devon

Appendix 2 National agencies, organisations, policies, initiatives and reports with a rural focus

<p>Marmot Review 2010 – Fair Society, Healthy Lives</p>	<p>The Review followed the publication of the global Commission of Social Determinants of Health published by the World Health Organization (http://www.who.int/social_determinants/en/index.html). The aim of the Review was to propose an evidence-based Strategy for reducing health inequalities from 2010. The Strategy includes policies and interventions that address the social determinants of health inequalities (http://www.ucl.ac.uk/gheg/marmotreview).</p>
<p>Commission for Rural Communities</p>	<p>The Commission for Rural Communities (established in April 2005) provides independent advice to the Government and ensures that policies reflect the real needs of people living and working in rural England, with a focus on tackling disadvantage. They have produced a number of papers and factsheets relevant to rural health and wellbeing, which prove useful at the local level (see http://www.ruralcommunities.gov.uk/).</p>
<p>Institute of Rural Health</p>	<p>In March 2005, the Institute of Rural Health published “Rural Proofing for Health: A Guide for Primary Care Organisations” (http://www.rural-health.ac.uk/). This toolkit helps to guide rural proof policy implementation options.</p> <p>The Institute also oversees the annual “Rural Health Week” (http://www.rural-health.ac.uk/policy/rural-health-week/index.php). Each week is based around a theme, with the aim of raising the profile of rural health issues locally, regionally and nationally. In future years, Devon intends to use this event to draw attention to rural health issues for local people and share good practice across Devon, the South West and the UK.</p>
<p>Department for Environment, Food and Rural Affairs (DEFRA)</p>	<p>In 2000, the Government published “Our Countryside: The Future - A Fair Deal for Rural England” (http://www.defra.gov.uk/rural/documents/policy/ruralwp/rural.pdf). In this Rural White Paper, the Government outlines its vision of a living, working, protected and vibrant countryside, with focus on health, education, housing and transport. In 2004, DEFRA published the “Rural Strategy” (http://www.defra.gov.uk/rural/pdfs/strategy/rural_strategy_2004.pdf). This provides new insights into the challenges facing rural communities and outlines a new approach to rural policy and delivery. It is based on targeting the greatest needs and working in partnership at the national, regional and local level. The Strategy identifies three key priorities to inform rural policy for the next three to five years:</p> <ul style="list-style-type: none"> • Economic and Social Regeneration – supporting enterprise across rural England but targeting greater resources at areas of greatest need • Social Justice for All – tackling rural social exclusion wherever it occurs and providing fair access to services and opportunities for all rural people • Enhancing the Value of our Countryside – protecting the natural environment

Rural Development Programme for England 2007-2013	<p>The Rural Development Programme for England 2007-2013 is jointly funded by the Government and the European Union and has a budget of £3.9 billion, which is more than double that available for the 2000-2006 programme. On 15th July 2009, it was announced that rural broadband in England will benefit from £2.6 million of new European funding (http://www.defra.gov.uk/rural/rdpe/index.htm). This development should have positive implications for the provision of Information and Communication Technology in Devon and the South West.</p>
Improvement and Development Agency (IDeA)	<p>The IDeA supports improvement and innovation in local government, focusing on the issues that are important to councils and using tried and tested ways of working (www.idea.gov.uk).</p>
Faculty of Public Health in association with Natural England	<p>A recent publication by the Faculty of Public Health, in association with Natural England, "Great Outdoors: How Our Natural Health Service Uses Green Space To Improve Wellbeing" documents the benefits of exercise and access to green space. http://www.fph.org.uk/uploads/r_great_outdoors.pdf</p>
Carnegie UK Trust	<p>The Carnegie UK Trust established the Commission for Rural Community Development in 2004 in light of the significant political, environmental and economic challenges facing rural areas. The Commission's work is now complete and their findings are presented in the 2007 report, "A Charter for Rural Communities" (http://rural.carnegieuktrust.org.uk/files/rural/A%20Charter%20for%20Rural%20Communities.pdf). They identified the following "essential ingredients" of a thriving rural community of the future:</p> <ul style="list-style-type: none"> • Community ownership and management of local assets • Stronger local governance and effective community action planning • Strong social networks founded on high levels of volunteering and skilled support <p>In order to achieve this vision, they identified the following ideas for action:</p> <ul style="list-style-type: none"> • A major expansion in community ownership of local assets • An enhanced role for parish and community councils • A Centre for Excellence supporting rural community development policy and practice on the ground • Encouragement and assistance for local communities to develop and manage their own services and to engage in community-led planning • A greater role for local communities in supporting sustainable development
National initiatives to promote community involvement in local decision-making	<p>The Improvement and Development Agency's 2008 report, "Reaching Out - Community Engagement and Health", explores the importance of engaging communities in health improvement and health services, and highlights the benefits that this can bring to both health and wellbeing (http://www.idea.gov.uk/idk/aio/8681034).</p>

	<p>The 2008 White Paper “Communities in Control: Real People, Real Power” (http://www.communities.gov.uk/documents/communities/pdf/886045.pdf) also emphasises the importance of promoting citizen engagement in local decision-making. The new performance framework has had an important impact on rural communities and how service providers engage with them. This applies to all partners working on local issues and seeks to ensure that local people have greater opportunities to have their say (see http://www.idea.gov.uk/idk/core/page.do?pagelId=9594815). Section 138 of the Local Government and Public Involvement in Health Act (“Duty to Inform, Consult and Involve”), which came into effect on 1 April 2009, now imposes a statutory duty on local authorities to involve local representatives when carrying out “any of its functions”.</p>
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Appendix 3 Local agencies, organisations, policies, initiatives and reports with a rural focus

