RURAL ENGLAND
NETWORKING / RESEARCH / LEARNING

STATE OF RURAL SERVICES 2018

CONTENTS

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This is the second State of Rural Services report published by Rural England, the first being the 2016 edition. It considers eight varied service topics, which span public, private and community or voluntary sector delivery. The key findings on each are summarised below.

The eight services which are covered by this report are:
  - Local buses and community transport;
  - Broadband and mobile connectivity;
  - Public library services;
  - Hospitals;
  - Public health services;
  - Young people's services;
  - Shops and online shopping;
  - Personal advice services.

Delivering accessible and high quality services to rural communities can be challenging for service providers, given the scattered settlement pattern. They may face lost economies of scale, high infrastructure costs, extra travel time and additional delivery costs. Using different or innovative service delivery models is sometimes an answer.

Rural England is firmly of the view that having a sound and dispassionate evidence base about rural services is important. The State of Rural Services reports are largely a response to concerns expressed about gaps in the evidence and, indeed, about a deteriorating evidence base. It is the aim of this report to inform policy debate and so to help those making or delivering policies to take decisions which ultimately benefit rural communities.

Population resident in rural areas of England (2016)	9,370,200
Per cent of England's population that is resident in rural areas	17.0%
Rate of population growth in rural England from 2011 to 2016	+2.6%
Per cent of rural population that is aged 65 or over	24.1%
Number of registered businesses[1] in rural England (2016/17)	547,000
People employed by registered businesses in rural England	3,517,000

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[1] There are additionally many micro businesses which are not registered either for VAT or PAYE.

Overarching comments

A number of services explored by this report are contracting in rural areas. This is most evident for services which are delivered by local government and where their delivery is (largely) discretionary. Two clear examples are subsidised bus services and youth clubs. Reducing local authority budgets almost certainly underlie and explain this trend.

Digital connectivity is one service area where there is clearly improving service provision in rural areas, as fixed broadband and mobile networks are extended. Nonetheless, they are not yet available to all rural residents or businesses. Mobile network provision lags very notably behind that in urban areas.

Given the paucity of rural public transport, it is even more important that digital connectivity is in place. Online access to services is increasingly the primary (or even default) option. Innovation in areas such as telemedicine requires high capacity and reliable digital networks.

A common feature is that, where these services depend on public funding, there is less spending (per resident) available in rural than in urban areas. This poses a question about the equity of service provision to rural communities. Indeed, the extent of the funding variation sometimes raises a linked question, whether it can actually be justified by levels of service need.

A review of some NHS Sustainability and Transformation Plans from shire areas finds limited evidence of rural content. It is thus fair to ask, how much rural consideration went into their planning for future health care provision. Rural proofing of the plans would have helped service providers to address rural delivery challenges: in particular, to find an appropriate balance between centralised, specialist services at acute hospitals and non-urgent care services provided closer to where people live.

One finding which may surprise is that young people from predominantly rural areas tend to score worse than (the England) average on a number of key public health indicators. They are indicators of risky behaviour, alcohol consumption, smoking and being bullied. It can be questioned whether public health services are fit for purpose in these areas.

The report identifies growing expectations of communities and volunteers to sustain services within rural areas and (often) to stop them from disappearing. Local volunteers play an increasing role in the provision of libraries, youth clubs, transport schemes and village shops. There is evidence this model can deliver service improvements. However, some communities have fewer volunteers than others and there will be limits to volunteer capacity.

There is also considerable evidence of services sharing premises and co-locating with each other at 'hubs', which may enable them to achieve some cost savings and generate more footfall. Village shops typically offer a range of services and space within rural libraries is often used by other service providers.

Some key findings for each of the eight service topics are now summarised.

Local buses and community transport

o   Residents in small rural settlements travel 4,177 more miles per year than those in urban settlements. 89% of all their journeys are made either as a car driver or a car passenger (compared with 73% for urban residents).

o   Department for Transport data on access to a regular bus service is dated, though is soon likely to be updated. 2012 data showed that half of households in small rural settlements had 'reasonable access' to an hourly or better bus service.

o   Minimum journey times required to reach town centres by public transport or walking lengthen considerably as settlement size drops. In small rural settlements those journey times lengthened between 2014 and 2015.

o   The number of passenger journeys made by bus in predominantly rural areas has reduced considerably since about 2014, after a period when it was fairly stable.

o   Local authority expenditure on public transport is significantly higher in predominantly urban than in predominantly rural areas e.g. 63% more on bus subsidies, 348% more on discretionary concessionary fares[2].

o   Four shire local authority areas no longer have any budget set for subsidising bus routes. They are Cumbria, Isle of Wight, Oxfordshire and Wiltshire.

o   Reported bus service cuts continue in shire areas (largely to subsidised services). In 2016/17 there were 202 services withdrawn altogether and 191 services reduced in some way.

o   Just over half of all community transport schemes in England wholly or mostly serve rural areas, though rural schemes tend to be smaller than those serving urban areas.

o   The main users of community transport schemes are older people and those with a disability or limited mobility. Most frequent journey purposes are to take people to shops, health care, group activities or social outings.

Broadband and mobile connectivity

o   Both fixed line broadband and mobile phone networks have extended their geographic reach into rural areas quite considerably in recent years.

o   However, the areas still missing out are predominantly rural. In 2018 11% of rural premises could not get a 10 Mbps fixed line connection and 24% could not get a 30 Mbps (superfast broadband) connection. The equivalent urban figures are 1% and 3% respectively.

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[2] These percentages exclude Greater London. Most would be greater still if GL was included.

o This is due to two factors. Some parts of the (fixed) telecoms network have not yet been broadband-enabled and some rural properties are distant from street cabinets which have been broadband-enabled, so suffer from signal decay.

o With mobile provision, in 2018 a basic phone call could not be made inside 33% of rural premises on all four networks. A 4G connection could not be accessed on all four networks inside 58% of rural premises. The equivalent urban figures are 3% and 17% respectively.

o Two particular issues experienced with mobile provision are weak signal strength within many rural premises and the extent of network coverage in open countryside.

o Farmers face particular connectivity issues. In 2017 half said they only had dial-up fixed line connection speeds (below 2 Mbps). However, their mobile service provision had improved.

o Take up of superfast broadband services is growing. In 2017 39% of rural premises that could access such a connection had opted to take it up.

o Business satisfaction with connectivity is lowest in remote rural areas and among those whose job requires them to travel. Research on digital potential found rural businesses are concerned about their connection reliability, as well as its speed.

o The main digital benefits identified by rural businesses are remote working, access to customers/suppliers and business efficiency. Benefits are felt most by businesses that have superfast connections.

o More than half of rural businesses face digital constraints other than connectivity. This includes access to digital/IT support, workforce IT skills and recruiting those skills. Addressing such constraints could add significantly to rural productivity.

Public library services

o There is no figure for the number of libraries in rural locations. In 2016 there were 1,972 static libraries in shire areas (65% of the total).

o A county based survey (Cambridgeshire) found that 11% of parishes had a static library, though a far higher proportion had mobile provision. A review of services, in some rural shires, shows that the extent of mobile provision varies massively from one shire county to another, both in terms of number of stops and frequency of visits.

o Research shows there are some specific rural issues with library service provision, including: lack of investment in small outlets; an ageing client base; and a lack of nearby alternative outlets.

o Local authority 2017/18 budgets (per resident) for library services were 25% less in predominantly rural areas than in predominantly urban areas.

- A lower proportion of rural residents (29%) used the library service at some point during 2016/17 than urban residents (35%). That per cent of rural residents using a library has fallen from 34% five years earlier i.e. it is falling by 1% each year.

- By 2014 around 10% of all library outlets in England were community-run, the majority of them being in rural areas. Most were in response to a threatened closure. However, few are entirely independent of local authorities, so could be described as community managed or community supported.

- Community-run libraries can offer advantages, such as longer opening hours and becoming a community hub, but they often face challenges, including volunteer recruitment and retention.

- Other research has concluded that co-location with other services and digital access to certain services has potential. Models for library provision are almost certain to continue evolving.

Hospitals

- A higher proportion of rural (than urban) residents are older people and the ageing of the population is projected to be more pronounced in rural areas. The number of people aged 85 or over is expected to double over the next twenty years in rural areas. This has implications for demands upon health care, including at hospitals.

- Almost 30% of rural residents live more than 30 minutes drive time from a major hospital, though nearly all live within 45 minutes drive time.

- If travelling by public transport or walking, 90% of rural residents live more than 30 minutes from a major hospital and over 40% live more than one hour away. Rural travel times to major hospitals lengthened slightly between 2014 and 2016.

- Little rural evidence has been found about hospital patient transport. One local and one Scottish study found it to be problematic, not least given funding constraints.

- Previous Rural England research found that rates of delayed patient discharge from hospitals are significantly higher in rural than in urban areas. This may be due to capacity issues among local care services, the logistics of delivering home care to scattered rural clients and a lack of available services at times such as weekends.

- NHS Sustainability and Transformation Plans (STPs) typically aim to reduce hospital capacity, reconfigure acute services, review specialised services, redesign primary care and community services, and improve mental health services.

- No rural research on STPs was found, so four from rural shires were reviewed. Rurality rarely appears as an explicit consideration, though local service provision is. Centralising hospital services is a consistent feature for health safety and for cost reasons. Only one STP explicitly weighs this against geographic access for patients.

- However, STPs aim to treat more patients away from a hospital setting i.e. at local, non-urgent services. They seek more service integration, more preventative action and more voluntary sector involvement (which all have rural delivery implications).

Public health services

- Local authorities (counties and unitaries) report against the Public Health Outcomes Framework and indicators for this are set out in the Public Health Dashboard.

- Analysis for this report finds that predominantly rural local authority areas score better than average (i.e. have fewer problems) on measures of childhood obesity, tobacco control, the best start in life and sexual/reproductive health.

- However, predominantly rural local authority areas score worse than average (i.e. have worse problems) on measures of NHS health checks, alcohol treatment and drug treatment.

- This could be seen as indicating that predominantly rural areas score relatively well in terms of the healthiness of their populations, but relatively poorly in terms of public health service delivery.

- In 2017/18 predominantly rural local authorities received 36% less funding (per head) for their public health duties than predominantly urban authorities. Funding for individual local authorities differs much more and begs the question, whether it can be justified by levels of public health need.

- An analysis of the Health and Wellbeing Strategies produced by predominantly rural local authorities finds that the two issues most often stated as priorities within them are reducing obesity and improving mental health/wellbeing.

- Given the demographic profile of rural areas it is, perhaps, surprising that improving health in old age is not more often a stated priority in these Health and Wellbeing Strategies.

- There appears to be no usable data about access to public health services for rural residents. Given the varied nature of these services, it is acknowledged this may be hard to compile.

- Various rural challenges are cited in research for public health service delivery, including low take-up rates where users must travel further, knowing where best to target services and high (unit) delivery costs incurred by service providers.

Young people's services

- 1.5 million young people, aged from 10 to 24, live in England's rural settlements. The number aged 10 to 19 is broadly as expected, given the size of the rural population, but the number aged 20 to 24 is low.

o Analysis of Public Health England indicators for this report finds that young people in predominantly rural areas score worse than average on levels of risky behaviour, alcohol consumption, smoking and being bullied.

o The analysis also shows that young people in predominantly rural areas score better than average on levels of school exclusions and emotional or mental health needs.

o Shire local authority expenditure from education budgets on young people's services decreased by 38% over three years (much as it has in urban areas). The reduction in discretionary spending has particularly impacted the provision of youth clubs and centres. As early as 2013 some local authorities no longer funded them.

o In some places youth clubs and centres have disappeared, whilst in others alternate delivery models have been found enabling them to survive. One report describes them as now largely a voluntary sector led service.

o 12% of surveyed youth organisations are rural located, though some in urban locations may serve a rural hinterland. The rural organisations are typically small, with an annual turnover below £100,000. Key reasons young people say they visit youth clubs or centres are to meet friends, join initiatives and go somewhere safe.

o In 2016/17 some 87,500 young people aged less than 18 in predominantly rural areas had contact with NHS secondary mental health, learning disability and autism services.

o That represents 16% of all contact made with these services in England. Whilst less than the share of the under 18 population living in predominantly rural areas (19%), it is not known if that reflects need or other factors e.g. service availability, accessibility.

o Research by the Royal College of Nursing flagged issues with child and adolescent mental health service (CAMHS) provision in rural areas. It found "significant and unjustified" variation in available services to young people and their families.

o Almost no evidence was identified about the provision of young people's sexual health services and clinics in rural areas. One report cites privacy issues in smaller communities and travel issues if using services outside the community.

Shops and online shopping

o Online shopping now accounts for a fifth of all retail sales. 82% of UK consumers shop online at some point. However, there is a dearth of rural information about online shopping, with one brief reference found in the literature.

o Allied to this, the average UK consumer receives 31 parcel deliveries per year, which is 50% up on the figure five years ago.

- o Evidence suggests rural consumers have relatively poor access to parcel delivery points, but are more likely to have a safe place where parcels can be left at home. This may have implications for parcel returns, unless it happens at a post office.

- o Whilst (surprisingly) not evidenced, it could be speculated that some rural consumers find online shopping and parcel delivery an attractive option, given their distance from retail centres.

- o Rural and urban residents have similar travel times to their nearest food store, if travelling by car. However, if travelling by public transport or walking rural dwellers are at a clear disadvantage (with 10% of them having to travel over 30 minutes[3]).

- o Figures for travel time to town centres again shows little rural-urban difference for car users, but a clear difference if using public transport or walking. Almost half of rural residents need more than 30 minutes and nearly 10% need more than an hour.

- o There are over 19,000 convenience stores in rural locations, which is 38% of the England total. Most are the only retail outlet in their community. Typically they offer a wide range of services e.g. 32% have a post office, 44% have a free ATM.

- o 80% of rural convenience store users visit at least once a week. These users come from a wide range of age bands.

- o By 2016 there were 296 community-run shops in England, the vast majority in rural areas (though the growth trend has slowed somewhat). Many were established to replace a closing commercial shop. Community-run shops have a high survival rate. 59% of them include a post office and 43% include a cafe.

Personal advice services

- o Little evidence was found about the provision of or access to personal advice services in rural areas. Moreover, defining what constitutes such services is not easy. Many providers are local and specialist. This report focuses largely on provision by the network of Citizens Advice bureaux.

- o It is important to note that around half of clients use Citizens Advice services without visiting an office. They use phone or email. This has been encouraged to extend the reach of the service.

- o Evidence from Scotland is that the extent of use of Citizens Advice services by rural communities is broadly in line with the rural share of the population.

- o The most numerous service users are aged 50 to 64. Women are more likely to use them than men. 45% of clients are either disabled or have a long term health condition.

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[3] A figure which does not take account of frequency of public transport.

o The six most common concerns that clients from one significantly rural region had were about (in order) benefits and tax, debt, financial services, family and relationships, employment and housing.

o In shire areas Citizens Advice offices typically seem to be located in larger rural towns, but it appears common practice to hold outreach clinics in venues such as community buildings, GP surgeries and libraries.

o Issues more often associated with clients from rural areas include digital exclusion, poor public transport, high travel costs, home heating bills, and few food banks.

o Some of these issues make it harder to apply for and to receive welfare benefits. For example, getting to DWP assessment interviews and using that department's online job search facility.

Gaps in the evidence base

The rural evidence base is uneven and is stronger for some service topics than for others. However, it seems unarguable that there is considerable scope for its improvement. Four linked points about the gaps identified by this report are:

o Access: whilst there are some indicators measuring rural residents' access to services, including from the Department for Transport, they are relatively narrow in scope. There is a need to measure access to a wider array of services, as happened in the past;

o Trends: there is a need for research think pieces which explore changes in the way services are delivered to and accessed by rural communities. This would help to understand trends, such as the growth of online service provision and the pressured high street retail sector;

o Policies: there is a need to evaluate the impacts of significant policy developments for rural communities, such as the reshaping of health services by NHS Sustainability and Transformation Plans. The learning would greatly assist rural proofing and identify good rural practice;

o Impacts: very little research is currently undertaken to understand the implications for service users when, for example, rural bus services cease, bank branches close and youth centres disappear. Do their users find alternatives, does it affect their quality of life and do some groups adapt better than others?

This report's evidence base chapter includes a brief assessment for each of its eight topics.

INTRODUCTION

Purpose

This is the second State of Rural Services report to be produced by Rural England, the previous one having been written in 2016. The 2018 version, once again, collates and presents recent evidence about the provision of services to rural residents and businesses in the rural areas of England. Where possible it also identifies trends and makes comparisons with non-rural areas. In some cases it is possible to identify variation between different types of rural area.

The main purpose of this report is to inform and stimulate debate about the delivery of services to rural communities. The core audiences are likely to be those who make policies, those who deliver services and those who seek to influence that policy-making and delivery. The proposition behind the report is that the service needs of rural communities deserve to be more widely understood. If they are not, there is a greater risk their needs are either misunderstood or overlooked. Whilst the report was never intended to make specific policy recommendations, it does raise some important policy questions.

The further context is a long standing recognition that service delivery in rural areas can be challenging, especially in remote locations or where populations are sparse. There is a body of existing evidence which points to accessibility issues for service users and economic or cost issues for service providers. These challenges are not new, but the way that services are provided and used is altering fast, as the 2016 State of Rural Services report noted. There is, therefore, an important role to refresh and expand our understanding of rural services. Indeed, to think ahead to where this may lead in five or ten years time.

