

# **Rural Herefordshire: what does it mean for health and wellbeing?**

## **DIRECTOR OF PUBLIC HEALTH REPORT 2019**

Version 1.0

January 2020

## FOREWORD

I am pleased to present my 2019 Director of Public Health independent annual report. In this report, I have focused on rural Herefordshire, and particularly the often hidden inequalities in rural communities. Over the past two years, I have become increasingly aware that we need to more fully understand impact of living in rural areas on the health and wellbeing of our communities if we are to both embrace the strengths and work with communities to tackle some of the real challenges faced on a daily basis.

Herefordshire is a beautiful county, with large areas of rich and varied countryside. It is one of England's most sparsely populated counties, with 95% of the land area classified as 'rural' and over half of the population living in these rural areas. Overall, people living in rural Herefordshire have better health than those in the urban areas, and indeed have slightly higher life expectancy. However, while overall health outcomes are more favourable, these averages mask significant pockets of deprivation and poor health outcomes which can be made worse by living in a rural location.

Rural areas pose different types of challenges for the people who live there compared to urban areas. Nationally, more emphasis is often given to urban inequalities, not least as across England the majority of the population live in urban areas, but also our common measure of deprivation (the government's Index of Multiple Deprivation) is known to be skewed towards identifying deprivation in an urban context.<sup>1</sup> Rural deprivation looks very different. In rural areas, the most common types of deprivation relate to housing and physical access to services. A study<sup>2</sup> Herefordshire Council commissioned in 2019 has highlighted how Herefordshire is starkly different to the national picture in terms of the number of homes which are considered hazardous due to excess cold. Old, detached properties that are poorly insulated, combined with a lack of fuel options, increases vulnerability to fuel poverty in some of the most rural areas.

Deprivation can be a hidden feature of rural communities as it is often dispersed amongst more affluent households. Within even the most affluent areas, there can be pockets of real hardship, ill health and inequality. In this report I describe some of the nuances of common measures of deprivation in the rural setting and pull together data to show the impact on daily lives.

As a Council and wider system, we are working to reduce inequalities across the board, whether they arise from rurality or other determinants of wellbeing. This report will provide the context to enable the Council, our partners and other organisations to understand the factors that impact on health and wellbeing in rural environments, the inequalities these can generate in Herefordshire and how we can continue to address them.

Karen Wright

Director of Public Health, Herefordshire

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<sup>1</sup> [www.rsonline.org.uk/whitehall-updates-the-index-of-multiple-deprivation](http://www.rsonline.org.uk/whitehall-updates-the-index-of-multiple-deprivation)

<sup>2</sup> BRE Integrated Dwelling Level Housing Stock Modelling and Database for Herefordshire Council, June 2019.

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## INTRODUCTION

Herefordshire is a great place to live, with people living longer and generally in better health than many parts of the UK. The county is well known for its beautiful unspoilt countryside with rolling farmland, hilly uplands and remote rivers and valleys along with its distinctive heritage. As a result many people of all ages choose to live in Herefordshire with between six and seven thousand moving to the county each year from other parts of the UK and overseas.

Hereford City is the county's centre for most facilities, and is home to almost one-third of the county's population (61,400 people). There are five market towns of varying sizes and amenities, ranging from the relatively 'urban' Leominster, Ross and Ledbury<sup>3</sup> – each with over 10,000 residents – to the 'rural towns' of Bromyard and Kington with fewer than 5,000 residents each. Two in every five residents (80,300 people; 42%) live in areas officially classified as 'rural village and dispersed'<sup>4</sup>, and the county has the fourth lowest population density in England (88 people per square kilometre).

Neither overall population density nor the proportion living in rural areas illustrate quite how scattered Herefordshire's population is. No other English county-level authority has a greater proportion of its population living in output areas<sup>5</sup> with a density of 50 people per square kilometre or below (described as 'very sparse' areas): 25% of Herefordshire residents live in 'very sparse' areas.<sup>6</sup> This presents particular challenges for service delivery in the county.

Herefordshire has an older age profile than nationally (see population pyramid – chart 1) and furthermore there are relatively more people of older working and early retirement age (50-70 year-olds) in the most rural areas. Hereford city in comparison has a much younger profile than the rest of the county, with relatively high proportions of young adults and young children (see chart 2). The current (mid-2018) estimate of Herefordshire's resident population is 192,100, with 24% (nearly 46,600 people) being aged 65 or over, compared to 18% across England. There is also a higher proportion of older working age adults (mid-forties to the age of 64) than across England as a whole.

The natural ageing of the population structure as the post-war and 1960s 'baby boomers' move into older age, combined with net in-migration of people of all except the youngest adult ages (18 to 24), will continue to result in a disproportionate growth of the number of older people. By 2031, 30% of Herefordshire's population will be aged 65 or over compared to 22% nationally. In particular, the number aged 85+ is likely to grow most rapidly: by more than 50%, from 6,200 in 2018 to over 9,000 by 2031; and is likely to double by 2040.

Exacerbated by their already older age structures, rural areas are expected to see higher proportions of older residents sooner than other parts of the county. Already in Leominster rural and Kington rural more than one in three residents are aged 65 or over, and this is likely to be the case in many more areas by 2028 (see map 1).

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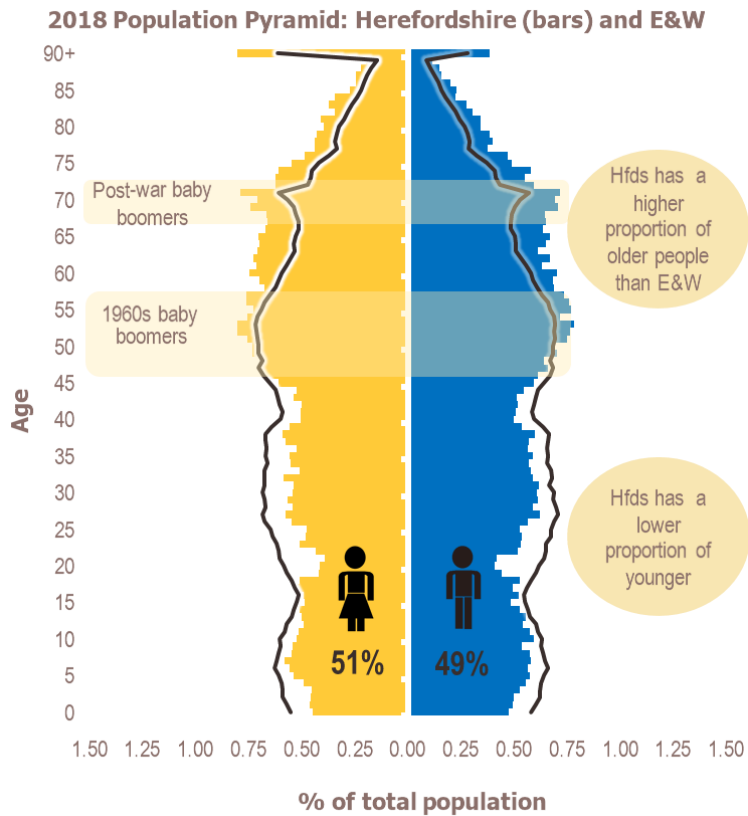
<sup>3</sup> NB. Ledbury is technically classified as a 'rural town' for analytical purposes, because its population was smaller when the classifications were last updated.

<sup>4</sup> [www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications](http://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications)

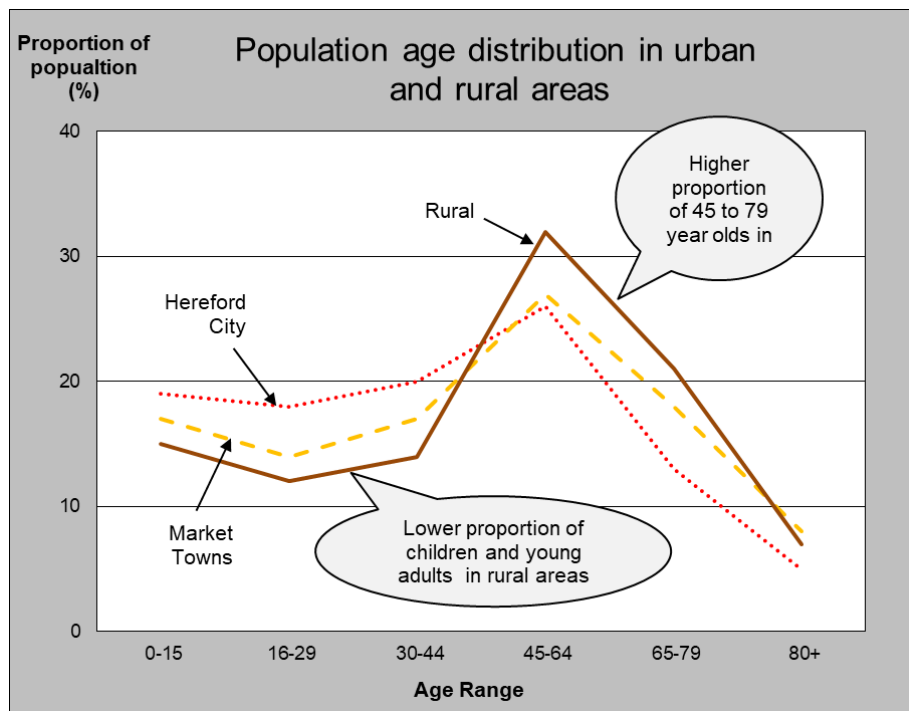
<sup>5</sup> Output Areas are the smallest level of statistical geographies, with an average population of about 300 people (with a minimum of 100).