<p>Sustainable Community Strategy for Devon 2008-18</p>	<p>This Strategy outlines its vision for “Devon to be England’s greenest county with strong local communities that are prosperous and welcoming with an excellent quality of life and sustainable future” (http://www.devonsp.org.uk/scs/home.html). All partners who form the Devon Strategic Partnership have signed up to this vision. The priorities in the Devon Local Area Agreement 2008-2011 express this Strategy (http://www.devonsp.org.uk/sustainablecommunitystrategy/outcomes/devonlaa0811.pdf).</p>
<p>The Way Ahead – Five Years of Improvement 2010-2015</p>	<p>NHS Devon’s and Devon County Council’s joint vision and plans for health and social care 2010-2015 highlight the importance of paying more attention to the impact of the rural nature of Devon (http://www.devon.gov.uk/the_way_ahead_for_board.pdf). The actions outlined in this report have significant and positive implications for rural communities in Devon.</p>
<p>The Devon Rural Network</p>	<p>The Devon Rural Network was set up to implement the Devon Rural Strategy (see below), produced by the Devon Strategic Partnership’s Rural Task Group. It consists of a partnership of voluntary, statutory and private sector organisations. In March 2009, they published the “Rural Devon Profile” (http://www.drn.org.uk/rural_profile_final_july_2009.pdf). This provides an overview of the way in which rural life is experienced in Devon.</p>
<p>The Devon Rural Strategy 2007</p>	<p>The Devon Rural Strategy aims to provide “a detailed deliverable route to economic, social and environmental wellbeing for rural Devon” (http://www.devon.gov.uk/dnruralstrategyactionplan.pdf). Five priority areas have been identified which form the basis of the Action Plan for 2007 onwards:</p> <ul style="list-style-type: none"> • Accessibility • Rural housing • Community self-confidence • Environment and climate change • Rural business and productivity
<p>Rural Access to Health Task Group Report (March 2010)</p>	<p>This recent review, led by Devon County Council, examines how living in rural areas affects peoples’ ability to access health services. The report outlines a number of recommendations relating to: transport; remote care; Accident and Emergency; community hospitals; maternity services; discharge planning and delayed transfers of care (http://www.devon.gov.uk/index/councildemocracy/decision_making/cma/cma_report.htm?cmadoc=report_cx1036.html).</p>
<p>Community Council of Devon (CCD)</p>	<p>CCD is a charitable company and the Rural Community Council for Devon. It forms part of a national network of Rural Community Councils. CCD “helps communities help themselves” by advising communities and supporting projects throughout rural Devon (http://www.devonrcc.org.uk/). In 2008, CCD held a conference focusing on the challenges faced by rural communities in Devon. Over two working sessions, a number of issues relating to health and social care</p>

	<p>were generated and possible solutions were outlined. These were grouped under:</p> <ul style="list-style-type: none"> • Children and young people • People of working age • Older people • General issues <p>These issues have helped to inform the development of the present Strategy, particularly in terms of taking a people-based approach to rural issues (see http://www.devonrcc.org.uk/page/conference_reports.php for the conference report).</p>
<p>Devon Association of CVS (DACVS) and Volunteer Centres Devon</p>	<p>There is a CVS and VC in every rural district in the County. These support and development agencies work at a very local level to build the capacity of voluntary and community organisations and to promote and support volunteering in rural communities across Devon. CVS also initiate and coordinate community development initiatives in response to identified need. A few examples of current rural and/or health projects delivered via the network includes the Rural Volunteering strand of the Total Support project; the Torridge based Neighbourhood Links project (improving access to services for older people); a wide range of Carers support services across the County and the Devon LINK (see www.dacvs.org.uk).</p>
<p>Community-led planning</p>	<p>It is also important to consider the impact of community-led planning at the local level. Community-led planning is a structured process, taken on by local communities, to create a vision for their community and an action plan to achieve it (http://www.acre.org.uk/communityledplanning_whatiscpl.html and http://rural.carnegieuktrust.org.uk/files/rural/Community%20Led%20Planning.pdf). The “Devon Communities in Action” database (http://syd.paribus.co.uk/cia/index.do) contains information from all community-led plans across Devon. Strategic and Partnership planning can use these plans to great effect in meeting statutory requirements on community involvement. The database allows analysis by theme or keyword across chosen geographical areas. Plans are updated periodically to include implementing of local action plans.</p>
<p>Accessibility planning and Devon’s Local Transport Plan 2006-2011 and Local Transport Plan 3 2011-2026</p>	<p>Access to services is a major factor in determining health and wellbeing for rural communities. It is of particular importance because the issue of accessibility cuts across all age groups.</p> <p>Accessibility planning was introduced by the Government’s Social Exclusion Unit Report “Making the Connections” in 2003. This encourages authorities to promote social inclusion by tackling the accessibility problems experienced by those in disadvantaged groups and areas. Devon’s Accessibility Strategy (www.devon.gov.uk/transport) has two strands:</p> <ul style="list-style-type: none"> • A Devon-wide approach to improving accessibility through the planning system and strategic investment plans • A focus on tackling evidence-based accessibility problems in priority areas where higher levels of social exclusion

	<p>and poor access by public transport to key journey destinations prevail</p> <p>Related to this, Devon County Council's Local Transport Plan for 2006-2011 focuses on improving access to services in the most deprived areas through a staged and consistent process of partnership and delivery (http://www.devon.gov.uk/ltp-ch1-2006.pdf). This Plan has important implications for improving local transport infrastructure in rural areas and addressing barriers in terms of access to services. The new Devon Local Transport Plan 3 2001-2026, due in the Spring 2011, will continue to set priorities and actions for local transport services and opportunities for the use of public rights of way, cycle networks and access to parks and green spaces.</p>
<p>Public Rights of Way</p>	<p>Devon County Council's public rights of way site provides links to a wide range of organisations and opportunities related to walking, cycling and horse-riding. www.devon.gov.uk/prow</p> <p>The Rights of Way Improvement Plan, prepared by the Public Rights of Way section at Devon County Council, also includes a number of relevant proposals to improve public rights of way. As well as overall improvements to the network which may encourage people to use paths, specific initiatives such as creating or improving paths to enable children to walk to school safely are important in promoting the health and well-being of children. www.devon.gov.uk/rowip</p>
<p>Devon Green Infrastructure Strategy (due Spring 2011)</p>	<p>Following the production of the Green Infrastructure Strategy's evidence base and consultation with stakeholders one of the key themes identified is:</p> <p>Enhancing health and wellbeing. Improving opportunities for recreation, socialising and connecting with our natural environment and heritage to improve quality of life and physiological well being. Protecting ecosystem services for existing and future generations.</p>