Scope

Services are many and varied. They can be delivered by providers operating in the public, private and voluntary or community sectors – and sometimes by a mix of these. Their clients or customers may be individuals, households and businesses.

To keep the report focussed eight service types have been examined. Three of them were also examined by the 2016 edition of this report, but are revisited due to the pace of change and/or a wish to dig deeper this time. Some could be categorised as topics which have already been widely debated by rural commentators (e.g. buses and broadband), whilst others have yet to receive nearly as much rural attention (e.g. public health and young people's services).

The eight service topics covered by this report are:
- Local buses and community transport;
- Broadband and mobile connectivity
- Public library services;
- Hospitals;
- Public health services;

- ➤ Young people's services;
- ➤ Shops and online shopping; and
- ➤ Personal advice services.

Methodology

The research behind this report has largely been a review of existing sources of evidence. The pooling of that evidence is felt to be important in itself. However, there has also been a fair degree of secondary analysis of data sets, to create new statistics describing rural England. In most cases this has meant applying the rural definition to data sets (see below).

What has not been attempted is entirely new (primary) research or survey work. There have not been the resources to do that. Moreover, it would probably be better tackled through dedicated research projects on specific service topics or issues.

Indeed, what production of this report has done is to identify a number of gaps in the rural evidence base. It is hoped that some of them could be addressed in future, either by Rural England or by other organisations.

Rural definitions

Wherever possible the report uses and refers to the official rural-urban definitions or classifications which are used by the Office for National Statistics and Defra. They operate are three geographic levels.

The most detailed definition is at a settlement level. Under this, all settlements with a population of less than 10,000 at the time of the 2011 Census are classified as rural. This definition therefore includes small (rural) towns, as well as villages, hamlets and isolated dwellings. Having such a detailed definition brings advantages. However, its limitation is that much data is not available at the settlement level: much is only available for administrative units, such as local government areas.

The second definition is, therefore, one which applies to lower tier local authority areas, which are run by district, borough and unitary councils. Those where at least 50% of their population live in rural settlements[4] are called 'predominantly rural' areas. Those with between 26% and 49% of their population living in rural settlements are called 'urban with significant rural' areas. The remainder are called 'predominantly urban' areas.

The third definition is very similar, except that it applies to upper tier local authority areas, which are run by county and unitary councils.

There are a few instances where none of these could easily be used and where reference is instead made to shire county areas (or those outside Greater London and the metropolitan areas). This is clearly less than ideal, but is a tolerable proxy. There are also a few documents cited in the report which appear to have used bespoke rural definitions.

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[4] In the local authority definition rural settlements means those with a population below 10,000 plus some slightly larger 'hub towns' which function as important service and business centres.

Report structure

There is a separate chapter for each of the eight service topics covered. On the ground, some of these services clearly inter-relate with each other. To take two obvious examples, buses help people access hospitals and people use broadband connectivity for online shopping. However, material is not duplicated and is placed where it best fits the report structure.

Ahead of the topic chapters is another chapter which provides a brief review of the rural services evidence base. This identifies certain strengths and weaknesses. The summary at the front of this report also makes a number of over-arching comments about trends in rural service delivery.

Topics covered by the previous or 2016 version of this report were:
  ➢ Local buses and community transport;
  ➢ Welfare services;
  ➢ Access to cash;
  ➢ Further education;
  ➢ The retail sector;
  ➢ Mental health services;
  ➢ Older people's services;
  ➢ Public health services; and
  ➢ Community assets.

Acknowledgements

The Rural England Stakeholder Group is thanked for providing guidance on the project and for commenting on draft material. Having access to so many interested parties is without doubt a real benefit. Stakeholder Group organisations are listed on the inside back cover.

Rural England Supporters are equally thanked for financially backing this project (among others). They are also listed on the report's inside back cover.

There are a few individuals who have assisted the research effort. Dan Worth undertook some of the secondary (rural) analysis of data sets, including that on local government finance. Georgina Fung of UK Youth provided valuable guidance on young people's services. Deborah Clarke and the ACRE Network helped to identify some evidence about personal advice services. Graham Biggs cast a first pair of eyes over chapters as they were drafted. Nonetheless, responsibility for any errors lies with the author, Brian Wilson.

The evidence gathering and analysis undertaken in order to write this report has led to a number of conclusions being drawn about the state of the rural evidence base. This includes identifying areas where it is relatively strong and where it is relatively weak.

A number of broad points can be made:

➢ **Access**: the accessibility or travel time statistics produced by the Department for Transport are helpful (if not ideal[5]) and include annually updated rural figures. However, as noted in the 2016 edition of this report, they are limited in scope covering eight types of service. This does not compare with the range of services measured by the Commission for Rural Communities until 2010. One promising development is a rural services survey being piloted by a member of the ACRE Network in its county.

➢ **Trends**: some services are subject to rapid change due to wider economic, social and technological trends. Examples include the growth of online services and pressures on high street retailers. Whilst there are certainly national studies on these subjects, little seems to be known or understood from a rural perspective. This is a pity, given the likely rural dimension. To return to the examples, online service access may prove especially attractive to some rural users and there is particular concern about the future of many small or market town high streets.

➢ **Policies**: little research seems to be undertaken to review or evaluate the impacts of major policy developments for rural communities. For example, how NHS Sustainability and Transformation Plans affect rural patients and how Health and Wellbeing Strategies deliver in respect of rural community needs. This type of rural proofing research – learning lessons from experience – would assist better policy development and delivery. It could also identify good rural practice and innovation.

➢ **Impacts**: very little research seems to be undertaken to explore the implications for service users where service provision is being significantly altered. For example, it would be useful to understand what the implications are when rural bus services cease, rural bank branches close or rural youth centres disappear. Do the users find alternatives and how does it affect their quality of life? Are the impacts different for particular service user groups? It should be stressed this type of research could equally track the impacts of rural service improvements.

This assessment of the rural evidence base has some similarity with issues that are noted in Defra's recently published statement of its rural research priorities. If the evidence gaps identified above were to be addressed, it would help respond to criticisms made in the 2018 report of the House of Lords Select Committee on the Natural Environment and Rural Communities Act 2006.

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[5] Not ideal because they measure the travel time on any available public transport, but take no account of the service frequency.

The remainder of this short chapter comments on the rural evidence as it pertains to each of the eight service topics.

Local buses and community transport

This topic has a fairly extensive evidence base, not least because the Department for Transport (DfT) applies a rural cut on much of its data. Moreover, most is produced on an annual basis, so trends can be discerned. However, a serious gap is that DfT figures for access to a regular, nearby bus service have not been updated since 2012. It is understood they should soon be updated. Information from the Campaign for Better Transport about bus service changes is potentially valuable, though would be more so if it were regularly available at a local authority level and was more carefully defined. The Community Transport Association survey of its sector is also valuable, but would benefit from updating.

Broadband and mobile connectivity

This topic has been fairly widely researched. The regulator, Ofcom, publishes annual data about the extent of and types of fixed line and mobile networks that are available to households and businesses, which includes some rural specific figures. Having annual data is important given the pace of change on this topic. This data has been criticised by some as not representing user experience, though the latest set about mobile network coverage has sought to address this point. What could usefully be improved is rural evidence about service take-up and how digital connectivity is used.

Public library services

Aside from one or two county surveys, an obvious gap is that there is no count of library facilities in rural locations. They are usually only counted by administrative (local authority) area. The same can be said for the number of rural stops made by mobile libraries, which can be an important rural resource. Government department, DCMS, applied a rural cut to its Taking Part Survey, giving some data about library use by rural residents. Locality has produced quite a bit of evidence about community-run libraries, though the last report with rural specific information was in 2014.

Hospitals

Journey time statistics from the Department for Transport provide some annually updated figures about rural people's access to major hospitals. However, it should be noted that its figures for travel by public transport take no account of service frequency. One topic that appears to be overlooked by rural research is hospital patient transport. It is, perhaps, surprising that no rural research appears to have been conducted on the NHS Sustainability and Transformation Plans, which are reshaping hospital and community health service provision. This report, therefore, includes a quick review of some rural shire STPs.

Public health services

A rural analysis of Public Health England's summary indicators was conducted for this report, which appears to plug one evidence gap. No rural review of local authority Health & Wellbeing Strategies was identified. The priorities cited within those strategies were logged for this report to create some evidence. Research by the Local Government Association and Public Health England provides some useful information about the service delivery challenges in rural areas. However, little seems to be recorded about the extent of public health service delivery in or to rural communities. The Department for Transport measures annually updated travel times to the nearest GP surgery for rural residents.

Young people's services

A rural analysis of Public Health England indicators specific to young people was conducted for this report, which appears to plug an evidence gap. As with various topics in this report relating to local authority expenditure, data about their funding in predominantly rural areas was provided by the Rural Services Network. Information about youth organisations in rural locations is available from a recent membership survey by UK Youth. Whilst widespread youth club closures are cited, it would help to have evidence about the rural implications. A detailed CAMHS data set on children and adolescent mental health services seemed to finish in 2011. Much more limited data is now available from the NHS. Another apparent gap regards information about sexual health services and clinics for young rural people.

Shops and online shopping

There is a clear lack of evidence about the extent of online shopping by rural residents and its value for them. Evidence about parcel delivery and return services in rural areas is only slightly better. Department for Transport provides annually updated statistics measuring travel times for rural residents to their nearest food store and town centre. The Association of Convenience Stores has updated its very helpful rural report about such retailers. The Plunkett Foundation has monitored (annually) numbers of community-run shops. It also estimates the number of village shops which have been closing. It would help to have better data about changes in the rural retail sector, both in villages and market town high streets.

Personal advice services

This proved the most difficult topic to evidence, partly because the service is hard to define. There are potentially many local or specialist service providers, who are unlikely to be identifiable from any national evidence source. Some local or regional evidence derived from the network of Citizens Advice bureaux was therefore used, as the best available. Citizens Advice Scotland produced an interesting rural analysis from some of its client base records, but there is no equivalent analysis for England. Nonetheless, the findings in this chapter have some value.

From the above assessment it can be concluded that the state of the evidence base varies considerably between these eight topics, being stronger for some than for others. It can also be concluded that there is much scope to improve the evidence base with respect to rural service provision. The statistical base is broadly similar to that reviewed two years ago, which is not to overlook some useful recent rural analyses. Arguably the greatest gap stems from a paucity of more qualitative research, which would enable a better understanding of rural service use, how that is changing and how it relates to policy developments.

Many rural residents will travel some distance to reach work, education, medical appointments, shops and leisure facilities. Public transport provides them with travel options, especially where they are without easy access to a private car, perhaps due to their age, health or income.

The focus of this chapter is local bus services and community transport provision – a topic that is frequently cited as important by rural communities and which was first examined in the 2016 edition of the State of Rural Services report.

Patterns of travel

The National Travel Survey (NTS), managed by the Department for Transport, collects a range of data, including that about patterns of travel across England.   Moreover, it helpfully provides a rural-urban disaggregation of various statistics.

NTS data for 2015 and 2016 (combined) finds that rural residents travel more miles than their urban counterparts. As the chart below shows, there is a clear relationship between settlement size and miles travelled. During the course of a single year those living in the smallest rural settlements travel an average of 10,159 miles. This is 4,177 miles further than residents of urban areas.

Average distance travelled annually by all transport modes per resident in 2015-16, by area type (miles)
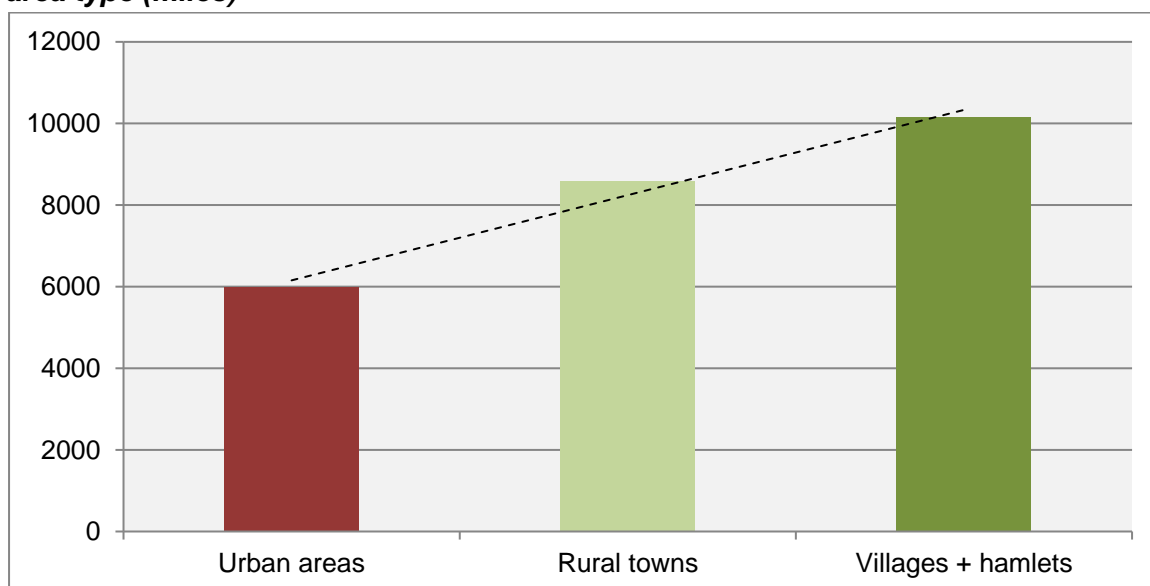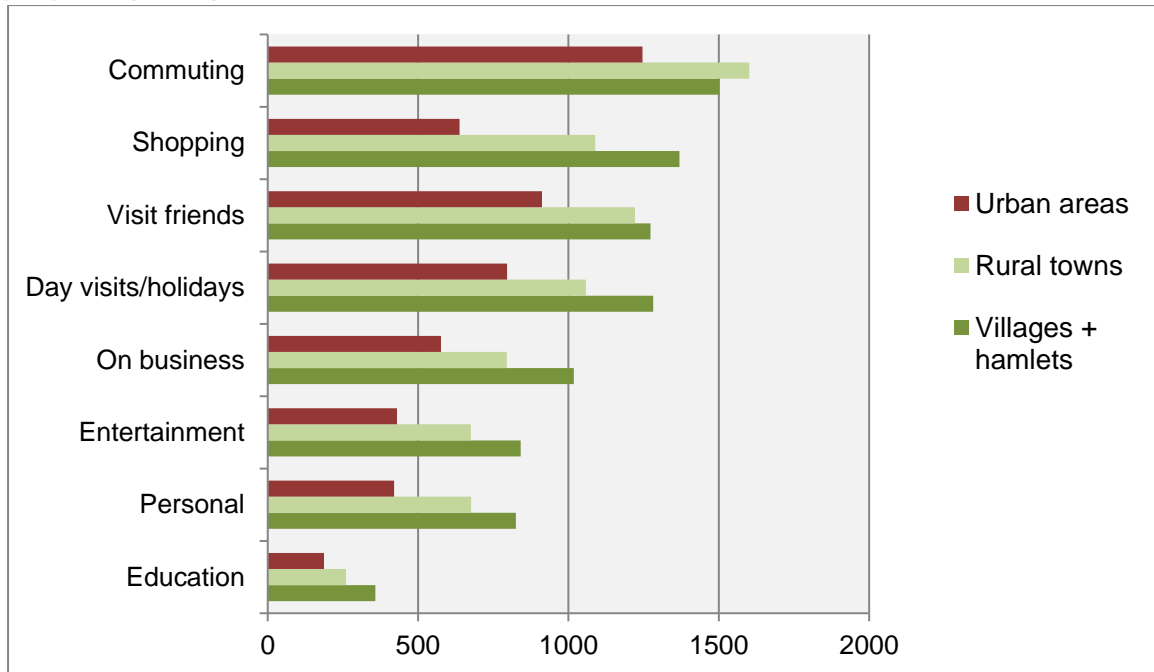

Source: National Travel Surveys 2015-16, Department for Transport

This data can be further disaggregated to distinguish between different trip purposes. The next chart makes clear that the pattern of rural residents travelling further than their urban

counterparts applies to every type of trip purpose. However, that differential is more marked for some trip purposes (such as shopping) than it is for others (such as commuting).

Average distance travelled annually by all transport modes per resident in 2015-16, by purpose (miles)

Source: National Travel Surveys 2015-16, Department for Transport

This pattern is similarly evident when measuring time that is spent travelling. Rural residents spend more hours travelling than their urban counterparts. On average, travelling takes up 384 hours (or 16 days) per year for those who live in the smaller rural settlements.