<sup>6</sup> *Sparcity of Population in Herefordshire*, available on the [Understanding Herefordshire website](#)

**Chart 1: Herefordshire currently has an older population than nationally**



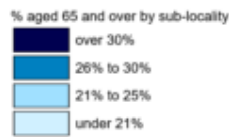
**Chart 2: Rural Herefordshire has an older age profile than the city**



Map 1: ageing population profiles around Herefordshire, particularly the rural north-west to south-east

## Proportion of the population aged 65+ by sub-locality - 2011

<b>21%</b>	Herefordshire
<b>16%</b>	England



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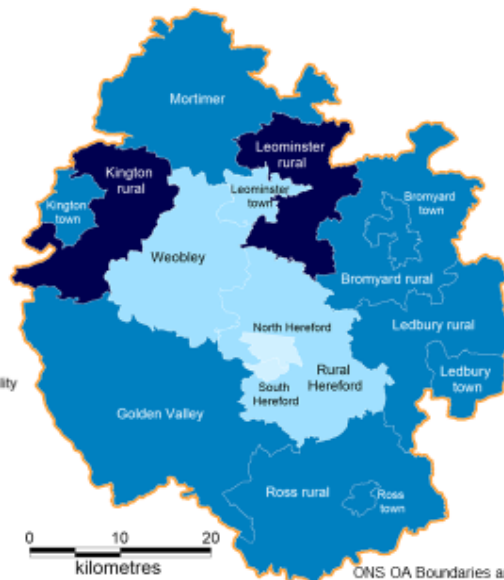
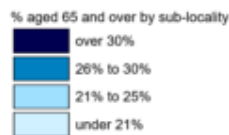
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## Proportion of the population aged 65+ by sub-locality - 2018

<b>24%</b>	Herefordshire
<b>18%</b>	England

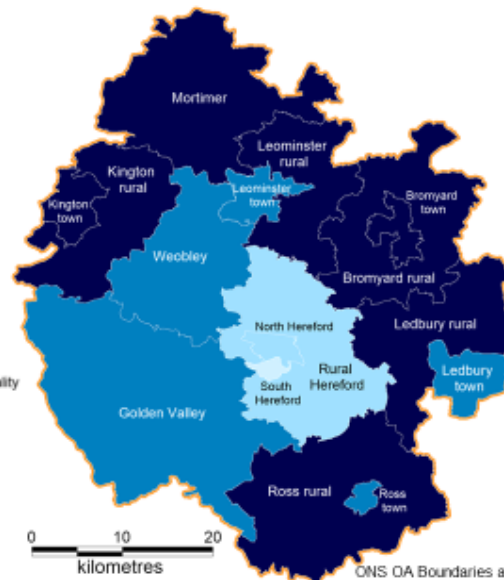
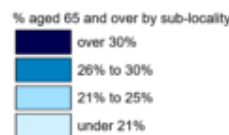


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## Proportion of the population aged 65+ by sub-locality - 2028

<b>28%</b>	Herefordshire
<b>21%</b>	England



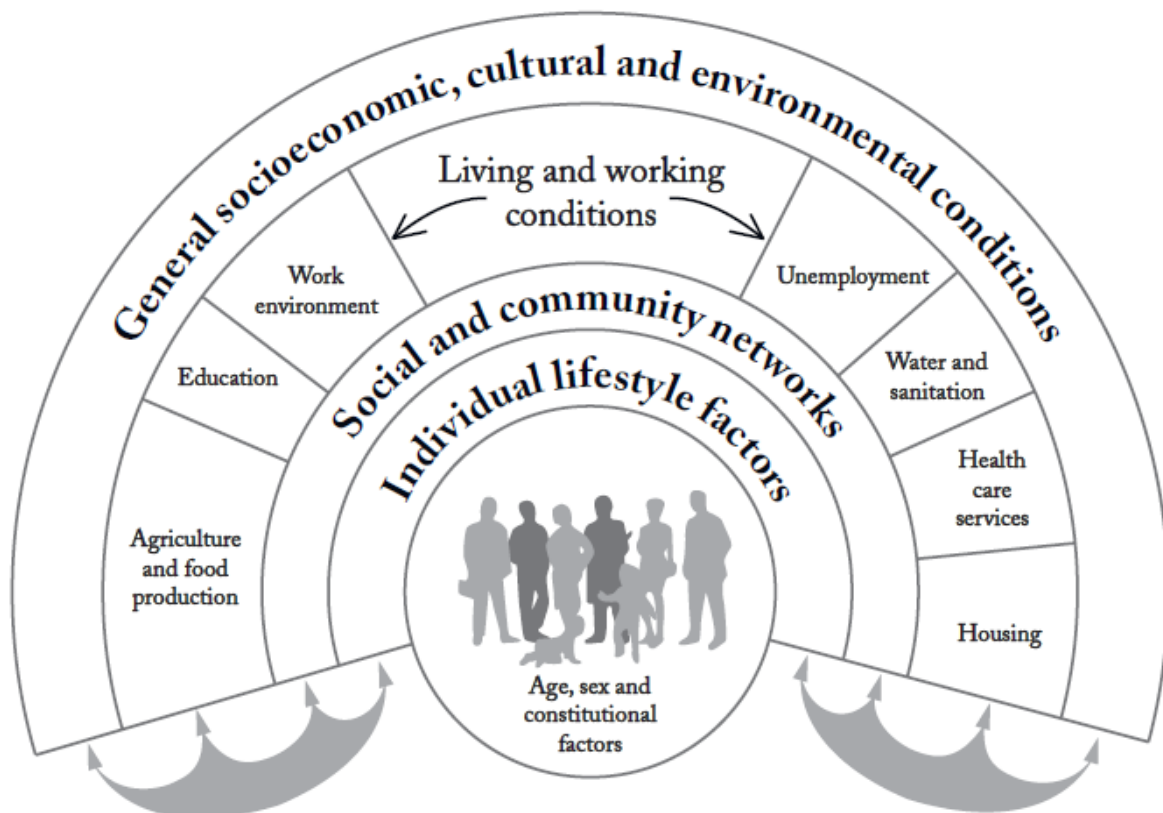
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**WHAT MAKES US HEALTHY?**

Health and wellbeing are products of the complex interaction of genetics, wider determinants of health (social, economic and environmental factors), and lifestyle behaviours. This was captured several decades ago in a model by Whitehead and Dahlgren which remains relevant today. Factors that make and keep us healthy include such things as social and community connections, good living conditions, good employment, good education and access to good food.

The good influences on our lives, health and wellbeing are not evenly distributed throughout society. Some groups of people experience more factors that negatively influence their health and wellbeing such as poverty, lack of education, unemployment or isolation. Comparisons across our County and measures of deprivation can help us understand and describe some of these wider determinants of health and wellbeing, how they impact people’s lives in Herefordshire and thus some of the issues we need to address as a County.































Source: Dahlgren and Whitehead, 1993

## HEALTH AND WELLBEING OUTCOMES FOR RURAL POPULATION

The health and wellbeing of Herefordshire’s rural population is, on average, slightly better than those living in urban areas for many indicators.

- In 2015/17, females born in the most rural areas of Herefordshire could expect to live 1.9 years longer than those living in urban areas; and males 2.2 years longer.
- Individuals living in rural areas are 29% less likely to die prematurely (i.e. before the age of 75).
- Individuals living in rural areas are 17% less likely to die prematurely from cancer
- Individuals living in rural areas are 29% less likely to die prematurely from cardiovascular diseases
- Individuals living in rural areas are 23% less likely to die prematurely from respiratory diseases
- Reception children living in rural areas are 6.3% less likely to be obese or overweight, a figure which rises to 15.1% in year 6 children.