Appendix 4 Examples of local practice by priority area¹⁵

Children and young people

Devon Wheels 2 Learn

Wheels 2 Learn offers the loan of a moped to students aged 16–19 who are in full-time further education but are unable to reach their college on public transport. The scheme is operating on a trial basis until July 2010 at East Devon College, South Devon College, Bicton College and Holsworthy Skills Centre. The pilot is funded through the Post 16 Partnership, which is made up of representatives from Devon County Council, Further Education Colleges and Schools, Connexions and the Learning and Skills Council (LSC). 16 scooters are currently available. If successful, the scheme may be extended in the next academic year. The scooters for the pilot scheme are being provided by Devon Wheels 2 Work, based near Okehampton. Over the past two years, this not-for-profit company, part-funded by Devon County Council, has helped over 320 people in rural communities throughout Devon travel to work or training (for more information visit: www.devon.gov.uk/school_transport or www.devonwheels2learn.co.uk).

Young Devon (formerly Devon Youth Association)

Young Devon is voluntary organisation that was established in 1949 to support and deliver services to young people in Devon. Whilst they work out of eight drop-in centres and five supportive housing projects, they also use a mobile unit and outreach staff to work with young people in rural areas. Services include the provision of information and advice about sexual health, substance misuse, education, training and employment, as well as specific help with housing and welfare (<http://www.youngdevon.org/>).

Connexions

Connexions is a government-funded service for all young people, giving 13-19 year olds information, advice, guidance and practical help in preparing for adult and working life, including a focus on rural issues (<http://www.connexions-cd.org.uk/>).

Devon Federation of Young Farmers Clubs (YFC)

Devon YFC offers young people a wide range of opportunities, including socialising, sport, Skills for Life and training. There are 37 clubs in Devon (<http://www.devonyfc.co.uk/index.php>).

Devon Young Carers

Devon Young Carers is a Consortium of Voluntary Sector organisations providing services and support to young carers in Devon (see <http://www.devon.gov.uk/index/socialcarehealth/carers/youngcarers.htm>).

¹⁵ A sample of projects, programmes and initiatives addressing rural health and wellbeing issues is set out in this section. It is not an exhaustive list as there will be many others but over time it is hoped that a more comprehensive picture can be developed and shared.

Web-based sources of advice and information

There are a number of web-based sources of advice and information for young people. For example, The.Site.org provides factsheets and articles on the key issues facing young people including: sex and relationships; drinking and drugs; work and study; housing; legal and finances; and health and wellbeing. The community area gives users the opportunity to seek peer-to-peer support and advise each other on the issues concerning them (<http://www.thesite.org/>). YouthNet runs a sister site (<http://www.do-it.org.uk/>) comprising a comprehensive national database of volunteering opportunities in the UK.

Hatherleigh Area Children's Centre – Rural Outreach

Hatherleigh Children's Centre is situated in rural West Devon amongst a large farming community made up of several small villages, hamlets and isolated farms. Recognising the difficulty of these villages in keeping viable services for families with young children aged 0-4, the centre provides a mobile service, taking a toy library and early years activities out into the community. These services are often provided at existing toddler groups and rural preschools to help sustain these groups and strengthen their links to their own community. From there it can also provide families with wider information on the range of services available such as childcare, training and parenting advice. The centre works closely with groups and individuals and can also tailor what they provide to match the needs of individuals and communities.

Tiny Travellers

The My Start Children's Centre (covering the Ilfracombe Learning Community) has linked in with the North Devon Volunteer Services (NDVS) to build on their successful volunteer driver scheme. Families can access Tiny Travellers for journeys to Children's Centre services. It is also available to take families to significant appointments. The service was designed in response to the lack of suitable public transport that fits in with school hours. The scheme also supports broader community development.

National Parks Mosaic Project

Mosaic is a groundbreaking national project lead by the Campaign for National Parks that aims to build sustainable links between young people, as well as ethnic minority communities, and the National Parks. It focuses on those audiences who would not normally visit the Parks and provides them with the knowledge, tools and confidence to explore some of Britain's most iconic landscapes." The Mosaic Project has done a lot of work on Exmoor and Dartmoor. Project Officer: David Rolls <http://www.mosaicnationalparks.org/>

People of working age

Project 5X30 Devonwide

Project 5X30 aims to encourage and support individuals and communities in Devon to become more active by helping them to establish and access physical activity opportunities in their local area. It is managed by Westbank Healthy Living and Community Care Centre in Exminster and is supported and funded by Sport England, the Big Lottery Fun, Devon local District Councils, and Upstream Healthy Living Centre. The project is currently active in Mid Devon, North Devon, Teignbridge, Torrington and West Devon. In each of these districts, there are Community Activators who are able to provide motivation, support, and information on all aspects of setting up physical activity opportunities. Examples of activities include: tree planting; setting up a salsa dance group in a village hall; finding suitable transport to the nearest swimming pool (<http://www.5x30.org/>).

Devon Wheels 2 Work

Devon Wheels 2 Work is a not-for-profit, Community Interest Company (CIC). The organisation is based at Halwill Junction, between Okehampton and Holsworthy, but offers its service across the whole of Devon. The scheme provides transport to individuals aged 16 and over in Devon who live in a rural area or whose work shift patterns mean that they cannot access public transport. By loaning the person a scooter, moped or motorbike, the scheme enables them to get to places of employment, education or training. Initially the loans are for six months, enabling beneficiaries to become self supporting so they can ultimately afford to buy their own transport.

Car sharing scheme

Devon County Council has worked in partnership with Plymouth City Council and Torbay Council to set up www.carsharedevon.com. This website aims to maximise people's travel options whilst also reducing the number of cars on the roads, cutting pollution, saving money and protecting the environment.