Time spent travelling annually by all transport modes per resident in 2015-16, by area type (hours)
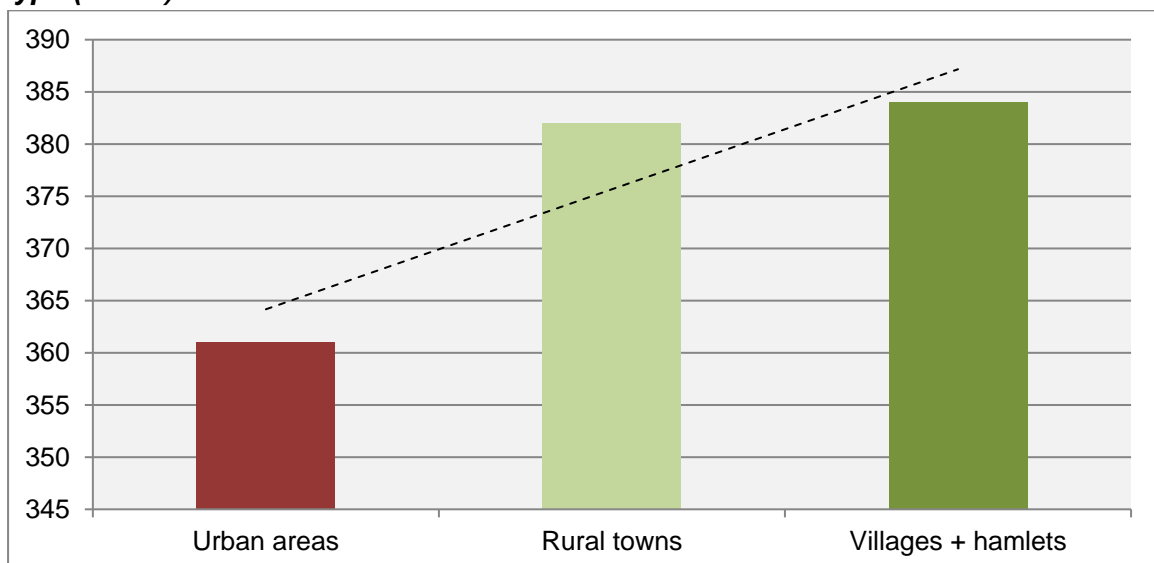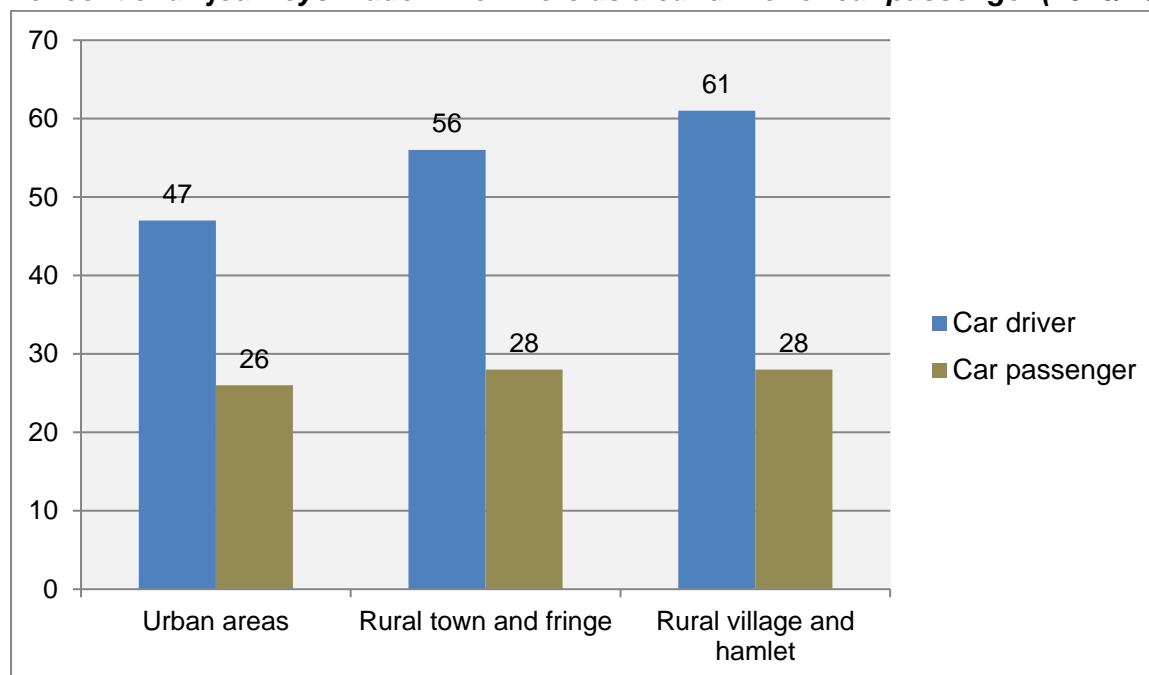

Source: National Travel Surveys 2015-16, Department for Transport

Mode of travel

The NTS also contains data about the mode of travel. This identifies that residents in rural areas made a higher proportion of all their journeys[6] as a car driver than residents in urban areas. The proportion made as a car passenger is similar in rural and urban locations. Nonetheless, this means that 89% of all journeys made by those living in smaller rural settlements are by car (either as a driver or passenger).

Per cent of all journeys made which were as a car driver or car passenger (2015/16)
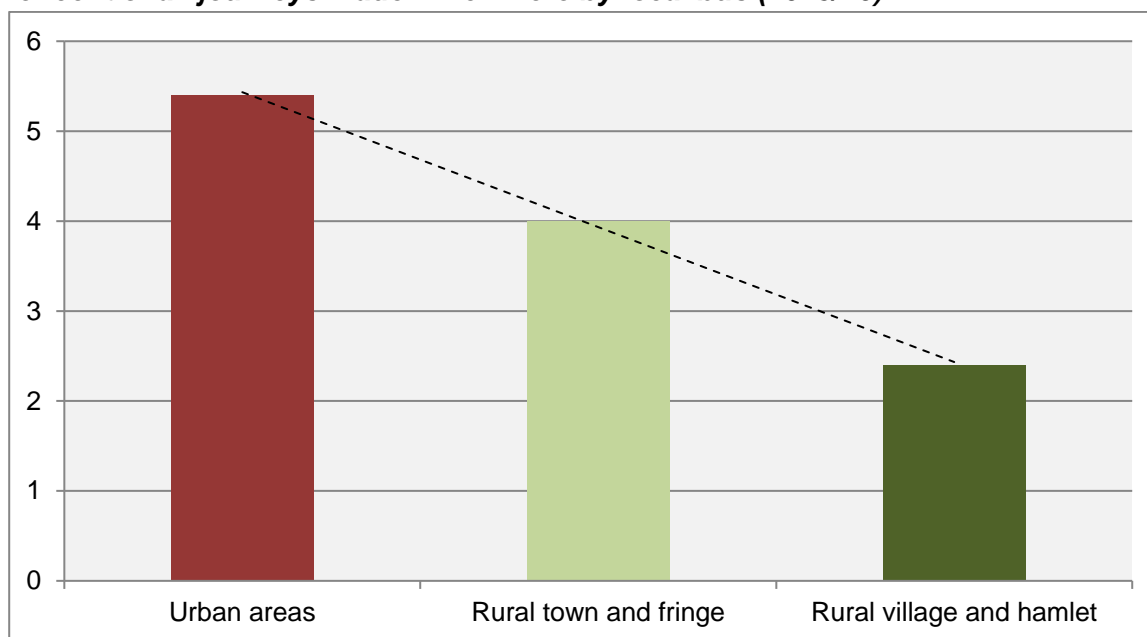

Source: National Travel Survey 2015/16, Department for Transport

One further distinguishing rural feature, which was highlighted in the 2016 edition of this report, is that car ownership is relatively high and this is especially so among low income households. Based on 2012 data it found that low income rural households (poorest quintile) were 43% more likely to own a car than low income urban households. Given the cost of car ownership, this likely reflects the necessity for many of having access to a car and a lack of alternative transport options. Nonetheless, the 2016 edition of this report also reported that one in nine rural households had no access to a car. Issues can also arise for groups, such as young people, who are less likely to drive for a number of reasons (British Youth Council, 2012), including insurance costs.

Of particular relevance to this chapter, the NTS data on travel mode also tells us what proportion of all journeys made were on a local bus. In all types of location that proportion is fairly small. However, there is a clear link with rurality. The more rural the settlement, the less likely its residents are to use a local bus. As can be seen on the following chart, in the smaller rural settlements little more than 2% of all journeys are made by local bus.

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[6] Short journeys of less than one mile made on foot have been excluded, as suggested by the DfT.

Per cent of all journeys made which were by local bus (2015/16)

Source: National Travel Survey 2015/16, Department for Transport

Access to bus services

Historically, the Department for Transport measured the proportion of households which had access to a regular bus service. This recorded whether there was a bus stop with an hourly or more frequent bus service that was within 13 minutes typical walking distance. This data was reported in the State of Rural Services 2016 report. However, it is now very dated and relates to 2012.

To recap, this data showed that:
➢ 86% of households in larger rural settlements (rural town and fringe areas) could access a regular nearby bus service in 2012 (up from 75% in 2002); and
➢ 49% of households in smaller rural settlements (villages, hamlets and isolated dwellings) could access a regular nearby bus service in 2012 (up from 38% in 2002).

This datedness is unhelpful, not least because there have been widespread and largely negative reports of changes to rural bus services in more recent years (see the evidence below).

One alternative, explored here, is using the Department for Transport's journey time statistics, which include figures for journeys made by public transport or walking to a town centre. The location of town centres is essentially fixed over time, making this a reasonable proxy measure. The figures are not ideal, however, since they include all forms of public transport as well as journeys made on foot. With that caution, the chart below shows the figures for 2014 and 2015 (the two years for which this data has so far been produced).

It shows that journey times to town centres are almost identical in 2014 and 2015 for both urban areas and rural town or fringe areas. However, journey times have measurably increased from 2014 to 2015 for both rural villages and for rural hamlets or isolated

dwellings. There is, therefore, a trend which may well be explained by worsening access to public transport in the smaller rural settlements.

*Average minimum journey to a town centre by public transport or walking (in minutes)*
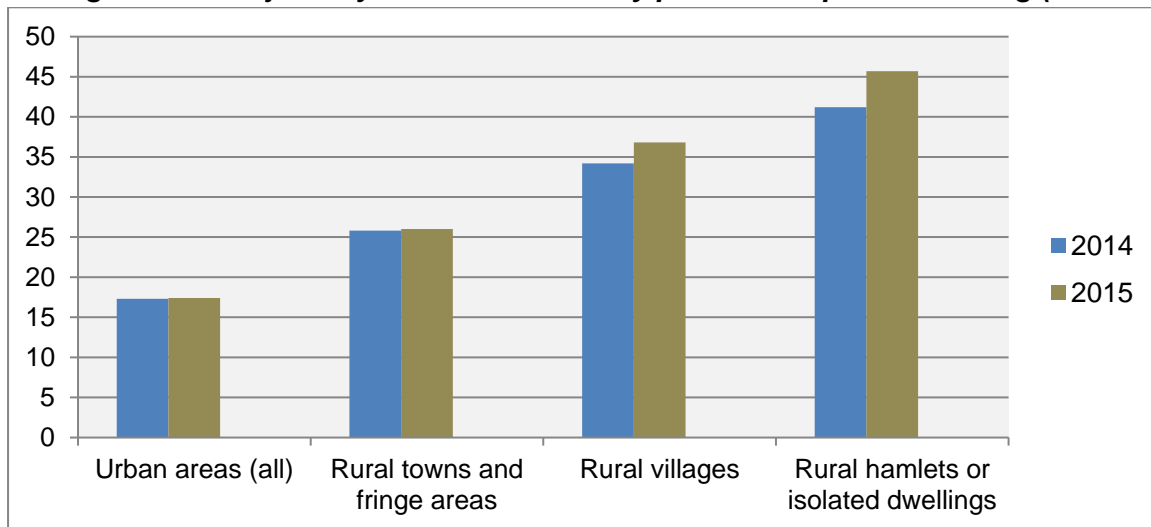
Source: Department for Transport, Journey Time Statistics

Passenger numbers

Statistics from the Public Service Vehicle Survey show trends for overall (passenger) use of bus services and are disaggregated by area type. The time-series in the next chart shows:
 - The number of bus journeys made in the most rural areas (Predominantly Rural or PR) was quite stable from 2007/08 to 2014/15, but declined in the two years since;
 - The number of bus journeys made in the mixed areas (Urban with Significant Rural or USR) has declined at a faster rate and over a longer period of time; and
 - The number of bus journeys made held up best in the most urban areas (Urban Areas of UA), though it has dipped here too over the last two or three years.

Number of passenger journeys made by local bus, by area type (index 2007/08 = 100)
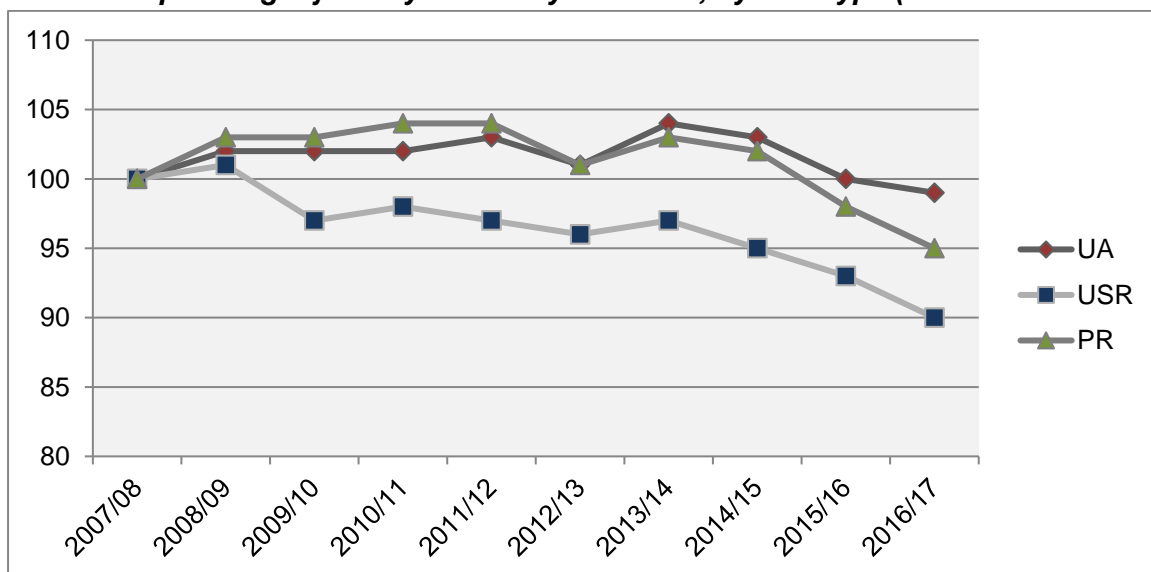
Source: Department for Transport, Public Service Vehicle Survey 2016/17

NTS data from the Department for Transport indicates that the shire areas where the fewest number of bus journeys are made annually by residents were (in order) Rutland, Central Bedfordshire, Herefordshire, Cheshire East, Shropshire and Somerset.

Journeys made on (local authority) subsidised bus routes seem to have fallen particularly fast. According to the Campaign for Better Transport (2018) the number of such journeys made in shire areas fell by almost 32% over the five years from 2011/12 to 2016/17.

Funding support and concessionary travel

The Rural Services Network has analysed 2017/18 data on the revenue budgets of local transport authorities across England. As the table below shows, this finds that expenditure per resident is considerably less in predominantly rural areas than in predominantly urban areas. This is true for all elements of transport budget expenditure – statutory concessionary fares, discretionary concessionary fares, financial support for transport operators and public transport co-ordination. The finding also holds true if Greater London is treated as an outlier and is removed from the analysis.

Per resident expenditure in local authority revenue budgets, by area type (2017/18)

	Concessionary fares, statutory[7]	Concessionary fares, discretionary	Support for transport operators	Public transport co-ordination
Predominantly rural (PR)	£12.91	£0.57	£6.72	£1.82
Urban with significant rural	£12.92	£0.89	£4.79	£1.41
Predominantly urban (PU)	£23.28	£2.26	£31.93	£12.53
% difference PR to PU	80%	296%	375%	589%
PU (excluding London)	£18.10	£2.56	£10.97	£5.02
% difference PR to PU (excl London)	40%	348%	63%	176%

Source: Rural Services Network analysis of Department for Transport data   Note: funding in Greater London is on a different basis to the rest of the country

Data collated by the Campaign for Better Transport from local transport authorities indicates that budgets to support local bus services have been declining in all types of areas between 2010/11 and 2017/18. However, the rate of decline has been considerably faster in the non-metropolitan areas than elsewhere. It finds that:

- In non-metropolitan areas budgets for local bus services have fallen by £142 million or by 55%; and
- In metropolitan areas (excluding Greater London) those same budgets have fallen by £30 million or by 25%.

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[7] Those of State Pension age and the disabled are entitled to statutory concessionary fares. Local authorities have discretion to extend their local offer e.g. who qualifies, what times of day it applies.
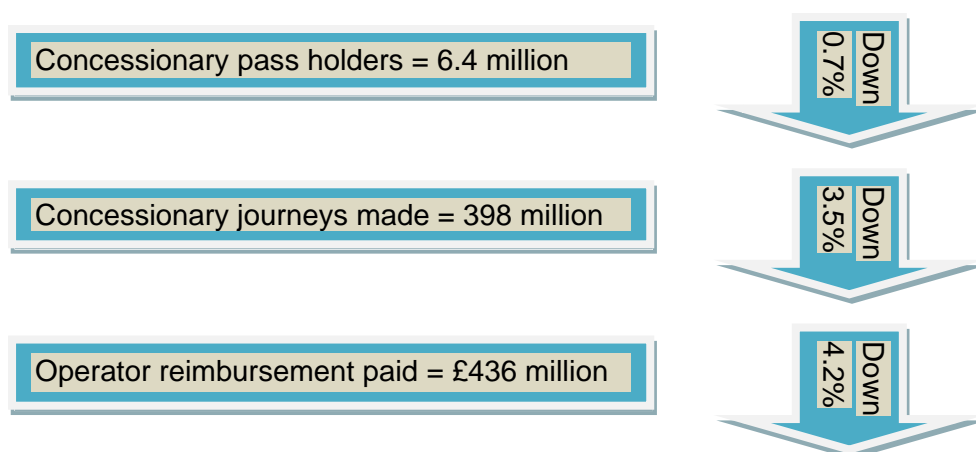
Indeed, reviewing this data at the level of individual local transport authorities, it is notable that by 2017/18 four shire authorities no longer set aside any funding to support bus services in their area. They are Cumbria, Isle of Wight, Oxfordshire and Wiltshire.