### Rural – Urban Based Inequalities

Rural	Urban	Rural	Urban
Female life expectancy = 85.5 years 	Female life expectancy = 82.6 years 	Premature cancer mortality rate = 118 per 100,000 	Premature cancer mortality rate = 142 per 100,000 
Male life expectancy = 80.8 years 	Male life expectancy = 78.5 years 	Premature cardiovascular disease mortality rate = 55 per 100,000 	Premature cardiovascular disease mortality rate = 77 per 100,000 
Proportion of households in fuel poverty = 15.9% 	Proportion of households in fuel poverty = 12.2% 	Premature respiratory disease mortality rate = 27 per 100,000 	Premature respiratory disease mortality rate = 35 per 100,000 
9 out of 100 children in the most rural areas live in income deprived households 	15 out of 100 children in urban city and town live in income deprived households 	Proportion of working age residents that are employment deprived = 6.4% 	Proportion of working age residents that are employment deprived = 9.8% 
8 out of 100 older people in the most rural areas live in income deprived households 	13 out of 100 older people in urban city and town live in income deprived households 	Average education, skills and training score = 13.8 	Average education, skills and training score = 28.4 
Premature mortality rate = 256 per 100,000 	Premature mortality rate = 360 per 100,000 	Proportion of year 6 children overweight and obese = 32.1% 	Proportion of year 6 children overweight and obese = 37.8% 
Proportion of reception age children overweight and obese = 23.3% 	Proportion of reception age children overweight and obese = 24.9% 	 Better  Worse	



## RURAL DEPRIVATION AND INEQUALITIES

### Fact box:

The English Indices of Deprivation<sup>1</sup> (IoD) give an indication of how deprived an area is compared to all other areas of England based on a number of different types, or domains, of deprivation: income, employment, education and skills (distinguishing between children's and adults'), health, crime, barriers to housing and to services, and living environment (indoor and outdoor). The index of multiple deprivation (IMD) combines all of these into one single measure, assigning different weightings to the domains to reflect their impact on overall deprivation (see infographic on p12). Areas are often ranked by IMD and divided into quintiles (20% groups).

## OVERALL INDEX OF MULTIPLE DEPRIVATION ACROSS HEREFORDSHIRE

As a county, Herefordshire experiences fairly average levels of overall, multiple deprivation. Nine out of 116 areas<sup>7</sup> of Herefordshire are amongst the 20% most deprived in England. These are all located in Hereford city and the market towns of Leominster, Ross-on-Wye and Bromyard. At the other end of the scale eight areas are in the least deprived 20% in England, mainly urban areas located north of the river within Hereford and in rural areas surrounding the city, in Ross-on-Wye, and Ledbury. Table 1 shows that although those areas classified as in the most deprived quintile are in urban locations, there are a significant number of people who live in areas considered to be in the second most deprived quintile in both rural and urban areas of Herefordshire.

**Table 1. Herefordshire population, and percentage aged over 60 years, by rurality and deprivation (IMD2019 quintiles).**

	Index of Multiple Deprivation ranking					Total
	1 (most deprived)	2	3	4	5 (least deprived)	
<b>Total rural population estimate</b>	0	18,900	53,200	24,500	3,900	100,500
<b>% of whom are 60+ years</b>	0	34%	35%	37%	25%	35%
<b>Total urban population estimate</b>	14,500	16,900	29,200	20,700	9,200	90,500
<b>% of whom are 60+ years</b>	21%	19%	26%	31%	34%	26%

Measures of deprivation are usually produced for geographies of about 1,500 people<sup>8</sup>, which can mask smaller pockets of deprivation, particularly in rural areas. A study undertaken in 2008<sup>9</sup> revealed several such pockets of multiple deprivation in rural areas of Herefordshire that do not show up in the routine IMD. These areas, indicated on the map, were in or near Stanford Bishop

<sup>7</sup> Areas refers to Lower Super Output Areas (LSOAs).

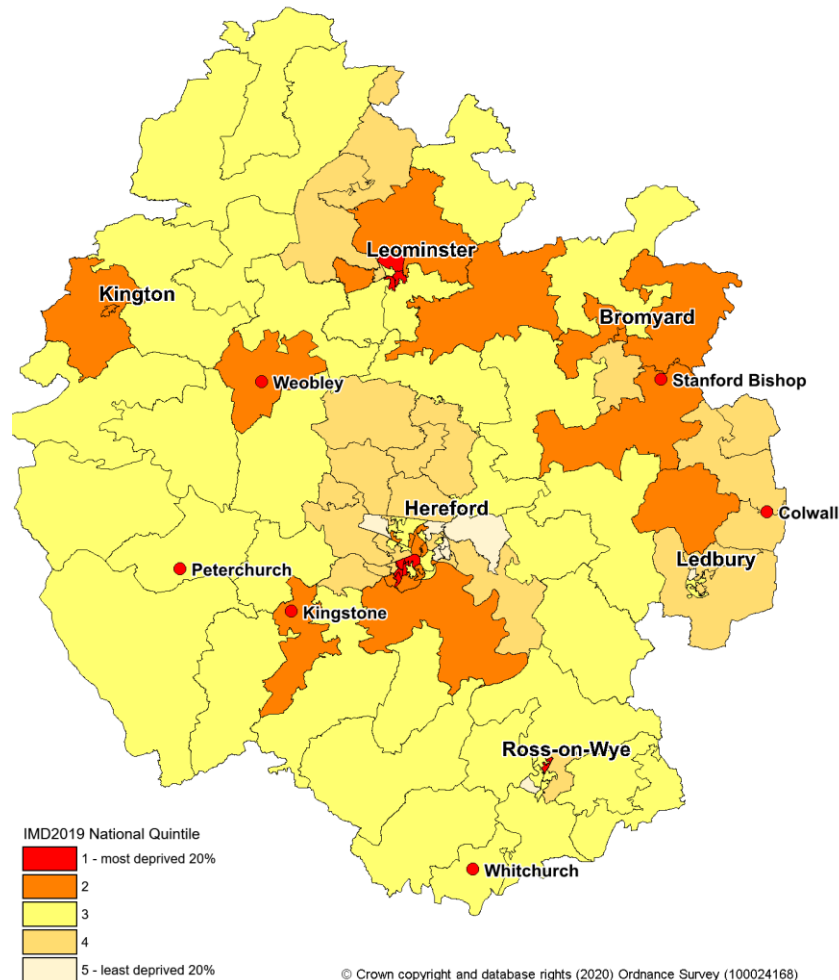
<sup>8</sup> LSOAs (Lower-layer Super Output Areas) are small areas designed by the Office for National Statistics to be of a similar population size, with an average of approximately 1,500 residents or 650 households.

<sup>9</sup> By the [Oxford Consultants for Social Inclusion using the results of the 2004 Indices of Deprivation](#). Note that the rankings won't necessarily be the same as those quoted in the rest of this report, which are from the 2019 Indices of Deprivation.

parish (south of Bromyard), Weobley, Kingstone, Whitchurch (Goodrich Cross), Colwall, and Peterchurch.

The distribution of overall deprivation around Herefordshire is shown in map 2.

**Map 2. Levels of deprivation around Herefordshire (IMD2019 quintiles) showing high levels in south Hereford and Leominster.**