Moorcar

Moorcar is Devon's first rural Car Club. Currently, Moorcar has seven cars across five towns on the southern edge of Dartmoor with additional vehicles added in further towns as interest continues to grow (see <http://www.moorcar.co.uk/>).

Ring & Ride – Devon County Council

Ring & Ride provides a mini-bus service for people with disabilities, passengers who physically cannot use existing local bus services, and rurally isolated people with no other transport options. As eligible passengers have physical difficulty in using existing local bus services, Ring & Ride offers passengers the facility to be picked up from their homes. The scheme enables people to stay in their homes as it gives them supported, independent access to town centre facilities. It also gives people valuable social contact as the passengers get to know each other on regular town journeys and also on Passenger Club outings. This regular contact and the ability to maintain independence supports both physical and mental health and wellbeing. Currently, there are 16 Ring & Ride schemes in Devon, all run by charitable organisations working in partnership with Devon County Council. Some schemes have now been running for twenty years.

The Blue Gym project

Natural England is working with Peninsula Medical School to pilot a Blue Gym initiative that will specifically promote the mental and physical benefits of physical activity, including active conservation along a healthy coastal and marine environment (<http://www.bluegym.org.uk/>).

Green Gym scheme

The BTCV Green Gym scheme inspires people to improve their health and the environment at the same time (<http://www2.btcv.org.uk/display/greengym>).

The Countryside Mobility (South West) Project

This aims to improve access to the countryside for people with disabilities living in and visiting the South West region. Over a two year period Trammer all-terrain mobility scooters and wheelchair accessible Wheelyboats will be placed at 30 sites across the region including urban and country parks, woodlands and lakes. This will provide disabled people with a real outdoor experience, and will allow them to access new areas of the countryside with independence, whether alone or with family. http://www.livingoptions.org/division.php?division=countryside_mobility

Access to work (AtW) scheme

AtW provides advice and practical support to disabled people and their employers to help overcome work related obstacles resulting from disability. As well as giving advice and information to disabled people and employers, AtW pays a grant, through Jobcentre Plus, towards any extra employment costs which result from disability. Of particular relevance to rural communities, they also help with the additional costs of travel to, or within work, for people who are unable to use public transport or usual alternatives such as personal transport (www.jobcentreplus.gov.uk/JCP/Customers/outofworkhelplookingforwork/Getting_job_ready/Programmes_to_get_you_ready/Dev_014875.xml.html).

North Devon Voluntary Services

Direct Services Project

The Direct Services Project covers the northern coastal and rural area of North Devon from Morteheo across to Countisbury and down to West Down. We aim to meet the additional needs of people in the Ilfracombe and District area. It does this by recruiting volunteers to assist in a variety of activities. The services include befriending, shopping, gardening, dog walking, wheelchair escorting and any other request that we can assist with. The volunteers provide their service free of charge but out of pocket expenses are covered by the Volunteer Centre. Donations to our funds enable this very vital project to continue. The project helps vulnerable people who may feel lonely or isolated.

Mobility Services

The Mobility Services Project is a wheelchair loan service for people living within or visiting the Ilfracombe and District area operating on a donation basis. It is non-profit making, any donations going towards maintenance and administration. The project has 12 manual wheelchairs of varying sizes, one motorised scooter, commodes, ramps, an infant pushchair and child car and booster seats. Loans are for up to two weeks but can be extended under special circumstances. Advanced bookings are preferred. Telephone: 01271 866300 Email: Maggie@ndvs.org.uk

Healthy Living Centres

Westbank provides care and promotes health to communities across Devon, with the aim of improving mental and physical wellbeing. The charity was established in 1986 and works with communities and individuals across Devon. They have a Community Care and Healthy Living Centre in Exminster, which has purpose-built facilities including a fitness suite, treatment rooms, afterschool club, day centre, allotments, community café, kitchens, and conference rooms. Activities include GP exercise referrals, falls prevention classes, cardiac rehab, fitness classes, cooking and healthy eating classes, social and friendship groups and a book club. Westbank also undertakes outreach work across Teignbridge and Exeter, providing vital services to isolated older people in the community, such as transport to medical appointments, befriending and shopping, through its network of 250 volunteers. Westbank also acts as a base for Devon Carers Link, Westbank Young Carers, Time for Life and Devon 5x30, and is the lead partner organisation for South West Well-being, a partnership of healthy living projects across the South West

Addaction Devon Alcohol Services

Addaction is UK's largest drug alcohol treatment charity. In Devon Addaction delivers alcohol treatment services and have been instrumental in the reduction of massive waiting lists across Devon. We deliver assessment, alcohol interventions and counselling and an aftercare service providing relapse prevention and support. Addaction are committed to putting service users back in charge of their lives and at the heart of our organisation. In Devon Addaction has been working on a very exciting project to support this approach. The Devon Alcohol Services have adopted the SMART (Self Management & Recovery Training) philosophy within the aftercare services. SMART recovery helps individuals gain independence from addiction, based on scientific knowledge of addiction recovery. The program offers tools and techniques for

[Enhancing and Maintaining Motivation](#)

[Coping with Urges](#)

[Problem Solving](#)

[Lifestyle Balance](#)

Service Users who have successfully completed treatment are encouraged and supported by Addaction trainers to train as SMART facilitators, both to improve their own skills and provide support to others. SMART helps members of the group to change negative and self-defeating thinking by supporting them in maintaining their recovery, and making plans for the future. Groups are empowered to become self sufficient and independent from Addaction, as per the core philosophy of SMART. SMART groups work alongside those of current treatment providers and other community based organisations, providing more choice in tackling alcohol problems and supporting people to take charge of their lives.

To refer to the Devon Alcohol Service email AlcoholReferralDevon@addaction.org.uk

or telephone 08451 302605

Dartmouth Bridge Workers

Dartmouth Community Hospital is jointly funding with local voluntary organisation Dartmouth Caring two part time posts of bridge workers working half time in the hospital and half in the community to support patients as they return home after a stay in hospital. The bridge workers help to link in with professional staff in the hospital and the befriending, shopping, transport and luncheon club services provided by the voluntary sector.(see <http://www.dartmouthcaring.co.uk>)

Older people

TorrAGE

The TorrAGE Neighbourhood Links project, funded by the Big Lottery and managed by TTVS, sets up community led groups to support older people at a local level. The project focuses on specific neighbourhoods or parishes, and provides a unique opportunity for communities to receive support and guidance to set up their own local groups. The aim is to reduce loneliness and isolation, whilst also improving awareness of older people's needs amongst the wider community.