The Department for Transport collects information about concessionary fares, offering free bus travel (often outside peak hours) for older and disabled people, through its annual survey of Travel Concession Authorities. Looking at the results for non-metropolitan areas of England, this finds that:

> In 2016/17 there were 6.4 million concessionary pass holders (down 0.7% since 2015/16);

> In 2016/17 those concessionary pass holders made 398 million bus journeys (down 3.5% since 2015/16); and

> In 2016/17 bus operators were paid a reimbursement sum of £436 million for carrying those concessionary pass holders (down 4.2% since 2015/16).

Reductions since the previous year could be a reflection of fewer bus services being available or could reflect changes to eligibility as the State Pension age increases, but it is not possible to tell.

Concessionary pass holders, journeys and costs in shire areas:
Boxes show 2016/17 position and arrows show change from previous year

Concessionary pass holders = 6.4 million	Down 0.7%
Concessionary journeys made = 398 million	Down 3.5%
Operator reimbursement paid = £436 million	Down 4.2%

Source: Survey of Concessionary Travel Authorities, Department for Transport

Bus service changes

The Campaign for Better Transport also records the number of subsidised bus services that have been withdrawn, reduced or otherwise altered[8]. Their data for 2016/17 was sufficiently disaggregated by local authority area to show that, outside Greater London and metropolitan areas, there were 393 such bus services withdrawn, reduced or altered.

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[8] 'Altered' refers to other types of service reduction, such as curtailed operating hours.

Bus service changes in non-metropolitan areas of England in 2016/17

Bus services that were:	2016/17
Withdrawn altogether	202
Reduced or altered	191
Total for the two categories above	393

Source: *Buses in Crisis 2017*, Campaign for Better Transport

This appears to be broadly a continuation of recent trends. Nationally (including both shire and metropolitan areas) the number of bus services which the CBT has identified as being withdrawn, reduced or altered was 496 in 2014/15, 372 in 2015/16, 480 in 2016/17 and 290 in 2017/18.

Service cutbacks tend to affect different areas in different years as local authority funding reviews are implemented. During 2016/17 the shire areas where the most subsidised bus services were withdrawn, reduced or altered were (in order) Oxfordshire, Essex, Dorset and Hertfordshire. In the previous year (2015/16) the shire areas most affected were (in order) Devon, Hertfordshire, Staffordshire and East Sussex.

Local surveys, where they exist, add further weight to this picture. For example, Community Action Suffolk has carried out a Rural Services Survey of parish councils every few years. In 2015/16 it found that 53% of Suffolk parishes were served by a scheduled bus services. This was a reduction from the 68% of parishes in 2011/12.

Further related evidence comes from some data analysis conducted by the BBC Local News Partnership, which shows the shire areas experiencing the largest proportionate reduction in bus miles over the time period from 2013/14 to 2016/17. Those areas were Central Bedfordshire, Gloucestershire, Lincolnshire, Northumberland, Shropshire and Surrey. In all cases the reduction in miles exceeded 20%.
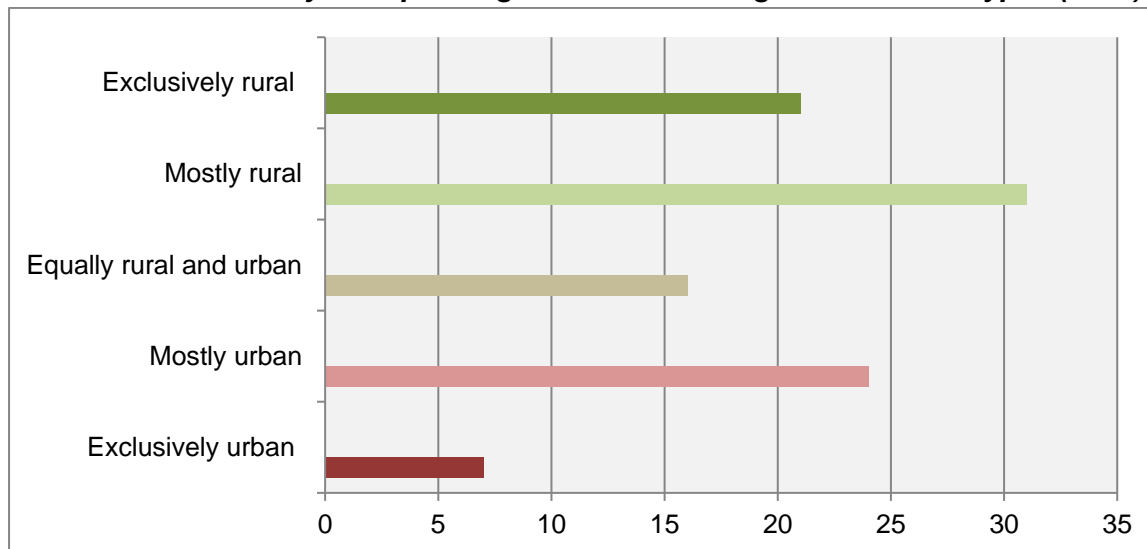
Community transport schemes

Community transport schemes can provide accessible or flexible responses to local transport needs, not least for vulnerable groups. They may seek to plug gaps in traditional bus service provision or to complement regular bus services. According to the Community Transport Association (CTA, 2014) a significant majority (84%) hold a section 19 licence restricting them to carrying members of their scheme, whilst most of the remainder (14%) operate with a section 22 licence allowing them to carry the general public[9]. Both section 19 and 22 licence holders must run on a non-commercial basis and both are exempt from requiring a Public Service Vehicle (PSV) operator's licence[10].

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[9] Very informal arrangements such as car sharing and lift giving do not count as community transport.
[10] Though some schemes run by community transport providers, which are deemed to be operating commercial contracts, are likely in future to require a PSV operator's licence.

The CTA's 2014 survey found that just over half (52%) of community transport organisations either wholly or mostly serve rural areas. This is illustrated in the chart below. However, it should be added that a 2012 report from the CTA found rural schemes were typically smaller in size than urban schemes, carrying only around half as many passengers.

Per cent of community transport organisations serving different area types (2014)

Source: Community Transport Association, survey of members 2014

Nationally (England-wide), the most common types of scheme provision in 2014 were:
- ➢ Door-to-door accessible minibus (provided by 61% of schemes);
- ➢ Group hire with a driver provided (59%);
- ➢ Community car schemes (38%); and
- ➢ Group hire without a driver provided (36%).

Other types of provision included shop mobility schemes, services contracted by a health body and accessible car schemes.

This pattern seems similar (if not identical) to results presented in the Cambridgeshire Rural Services Survey 2016 report. In the rural parts of that county there were 90 dial-a-ride services, 48 community car schemes and 22 community minibus schemes.

In terms of the main beneficiaries of the services provided (or the main types of passenger carried by scheme operators), the most common five answers given nationally to the CTA survey were as shown in the following chart.

Proportion of community transport organisations where passenger types are a main beneficiary (% in 2014)
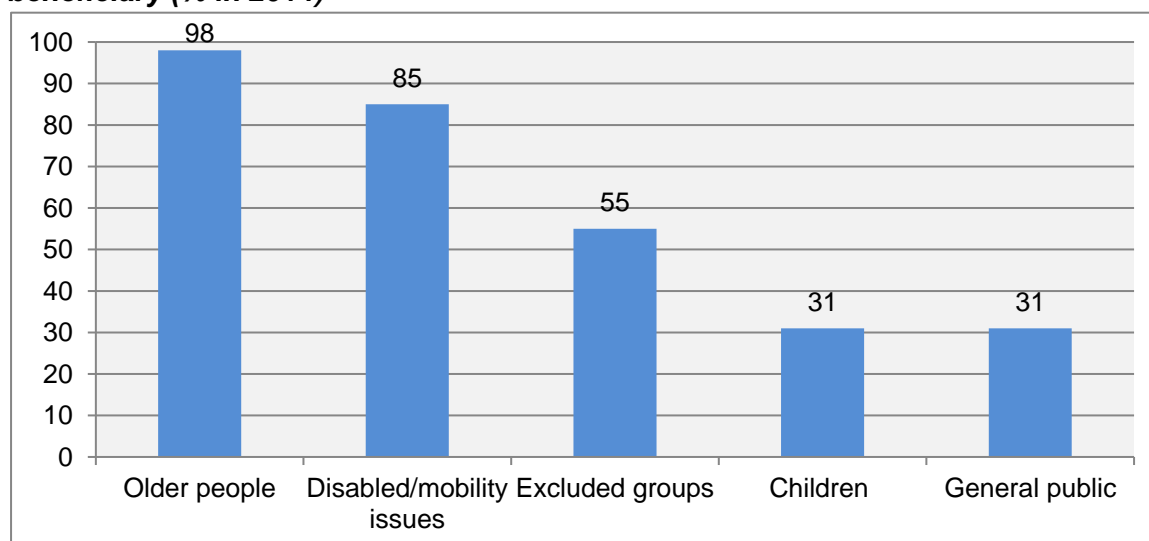
Source: Community Transport Association, survey of members 2014

Turning, now, to the purposes for which community transport operators made journeys in 2014, the most common five answers given in the national CTA survey were:
  ➢ Taking people on social outings (78%);
  ➢ Carrying people on health-related trips (73%);
  ➢ Carrying people on trips for food and shopping (68%);
  ➢ Helping people to get to community activities (65%); and
  ➢ Enabling people to access day centres (64%).

The 2016 edition of this report contained some useful information about the funding of community transport schemes, which derived from a 2012 CTA survey. It concluded that schemes operating in predominantly rural areas received far less grant funding and were far more reliant upon revenue from fares, than schemes which served urban areas. Grant funding contributed just 17% of income for rural schemes and contributed 44% of income for urban schemes.

In conclusion, the provision of public transport services to scattered populations in rural areas undoubtedly presents some challenges. The evidence demonstrates that rural people must travel greater distances to access jobs, shops, education, other services and friends or family. Even if the private car is the predominant mode of travel, bus services are important for a minority and for certain demographic groups. Yet public subsidies for bus services have shrunk and significant numbers of bus services have recently been cut back. The data indicates that accessibility using public transport is reducing for rural residents. Community transport schemes can play a key role for rural communities, often as a complement to traditional bus services and sometimes plugging gaps in bus provision. Whilst many of the existing schemes serve rural communities, what is unclear from the readily available evidence is whether they are now increasing or decreasing in their extent. Nor is it clear how far community transport provision offsets the reduction of traditional bus services.

BROADBAND AND MOBILE CONNECTIVITY

Online connectivity has established itself as a basic utility, hence the planned introduction by 2020 of a universal service obligation for access to broadband. It is critical to the operation of most businesses and is widely used by residents for tasks such as shopping, banking, school homework, booking appointments and information searches, as well as social contact with friends and family. This importance is reflected by the ongoing debate about access to broadband and mobile networks in rural areas, and by the public policy response.

This chapter looks both at fixed line connectivity and at mobile connectivity, the latter having become a key means of accessing internet services with the widespread take-up of smart phones and tablets. It also draws upon recent research about the uses that rural based businesses make of their connectivity.

Connectivity overview

Analysis for 2018 by telecoms regulator, Ofcom, found the average download speed in England was 50 Megabits per second (Mbps). One notable feature is that average download speeds jumped by 12 Mbps since 2016. However, the analysis also showed that rural connection speeds lag far behind at an average 34 Mpbs.

According to Ofcom's Connected Nations 2018 report, around 2% of England's premises could not in that year access a standard or 10 Mbps broadband connection – a download speed which it considers the minimum necessary to fulfil basic online needs. These premises were largely in rural areas, where 11% were unable to access such a connection.

As the regulator explains, there are two underlying issues for rural connectivity. One being that the network in some areas has not yet been broadband-enabled. The second is that, even where they have, there may be premises located far from a network exchange or street cabinet. However fast the signal runs on the fibre network to those nodes, it will decay with distance as it travels onwards by copper wire to individual premises.

The Connected Nations reports also present findings for mobile coverage, concluding that voice and mobile data service coverage has improved markedly. There are, however, particular coverage issues in certain areas and problems with the indoor signal in many rural areas. The table below reports some 2018 figures which refer to rural areas in England.

Connectivity statistics for rural areas within England (2018)

Key connectivity measures	Per cent
Proportion of premises with superfast broadband available (30 Mbps)	76%
Proportion of premises with standard broadband available (10 Mbps)	89%
Proportion of premises with mobile indoor voice service from all four operators	67%
Proportion of premises with mobile indoor 4G service from all four operators	42%
Proportion of geographic area with mobile voice service from all four operators	90%

Source: Connected Nations 2018 - England report, Ofcom

The converse of the figures above is that at 24% of rural premises superfast broadband was not available, at 33% a phone call could not be made on all four mobile networks and at 58% a 4G signal could not be accessed on all four mobile networks.

Issues for those in highly rural locations were highlighted in a 2017 survey of its members by the National Farmers Union (NFU). They reported that only 9% could access superfast download speeds, whilst half (50%) had speeds of less than 2 Mbps. On a more positive note, the NFU found that mobile phone coverage had improved, with 80% of members surveyed having 4G coverage (albeit, in many cases, only on parts of their farm).

## Superfast broadband availability

Data which sits behind Ofcom's Connected Nations 2017 publication has been analysed for this report. One such measure is the per cent of premises[11] in each English local authority area unable to access a 30 Mbps fixed line connection. This download connection speed is often used as the definition of superfast broadband.

In the chart below decile 1 are the best connected 10% of local authority areas and decile 10 the worst connected 10% of local authority areas on this measure. The vertical scale is the number of local authority areas within each decile. The local authorities are sub-divided into predominantly rural (dark green), urban with significant rural (light green) and predominantly urban (red). There is a clear pattern, with predominantly rural areas heavily represented in the deciles with poor superfast broadband connectivity (on the right hand side of the chart). Indeed, there are no predominantly rural areas found within the four best connected deciles.

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[11] Most premises will be private households, but some will be businesses and other organisations.

Local authority areas by per cent of premises unable to access a 30 Mbps fixed line connection: decile 1 = best access areas and decile 10 = worst access areas (2017)
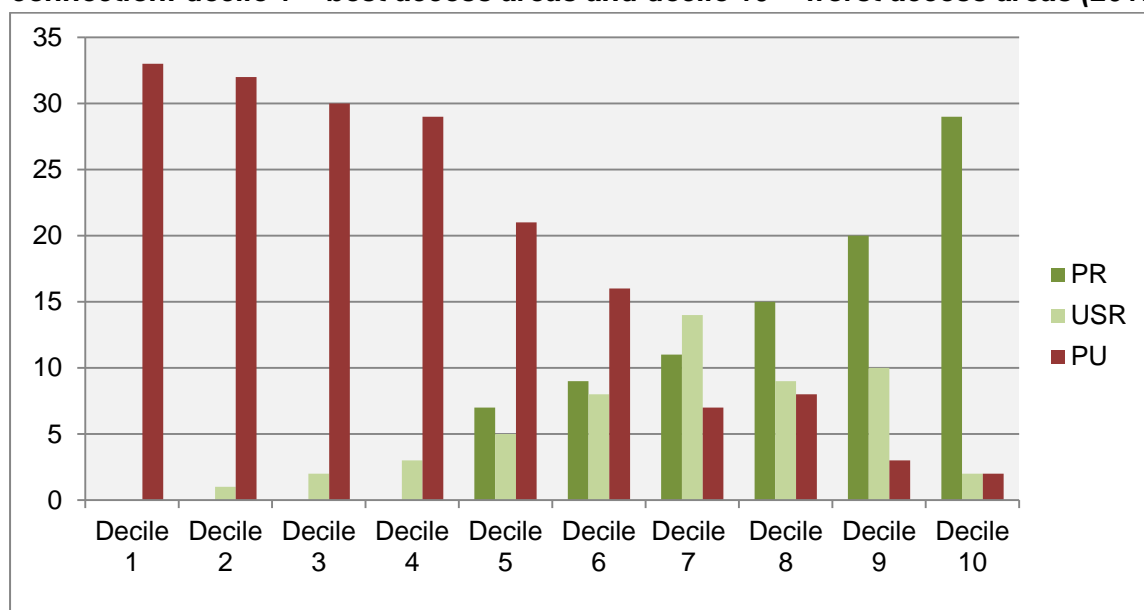
Source: Connected Nations data set, Ofcom (2017)
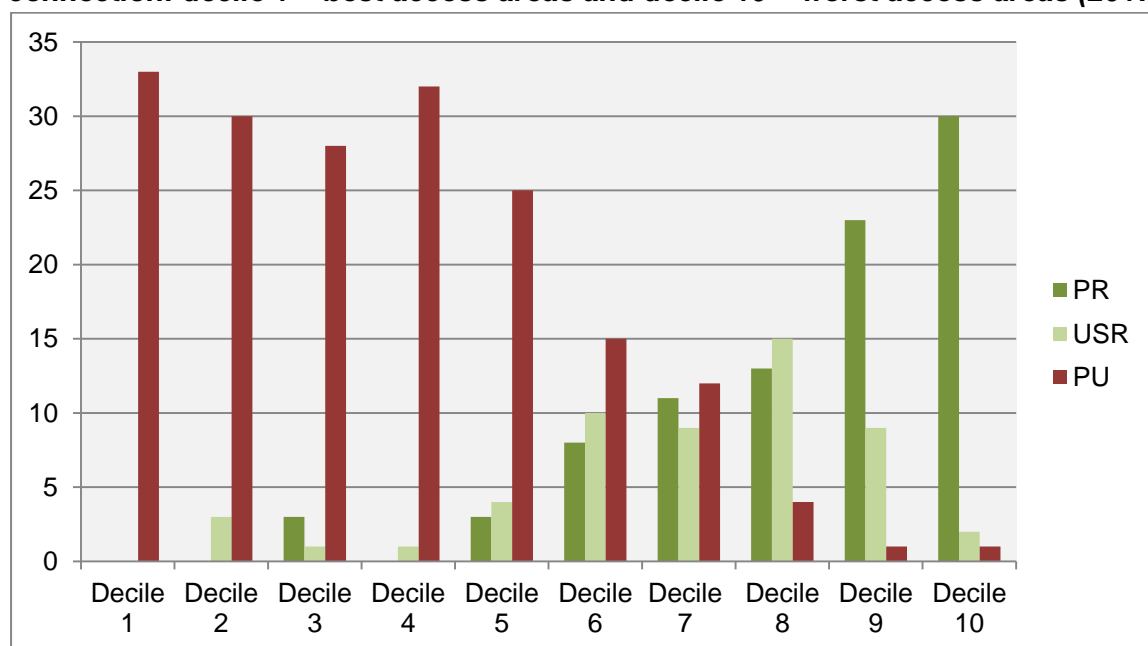
On this measure of access to superfast broadband:

➢ The best connected predominantly rural areas are Rushcliffe (Nottinghamshire), Vale of White Horse (Oxfordshire), South Cambridgeshire, Isles of Scilly, Isle of Wight, Huntingdonshire and Hinckley & Bosworth (Leicestershire); and

➢ The worst connected predominantly rural areas are Uttlesford (Essex), West Devon, Mid Devon, Mid Suffolk, Braintree (Essex) Forest of Dean (Gloucestershire) and Eden (Cumbria).