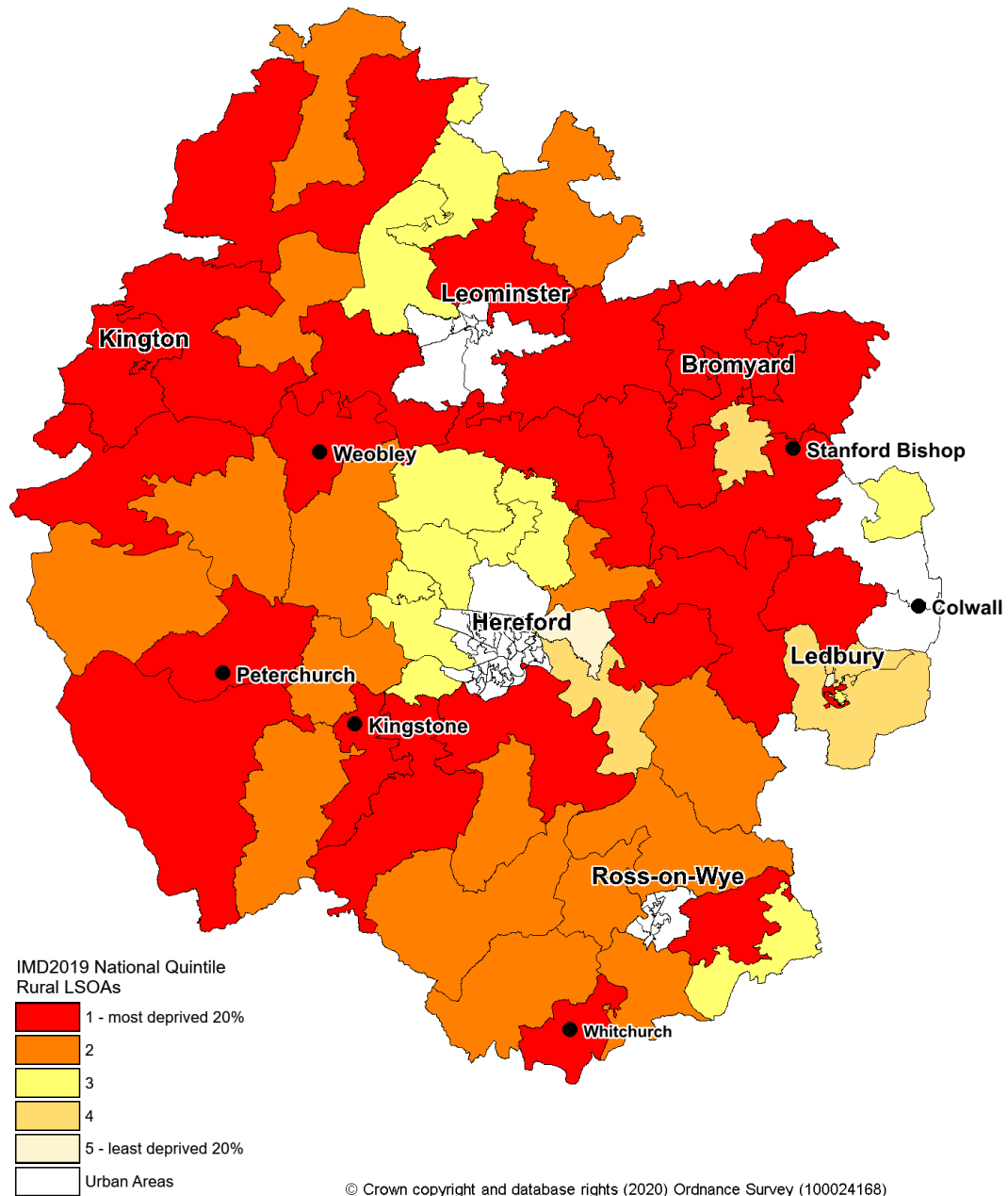


## COMPARISON WITH OTHER RURAL AREAS

The Indices of Deprivation measures were designed to focus on types of deprivation that tend to be most relevant in urban areas. Analysis excluding the urban areas of England highlights that Herefordshire, along with other border and some coastal counties, includes some of the highest levels of rural deprivation in the country<sup>10</sup>. Looking only at rural areas of England, of the 62 rural LSOAs across Herefordshire, almost half (28) fall within the 20% most deprived rural LSOAs nationally (see map 3); including two which are in the most deprived 10% nationally – Bromyard Central and Greater Weobley.

<sup>10</sup> [Adapting deprivation indices for rural settings](#), Journal of Public Health, Volume 40, Issue 2, June 2018

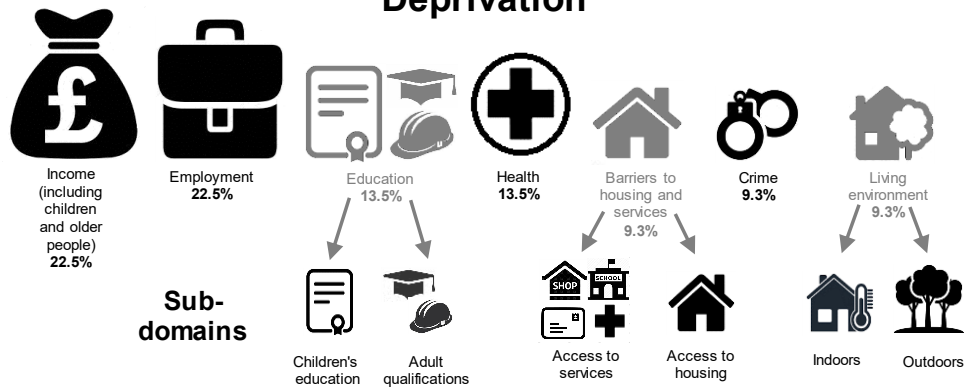
**Map 3. Levels of deprivation around Herefordshire rural areas (IMD2019 quintiles) showing the high number of rural LSOAs within the 20% most deprived across England.**



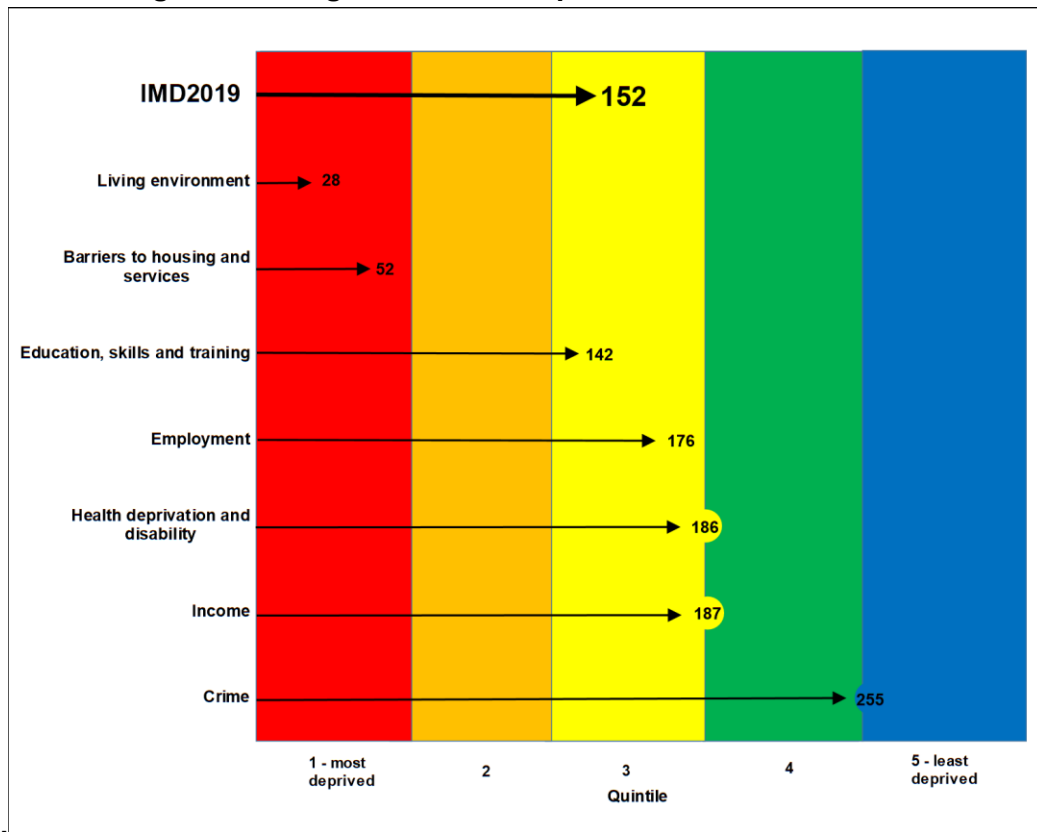
**KEY ASPECTS (DOMAINS) OF DEPRIVATION IN HEREFORDSHIRE**

The domains that make up the index of multiple deprivation are shown in Infographic below, which includes the emphasis given to each domain in the overall IMD. When ranked against all 317 local authorities in England, the overall IMD score for Herefordshire and a number of other domains fall within the central national quintile (see chart 3). Although Herefordshire fares well on “crime”, it is particularly deprived in terms of “living environment” and “barriers to housing and services”. We’ll see later that this it is specifically the *indoor* living environment and geographical barriers to *services* that most affect Herefordshire.

## 7 Domains of deprivation included in Index of Multiple Deprivation



**Chart 3. Rank of Herefordshire scores for ID2019 domains against national quintiles showing most falling within middle quintile as does the overall IMD2019**



The factors that drive an overall IMD can be very different, particularly between rural and urban areas. Chart 4 illustrates how the levels of two distinct types of deprivation are higher in rural areas compared to urban areas of Herefordshire. These are 'indoor living environment' (i.e. housing in poor condition and housing without central heating) and 'access to services' (i.e. road distances to post office, primary school, GP surgery and general store/supermarket). Notably, these are the only types of deprivation for which either urban or rural Herefordshire falls into the most deprived 20% of England.

According to the Income Domain, 10% of the Herefordshire population live in income deprived households, which corresponds to 18,500 individuals and is lower than that for England as a whole (15%). A lower proportion of people in rural areas of Herefordshire live in income deprived households (8%), corresponding to 7,900 individuals. When considering the income sub-domains it is evident that across Herefordshire 12% of under 16s and 11% of people aged 60 and above live in income deprived households. Although these figures are lower than that for England (16% and 17% respectively), in some areas of south Hereford and Leominster as many as 30% of children and 32% of older people live in income deprived households. In general, a lower proportion of residents of rural areas live in income deprivation: 9% of children and 8% of older people compared to 15% and 13% respectively in urban areas. However, this still equates to approximately 1,200 children and 3,200 older people living in income deprived households in a rural setting. Furthermore, the headline figure for Herefordshire’s rural areas can mask pockets of deprivation and looking more closely it is evident that rural areas in and around the parishes of Kingstone, Wormbridge, Weobley, Weston under Penyard, Linton, Shobdon and Pembridge have child poverty rates of at least the national level.

