

# Wider Context and Activities

Ivan Annibal, Director of  
Operations



Us

# Established in 2017

CIC structure, 9 Directors, 4  
Support Staff, Core membership  
>60 supporters

Mission building a movement to  
address inequalities in the  
provision of rural health and care

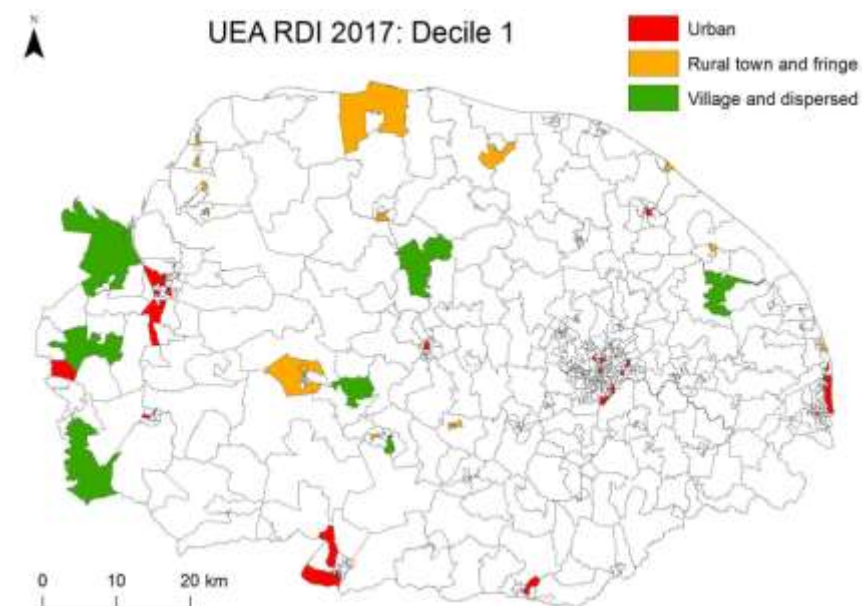
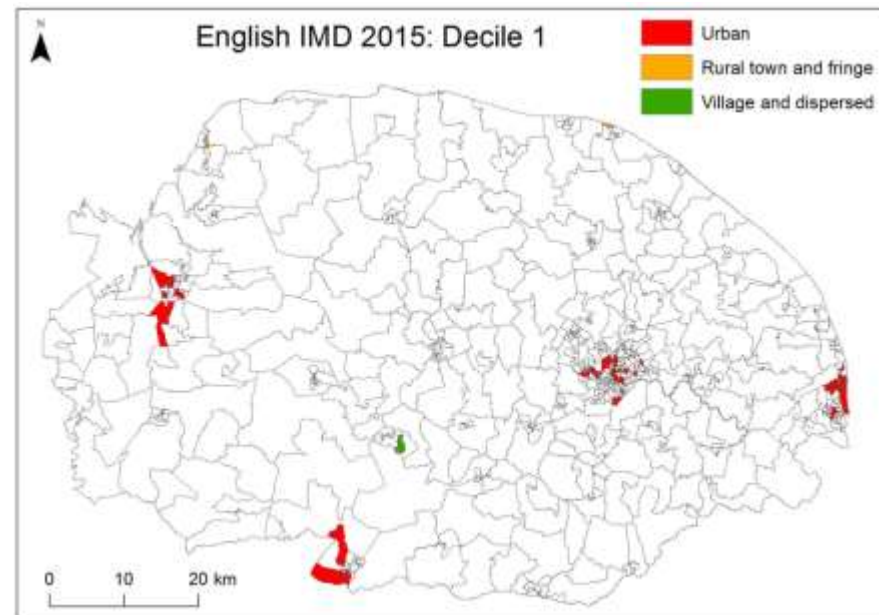


Context

# Urban approach to analysis masks need

Norfolk example when dependence on Adult Social Care and enhanced distance from services are added as new IMD domains