Standard broadband availability

Another measure which has been explored in this analysis is the per cent of premises in each local authority area that are unable to access a 10 Mpbs fixed line connection. As noted above, this is the download speed which Ofcom currently considers necessary for everyday online activities and is the benchmark proposed for the broadband universal service obligation (USO).

The following chart once again shows a clear pattern, with predominantly rural areas heavily represented in the deciles which have poor standard broadband connectivity (towards the right hand side of the chart). Only three predominantly rural areas are to be found within the four best connected deciles.

Local authority areas by per cent of premises unable to access a 10 Mbps fixed line connection: decile 1 = best access areas and decile 10 = worst access areas (2017)

Source: Connected Nations data set, Ofcom (2017)

On this measure of access to standard broadband:
- ➤ The best connected predominantly rural areas are Rutland, Isles of Scilly, Isle of Wight, Wyre (Lancashire), South Cambridgeshire and North West Leicestershire; and
- ➤ The worst connected predominantly rural areas are West Devon, Eden (Cumbria), Mid Suffolk, Uttlesford (Essex), Richmondshire and Rydale (both in North Yorkshire).
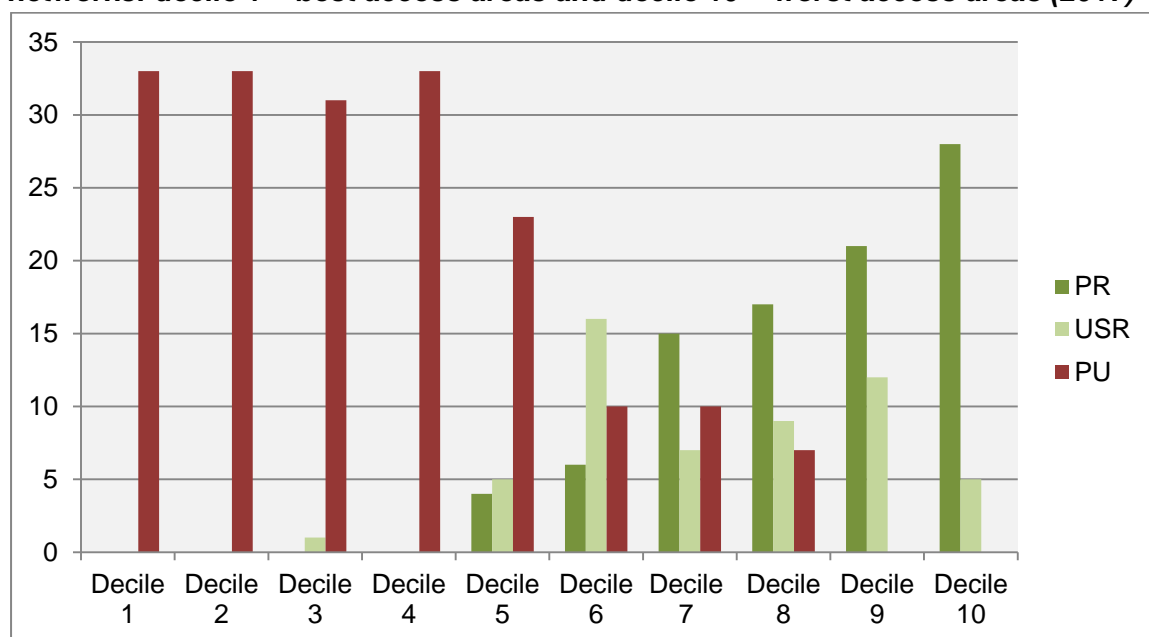
Mobile phone connectivity

In 2017 Ofcom also released, for the first time, local authority level data about access to mobile phone networks. Two measures have been analysed for this report. The first shows the per cent of a local authority's geographic area where there is outdoor 2G reception from all of the mobile network providers. In other areas there may be reception from some or none of the network providers. This basic level measure has been selected as a reasonable proxy for being able to make phone calls or send texts whilst travelling about an area. (2G is insufficient to enable internet access.)

The chart that follows indicates a very clear rural-urban divide, with predominantly rural areas heavily represented in the deciles which have poor geographic reception to 2G mobile networks (towards the right hand side of the chart). No predominantly rural areas are to be found within the four best connected deciles.

Local authority areas by per cent of geographic area with 2G reception from all mobile networks: decile 1 = best access areas and decile 10 = worst access areas (2017)

Source: Connected Nations data set, Ofcom (2017)

On this measure of access to 2G mobile phone networks:
- ➢ The best connected predominantly rural areas are Central Bedfordshire, North West Leicestershire, South Cambridgeshire, North Warwickshire, Huntingdonshire and Hinckley & Bosworth (Leicestershire); and
- ➢ The worst connected predominantly rural areas are West Somerset, Copeland (Cumbria), Richmondshire (North Yorkshire), Rydale (North Yorkshire), Torridge (Devon) and Northumberland.

Mobile internet connectivity

The second measure of mobile connectivity analysed for this report is the per cent of premises with (outdoor) 4G reception available from all network providers[12]. At other premises there may be reception from some or none of the network providers. This high level measure has been selected as a reasonable proxy for being able to carry out more data hungry online tasks whilst on the move or without a fixed connection. (It is recognised that many online tasks can be carried out, albeit more slowly, with a 3G connection.)

The following chart is another indication of the rural-urban connectivity divide, with predominantly rural areas heavily represented in the deciles which have poor geographic reception to 4G mobile networks (towards the right hand side of the chart). Again, no predominantly rural areas are to be found within the four best connected deciles.

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[12] On this measure there was no data for one predominantly rural area, namely the Isles of Scilly.

Local authority areas by per cent of premises with outdoor 4G reception from all mobile networks: decile 1 = best access and decile 10 = worst access areas (2017)
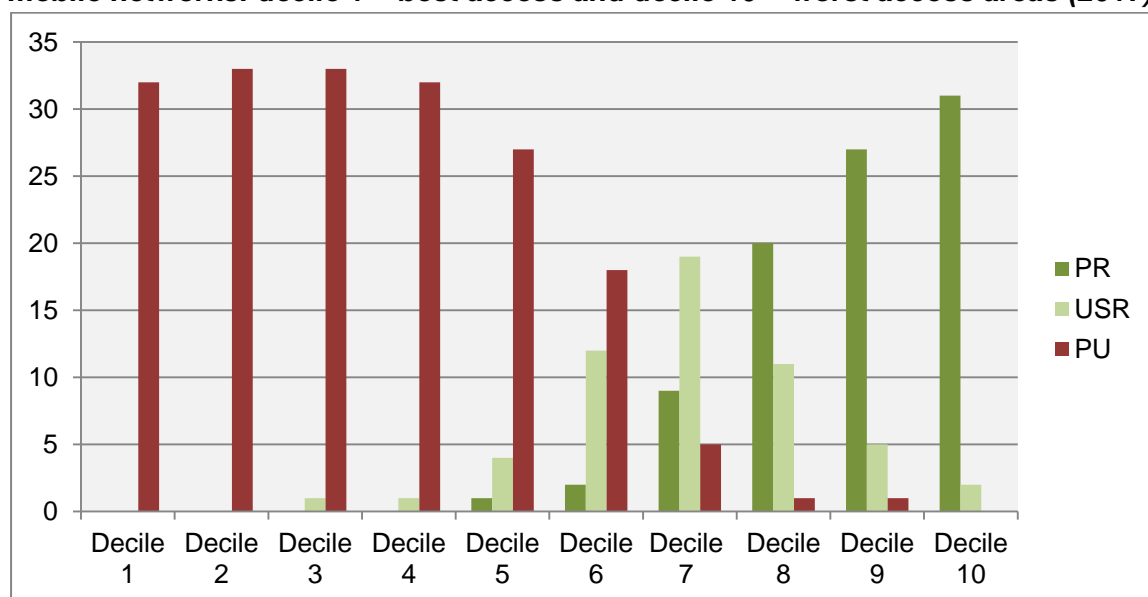
Source: Connected Nations data set, Ofcom (2017)

On this measure of access to 4G mobile phone networks:
- The best connected predominantly rural areas are Wyre (Lancashire), County Durham, Bassetlaw (Nottinghamshire), Vale of White Horse (Oxfordshire), Sevenoaks and Swale (both in Kent); and
- The worst connected predominantly rural areas are Rutland, Maldon (Essex), North Norfolk, South Norfolk, Copeland (Cumbria) and Breckland (Norfolk).

There is a considerable deal of similarity between the lists of best and worst connected predominantly rural areas across three of the four measures analysed for fixed line and mobile connectivity. The list for access to 4G mobile networks is rather different.

Take up and adoption

Rural England and Scotland's Rural College (SRUC) undertook research, commissioned by Amazon, to explore digital uptake and use by rural businesses in the UK. Its survey of rural businesses found that the majority (59%) said they had a standard broadband connection, whilst almost one in five (19%) said they had a superfast connection. These figures are similar to some published by Ofcom.

The Rural England/SRUC work identified notable variations within rural UK, including:
- Micro-businesses (though not one person businesses) being the least likely to have superfast connectivity; and
- Superfast connectivity being most common in the insurance/finance and information/ communications sectors and least common in the agriculture/forestry/fishing sector.

Interestingly, Ofcom say that in 2017 some 39% of all premises in rural England which could access a superfast connection had opted to upgrade to one. This represented a big

increase from the previous year (when it was 31%), but it was still lower than the 2017 figure for urban areas (44%).

The Rural England/SRUC survey asked businesses to rate their connectivity for speed and reliability. A sizable 37% gave a poor rating for speed and 25% a poor rating for reliability. Those holding positive views about these two attributes were fewer in number. The report remarks that the issue of reliability has not attracted as much policy attention as it warrants.

Research by Ofcom concluded that satisfaction with internet coverage was lowest among businesses located in remote rural areas and people whose jobs require them to travel.

There appears to be little hard information about the cost of connectivity in rural areas and whether that differs from other areas. There is, however, some evidence that around a tenth of households live in areas with less competitive broadband markets (where some providers choose not to operate). There can also be cost issues for those in very remote locations, who need to use alternative technology if they want a fast connection e.g. satellite.

Benefits and constraints

The survey of UK rural businesses by Rural England/ SRUC (2018) found that they identified a wide range of benefits from digital adoption (including connectivity). The most frequently cited were better remote working, access to customers/suppliers and business efficiency.

Per cent rural businesses identifying significant positive impacts from digital take-up
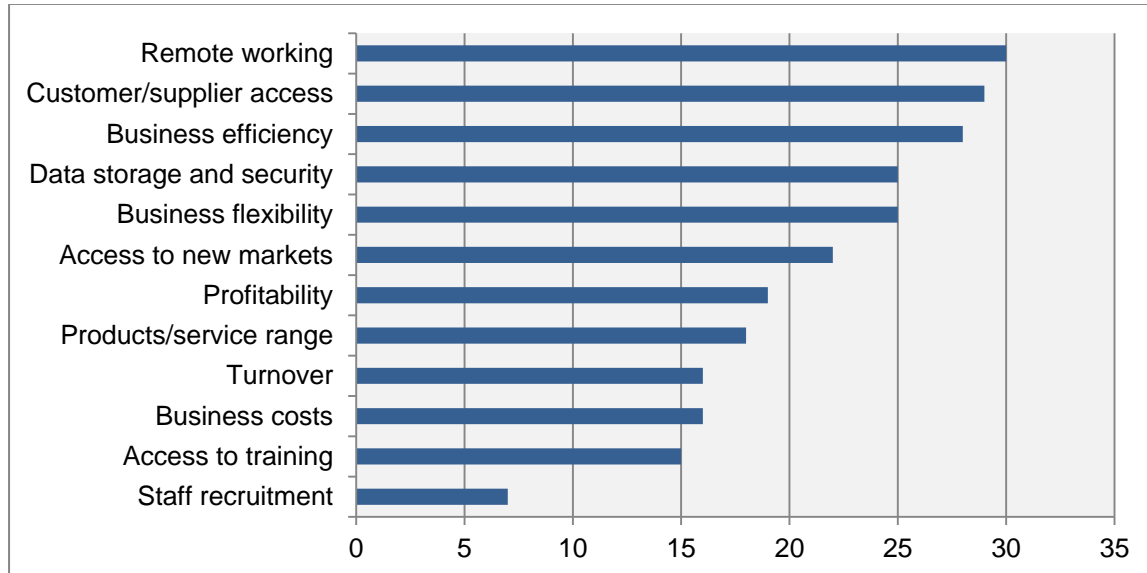
Source: Unlocking the digital potential of rural areas across the UK, Rural England (2018)

Two factors appeared to influence the extent of businesses' digital benefits. Those rural businesses with superfast connectivity were much more positive than those without. Large and medium-sized businesses (with 50 or more employees) were more positive than smaller businesses.

One key finding in the Rural England/SRUC report is that connectivity is not the only constraint faced by rural businesses. More than half of the surveyed businesses (52%)

reported some other constraint that reduced their ability for digital take-up. The factors cited (see graph below) largely revolve around digital/IT skills and training.

Per cent of rural businesses that report experiencing constraints to digital take-up
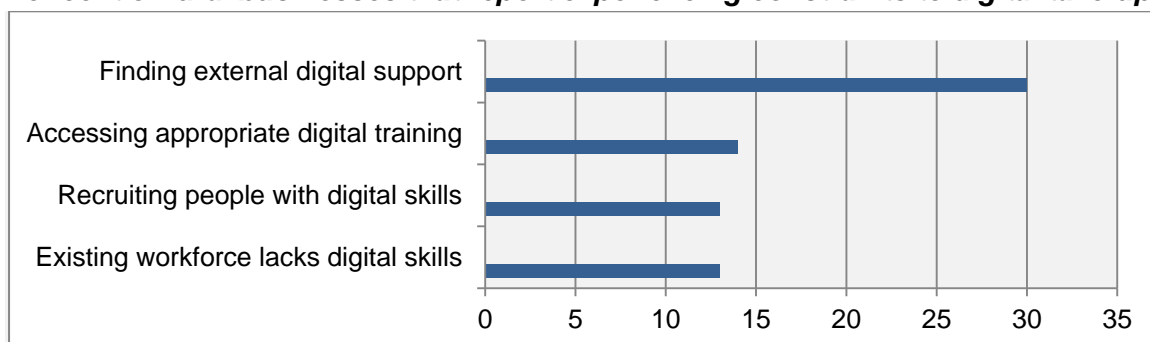
Source: Unlocking the digital potential of rural areas across the UK, Rural England (2018)

Business size was again influential. For micro-businesses finding external or outsourced digital connectivity support was a particular constraint. For medium and large businesses (who are more likely to have in-house digital support) the main constraint is recruiting people with the required skills. Interestingly, one person businesses are less likely to be facing any constraints than micro-businesses.

Connectivity also (again) had a significant impact on the extent to which respondents cited these constraints, with businesses that had slower internet connections saying they faced more constraints to digital take-up.

Some studies have attempted to model or estimate the benefit of broadband or digital adoption for the wider economy (as opposed to the benefit for individual businesses). A 2013 report by SQW estimated that take-up of faster broadband speeds was likely to add around £17 billion to the UK economy, which was equivalent to contributing an extra 0.1% to GVA (productivity) growth rates. The Rural England/SRUC research, meanwhile, estimated that if constraints to digital take-up by rural-based businesses in the UK could be removed this would add at least £12 billion of GVA to the economy.

