East Sussex Rural Partnership outcomes from 17th November event

Rural isolation, health, wellbeing and reassurance

The Rural Partnership event on 17th November took place in High Hurstwood Village Hall. It was attended by a wide range of people from community groups, Parish Councils, health and care organisations, Sussex Police, Local Authorities and business organisations. A surprising wide range of organisations all concerned with the impact of isolation and loneliness on in rural parts of the County. Presentations were given by Dr Elizabeth Gill a local GP and Chair of the Lewes, High Weald and Havens Clinical Commissioning Group and from a Parish Council, Sussex Police, the Citizens Advice Bureau and AirS. All participants discussed, and contributed to, the following rationale and then recorded their own preferred 'call to action'.

Feedback, via an electronic survey, suggests that the event met almost all of the attendees' expectations and that there is an appetite for further joint action on these issues.

Next steps will be for AirS to formally ask the Local Authorities and the joint institutional arrangements that have been set up between Adult Social Care and the Health Service to address the issues raised at the event and discuss how action can be taken on them.

Rationale

1. What are the causes of isolation and loneliness in rural areas?

Employment related eg. retirement, redundancy

Health related eg. long term illness, loss of sight/hearing, depression, loss of confidence, disability

Life circumstances eg. bereavement, financial worries, death of pet, pride and an over independence of spirit, friends or family moving away, online obsessions, loss of driving licence, domestic abuse, family breakdown, a reluctance to become the subject of 'care'.

Community life eg. closure of clubs/services, lack of meeting places, lack of transport and limited public transport, religious focus of community activities, changing communities, cultural differences, 'consumerism' overriding 'community' for people's time and attention

2. What are the impacts on people and demands on services as a result of rural isolation and loneliness?

Self perpetuating impacts eg depression, anti-social behaviour, lack of self-care, addictions, deterioration in mental health leading to physical health problems, family breakdown as effect rather than cause

Vulnerability to other impacts eg vulnerability to crime and fraud etc., suicide risk, unresolved financial and debt problems, reduced independence and life expectancy, psychosomatic illnesses

Demands on public and other services eg excessive calls on GPs time, calls to emergency services, escalating and multiple issues that are beyond volunteers/neighbours, calls on social care that cannot be met

3. Who is best placed to prevent rural isolation and loneliness?

Within the community eg faith groups, neighbours, clubs, hairdresser, Good Neighbour schemes, dog walkers, family, milkman/postman, local shops, WI, health professionals

Positive factors eg active befriending of newcomers, encouragement/support for community initiatives, active / working villages, understanding of mental health services

Discouraging factors eg. any absence of a place to meet, excessive governance such as DBS requirements / referral procedures, 'British reserve', training requirements, requirement for volunteers to be part of a local 'organisation', time constraints

4. What does success look like and how can it reduce calls on public services?

From within communities: Friends, rather than services; Lunch clubs; voluntary activities that are affordable and cross-community; the community taking the lead, not the public services; good neighbours, either through schemes or entirely informally organised; pride in the community; making the most of the assets that communities have; early intervention from within the community.

Impact on public services: Less cases for social services, reduced need for meals on wheels, informal preventative action, fewer calls on emergency services, reduction in requirements for mental health services.

Possible joint work arising from the calls to action recorded by participants

1. **To be achieved through system wide developments** to ensure rural isolation and services targeted on rural communities are actively linked up and supported:
    - Mainstream engagement by CCGs, ESCC and other statutory agencies over the impact of isolation on health and wellbeing outcomes in rural areas (ESBT, C4U etc.)
    - Use of mainstream community service budgets to support very local, community led solutions and roll out 'what works' (without introducing excessive 'paperwork')
    - Commitment from all to getting ESCIS up to date and not duplicate it with new initiatives
    - Create improved liaison and understanding of services reaching out into rural areas amongst professionals and voluntary organisations
    - Achieve a flexible roll out of Village Agents and Good Neighbour schemes across all of rural East Sussex
    - Focus resources on supporting communities not on further mapping exercises or similar theoretical activity etc..
2. **To be achieved through very local initiatives** – parish or settlement –to find and support potentially isolated people:
    - Create local, voluntary, support for initiatives such as the Golden Ticket, pathway for people with dementia.
    - Raise public awareness and self-awareness of the risks of isolation in rural areas and thus inspire local action
    - Reach people who are otherwise very hard to reach, especially for more formal and urban based services through support for very local initiatives
    - Make more effective use of mainstream budgets by leveraging local input from volunteers, Parish Councils and other very local organisations

Jeremy Leggett

Action in rural Sussex, November 2016