The project works with communities to establish teams of local volunteers to provide basic support to isolated or lonely older people such as calling in on a neighbour for a cup of tea and a chat once a week, or helping out with small tasks around the house like changing a lightbulb. The project also helps to set up social activities and information events.

A key objective of the project is to enable local communities to take ownership of the service. The groups are led and managed by the communities they serve, meaning they are more sustainable and responsive than groups run by outside agencies or service providers.

If you would like to find out more about the project please e-mail anna@torrage.org.uk or phone TorrAGE on 01805-622666.

Taxi Voucher Scheme

A trial Taxi Voucher Scheme supporting elderly and/or disabled people in the Bideford & Northam area was set up with support from Devon County Council, Bideford Bridge Trust and Torridge Community Transport Association (TCTA). Eligible people are given a book of vouchers and a membership card, which they can then use to pay or part-pay for taxi journeys provided by participating taxi companies. Each voucher in this scheme had a short questionnaire on the back. The taxi company returns the used vouchers and, on condition that the questionnaire on the back of the voucher has been completed, are reimbursed for the amount shown on the voucher. The pilot scheme provided 100 elderly and/or disabled beneficiaries living in the parishes of Bideford and Northam with a book of 25 vouchers, each with a face value of £2.00 and a Photo card to enable taxi drivers to identify that the passenger was the owner of the book of vouchers and that they were eligible to use the scheme. The vouchers could be used for local taxi journeys within Bideford and Northam. The trial ran for 8 weeks during January and February 2008. Feedback from passengers and taxi companies showed that the scheme had been a success. It improved the quality of life for those able to benefit from the vouchers by offering the client:

- Greater independence
- More freedom to go out when they wanted to
- More freedom to go where they wanted to
- Improved confidence in going out
- Increased social contact

It also benefited the Taxi Companies by increasing their custom. The pilot scheme was so well valued by the residents that the Bideford Bridge Trust has taken on the funding of the scheme and continues to work in partnership with Torridge Community Transport Association.

Natural England - Walking for Health (WfH)

Walking for Health (previously known as the Walking the way to Health Initiative) aims to get more people walking in their own communities, particularly those who take little exercise or who live in areas of poor health (<http://www.whi.org.uk/index.asp>). In Devon, there are currently 26 health walk schemes (correct as of December 2009). The National Institute for Health and Clinical Excellence reports that led walks can be especially beneficial for adults aged 65 and older who are living in isolated rural areas (<http://www.nice.org.uk/nicemedia/pdf/MentalWellbeingOlderPeopleFieldworkReport.pdf>).

The Time for Life Consortium

As part of the Devon Community Mentoring Service, the Time for Life Consortium is providing services that address the isolation and depression of older people in rural areas. Mentors help people to gain confidence, find friends, improve their health and achieve independence. They also run groups giving people access to a range of activities including gentle exercise, crafts, gardening, sharing memories, learning computer skills and the enjoyment of interactive computer games (www.ageconcerndevon.org.uk/tfl).

South Hams Voluntary Car Schemes

An average of 40 volunteer drivers bring patients of Chillington Health centre from an area of over 100 square kilometres, only part of which is covered by public transport, to medical appointments. The service, run by the Start Circle of Friends, is free with only a donation requested to cover petrol. Currently SCOF is starting a new initiative to provide a companion as well as the driver to accompany frail patients from the car to the place of their appointment at Derriford hospital and other more distant medical appointments. (see www.chillingtonsurgery.co.uk/info.aspx?p=6&pr=L83148.) SCOF is part of a network of 7 voluntary organisations in the South Hams in which over 200 volunteer drivers are transporting patients to thousands of medical appointments each month. The other organisations are Totnes Caring www.totnescaring.co.uk, Dartmouth Caring www.dartmouthcaring.co.uk, Modbury Caring www.modburyhealthcentre.co.uk, Ivybridge Voluntary Car Scheme www.idcta.co.uk, Friends of Redfern Health Centre and Friends of Norton Brook

South Hams Volunteer Befriending Network

In the South Hams 4 Voluntary organisations have over 120 volunteers who visit older people in their homes to provide company, help them with their shopping or take them out for a ride. Totnes Caring also provides a home help service, and Dartmouth Caring will help people in their gardens. All the services provided by the befriending agencies except the home help service are free to those who receive them. This service has enabled many older or vulnerable people to be able to stay independent in their own homes or return home sooner from hospital. The four organisations already cover 75% of the population of the South Hams, and South Hams CVS is working with villagers to create three more befriending organisations that will serve the population that is still not covered by the initiative. (See www.saltstonecaring.org.uk, www.ivybridgecaring.org.uk, www.totnescaring.co.uk, www.dartmouthcaring.co.uk,)

Wembury Warden Scheme

In the Wembury warden scheme 12 volunteers visit patients referred to them by Wembury health centre. They drop in on each patient every day to see how they are and if they need anything. They may get some shopping for them or a prescription or just stop five minutes for a chat. If the patient seems poorly they will alert the doctors at the Heath Centre. The Warden scheme is contributing to the low rate of hospital admissions from Wembury Health Centre (In a recent survey the hospital admissions from Wembury health centre were found to be half the average for the district) (see www.wemburysurgery.co.uk/warden_scheme.htm.)

Independent Senior Council for Devon

The Senior Council was launched in 2008 and works in partnership with Devon County Council and NHS Devon. It aims to provide a more formal and representative process for older people to engage in local decision-making. The Senior Council now has over 1,000 members. The distribution of membership is representative of the pattern of rural/urban settlement and actively involves ethnic minority groups (www.seniorcouncildevon.org.uk).