In conclusion, whilst connectivity has undoubtedly been improving, it remains a problem in many rural areas. The two measures of access to a fixed line internet connection which have been analysed in this chapter give similar results. Both show that predominantly rural areas are largely clustered among the least connected places in England. This pattern, of a clear rural-urban divide, is repeated by the two measures of mobile connectivity which have been analysed. It is further reflected by evidence about (dis)satisfaction with connectivity in rural areas. Nonetheless, recent research shows that rural businesses derive significant and wide ranging benefits from their digital take-up. It is notable that those businesses with a superfast connection were most likely to recognise these benefits and least likely to cite constraints to their digital take-up. All this indicates that connectivity should be seen as a significant contributor to growth in the rural economy.

Library facilities, whether located in buildings or vehicles (i.e. fixed or mobile provision), could be seen as a feature of British life. They enable access to a wide range of books and other reading material, whether for pleasure, education or research, and they increasingly offer related services such as access to the internet or information. For a variety of reasons, including widespread personal online access, the prospects for traditional libraries are changing and are, perhaps, uncertain.

This chapter refers only to library outlets or facilities which are open to the general public and which are typically provided by or supported by upper tier (county of unitary) local authorities. It does not seek to cover private or specialist libraries, or those within schools.

Library outlet numbers and accessibility

In July 2016 there were 3,035 static libraries in England i.e. excluding mobile provision. Analysis for this report shows that 1,972 of them were in shire areas[13]. In other words, as at 2016 some 65% of all static libraries in England were located in shire areas.

There do not appear to be any England-wide data for the number of libraries specifically in rural locations. It is not a service recorded by the Department for Transport accessibility statistics and was not a service recorded by the (former) Commission for Rural Communities in its rural services series. Gauging accessibility to them for rural communities is, therefore, not at all easy.

Cambridgeshire ACRE undertook a survey of parishes across its county in 2016. As the following chart shows, this identified that 21 rural parishes (or 11% of them) had a permanent or fixed library outlet. In this county the more common response was to have a visiting or mobile library service.

A few of the county's parishes noted less formal arrangements, such as having a library access point (e.g. within a shop) or even having some books to borrow placed in an old phone box. Although it may or may not be typical of the wider picture, this survey gives an interesting snapshot of provision in one county.

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[13] Shire areas are all those outside Greater London, Greater Manchester, Merseyside, South Yorkshire, Tyne & Wear, West Midlands met and West Yorkshire.

Type of library service within Cambridgeshire parishes, by service type (2016)
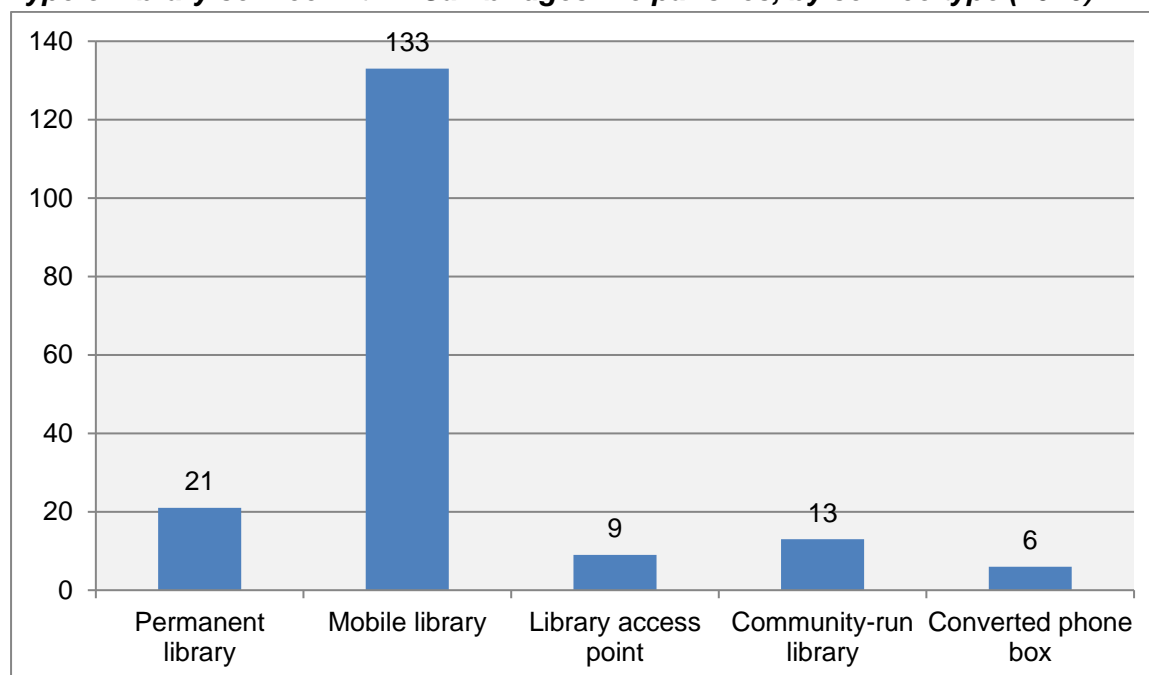
Source: Cambridgeshire Rural Services Survey, Cambridgeshire ACRE (2016)

Mobile provision (from a vehicle) is frequently used to extend the service reach to smaller rural communities. Such provision varies considerably in its scale and frequency between local authority areas. Examples[14] include:

➢ Cambridgeshire: where three vehicles make 364 stops on a monthly rota;
➢ Lancashire: where six vehicles make 780 stops on a fortnightly rota;
➢ Lincolnshire: where three vehicles make 233 stops on a four weekly rota;
➢ Norfolk: where eight vehicles make around 2,000 stops on a three weekly rota;
➢ Gloucestershire: where one vehicle makes 50 stops on a monthly rota; and
➢ Dorset: where one vehicle serves residential homes and sheltered accommodation.

A research report by OPM and Locality (2014) for Defra and Arts Council England explored trends in library provision in rural areas. It identified that libraries in general faced a number of challenges, though this was especially true in rural areas where libraries were typically smaller in size and had lower footfall i.e. fewer users. Some particular points relevant to rural libraries and their catchment areas were that:

➢ There had been less invested in small libraries, especially as resources for the sector became more constrained;
➢ There was an ageing population demographic among the user or client base;
➢ There was less likely to be an alternative library or service outlet nearby;
➢ Levels of civic participation were higher in rural areas, which could help services survive.

All of which significantly shaped the way in which rural based libraries were being operated.

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[14] Although mobile library stops are largely in rural areas, they may also stop at some urban locations.

Funding for library services

The Rural Services Network has analysed English local authority funding figures for library services. This used the 2017/18 revenue account budgets for library services of relevant authorities, namely the upper tier or county/unitary councils. In two tier areas, where there is a county council, the rural-urban classification of counties (ONS, 2013) has been used.

The analysis showed that budgets for library services in predominantly rural local authority areas were £9.50 per resident. This was £3.10 (or 25%) less than in predominantly urban areas. In short, rural communities were worse off when it came to expenditure on public library services that are local to them.

Revenue account budget for library services per resident, by area type (2017/18)

Types of local authority areas	Library services budget per resident
Predominantly rural areas	£9.50
Urban with significant rural areas	£10.30
Predominantly urban areas	£12.60

Source: Rural Services Network (2018) based on MHCLG data

Use of library services

According to the Taking Part Survey for 2016/17 (Department for Digital, Culture, Media & Sport and its agencies) 34% of all adults in England used a library at some point during the year. These figures can be disaggregated further to show that:
- ➢ 6% of all adults used a library at least once a week; and
- ➢ 12% of all adults used a library at least once a month.

Frequency of library use by adults in England during the year 2016/17

Once a week
Once a month
3 or 4 times a year
1 or 2 times a year
Not used
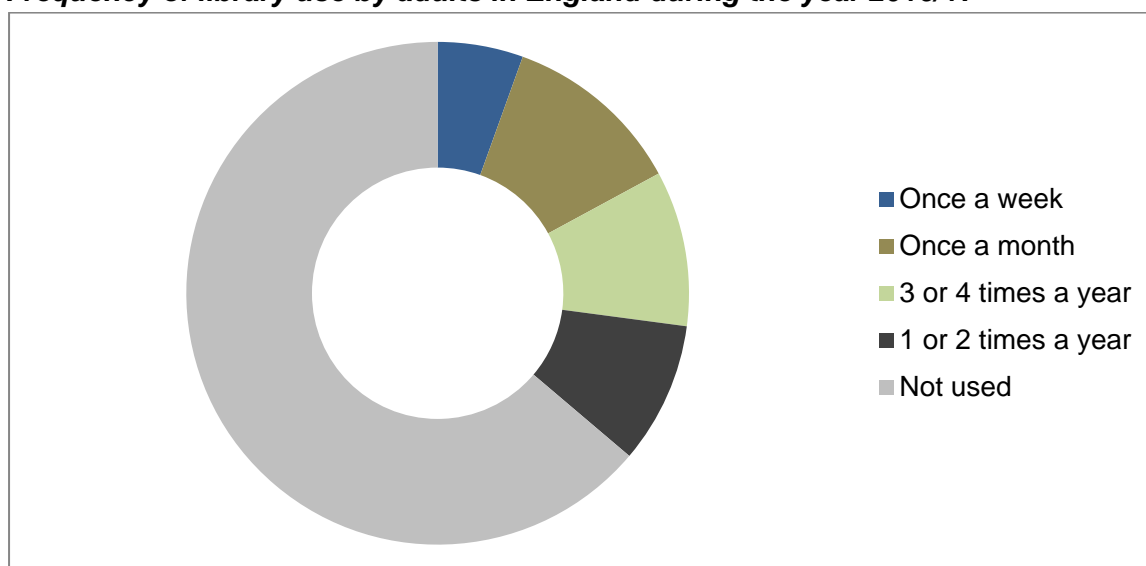
Source: Taking Part Survey, DCMS

The DCMS survey includes a rural-urban breakdown of the England usage figure. As the following table shows, 29% of adults living in rural areas used a library at some point during the 2016/17 year. This is a lower figure than the equivalent for urban residents. Moreover, the gap between rural and urban usage of libraries grew quite markedly during the five year period from 2011/12 to 2016/17.

Per cent of adults who used a library at least once during the last twelve months

	Rural areas	Urban areas	Rural-urban difference
2006/07	45%	47%	2%
2011/12	37%	39%	2%
2016/17	29%	35%	6%

Source: Taking Part Survey, DCMS

The bar chart below shows the trend in use over that five year period in greater detail. It confirms that the use of libraries by rural residents has been steadily declining. With each passing year, the number of rural adults who are library users has fallen by roughly one percentage point.

Per cent of rural adults who used a library at least once during the last twelve months
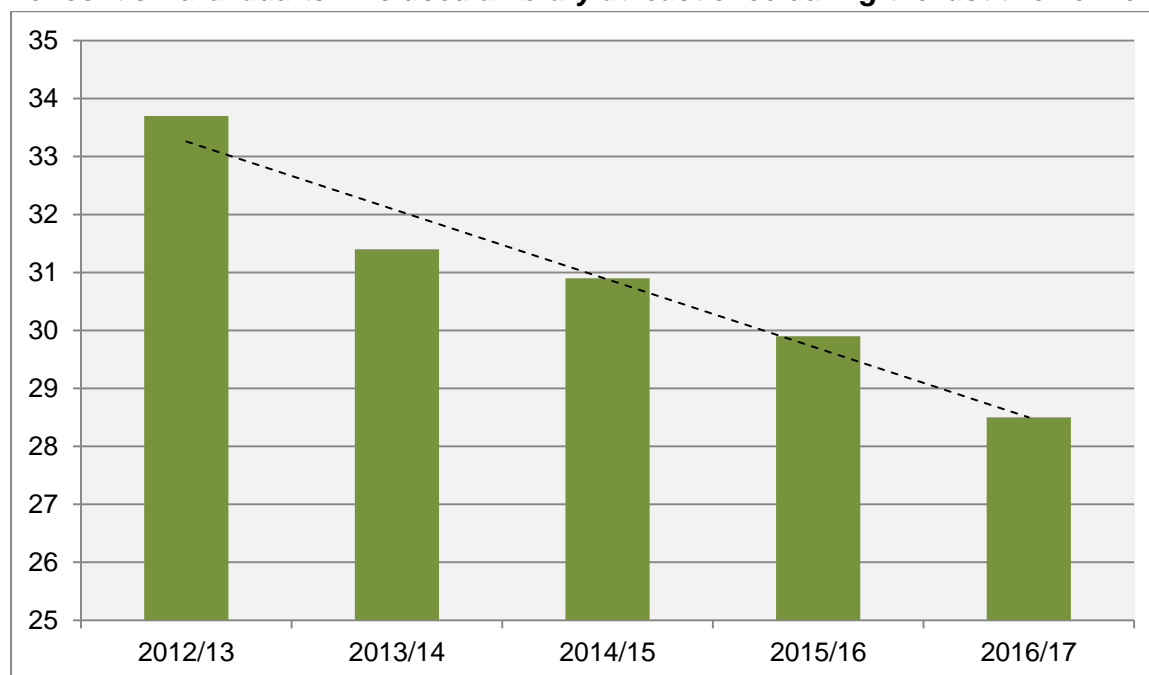
Source: Taking Part Survey, DCMS

Although it is not a finding specific to rural areas, the Taking Part Survey data also shows that declining use of libraries is common to both sexes and all socio-economic groups. However, the decline is more pronounced amongst younger adults than amongst older adults.

That said, research by the Carnegie UK Trust (2017) found that the most frequent users of libraries were women, those with children and those from the ABC1 socio-economic groups.

Innovation and community-run libraries

The research on rural libraries by OPM and Locality included, as a headline finding, the increase in community involvement in the running of rural libraries, a trend which (in 2014) they said had been strong during the previous three or four years. They noted that roughly 300 community-run libraries existed across England (rural and urban) in 2014 and at least another 50 were being planned. This (300) represented around 10% of all public libraries. Moreover, the 300 figure can be compared with a count of just 170 community-run libraries in 2012. Whilst the geography of these outlets is not described in any detail, the report does state that the majority are in rural locations. This clearly implies that community-run libraries are disproportionately found in rural areas.

Such libraries varied in terms of the role that communities or local volunteers played. At one end of the spectrum were those (relatively few) outlets which had become completely independent of local authorities and where the book stock and support systems were run by or sourced by communities. The majority of these libraries, however, could instead be described as either community-managed or community-supported, and they retained access to varying levels of local authority support, typically involving their book stock, management systems and guidance from professional librarians. The graphic below attempts to classify the spectrum of community-run libraries.

Classification of different types of community-run libraries

INDEPENDENT (NON-STATUTORY)	ASSET-OWNING	Independent community library, owns its own premises, sometimes after asset transfer from local authority
	NON-ASSET OWNING	Independent community library, with no long term lease or freehold on its premises
CO-PRODUCED	COMMUNITY-MANAGED	These are community-led and largely community delivered, rarely with paid staff, but often with some form of ongoing Council support and often still part of the public library network
	COMMUNITY-SUPPORTED	These are Council-led and funded, usually with paid professional staff, but given significant support by volunteers
	COMMISSIONED COMMUNITY	These are commissioned and fully funded by the council but delivered by a not-for-private profit community, social enterprise or mutual organisation, either existing or newly created. Councils might commission i) individual libraries or ii) the whole library service

Source: OPM and Locality (2014)

A 2017 survey of community-run libraries (Locality) also establishes that just over half (56%) of community-run libraries had a funding agreement in place with their relevant local authority. In half of these cases the agreement covered at least a three year period.

The 2014 research found that most community-run libraries had come about as a response to a threatened closure. It is perhaps, unsurprising, therefore that around one in six community-run libraries has involved a transfer of assets to the local community, involving the building freehold or leasehold (Locality 2013).

Research has been clear that community-run libraries often still face challenges, for example attracting and retaining volunteers, though many have delivered benefits. These include things such as longer opening hours and an extended range of services.

Providing a wide ranging offer to their host communities which extends beyond a traditional library role is identified as being important, not least because it can increase the scope for attracting grant funding. According to the more recent of the surveys of community-run libraries (Locality, 2017) the most frequently offered services at these venues, aside from book lending, are:
  ➢ Access to IT and digital literacy (25% of outlets);
  ➢ Venue or room hire (19%);
  ➢ Cultural and creative events (17%);
  ➢ Health and wellbeing (13%); and
  ➢ Adult education (11%).

Locality concludes that switching to a community-run library is not a process that should be rushed: it works better as a staged process, which involves sufficient training and investment. They also conclude it is generally best for community-run libraries to retain strong links with the statutory service, so they can benefit from the resources of the wider libraries network (including access to its book stock).

The OPM and Locality research makes the following suggestions for future models of rural library provision. That:
  ➢ Library services might sometimes be best delivered from service hubs, being co-located with other outlets such as shops or village halls. It describes this model as achieving economies of scope, rather than economies of scale;
  ➢ Library venues have considerable scope to become places which promote social interaction and strengthen community ties;
  ➢ Digital access to library services has potential in rural areas, but is not a panacea. More innovative use of mobile and static library provision will remain important; and
  ➢ Future libraries may be far removed from the traditional model. Local authorities should think strategically about how they can adapt library assets (buildings, staff and volunteers) to support the delivery of other services.