**Chart 4. Comparison of the types of deprivation affecting urban and rural Herefordshire: rural areas are amongst the most deprived in England in terms of indoor living environment and access to services.**



## WHAT DO WE KNOW ABOUT THE TWO KEY DRIVERS OF DEPRIVATION IN RURAL HEREFORDSHIRE?

### INDOOR LIVING ENVIRONMENT: HOUSING CONDITION AND WARMTH

Unhealthy homes (cold, damp or otherwise hazardous) increase the risk of respiratory illness, cardiovascular problems, excess winter deaths, and physical injuries - particularly from falls and domestic fires. In addition, fuel poverty adversely impacts on health and wellbeing through associated financial hardship. It has been shown that the death rate rises nearly 3% for every degree Celsius drop in the outdoor temperature for people in the coldest 10% of homes, compared with less than a 1% rise for people in the warmest 10% of homes.<sup>11</sup> Age Concern UK have estimated the cost to the NHS in England arising from cold homes to be around £1.36 billion per year.<sup>12</sup>

In 2019, Herefordshire Council commissioned a report from BRE (the Building Research Establishment) on the condition of the county's housing stock.<sup>13</sup> This found that overall Herefordshire housing stock is slightly worse than England in terms of disrepair, fuel poverty and falls hazards but significantly worse for all hazards<sup>14</sup> (25% compared to 12%) and for excess cold hazards (17% compared to 3%) than England. Owner occupied housing were found to have slightly higher levels of all hazards and excess cold. An overview of Herefordshire's housing stock is given in the infographic below.

Whilst on average fuel poverty was only slightly worse than England, there is considerable variation in fuel poverty across Herefordshire. Fuel poverty is found in higher concentrations in the more rural parts of Herefordshire: people living in rural areas of Herefordshire are 21% more likely to be subject to fuel poverty compared to urban areas.<sup>15</sup>

Rural households are more likely to be living in older, less thermally efficient, semi-detached or detached dwellings and to lack a connection to the mains gas grid. Such homes have larger surface areas to lose heat from, and there tends to be a higher proportion of older homes where little work has been done by the occupiers to improve energy performance in rural areas. Furthermore, fuel options for off-grid homes are often more expensive and less energy efficient than mains gas. Approximately, 40% of Herefordshire's dwellings stock is detached (compared to less than 25% nationally and regionally), 29% of detached dwellings were built pre-1900 (compared to 8% nationally and regionally) and around a third of dwellings in Herefordshire are not connected to mains gas.<sup>13</sup>

The drivers of fuel poverty (low income, poor energy efficiency and energy costs) are strongly linked to cold homes. Map 4 shows the percentage of households that are both low income and

<sup>11</sup> [Cold comfort](#) Joseph Rowntree Foundation

<sup>12</sup> Age UK. The Cost of Cold, 2012. [www.ageuk.org.uk/Documents/EN-GB/Campaigns/The\\_cost\\_of\\_cold\\_2012.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/The_cost_of_cold_2012.pdf?dtrk=true)

<sup>13</sup> BRE Integrated Dwelling Level Housing Stock Modelling and Database for Herefordshire Council, June 2019.

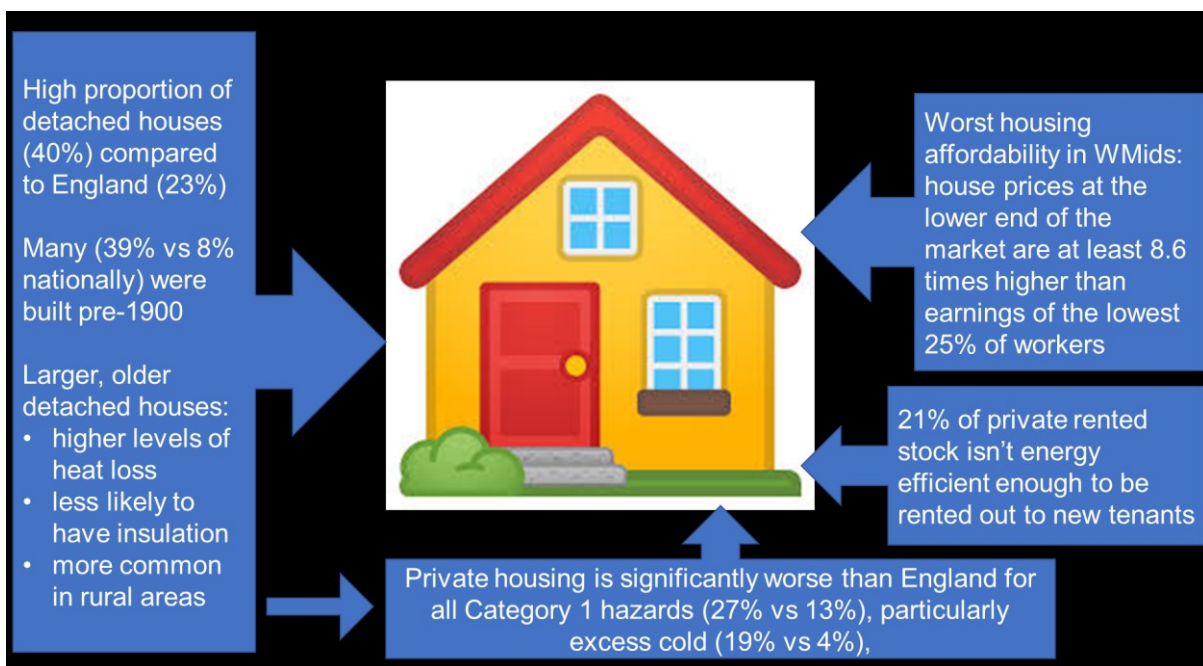
<sup>14</sup> The Housing Health and Safety Rating System (HHSRS) is a risk assessment tool used to assess potential risks to the health and safety of occupants in homes - the assessment method focuses on a list of 29 hazards that are most likely to be present in homes.

<sup>15</sup> Department for Business, Energy and Industrial Strategy LSOA level data for 2017 (released June 2019)

identified as excess cold: the highest percentages are found in the Golden Valley, Kington and Mortimer localities on the western border of the county. A household is considered to be fuel poor if they have required fuel costs that are above average (the national median level) and, were they to spend that amount, they would be left with a residual income below the official poverty line.<sup>16</sup>

Affordability, poor quality housing and significant fuel poverty in the most rural areas are considered threats to the wellbeing and sustainability of communities.<sup>17</sup> The LGA reported that in rural communities there is often a lack of housing for people who cannot afford to rent privately or buy in rural areas, and that housing in the most rural areas is, on average, less affordable than in other types of area. In some areas this lack of housing now extends to those on average incomes, not just people on lower incomes, leading to people moving out of rural areas and increasing concerns about the sustainability of rural communities. This problem is particularly acute in Herefordshire, which is the worst area in the West Midlands for housing affordability. Across the county, house prices at the lower end of the housing market are at least 8.6 times higher than the annual earnings of the lowest 25% of earners.