Mandy Burke and Andy Jones UEA

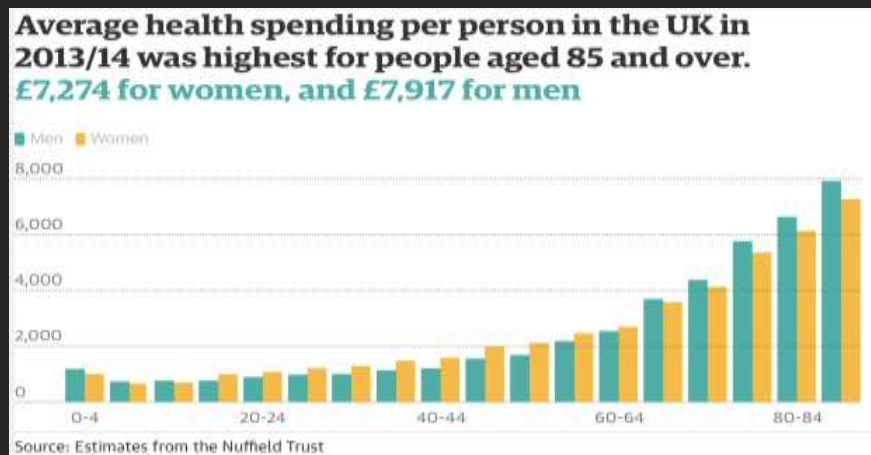


Context

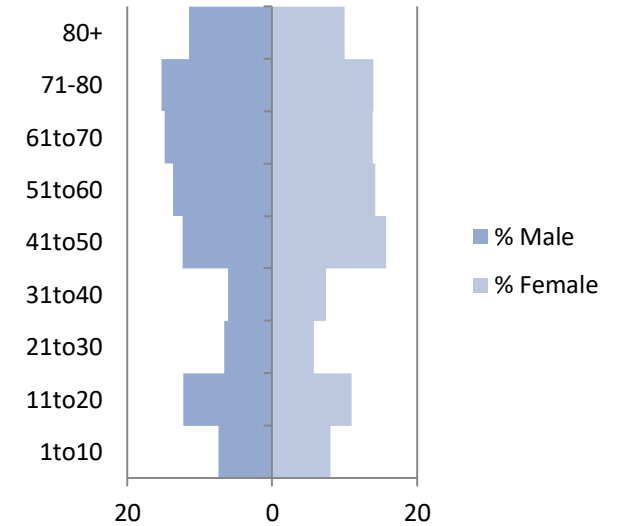
# Age is deceptive

Average life expectancy is highest in mainly rural areas (in 2013-15 it was 79.4 years for men and 83.1 years for women in England.)

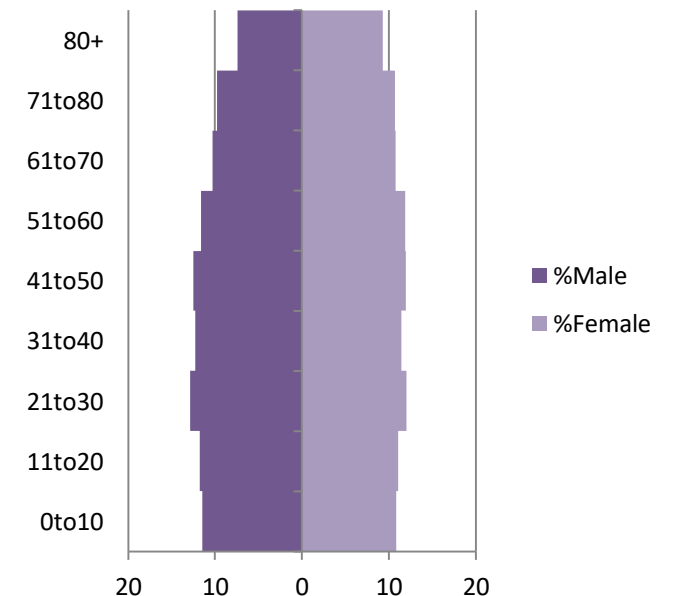
It costs more to live in rural settings and to provide health care to them



### 16 Villages E Leics 2039



### England 2039



# Other rural factors

80% of rural residents live within 4km of a GP surgery, compared with 98% of the urban population.

Only 55% of rural households compared to 97% of urban households are within 8km of a hospital.

Rural house prices are 26% higher than in urban areas and are on average less affordable

Around 50% homes in the most rural areas and villages are classified as 'non-decent' compared to around 30% in small towns and urban areas.

Around 50% houses in the most rural areas and 25% in village centres are 'energy inefficient' compared with 7% in urban areas.

## Slower Broadband inhibits Technical Solutions

	Mbit/s
Rural overall	13
Rural town and fringe	17
Rural town and fringe in a sparse setting	16
Rural village	9
Rural village in a sparse setting	8
Rural hamlet & isolated dwellings	7
Rural hamlet & isolated dwellings in a sparse setting	5
Urban overall	26
Urban major conurbation	27
Urban minor conurbation	25
Urban city and town	26
Urban city and town in a sparse setting	16
England overall	24

## A Covid lens

- A. Access to Support and Services
- B. Broadband: the IT Challenge
- C. Covid and the control of infection:  
access to testing /impact on the NHS
- D. Depression: impact of the pandemic on  
mental health
- E. Elderly
- F. Fairness and health inequalities



# Where do we want to be?

## Campus for Future Living Mablethorpe

A base for the planning and delivery of adult domiciliary care .

A base for workforce development, CPD and networking amongst those working on the coast in terms of health and care.

Providing innovation space for businesses.

Providing a learning environment for people training in all aspects of adult social care.

Extension of the operational activities of those delivering health and care on the Lincolnshire Coast following international models around the delivery of best practice in rural settings through e-medicine.

The potential to establish the Lincolnshire coast as a national exemplar in the planning and delivery of adult social care.



# What do we want to be doing?

## Airedale Trust Example – My Care

### 24/7 service:

Reduce admission and ED attendance

Support safe early discharge

Reduce demand on primary care and community service

### Delivered via:

Proactive - welfare checks, clinical assessments, medication prompts

Reactive – patient contacts service for triage/support instead of 111

Education around self care management

Sign posting VCS





# What do we want to be doing?

## **Scottish National Rural Mental Health Forum**

The challenge presented by isolation is keenly felt by many in rural communities. The National Rural Mental Health Forum has been established to help people in rural areas maintain good mental health and wellbeing. This forum will also develop connections between communities across rural Scotland, so that isolated people can receive support when and where they need it.