Access and Awareness

The Community Council of Devon's Access and Awareness project with rural community buildings sought to address some of the disadvantage and isolation experienced by many older people and disabled people (target beneficiaries) living in the rural parts of Devon. With a grant of approximately £150,000 from the Big Lottery Fund, the project focused on the county's 530 or so rural community buildings (e.g. village halls, parish halls) and in particular, on their physical suitability in relation to the Disability Discrimination Act (DDA) and their development of services and activities held within the building. Among the outputs: 100 halls undertook access audits; 70% of halls were considered disabled accessible to some degree at the end of the process; 24 new projects supported with seedcorn funding enabled 569 older and disabled people to participate in new social and healthful activity; and a new website www.devonvillagehalls was established through which accessibility could be compared and booking and letting information made widely available (thus also helping the financial viability of the hall).

Village Agents

This scheme was pioneered in Gloucestershire and supports people aged 50+ living in rural areas of Gloucestershire, bridging the gap between the local community and the statutory or voluntary organisations able to offer help or support. A team of 28 part-time Village Agents:

- Provide high quality face-to-face information and support
- Offer a facilitated signposting service and put people in direct contact with the appropriate agency
- Help individuals make informed choices about their future needs
- Identify unmet need in their communities
- Primarily support older people, but other disadvantaged and isolated people are also be able to receive Village Agent support
- Cover 160 of the most rurally isolated parishes of Gloucestershire; this has grown from 96 since October 2006
- Are recruited locally and receive ongoing training

The Village Agent website (<https://www.villageagents.org.uk/>) contains useful information and links of relevance to older people. From 2008, Gloucestershire Village Agents has been mainstreamed as a service, with 3 year funding from Gloucestershire Primary Care Trust and Gloucestershire County Council.

Carers

Newton and Noss Carers Support Group – Carers Supporting Carers

Newton and Noss Carers Support Group holds regular monthly meetings sometimes with a guest speaker, and provides information, advice and emotional support by phone to carers within Newton and Noss and surrounding parishes. The emphasis is on being local, and that carers are able to talk to other carers who have experience themselves of all that is involved in caring for a loved one. Since the support group started over 70 carers have attended meetings and a similar number have sought telephone contact, i.e. almost every carer in the parish has received support. (for more information contact Sarah Roe 01752 872326)

Farmers, farming families and farm workers

Farm Crisis Network (FCN)

The Network was set up in 1993 to provide pastoral and practical support to farming people during periods of anxiety, stress and problems relating to both the farm household and the farm business. The emphasis is on “walking with” farmers and their families for the duration of a problem. FCN recruits volunteers from the farming community who understand the practical difficulties farmers face. They run a national confidential helpline from 7am to 11pm every day of the year (<http://www.farmcrisisnetwork.org.uk/>).

Pacesetters - Farmers Project

The South Western Ambulance Service NHS Trust supported the Department of Health to pilot the Pacesetters Programme. The overall aim of the programme locally is to deliver equality and diversity improvements and innovations. One of the development initiatives to help reduce health inequalities and improve access to healthcare within the South West has targeted the Farming Community, with the aim of encouraging farmers to start taking greater interest in their health. The project involved taking a health bus to markets at Holsworthy and South Molton, with bi-weekly clinics. Health education and advice was offered and the staff on the bus could take blood pressure, check cholesterol levels and administer a wide range of medications for a variety of problems. One further outcome of the dialogue with farmers is the recent development of a short DVD (available March 2010) to raise awareness about the ambulance service and the importance of health care. For more information contact Ian Hopkins, SWAST (ian.hopkins@swast.nhs.uk).

Women Do Business

This Community Council of Devon programme is focused on women and micro-enterprise and follows on from 3 years of successful, award winning business support tailored for the rural community. Over 350 women received dedicated support through a network of “learning hosts” including groups focused on themes like alternative therapies and tourism. Farmer’s wives were one of the isolated groups of women who benefited the most (http://www.devonrcc.org.uk/page/womens_projects.php).

BME communities

The Hikmat Centre and the Sahara Project

The Hikmat Centre is a drop-in facility for Black and Minority Ethnic People. The Centre caters for people over the age of 45 from a Chinese, Asian, and Arab Ethnic Background. The Centre acts as a portal for the Statutory Agencies and is currently involved in a Carers Project and in Senior Council. The Sahara Project is an outreach mentoring project, which is now Devon wide. The aim of the Project is to identify isolated BME individuals and explore with them ways of encouraging them to make new friends, and improve their health and wellbeing through finding other activities which they find interesting. In particular, the Project is focused on addressing the needs of over 50s in rural Devon. Both the Hikmat Centre and the Sahara Project have recruited and trained local BME people. The Centre and Mentoring Project provide their own translation and interpreting service (contact: saharaproject@googlemail.com).

Local BME support networks

Community Development Workers (covering different parts of Devon) have also supported the development of a number of local BME support networks in rural areas, including Ilfracombe, Bideford, Tiverton and Barnstaple, and these groups are well attended

The Community Safety Mapping Project (CSMP)

The CSMP, run by the Olive Tree Association, has been reaching out to harder-to-reach BME communities across Devon. Bi-lingual liaison officers have been visiting small businesses, community groups and families across Devon, interviewing people and finding out about the issues that affect their lives. In the six months before 31st March 2010, the project conducted more than 250 face-to-face interviews and visited more than 45 towns across Devon. The findings of the consultation are being shared with as many different agencies as possible.

Devon Community Cohesion Competition for schools

The first Community Cohesion competition was launched by Safer Devon Partnership in 2009 but it is hoped that it will go on to become a yearly event. All schools across the county have been invited to get involved in this competition which focuses on fighting against prejudice and extremism and promoting images of Devon as the diverse community that it now is. There are 5 categories in all – photography, film, posters, assemblies and community projects - and prizes to be won by both schools and students. The competition aims to put Devon's children at the forefront of efforts to make sure that Devon is an inclusive county, one that welcomes everybody.