In conclusion, library services have been subject to significant change. This is almost certainly a result of social and technology trends, but is also driven by financial pressures, especially in rural areas where levels of public funding for the service are relatively low. Figures show that patronage of library services in rural areas has been falling year by year. Less clear is how readily rural communities can access the service, since there does not

appear to be any recent (or fairly recent) data about library outlets serving England's rural areas. It is, however, possible to say that use of mobile (vehicle) provision to extend reach into rural communities varies very considerably between local authority areas. Clearer still has been the growth in community-run libraries, with residents typically taking on outlets otherwise at risk of closure. These operate varying models, but in most cases volunteers still receive support from their local authority library service. They may face a number of challenges, but are also credited with delivering benefits and service innovation. It seems likely that rural library services will continue to evolve and move further away from traditional models of provision.

People need access to hospitals for acute or emergency care, for planned and non-urgent care and so they can visit friends or relatives who are patients. Acute (or main) hospitals offering more specialised treatments and centres of expertise, tend to be located in larger urban centres, so travel times and travel options to them will be important for rural residents. Community hospitals will often be found closer to rural communities in smaller towns, providing a hub for things such as health checks, clinics, minor surgery and convalescence after discharge from main hospitals.

This chapter is focused on hospital provision serving rural communities. However, in practice it is impossible to disentangle hospitals entirely from other types of health care facility (such as GP surgeries), not least because there are services which can be delivered at either. Indeed, the current policy push is to have fewer patients treated within main hospitals and more of them treated elsewhere, closer to where they live.
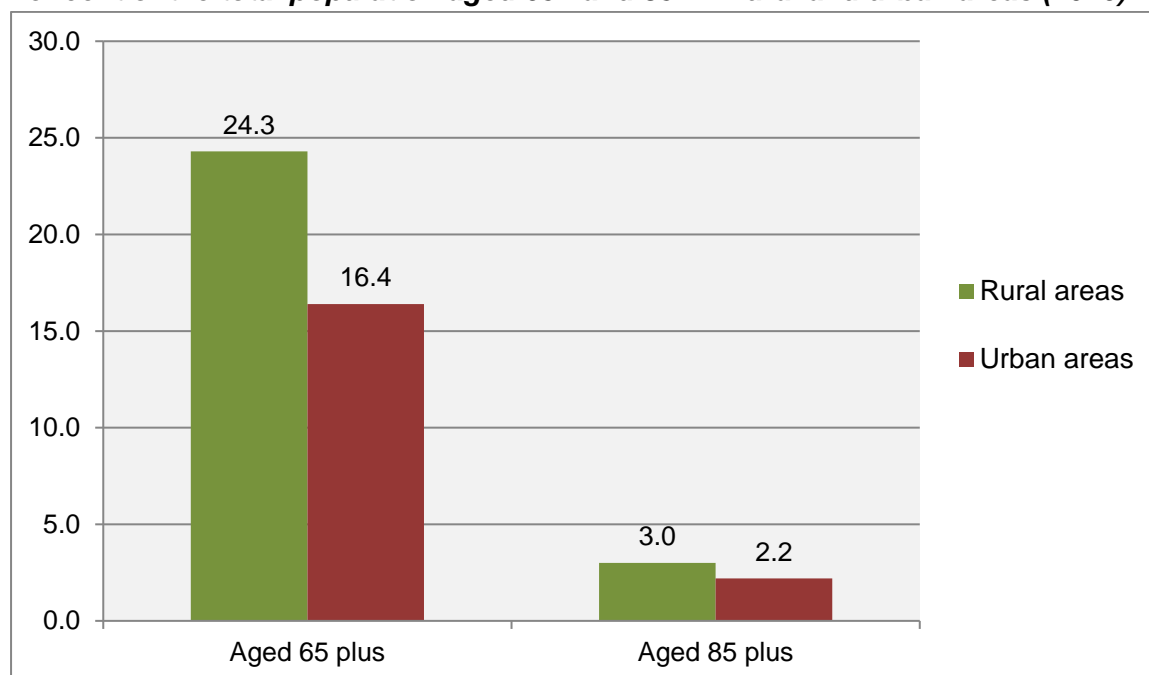
An ageing rural population

Whilst the provision of hospitals is clearly of great importance to all age groups, it is older age groups which place the most demand upon health services due to the prevalence of chronic illness, disability and mortality. The age profile of the rural population is therefore highly relevant.

In rural areas of England the age profile could be described as being skewed towards older age groups. Defra analysis shows that in 2016 the average age of a rural resident was 44.4 years, which was 5.5 years older than the average age of an urban resident (38.9).

Perhaps more significant, when considering the provision of hospital services, is the share of the total population falling within older age groups. As the chart which follows shows, in 2016:
  ➢ More than 24% of the rural population was aged 65 or over. The urban comparator figure was over 16%; and
  ➢ Exactly 3% of the rural population was aged 85 or over. The urban comparator figure was slightly over 2%.

Per cent of the total population aged 65+ and 85+ in rural and urban areas (2016)

Source: Defra (2018), based on ONS data

The population profile of England as a whole is expected to age, as more people live longer and as the numbers of working age reduce. However, that ageing trend is expected to be more pronounced in rural areas than in urban areas as a result of selective migration (with rural areas exporting young adults and importing older adults). Recent analysis of Office for National Statistics (ONS) data by IPPR (2018) shows that in rural areas:

➢ By 2038 there are projected to be 63 older people (aged 65 or over) for every 100 people of working age (aged 16 to 64);
➢ Comparative figures for 2014 are that there were then 39 older people for every 100 people of working age.

ONS population projections data further indicate that the number of people who are aged 85 and over, and who are a particular driver of demand for health services, is likely to double during the next twenty years (Rural England, 2017).

Geographic access to hospitals

Rather historic data, for 2010, shows that 11% of England's hospitals were sited at a rural location (Commission for Rural Communities, 2010). Unsurprisingly, the majority of these were in rural town or fringe areas. However, since acute, emergency and specialist hospital services are likely to be based in larger urban centres, a more meaningful measure may be accessibility to them for rural residents.

Journey time statistics from the Department for Transport show the average minimum travel time for rural residents to reach a number of service types. This includes their access to 278 hospitals, which are managed by NHS Acute Trusts and registered with the Care Quality Commission. These are therefore major hospital sites and are not community hospitals. Whilst these statistics are useful, they will simplify the experiences of some patients. For

example, not all acute hospitals provide all types of hospital service and patients are not always taken to their nearest hospital.

As the following chart shows, if travelling by car:
  ➢ Rural residents are significantly less likely than urban residents to live within 30 minutes of a hospital; with
  ➢ Almost 30% of rural residents living more than 30 minutes travel time by car to a hospital; however
  ➢ Nearly all rural residents live within 45 minutes of a hospital, so at this journey length any rural-urban difference becomes modest.

Per cent of rural and urban populations who can access a hospital if travelling by car within stated travel times (2016)
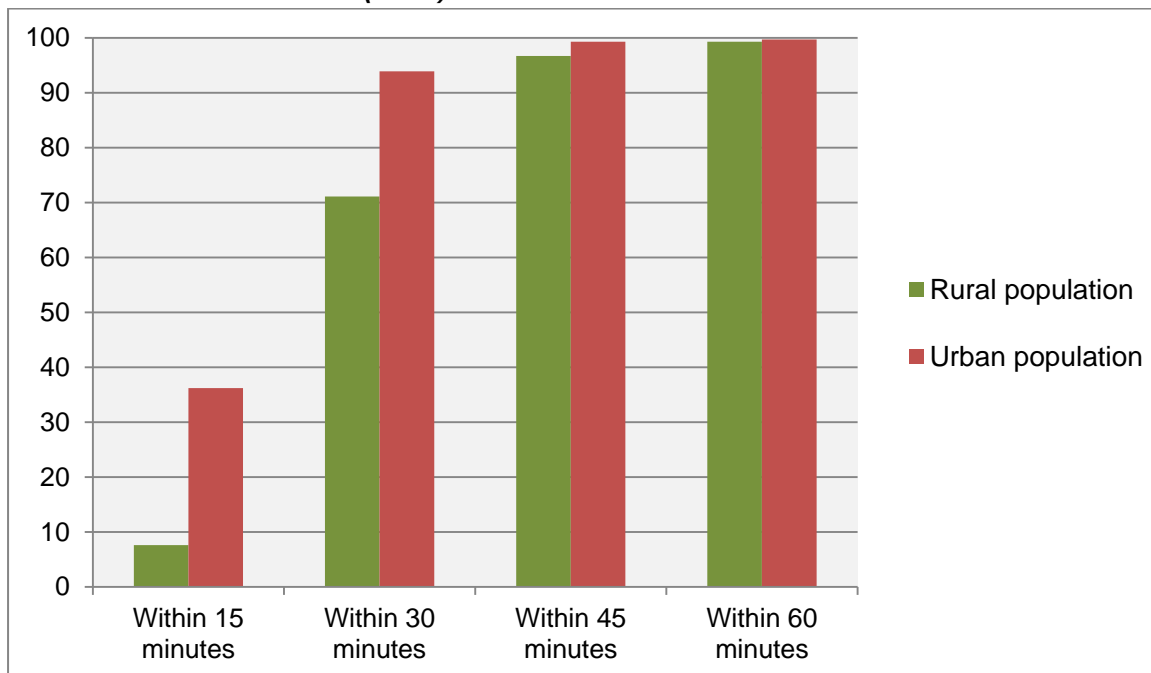
Source: Defra (2018), based on Department for Transport statistics

The rural-urban differences are more striking when considering journeys made by public transport and walking. As the chart below shows:
  ➢ Rural residents are significantly less likely than urban residents to live either within 30 minutes or within 60 minutes of a hospital;
  ➢ More than 40% of rural residents do not live within 60 minutes travel time to a hospital by public transport and walking; and
  ➢ Around 90% of rural residents do not live within 30 minutes travel time to a hospital by public transport and walking.

It could be added that these statistics do not take account of the frequency (or infrequency) of public transport, which could be an important consideration when going to timed hospital appointments. Rather they measure minimum travel time for any public transport which runs between 7.00 am and 10.00 am.

Per cent of rural and urban population who can access a hospital if travelling by public transport or walking within stated travel times (2016)
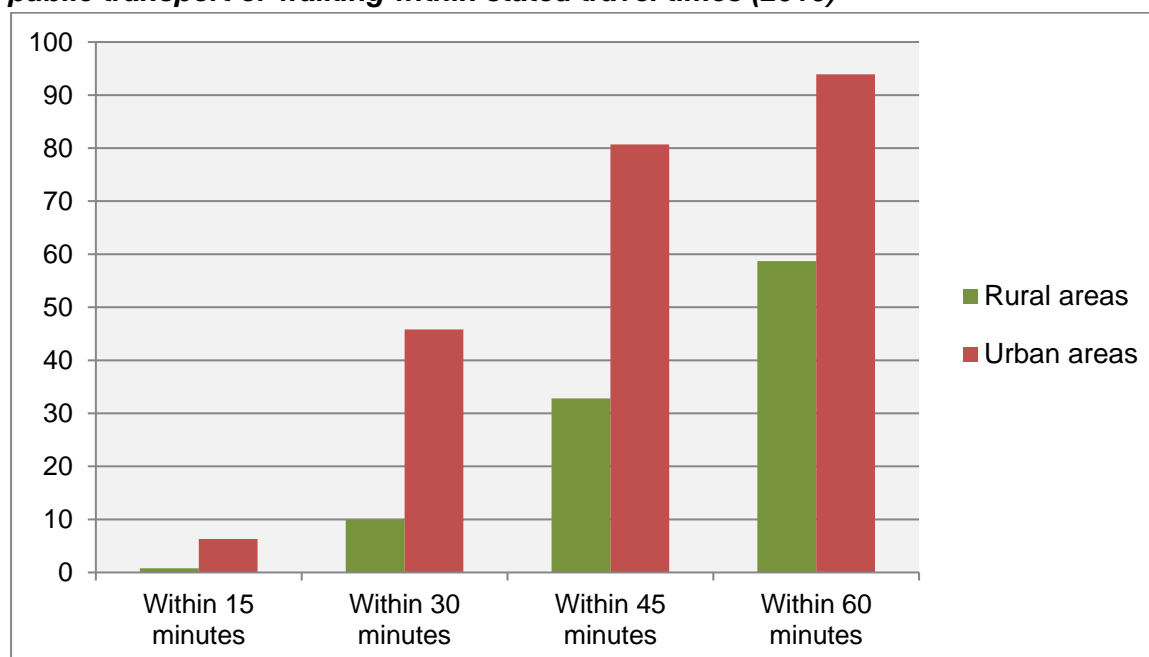
Source: Defra (2018), based on Department for Transport statistics

Comparing the latest (2016) travel time statistics with those for 2014 indicates there has been a modest deterioration in access to hospitals for rural residents. As the following table shows, this applies both to travel by car and to travel by public transport and walking. It is not known why this is: it could, for example, reflect less public transport or more road congestion or the loss of some hospital sites.

Average minimum travel time for rural residents to reach their nearest hospital (2014 and 2016)

Mode of travel	2014	2016
Travelling by car	23.9 minutes	26.3 minutes
Travelling by public transport and walking	56.5 minutes	60.6 minutes

Source: Department for Transport accessibility statistics (data accessed 2018)

The 2016 data for local authority areas indicates great variation across rural England. Measuring the average travel time to a major hospital for residents by public transport and walking, two obvious outliers are the Isles of Scilly (120 minutes) and the Isle of Wight (102). Other local authorities with particularly long travel times are Mendip in Somerset (101 minutes), Ryedale in North Yorkshire (88) and Fenland in Cambridgeshire (84).

Evidence about hospital patient transport in rural areas appears to be very limited, at least in relation to the UK. A report based on a survey of service users and healthcare workers in North Yorkshire (2013), identified rurality as one of the things that the Patient Transport Service "does not do well". Health workers cited particular difficulties getting rural patients to appointments on time and getting them back home again. A now dated report from

Scotland (Scottish Government, 2008) recognised that remote rurality is equally an issue for service providers, who must seek to deliver patients to hospital whilst working with constrained resources.

Hospital discharge

Retaining patients for overnight stays at hospital is expensive. Both for this and for medical reasons the trend has been to discharge patients sooner, if necessary by putting in place a care package at the patient's home. This process can be frustrated, however, as a result of delays at hospital or an inability to put home care in place, resulting in a delayed transfer of care (DToC) from hospital to home.

A previous report by Rural England (2017) analysed the NHS statistics and identified that DToC rates are significantly higher in rural than in urban areas. On the two DToC measures that were analysed, the rate in predominantly rural areas was found to be around half as much again as the rate in predominantly urban areas. This can be seen in the table below.

Delayed transfer of care: monthly average days per 100,000 population aged 18 or over (2016/17)

	All reasons for delay	Delays wholly or partly due to social care
Predominantly rural areas	19.2	8.4
Urban with significant rural areas	16.7	7.1
Predominantly urban areas	13.0	5.5
England (total)	15.0	6.4

Source: Rural England (2017) analysis of NHS statistics

The report listed some reasons, mentioned by commissioning bodies and care providers, for why this might be so. They included: constraints in the capacity of local care providers; the logistics (time and cost) of providing home care to dispersed rural populations; and concerns about the availability of health care support (such as GPs and pharmacies), especially at weekends.

The policy context

Sustainability and transformation plans (STPs) were announced in 2015 and are the current planning framework for NHS services. Local NHS health care providers in each part of the country were tasked by the Government with working together, as a sustainability and transformation partnership, to create a local blueprint or overarching strategy for a transformed health service. Whilst their STPs look at the whole health care system in an area, service provision at hospitals is naturally a key part of their consideration. The documents generally have a five year planning horizon from 2016 to 2021.

The high-level objectives that were set for the STP approach were:

- To put more focus on preventing ill-health and addressing health inequalities, thus reducing demand for services;
- To reduce the degree of variation across the country in the quality of care, its safety and its outcomes; and
- To improve efficiency in the health service and transform services, thus delivering financial sustainability.

A report by health think tank, the Kings Fund (2017), describes the key areas of change proposed by STPs as including the following:
- Changing the role of acute and emergency hospitals, including reducing hospital capacity, reconfiguring acute services and reviewing the provision of specialised services; and
- Redesigning primary care and community services, including more emphasis on prevention and early intervention, improving mental health services, improving productivity and tackling variations in care.

STPs also seek to address workforce recruitment and retention issues, to improve the use of IT and to try new approaches in service commissioning.

The Kings Fund report concludes that making cost savings have, in practice, been the top priority within STPs, so there is a distinct risk that financial "sustainability will crowd out transformation". It also concludes that "many STPs are clearer about what they want to achieve than they are about how the changes will be implemented". The report therefore calls for more realistic timescales for change and for credible proposals to be in place, which will improve community-based services before cuts are made to hospital bed numbers.

Rurality within STPs

No published rural assessment of STP documents has been found. For this report four STPs for notably rural shire areas have, therefore, been reviewed for their rural content and any rural evidence that they contain. They were chosen to represent a geographic spread across England. It is not known, however, how typical these four are of the rural content and evidence in STPs more generally.

It should also be stressed that STPs are not just about hospital provision, but about the totality of NHS health care in an area. That said, the future role of hospitals within the health care system is a key issue for all of them.