### Overview of housing stock in Herefordshire

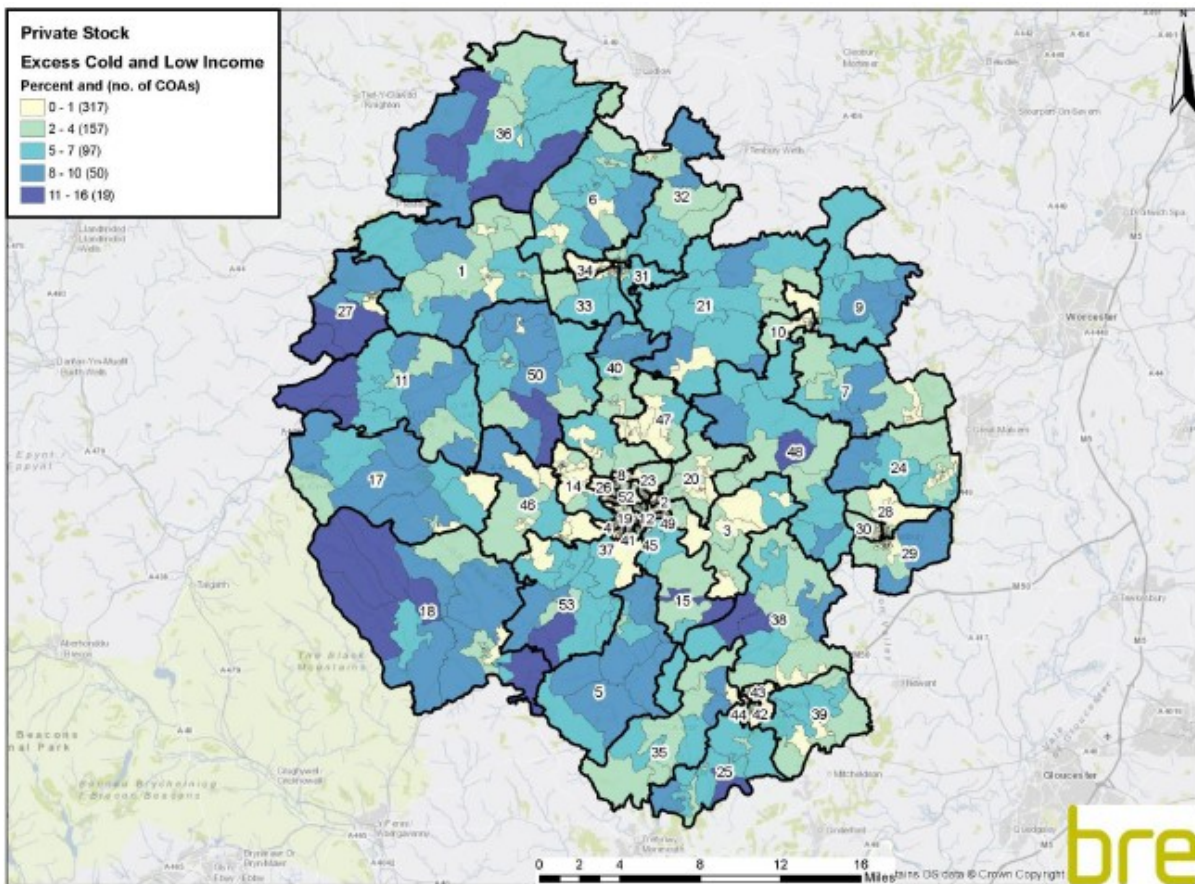


<sup>16</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/808300/Fuel\\_poverty\\_factsheet\\_2019\\_2017\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/808300/Fuel_poverty_factsheet_2019_2017_data.pdf)

<sup>17</sup> LGA: [www.local.gov.uk/sites/default/files/documents/1.39\\_Health%20in%20rural%20areas\\_WEB.pdf](http://www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf)

**Map 4. Output areas in Herefordshire with the highest percentages (darkest blue) of households that are both low income and identified as excess cold are found in the Golden Valley, Kington and Mortimer localities on the western border**



Source: Building Research Establishment, 2019; data for census output areas

## ACCESS TO SERVICES, AMENITIES AND COMMUNITIES IN RURAL HEREFORDSHIRE

The sparsely populated nature of Herefordshire presents a unique challenge in terms of ensuring that everyone has good access to services and will have different impacts across the life-course of people living in rural areas and for vulnerable groups.

There are only four railway stations and the county is particularly dependent on road transport, with a road network that comprises mainly rural 'C' or unclassified roads leading off single carriageway 'A' roads. As an illustration map 5 shows the travel times to one of the county's General Practices by i) road and ii) public transport. From many places travel to a Herefordshire GP by public transport is not possible and by road travel times exceed 20 minutes.<sup>18</sup> This reliance

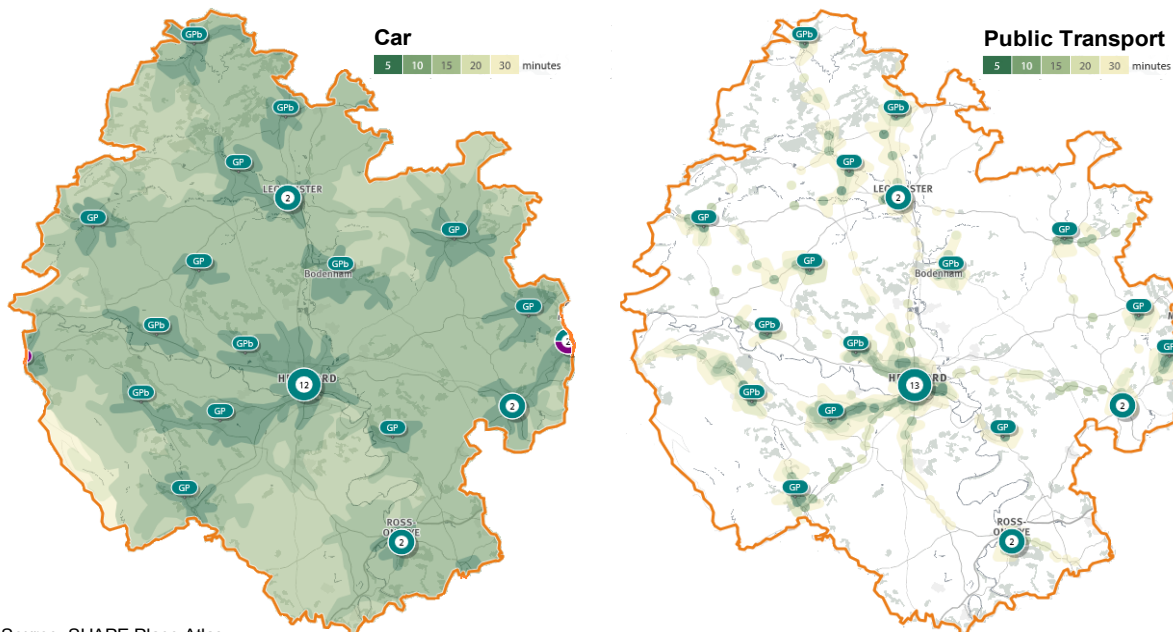
<sup>18</sup> Note that the available data includes travel times to GPs which are outside of the county, and at which some Herefordshire residents will be registered.



on car travel is particularly challenging for those who do not have their own transport or are unable to drive due to young age, old age, disability or poverty.

The long distances are costly to individuals, organisations, the economy and the environment. Across the Herefordshire and Worcestershire STP, the cost to patients of travelling to outpatient appointments has been estimated at £4.68 million in car travel, public transport and car parking; the cost to the economy from time spent travelling to outpatient appointments by patients who are working age and in employment has been estimated to be £17.8 million, 38% of which is travel time; and to neutralise the impact of the CO<sup>2</sup> emissions from outpatient car travel would require around 200,000 trees to be planted each year.<sup>19</sup> Clearly, for health and social care services provided in residents' homes, organisations incur travel costs and opportunity costs in rural areas which wouldn't necessarily be incurred in areas where people live more closely together.

**Map 5. Access times for Herefordshire residents to GP services**



Source: SHAPE Place Atlas

**OUTCOMES AND IMPACT ON PEOPLE LIVING IN RURAL AREAS**

**STRENGTHS OF RURAL COMMUNITIES**

Herefordshire has a strong sense of community: four out of five residents are satisfied with the area in which they live, and nine out of ten people feel that the members of their community treat each other with dignity and respect. There are high levels of community engagement in the county, as demonstrated by higher than national volunteering rates. A third of adults regularly give unpaid help to a group, club or organisation at least once a month. Just over a quarter feel

<sup>19</sup> The Strategy Unit. The Economic Impact of Health and Social Care Services in Herefordshire and Worcestershire. NHS Midlands and Lancashire Commissioning Support Unit, 2019.

they could influence decision-making in their local area, and a fifth had been part of a local decision-making group.<sup>20</sup>

A large number of people provide unpaid care for family members or friends, with estimates suggesting that as many as a third of adults provide at least an hour a week, and one in ten providing 50 or more hours per week. According to both the 2011 Census and the 2018 Herefordshire Quality of Life Survey<sup>21</sup>, indications are that rates are slightly higher in rural areas than in towns or the city, although this may reflect the different age profiles of these areas. Estimates suggests that in Herefordshire unpaid care is worth £157.2 million a year in terms of opportunity cost of the leisure time foregone by carers, whilst the cost of replacing informal care with funded home care would be £294.3 million.<sup>22</sup>

## NATURAL ENVIRONMENT

According to Public Health England, an "ever-increasing body of research indicates that our health across the life course is inextricably linked to the environment in which we live."<sup>23</sup> Access to good quality green space is linked with better health outcomes. Research suggest that access can be problematic in rural areas due to lack of amenities (e.g. lighting, suitability of paths) or maintenance (e.g. play equipment).<sup>24</sup> The natural environment is a big asset for Herefordshire, supporting a wide range of habitats. Two Areas of Outstanding Natural Beauty cover parts of the county (Wye Valley and Malvern Hills). The richness of biodiversity is reflected in the number of sites designated for nature conservation, which cover 9% of the county's land area.

This is clearly valued by local people, with 'access to nature / green space' featuring as the most important aspect in making somewhere a good place to live in the 2018 Quality of Life Survey for the first time, and being rated as easy to access by 85% of respondents. The majority (60%) spent time outdoors daily, although conversely 13% had spent no time outside in the last week. Middle aged people spent more time outdoors than younger people.

## IMPACT ON CHILDREN, YOUNG PEOPLE AND FAMILIES

Income deprived families living in rural areas within the county are likely to have difficulty accessing services. Services for children and families, as with other facilities, tend to cluster in the urban areas. For example, in rural areas travel has been identified as a barrier to accessing dental care for children, particularly for parents without access to a car and where public transport

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<sup>20</sup> Cited in: Herefordshire VitalSigns 2018, The Herefordshire Community Foundation, p. 15. Available at: [www.herefordshirecf.org/vitalsigns/](http://www.herefordshirecf.org/vitalsigns/). Original source: 2018 Herefordshire Quality of Life Survey.