BME Service Directory

Devon County Council have put together a BME service directory which gives descriptions and contact details of more than 30 voluntary and community sector BME support groups that are currently operating around Devon. The directory is intended both for individuals seeking support and organisations that are looking for links that will help them to reach out to local minority ethnic communities.

Planet Rainbow

Planet Rainbow aims to support and extend the opportunities for mixed heritage and BME families, children and young people living in Devon. They do this by working directly with children and young people and/or families and through working in partnership with other organisations or

agencies. They provide cultural events and activities to bring families together, explore cultural and racial identity through providing creative activities and sessions, provide families with useful information and contact details for other groups and websites, provide cross cultural training to other professionals and organisations, and offer training around confidence in communication for staff working with BME people (see <http://www.eci.org.uk/ECI-ProjectPlanet-Rainbow> for details).

LGB and Transgender people and communities

Lesbian, Gay and Bisexual Health Project

The objectives of the Lesbian, Gay and Bisexual Health Project are to:

- promote sexual health as a part of physical, emotional, and social wellbeing
- provide clear information on sex and sexuality/sexual health
- prevent the spread of HIV and STIs (sexually transmitted infections) through health promotion and by enabling people to implement safer sex practises

The work of the project is divided into four groupings: outreach work in the public settings; partnership; education; training (contact Alan Crabbe for more information: Alan.crabbe@nhs.net).

The Intercom Trust

Intercom is an umbrella organisation for LGB communities across the South West rural peninsula. They provide a range of support for local community groups and activities, as well as a confidential helpline and community advocacy to help fight discrimination (see <http://www.intercomtrust.org.uk/portal.htm> for more information).

Sexuality and ageing

Whilst not specific to rural, Age Concern and Help the Aged have produced a number of publications regarding sexuality and ageing (see <http://www.ageconcern.org.uk/openingdoors/>):

- The Whole of Me – A Resource Pack – examines meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing
- Opening Doors – A Resource Pack – gives practical guidance and advice on making services more welcoming and inclusive of older LGB people
- Out and Healthy – offers guidance to older LGB people on healthier ageing

MIND – rural issues in mental health

MIND has produced a factsheet that examines issues for LGB and Transgender people who live or work in rural areas (see http://www.mind.org.uk/help/people_groups_and_communities/rural_issues_in_mental_health).

Sigma Research

[Sigma Research](http://www.sigmaresearch.org.uk/go.php/projects/lgbt/project20/) is a social research group specialising in the behavioural and policy aspects of HIV and sexual health. It also undertakes research and development work on aspects of Lesbian, Gay, Bisexual and Transgender (LGBT) health and wellbeing (see <http://www.sigmaresearch.org.uk/go.php/projects/lgbt/project20/> for information about recent projects).

Gypsy and Traveller communities

Myth busting leaflet

Devon Racial and Equality Council (DREC) and a group of Romany Gypsy women have produced a leaflet to help dispel myths and provide people with facts about Gypsies. This is updated on a regular basis.

Information packs for Gypsies and Travellers

DREC, NHS Devon and members of Gypsy and Traveller communities have worked together to produce information packs which contain culturally appropriate and accessible information on a wide range of issues, including health and welfare services in Devon. The packs are updated annually with financial support from a number of organisations, including Devon County Council, Devon and Cornwall Police, Devon Fire and Rescue Service, and NHS Devon. By involving members of Gypsies and Traveller communities, it is hoped that these individuals will then share this information with other members of their community. For example, the latest version drew attention to the role of the Patient Advice and Liaison Service (PALS).

The Pride, The Prejudice DVD and training package

This DVD was produced by DREC and Romany Gypsies in Devon. It is used as part of a training package delivered by DREC and Gypsy/Traveller trainers in order to challenge stereotypes and dispel myths. The training package has been delivered widely across Devon to both statutory and voluntary organisations.

Gypsy and Traveller Community Development Worker

The Community Development Worker is based with NHS Devon. It is a part-time post working with Gypsy and Traveller communities across Devon, with focus on mental health and wellbeing.

Health training

NHS Devon and DREC are working together to train community members in first aid (especially for those in very rural areas where access to emergency care is difficult), domestic violence awareness, drug and alcohol awareness, and women's health.

Gypsy/Traveller Liaison Service – Devon County Council (DCC)

The Gypsy/Traveller Liaison Service is the first point of contact for the County Council for any Gypsy/Traveller issue. The Liaison Service currently manages two permanent sites at Sowton and Broadclyst, as well as managing unauthorised encampments (UE's) across the County on DCC land (including the highways). Liaison is made between both the Gypsy/Traveller community and the settled community. Contact is

also made with the elected member for the locality. The Liaison Service functions as a signposting agency to the community in terms of health, welfare and housing issues, as well as providing a visible and ongoing link with services. The Service also supports other agencies in terms of worker support for various initiatives and events across the County when needed.

Gypsy, Roma and Traveller Achievement

The Devon Consortium Traveller Education Service is funded by the Local Authorities in Devon, Plymouth and Torbay to raise the attainment of Traveller pupils aged 0-19 by increasing capacity within schools, families and other services. The main aim is to ensure that Gypsy and Traveller young people and their families have unhindered access to universal services, including undertaking outreach work to support the inclusion of the most vulnerable children and their families (http://www.devon.gov.uk/travellers_education.htm).

Migrant communities

The Migrant Workers Welcome Pack

The Devon Multi-Agency Migrant Worker Task Group has developed a “Welcome Pack” for Migrant Workers. This provides information and advice on a wide range of issues in several languages (see <http://www.devonsp.org.uk/migrantworkers/>).

English@Work in Devon

The English@Work programme is offered free to Devon employers. This innovative project provides a range of learning opportunities for Migrant Workers to improve their language skills in the workplace. The Partnership of Learning Providers offers a 20-hour course tailored to suit employers’ individual needs. Courses typically cover health and safety, communication at work and link to the Community Support Programme “Learning to Live and Work in Devon” (<http://www.devon.gov.uk/englishatworkleaflet.pdf>).

Migrant Hubs Project – Community Council Devon (CCD)

In early 2009, the Government Office invited applications to a Migration Impacts Fund, which was intended to relieve additional pressure caused by higher migration levels on local authority services. The Migrant Hubs Project (also known as Devon Together) is a part of this programme delivered by CCD. CCD is currently working with 6 potential “hubs” across the County and making more contacts all the time. They are organising and rolling out training programmes (e.g. IT and First Aid training). This promotes community cohesion and includes some financial support for community-based activities which bring together migrant and local communities.

EMA Project

The EMA project is also funded by the Migrant Worker Impact Fund. This project aims to support schools, early years settings and children's centres who are teaching and working with bilingual families. We have employed 8 bilingual support workers who are presently supporting 35 schools across Devon. The EMA project is also working on providing schools and settings with translated resources for bilingual pupils and their families. Visit: www.devon.gov.uk/ema.

The Pacesetters Programme - Migrant Workers Project (Cornwall)

The aim of the Migrant Workers Project, led by the South West Ambulance Service NHS Trust (SWAST), was to involve the migrant community in disseminating information about how to access health care through consultation with the community and engagement of the voluntary sector, the police, local authority and other healthcare organisations in Cornwall. The Project began with a consultation event in November 2007 and completed with a second consultation event in June 2009, with the completion of questionnaires at both events. The team was assisted by Amber Initiatives (a non-profit organisation in Plymouth - set up to provide specialist support and advice to migrant workers from Eastern Europe). The main outcome of the Project was the development and dissemination of a DVD providing information on the range of health services available to the migrant communities and how these should be accessed. It also includes useful information on emergency situations migrant workers are likely to face and information on fire safety from Cornwall Fire brigade, and basic laws and personal safety from Devon and Cornwall Police. The DVD was launched in November 2008 and can be downloaded for free in English, Polish or Russian from a website hosted by Cornwall's fire brigade (www.cornwall.gov.uk/999advice). For more information, please contact Mike Bottone, SWAST (email: Michael.Bottone@swast.nhs.uk).

The Regional Migrant Workers Network

The Regional Migrant Workers Network, run under the umbrella of Equality South West, was set up in November 2008. It is a network of migrant workers' community groups and migrant workers from across the South West. It aims to represent migrant workers at the regional and local level, influence policy makers, campaign to reduce exploitation and promote a diverse culture of migrant communities as well as community integration. Through the network, members can exchange information, share good practice and organise joint events. For more information, email: Monika.Stennett@equalitysouthwest.org.uk.

Multilingua Devon

Multilingua Devon is the county's only locally-based Community Interpreting Service that provides face-to-face interpreting and translation services. Multilingua interpreters speak a wide range of languages and offer a confidential and impartial service. Multilingua interpreters all live in Devon and bring with them extensive local knowledge. The interpreters are skilled in helping clients understand and access the many services available within the county. Along with helping with any language barriers, Multilingua interpreters are also able to help bridge any cultural gaps and misunderstandings on both sides. Many clients use interpreters not only for their fluent language skills but also for their sensitive understanding of challenging situations. Multilingua is supported by Devon County Council and the Workers Education Association and continues to invest in the local community (<http://www.multilinguadevon.co.uk/>).

Rural health and social care provision

Involving People

NHS Devon work with a range of organisations to increase the opportunities for individuals to get involved in health and social care.

LINK Devon is a network of groups and individuals who want to make sure that health and social care services are planned and delivered to meet the needs of the people in Devon that use them. LINK Devon have a team of community engagement workers based in various areas across Devon. The community engagement workers visit groups on a regular basis to hear what people have to say and hold regular “Altogether Healthier” Community Health Fairs where people can come and join the LINK and also get lots of information about health and care initiatives in their local area. Further information about LINK Devon can be found at www.devonlink.org.uk.

NHS Devon also has specific involvement networks for people with Physical and Sensory Disabilities, Learning Disabilities, Mental Health, Carers, Older People and Children and Young People. People interested in finding out more about any of these groups should contact: d-pc.strategicreview@nhs.net.

Primary Care Development Strategy

A Primary Care Development Strategy is currently under development which will cover the next 5-10 years. This will examine the viability of small practices, confederated practice models and premises Strategy. The NHS Devon Primary Care Team is also looking at developing models where a number of smaller practices could share specialist nurses e.g. for diabetes or COPD.

Community Virtual Wards

North Devon is helping to deliver better access to health care in rural areas by using the virtual wards concept. The CVW Project went live on 1st October 2008. Virtual wards aim to target individuals at risk of hospital admission. Using a computer algorithm combining GP, hospital and social services data, patients are ranked for their risk of admission. Proactively targeted virtual wards use the systems, staffing and daily routine of a hospital ward to provide case management in the community. The virtual ward team share a common set of notes, meet or communicate daily and have their own ward clerk. However, the ward is “virtual” in that patients are cared for in their own home. The day-to-day clinical work of the ward is led by a community matron, with medical input provided by the duty doctor or the patient’s usual GP. Other members of the ward team include District Nurse’s, social workers, a physiotherapist, an occupational therapist, a mental health link for adult and elderly, a voluntary sector helper and specialist staff. The ward clerk is the main point of contact between patients and their carers, and GP practice, virtual ward and hospital staff. The project has proven successful, with a significant reduction in admissions and GP contacts for high-risk and vulnerable groups (contact Dr. Paul Lovell for more information: paul.lovell@nhs.net).

Complex Care Teams (CCTs)

Devon has developed an integrated service model around health and social care. At the core is the “complex care team” who respond to those with high health and social care needs. The outer circle delivers interventions and services to those with lower level needs, and uniquely includes engagement with the voluntary and community sector. A total of 23 CCTs have been established across Devon. Evaluation is currently underway.

Exercising For Mobility

This lottery funded registered charity is running in North Devon and North Cornwall offering opportunities for adults to take part in regular activity sessions. A qualified trainer with trained volunteer assistants offers four weekly sessions. People with M.E., M.S., Parkinson’s Disease, arthritis and others who have had a stroke or have a heart problem attend and enjoy both physical and social benefits

Appendix 5 Map illustrating the percentage of the total population providing unpaid care across Devon (2001 Census)