<sup>21</sup> 2018 Herefordshire Quality of Life survey [www.herefordshirecarerssupport.org/wp-content/uploads/2019/03/Hfds-Quality-of-life-2018-Carers-v-1.0E.pdf](http://www.herefordshirecarerssupport.org/wp-content/uploads/2019/03/Hfds-Quality-of-life-2018-Carers-v-1.0E.pdf)

<sup>22</sup> The Strategy Unit. The Economic Impact of Health and Social Care Services in Herefordshire and Worcestershire. NHS Midlands and Lancashire Commissioning Support Unit, 2019.

<sup>23</sup> Spatial Planning for Health: An evidence resource for planning and designing healthier places, Public Health England, 2017, p.6.

<sup>24</sup> Public Health England. Local action on health inequalities: Improving access to green spaces. 2014 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/357411/Review8\\_Green\\_spaces\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/357411/Review8_Green_spaces_health_inequalities.pdf)

was considered expensive and infrequent.<sup>25</sup> While activities for teenagers was highlighted in the Herefordshire Quality of Life Survey<sup>26</sup> as one of the top five things most in need of improvement in the local area.

For young people in rural Herefordshire, getting to education, work or social activities often necessitates travelling by car on the county's network of country roads. Across England, the number of road traffic accidents that result in serious or fatal young car occupant injuries increases from the age of 17 and 18. Fatalities are associated with driving in the evening and early morning and with the 60mph roads more commonly found in rural areas<sup>27</sup> Absolute numbers of children and young people who are harmed on Herefordshire's roads are small, with an average of around 25 under 25 year-olds killed or seriously injured as a result of road traffic accidents each year. A number of the official population-based rates are significantly higher than nationally (for example under 25s being casualties in road traffic accidents), but these measures can be affected by the sparsity of population in large rural areas, so it is worth noting that local rates are in line with similar rural authorities. Conversely, they are less likely to be injured as pedestrians than across England as a whole – another pattern seen in similar rural areas.

Road safety was an issue highlighted by children and young people who participated in the engagement activities to inform the children and young people's plan 2019-24: "We want Herefordshire roads to be safer for children and young people". Specifically mentioned were concerns about the dangers of traffic, and that the road surface on some roads can make them challenging to cycle on.

Special educational needs and disabilities (SEND) refer to learning difficulties or disabilities which can affect a child or young person's ability to learn, and require special educational provision to be made for them. For the majority, this means some extra help (SEN support) at school, but those who need more should have an education, health and care plan (EHCP) setting out their range of needs and the additional support to meet them.

Numbers of children with EHCPs in Herefordshire have increased more rapidly than in other similar areas since they were introduced 2015; in 2018 there were almost 900. Although somewhat over-represented in deprived areas, they are scattered all across the county – including in some of the most rural areas in the north- and south-west. Specialist schools in the county are mainly located in Hereford, which can mean long journeys for those rural students who need to attend them. In addition, pressure on specialist education places has led to an increase in placements at schools further afield, both in and out of county. Both of these factors have also led to a disproportionate rise in the cost to the local authority of providing transport due to the distances and low passenger to vehicle ratios involved. Analysis by the County Council Network and Local Government Authority has highlighted that these pressures are also affecting other rural areas<sup>28</sup>.

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<sup>25</sup> Herefordshire Oral Health Needs Assessment.2019  
<https://understanding.herefordshire.gov.uk/media/1880/herefordshire-oral-health-needs-assessment-2019.pdf>

<sup>26</sup> 2018 Herefordshire Quality of Life Survey: [www.dataorchard.org.uk/case-studies/herefordshire-quality-of-life-survey](http://www.dataorchard.org.uk/case-studies/herefordshire-quality-of-life-survey)

<sup>27</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/695781/Reducing\\_unintentional\\_injuries\\_on\\_the\\_roads\\_among\\_children\\_and\\_young\\_people\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/695781/Reducing_unintentional_injuries_on_the_roads_among_children_and_young_people_.pdf)

<sup>28</sup> See for example [www.local.gov.uk/school-transport-under-threat-bill-set-rise-ps12-billion-2024](http://www.local.gov.uk/school-transport-under-threat-bill-set-rise-ps12-billion-2024)

## IMPACT ON WORKING AGE ADULTS

Individuals of working age living in the rural areas of Herefordshire are 40% less likely to experience employment deprivation compared to urban areas. However, Herefordshire has low wages, with 28% of county jobs paying less than the living wage of £8.75 an hour (2018) and an average (median full time) residents' salary in 2019 of just over £500 per week<sup>29</sup> – amongst the lowest 20% in England. The majority of residents who travel to get to work do so by driving themselves in a car or a van, and unsurprisingly this is most common in the more rural 'villages, hamlets and isolated dwellings': 80% compared to 61% of urban commuters and 66% of those in 'rural town and fringe' areas.

Low wages and transport have a significant impact on social mobility. Herefordshire is flagged as a 'cold spot' by the government's social mobility index. This means that it's one of the worst 20% of local authorities in England in terms of the chances that disadvantaged children will do well at school and go on to get a good job and secure housing. According to the 2017 index, the key driver of Herefordshire's poor social mobility rating is low wages: the progress of young people from disadvantaged backgrounds in Herefordshire is hindered by the job opportunities available in the county, making it harder for them to translate a good education into a well-paid job and a good standard of living as adults. Transport links play a part in social mobility: being further away from good jobs means that people either need to relocate or commute, both of which have costs that may prove a barrier, particularly for those from poorer backgrounds. In 2010, the Joseph Rowntree Foundation<sup>30</sup> estimated that people living in rural areas need to spend between 10% and 20% more on everyday requirements than people living in urban areas, principally due to dependency on cars for transport and domestic fuel costs

## IMPACT ON OLDER PEOPLE

Involuntary social isolation and loneliness can be more prevalent in rural areas, where there is a reliance on private road transport to access services and, increasingly, a lack of places to meet, such as community centres, pubs, or village halls.<sup>31</sup> Older people and those with disabilities are particularly at risk and the risk is higher in places without an engaged and active community.<sup>32</sup> Fortunately, Herefordshire has a relatively strong sense of community with high levels of engagement. However, it is estimated that 7% of people 65+ in England always or often feel lonely<sup>33</sup>.

The physiological effects of ageing lead to increased prevalence of long-term health conditions and loss of functional ability, resulting in increased need for health and social care input. Accessing services requires the coordination of a range of resources, such as social support,

<sup>29</sup> Office of National Statistics. Annual Survey of Hours and Earnings.

[www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours](http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours)

<sup>30</sup> [www.jrf.org.uk/report/minimum-income-standard-rural-households](http://www.jrf.org.uk/report/minimum-income-standard-rural-households)

<sup>31</sup> Commission for Rural Communities. Social isolation experienced by older people in rural communities. 2012 [www.basw.co.uk/system/files/resources/basw\\_111815-1\\_0.pdf](http://www.basw.co.uk/system/files/resources/basw_111815-1_0.pdf)

<sup>32</sup> Public Health England and UCL Institute of Health Equity. Local action on health inequalities: Reducing social isolation across the lifecourse. 2015

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/461120/3a\\_Social\\_isolation-Full-revised.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf)

<sup>33</sup> Age Concern and Help the Aged

information and transport. However, as older people are more likely to be deficient in one or more of these resources than other age groups, accessing services can present a barrier to older people, a fact exacerbated by living in rural areas where poorer access to services is most evident.

It is not just physical exclusion that can affect rural communities, digital exclusion can also be a concern.<sup>34</sup> Whilst digital exclusion is not confined to rural areas, its effects can be felt more acutely by those also experiencing geographical barriers to services associated with rural communities. Digital exclusion has been linked to deprivation, with social housing tenants, people on lower wages or who are unemployed, and people with registered disabilities being much more likely never to have used the internet. Furthermore, over half of people who lack basic digital skills are aged over 65. Locally, it is estimated that around 7% of adults (16+) are not regular internet users (corresponding to over 11,000 people). A recent survey of Telecare users in Herefordshire found that 52% of respondents did not use the internet, with a high proportion of these not wanting to use it. With services moving to digital platforms, it is important that we understand more about digital exclusion in the county and its impact on people living in isolated rural communities.

## VULNERABLE GROUPS

Some groups of people are more at risk of inequality than others, regardless of where they live – whether in deprived areas or not, or in urban or rural. People with physical, mental, or learning disabilities; people with mental illness; those who were in care as children; people who are homeless, Gypsies, Travellers and Roma, and refugees and asylum seekers are all at higher risk of poor health and other outcomes. These groups are not exclusive and those who occupy multiple groups are particularly at risk.

Distinct from the other groups mentioned above, Gypsies and Irish Travellers are represented more in rural areas than in urban (according to the 2011 census, they represent 0.14 per cent of the population in rural areas, compared with 0.09 per cent in urban areas) and, as a result, are more likely to experience the effects of rural inequality. It is estimated there are 360 Gypsies, Roma and Travellers<sup>35</sup> in Herefordshire.

The UK Government has recognised that “Gypsies, Travellers and Roma are among the most disadvantaged people in the country and have poor outcomes in key areas such as health and education” and The House of Commons Women and Equalities Committee has described how “Roma and Traveller people feel that they are, at best, ignored and, at worst, actively discriminated against in public services and policy making.”

Nationally, Gypsies and Travellers have the lowest rate of economic activity of any ethnic group, at 47%, compared with 63% for England and Wales. They also have the lowest educational attainment of all ethnic groups throughout their school years and are the group least likely to stay in education after the age of 18.

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<sup>34</sup> 2018 Herefordshire Quality of Life Survey: [www.dataorchard.org.uk/case-studies/herefordshire-quality-of-life-survey](http://www.dataorchard.org.uk/case-studies/herefordshire-quality-of-life-survey)

<sup>35</sup> Census 2011

In 2011, 14% of Gypsies and Travellers described their health as “bad” or “very bad”, more than double the proportion of the “white British” group. Subsequent research undertaken by the University of Bedfordshire found that life expectancy is 10 to 12 years less than that of the non-Traveller population; 42% of English Gypsies are affected by a long term condition, as opposed to 18 per cent of the general population; and one in five Gypsy Traveller mothers will experience the loss of a child, compared to one in a hundred in the non-Traveller community. Gypsies and Travellers often experience poor access to healthcare with difficulties in registering with GPs with poor access to other services as a result, including health screening, home visits and access to secondary health care, a factor often exacerbated by a lack of cultural understandings on behalf of service providers.<sup>36</sup>

Gypsies and Travellers are more likely to be providing unpaid care and those who are settled are disproportionately likely to be living in social housing located in the most deprived areas. It has been suggested that welfare reforms (specifically benefits cap) and cuts to local authority budgets (specifically resulting in cuts to Traveller Education Services) have had a significant negative effect on Gypsy and Traveller communities.

Although available Herefordshire data is sparse, it is not unreasonable to assume that many of the issues affecting Gypsy and Traveller communities nationally are also being felt locally.

Access to healthcare is also an issue for migrant workers with a large proportion reporting not even trying to access healthcare due to perceived barriers to access to such as administrative issues, lack of understanding of how to access services, language barriers, fears of being arrested, and fear of unaffordable cost, and/or preference for services in their country of origin.<sup>37,38</sup>

Recently, a report by the National Rural Crime Network<sup>39</sup> highlighted the "hidden" problem of domestic abuse in rural areas, concluding that "for rural areas, the scale of the barriers faced is significantly greater than for urban victims. In rural areas a range of additional impacts stemming from geographic, cultural and social differences and isolation have an impact which makes reporting abuse a much harder thing to do for rural victims to the extent they may delay or inhibit reporting altogether."

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<sup>36</sup> [www.cqc.org.uk/sites/default/files/20160505%20CQC\\_EOLC\\_Gypsies\\_FINAL\\_2.pdf](http://www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_Gypsies_FINAL_2.pdf)

<sup>37</sup> Migrant Workers Accessing Healthcare in Norfolk 2015. <https://healthwatchnorfolk.co.uk/wp-content/uploads/2015/11/15-07-Migrant-Workers-Accessing-Healthcare-in-Norfolk.pdf>

<sup>38</sup> Nuffield Foundation. Vulnerable migrants and wellbeing: a pilot study. 2019

[www.doctorsoftheworld.org.uk/wp-content/uploads/2019/02/Final-report-February-2019-Project-43383.pdf](http://www.doctorsoftheworld.org.uk/wp-content/uploads/2019/02/Final-report-February-2019-Project-43383.pdf)

<sup>39</sup> [www.ruralabuse.co.uk/](http://www.ruralabuse.co.uk/)

## WHAT ARE WE DOING TO SUPPORT THE HEALTH AND WELLBEING OF PEOPLE LIVING IN RURAL AREAS?

As a newly appointed Director of Public Health in 2018 my focus was to strengthen the public health team, create a better understanding of the public health priorities in Herefordshire, embed a council wide approach to improving health and wellbeing and tackling health inequalities. Over the past year we have been working across the council and wider partners to support a new direction of travel, which will focus on building resilient communities and creating healthier places and spaces and considering the impact on health and wellbeing of all our decisions.

Key strategic plans that are being taken forward by the council and partners which are working to reduce inequalities are set out below.

- Herefordshire Council's County Plan makes commitments on improving "*the sustainability, connectivity and wellbeing of our county by strengthening our communities, creating a thriving local economy and protecting and enhancing our environment*". These ambitions and supporting programmes of work will sit well with supporting the health and wellbeing of our residents and communities in rural areas.
- Herefordshire Children and Young People's Partnership plan has set out its priorities to enable children and young people to Be Safe from Harm; Be Healthy; Be Amazing and Feel Part of the Community. The action plan includes commitment to improve road safety, including through the development of community transport and rural transport hubs. Free travel<sup>40</sup> is currently provided for children to school with extended options for those on low incomes and college transport, as well as bus and bike initiatives for people trying to get into employment for whom travel is an issue. This year we will undertake a survey of children and young people to gain a better understanding of their wellbeing and lifestyles and will look at differences between those living in urban and rural settings.
- Developing Talk Community as a council wide approach to strengthening communities and building health and wellbeing through the wider determinants of health. This is a wide ranging programme of work which aims to build strength, resilience, skills and inclusivity in communities; develop community hubs; develop healthy places, workplaces, travel and communities; and develop technology enabled living. The vision is for a system "*where independence and wellbeing are inevitable*". Two aspects of particular relevance to rural communities are:
  - The development of Talk Community hubs across the county, including rural areas, as part of Talk Community model aims to help people participate in their local community, support vulnerable people in their local community, reduce isolation and help communities to help themselves. The hubs will be rolled out over the next couple of years, with 50 established by the end of 2021.
  - As part of the Talk Community initiative, we will be making a proposal to Cabinet that Herefordshire becomes a Sustainable Food County which will address the key issues

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<sup>40</sup> Pupils attending their nearest suitable school are entitled to free transport if they live over 2 miles from school aged up to 8, and 3 miles if aged over 8.

of i) promoting healthy and sustainable food to the public; 2) tackling food poverty, diet-related ill health and access to affordable healthy food; 3) building community food knowledge, skills resources and projects; 4) promoting a vibrant and sustainable food economy; 5) transforming catering and food procurement; and 6) reducing waste and the ecological footprint of the food system. We have mapped the work going on across the County around these issues and will be proposing an action plan to maximise the impact and address gaps. Rural communities will be key to this work, both because of the agricultural interests, but also as the solutions and innovations might need to be quite different to urban areas.

- As part of the NHS Long term Plan and the Wellbeing in all Decisions work, we are encouraging the NHS and other Anchor organisations in Herefordshire to utilise their capacity as large employers, commissioners of services and buyers of goods in the area to reduce health inequalities and improve conditions for local people. This includes improving recruitment processes, staff health and wellbeing and investing in the local area.
- We are working with Primary Care Networks to support them understanding the needs of their local population, including the impact of rurality and developing plans to connect with and support the community based offer in place or being developed through Talk Community.
- Herefordshire Council continues to commission the Keep Herefordshire Warm scheme for all residents, which provides advice, support and referrals in relation to fuel poverty and affordable warmth. A key part of this is referring eligible residents for home energy efficiency improvements ranging from first time central heating systems to suitable property insulation. The scheme will also be working with partners to draft an updated version of the County's Affordable Warmth Strategy in 2020.
- The Fastershire Broadband Project has helped increase broadband connectivity greatly, with over 90% of homes and businesses in Herefordshire now able to access superfast broadband. Fastershire's digital inclusion activities encourage new people to use the internet and benefit from this improved connectivity. The programme offers a range of free computer courses in communities, monthly workshops for beginners at the main libraries, and Go-online@fastershire grants to local organisations, as well as working with parish councils and voluntary groups. With services moving to digital platforms, it is important that we understand more about digital exclusion in the county and its impact on people living in isolated rural communities.

The Housing Strategy, which sets priorities and actions to address housing issues and needs, will be reviewed in 2020 and the provision of affordable rented homes in rural areas will be considered. I am heartened that as a council we are tackling some of the complex, intertwined issues of rural health, inequalities and an ageing population. There is a solid strategic platform on which to build. In implementing these plans we will need to remain vigilant to the needs of those most vulnerable in our county, especially when they are less visible, and the different challenges faced by our residents in rural and urban communities.

There are significant opportunities over the next 5 years to make a real impact in tackling rural inequalities and building stronger and more resilient communities. I would like this report to provide an important milestone in this journey and for it to be used as a benchmark against which we measure our success.