West, North & East Cumbria STP: this STP document is notable for citing a wide array of rural issues, including:
- The area having a very low population density and some of its towns being in isolated locations;
- This issue posing extra difficulties for health care provision. For example, travel times to a GP surgery are twice the national average;
- The nearest provider of more specialised (tertiary) hospital services being a hospital in Newcastle, roughly 100 miles distance for many residents;
- An additional burden on health services being that the population expands with the intake of tourists and visitors in the holiday season;

- The area's geography meaning that two hospital sites (in Carlisle and Whitehaven) are required for a population which would typically be served by one hospital;
- There being some duplication of services to ensure equity of access for patients, not least those in isolated or deprived locations;
- Recruitment to secondary care roles proving difficult and leading to a significant reliance on locums, which is costly and reduces continuity of care;
- Partnership working in the sector being crucial to balance the need for local provision with achieving economies of scale, to deliver safe care and good patient outcomes.

The STP states that its proposals aim to manage this challenge. It includes proposals for maximising care outside hospitals (with "integrated care communities") and by growing more local specialised services.

Shropshire, Telford & Wrekin STP: this example contains far less overtly rural content or analysis about the challenges to be addressed. Some similar challenges to Cumbria's STP are presented e.g. recruitment, but they are not directly linked back to rurality.

The STP outlines – among other things – proposals to move to a 'Future Fit Clinical Model' with integrated community services. This includes better support for prevention and self-care, a reformed (place-based) community service and primary care offer, and a review to consider whether to retain or reconfigure the three main hospitals (two of them acute).

The STP document does, however, illustrate concerns about drive times to hospitals from parts of the county and it explores the issue of "urgent rural care". It looks to enhance the urgent care offer to rural communities in a way that is both clinically and financially viable. It seeks to do this by better service integration, mobilising communities and harnessing their capacity, both as a means to improve prevention and to improve access to health care facilities.

Devon STP: no overt reference to rural evidence or rural challenges was found in this example. This finding applies to both the original document and the more recent progress document. Again, the STP raises some similar issues to that for Cumbria e.g. an ageing population, but without making any explicit association between them and rurality.

Among the most relevant (from a rural perspective) of the proposed solutions put forward by this STP are placing more focus on the prevention of ill-health, more integrated care models provided closer to where people live, making children and family services more accessible close to patients' homes and reviewing the configuration of the area's acute hospital services (which are currently delivered across four hospital sites).

Lincolnshire STP: among the core challenges cited by this document are that the area has an ageing and dispersed population, and a dispersed pattern of health service delivery. Other sections about the local context recognise that Lincolnshire is a largely rural county and they highlight a coastal issue, with its influx of summer visitors. In short, the word rural may appear only occasionally in this STP, but issues around geographic dispersal are recognised throughout the document.

Proposals for Lincolnshire health care provision include a step change to deliver most services closer to people's homes. This involves the formation of Neighbourhood Teams and an expansion of primary care-based services, developing a network of primary care hubs and community hospitals. There is acknowledgement that a "dispersed rural population may need different models [to towns] to be able to access services". However, for more specialist services some centralisation is expected, with the unit of delivery in future being the county rather than localities. Overall provision at main hospitals will be downsized.

This partial analysis of STP documents in shire areas indicates that the extent to which they consider rural evidence and expressly try to address rural challenges is very variable and in some cases patchy. Whilst local variation is to be expected, it is rather surprising that some of these STPs are almost silent on the topic of rurality. Their ambitions for more local provision of services may in part compensate, but rurality does not appear to have been a significant element of the strategic thinking.

It is clear, however, that these STPs have much commonality in the solutions they propose. They typically review the number of hospital sites and the configuration of emergency or acute services provided there. Centralisation of hospital services on medical safety and cost grounds is common, though the Cumbria STP seems more willing to balance such arguments against those for retaining easy geographic access for patients. Yet none consider more far reaching ideas such as minimum access standards.

Another common theme is growing local delivery of non-urgent services (away from hospitals). The STPs generally seek more integration of health services, more effort to reduce demand through prevention and a growing role for the community or voluntary sector. All of these could be said to have a rural dimension. Tackling vacancies and recruitment is a further common theme, which could also have a rural dimension.

In conclusion, geographic access to main hospitals is clearly more problematic for rural than for urban communities, especially for those who do not have access to a car. The relatively older age profile in rural areas also indicates more and growing demand for hospital and/or other health care services. The future shape of that service provision is being planned and delivered through the STP process. A review of some shire STP documents indicates that these are very variable in the extent to which they consider rural evidence and the emphasis they place on accessibility for rural communities. Main hospital provision is being centralised in many areas, with greater emphasis on treatment away from a hospital setting. How such changes impact on rural communities (positively or negatively) ought to be of considerable policy interest.

Public health services are preventative initiatives, which seek to promote healthy lifestyles among the population at large, in order to reduce the risk of ill-health in the longer term. Much of the activity is targeted at groups or individuals considered most at risk. Initiatives may address issues such as physical activity, food nutrition, smoking cessation and workplace health. In so doing public health promotes a better quality of life and reduces future demands placed on health care services, especially in the NHS.

This chapter focuses mainly on those public health services for which local authorities are formally responsible. However, their delivery may involve a variety of organisations. Indeed, it is common for certain public health services to be (partly) delivered in clinics held at NHS or GP surgery premises.

Context

The Health and Social Care Act 2012 gave upper tier local authorities new responsibilities and ring-fenced funding to improve the healthy life expectancy of their residents and to reduce health inequalities. Local authorities are supported in this by executive agency, Public Health England, which is responsible for the Public Health Outcomes Framework (PHOF) that sets out a common monitoring structure and the parameters for local priority setting.

The current version of the PHOF, which runs from 2016 to 2019, has four over-arching domains, which are: improving the wider determinants of health; health improvement; health protection; and public healthcare and preventing premature mortality. Local authorities may deliver against these through a mix of specific preventative initiatives, incorporating public health into their wider service responsibilities and using their partnership working to influence other local organisations. Those wider service responsibilities will include things such as leisure services, adult social services, making home adaptations and tackling homelessness (some of which are discretionary and some lower tier local authority responsibilities).

Tackling public health issues

The Public Health Dashboard, published by Public Health England, presents a range of indicators for relevant local authority areas. Namely, for the upper tier (county or unitary) councils, which are responsible for delivering statutory public health functions. This data set includes some summary indicators against seven themes where an improvement in outcomes is particularly being sought.

The summary indicators have been further analysed for this report, to identify which of thirty-eight upper tier areas, classified by the Office for National Statistics (2013) as predominantly rural or as urban with significant rural, rank better or worse than the England average. As the table below shows, the picture is quite mixed. These shire areas:

- Mostly rank better than average on childhood obesity, tobacco control, the best start in life and sexual/reproductive health; but
- Mostly rank worse than average on NHS health checks, alcohol treatment and drug treatment.

Shire areas compared with national average on public health summary indicators

Public health summary indicators	Much better than average	Slightly better than average	Slightly worse than average	Much worse than average	No data
Childhood obesity	16	17	4	0	1
NHS health checks	5	12	11	8	2
Tobacco control	7	14	6	2	9
Alcohol treatment	4	7	12	13	2
Drug treatment	2	9	11	14	2
Best start in life	15	9	9	4	1
Sexual and reproductive health	15	9	8	5	1

Source: Public Health Dashboard, Public Health England

To some extent this reflects the mixed nature of the Public Health Dashboard data set. Some of the indicators used are more descriptive of the delivery of public health services e.g. provision of health checks. Other indicators are more descriptive of the health of the population e.g. childhood obesity. Indeed, some summary indicators themselves summarise a mix of the two types of measure. It would appear that shire areas are more likely to rank poorly on indicators measuring the level of service delivery. This could reflect a number of things, including perhaps accessibility issues and the cost of delivery in rural areas.

Funding of public health services

The Rural Services Network has analysed available data about the allocation of grant funding to local authorities with respect to their public health functions. This shows that there is a sizeable rural-urban funding gap. Rural local authorities are receiving less funding per head of population than are urban local authorities.

The following table shows the allocations per head of population for a range of local authority areas, including those with the lowest and highest funding levels (Surrey and Blackpool respectively). It illustrates the very wide range of allocations with, for example, the East Riding of Yorkshire receiving £103 per head or 78% less than Blackpool in 2017/18.

Public health grant allocations made to selected local authorities

Local authority area	Allocation per head of population 2017/18	Allocation per head of population 2018/19
Surrey (the lowest)	£31	£30
East Riding of Yorkshire	£32	£31
Rutland	£35	£34
Devon	£36	£35
Cumbria	£38	£37
Leicester (city)	£79	£76
Birmingham	£82	£80
LB of Westminster	£128	£123
Blackpool (the highest)	£135	£132
England average	£59	£57

Source: Rural Services Network, 2018

To explore the rural-urban picture further, the classification of local authority areas has been employed. In two tier areas, where there is a county council, the classification of counties (ONS, 2013) has been used. This approach was taken because the delivery of public health services is a county function.

Doing so, shows that predominantly rural areas received £25 per head of population or 36% less than predominantly urban areas in 2017/18.

Public health grant allocations made to different types of local authority area

Local authority type	Allocation per head of population 2017/18	Allocation per head of population 2018/19
Predominantly rural areas	£44	£43
Urban with significant rural areas	£46	£44
Predominantly urban areas	£69	£67
England average	£59	£57

Source: Rural Services Network, 2018

The rural-urban differences seem surprisingly large and those between individual local authority areas larger still. Public health needs will certainly vary across the country. However, the analysis must raise a question, whether public health needs are actually quite so variable and whether the geographic pattern of that variation is as indicated by the funding allocations. According to the Rural Services Network explanations include that:
  ➢ Historically, much of the funding was targeted at deprived neighbourhoods, which are largely an urban phenomenon. The pattern of disadvantage in rural areas is rather geographically scattered; and
  ➢ The historic funding formula included a Market Forces Factor, which was a form of London weighting. It helps explain why allocations to London boroughs are much greater.

Allocations were originally expected to move away from their historic base, over time, towards new target levels. In practice, this has only happened to a limited extent.

Public health priorities

There are twenty-one upper tier local government areas which are classified as predominantly rural and all bar one[15] of them has a Health and Wellbeing Strategy. An analysis of the public health priorities set within these twenty documents finds that:

- ➢ The most frequently cited priority is reducing obesity (cited in 11 strategies), including encouraging people to adopt a healthier diet and to be physically active;
- ➢ The second most frequently cited priority is improving people's mental health and emotional wellbeing (9);
- ➢ Other issues often cited are giving children a better start in life (8), reducing health inequalities (7), reducing the incidence of smoking (6), reducing excess alcohol consumption (6) and helping older people stay healthy and live independently (6).

Most cited priorities in Health and Wellbeing Strategies for predominantly rural areas
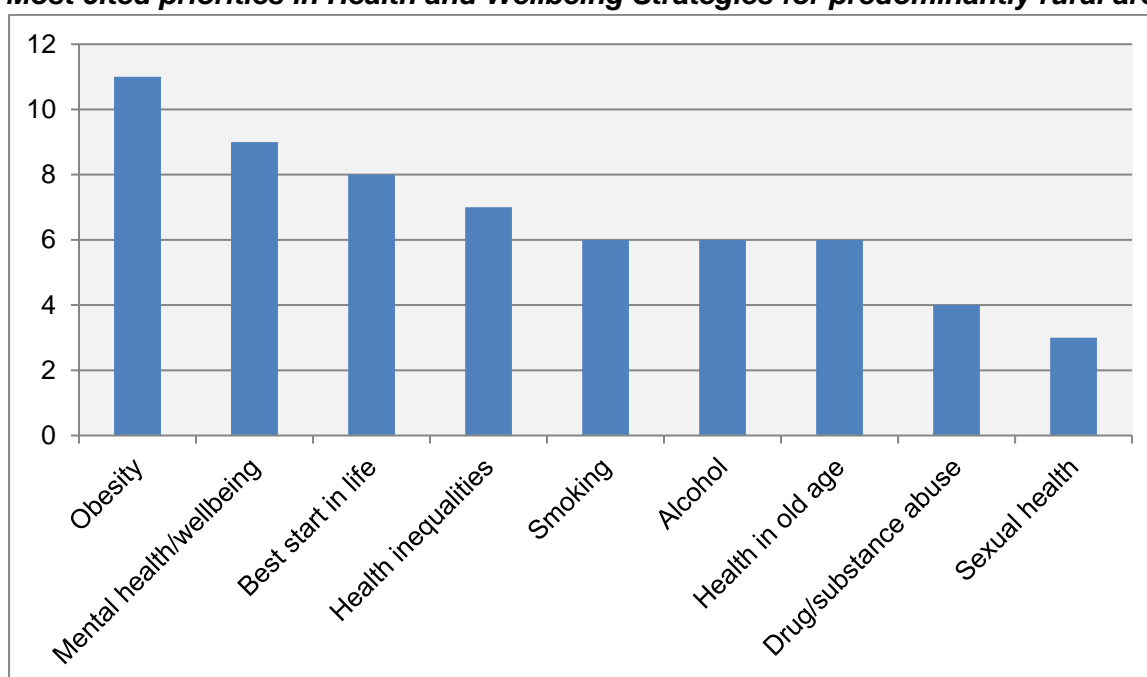
Source: Health & Wellbeing Strategy profiles. Note: issues only cited once or twice not included.

This implies that whilst rural areas, overall, may not score worse than the national average in terms of the prevalence of obesity (according to the summary indicators), it is nonetheless an issue of considerable and widespread public health concern. The analysis also shows that mental health and wellbeing is also now a common area of interest among public health professionals in rural England. However, whether such issues are linked in any way to rural circumstances is hard to say and may be a topic that merit's further investigation.

One issue that can be clearly linked to rural circumstances – that of health in old age, since rural areas have a disproportionate number of older people – is perhaps not represented as often among these public health priorities as might have been expected.

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[15] The Isles of Scilly do not have a separate Health and Wellbeing Strategy.

In the table that follows there is one example from each region of England of the priority public health issues that are set out in a Health and Wellbeing Strategy for a predominantly rural area.

Public health priorities in the Health and Wellbeing Strategies of selected counties

Health and Wellbeing Strategy	Stated public health priorities for the area
Cornwall	Reducing the incidence of smoking Encouraging physical activity Encouraging healthier diets Reducing excess alcohol consumption Reducing isolation and lack of social connections
Oxfordshire	Reducing obesity in children and adults Encouraging physical activity Improving access to health screening programmes
Suffolk	Encouraging physical activity Reducing excess weight among children and adults Improving independence for those with physical or learning disabilities Maximising use of the natural environment
Lincolnshire	Reducing excess alcohol consumption Reducing the incidence of smoking Reducing the prevalence of obesity
Herefordshire	Giving children a better start in life Reducing the incidence of smoking, especially among pregnant women Reducing the prevalence of obesity
North Yorkshire	Improving children's school readiness Reducing childhood injuries Reducing alcohol and substance abuse Reducing the incidence of smoking Reducing obesity in children and adults Reducing excess winter deaths Reducing loneliness and isolation
Cumbria	Reducing health inequalities Giving children a better start in life Improving mental health and wellbeing Supporting an ageing population
Northumberland	Giving children a better start in life Developing community wellbeing and resilience Addressing the social determinants of health Facilitating healthy lifestyles

Source: Health & Wellbeing Strategy profiles.

Access to services

There is no data set which provides a systematic or robust picture of the provision of public health services in rural areas or of their accessibility for rural populations. In part, it should be said, this is because they are a diverse range of services which in any local area are typically run by a variety of statutory and non-statutory organisations.

A report by the Local Government Association and Public Health England (2017) states that rural areas have worse access to health, public health and care services, and they require different models of service delivery. It refers to 'distance-decay', where there is a decreasing rate of service use with increasing distance from a service facility. Taking services out to rural communities is one response, although this can prove expensive for delivery bodies and delivering a range of services from 'rural hubs' can be a more financially attractive model.

One interesting point raised by the report is that certain types of public health intervention, such as delivering health checks and screening, are only really effective where they reach large proportions of a target population. This can prove quite a challenge in more sparsely populated places.

The LGA and PHE report raises other points around the complexity of delivering public health services in rural areas or making them accessible to geographically scattered populations. One example given is the commissioning of weight management services in Norfolk, which seek to help those who are overweight or obese. The local authority finds that either it would require a very large budget to make the service universal or it must take difficult targeting decisions. However, as the report notes elsewhere, targeting is far from easy in a rural context and the application of area-based indicators for targeting purposes may overlook most of those with public health needs.

Another interesting example in the report refers to treating those with the hepatitis C virus in Warwickshire. Experience showed that referring rural patients in a traditional way to appointments at hospitals resulted in a very high 'did not attend' rate, not least because of access problems from far reaching rural locations. The policy response in this instance was to bring clinics out to clients at certain community locations.

Certain public health services, such as sexual health clinics, are often delivered at GP surgeries or health centres. It is therefore appropriate to consider access to these facilities for rural communities, which is possible using Department for Transport's 2016 accessibility indicators. A rural analysis of these (Defra, 2018) finds that rural residents have to travel for longer to reach a GP surgery than their urban counterparts. As the following chart shows:
  ➢ Rural residents, on average, have to travel for a minimum of 9.3 minutes by car to reach their nearest GP surgery. This is slightly longer than urban residents; and
  ➢ Rural residents, on average, have to travel for a minimum of 18.2 minutes by public transport or by walking to reach their nearest GP surgery. This is almost twice as long as for urban residents.

It can be added, the figure for public transport does not take into account that in some locations the transport will only run a few times per day, which will be a further limitation.

Average minimum travel time (in minutes) for rural and urban residents to reach their nearest GP surgery, 2016
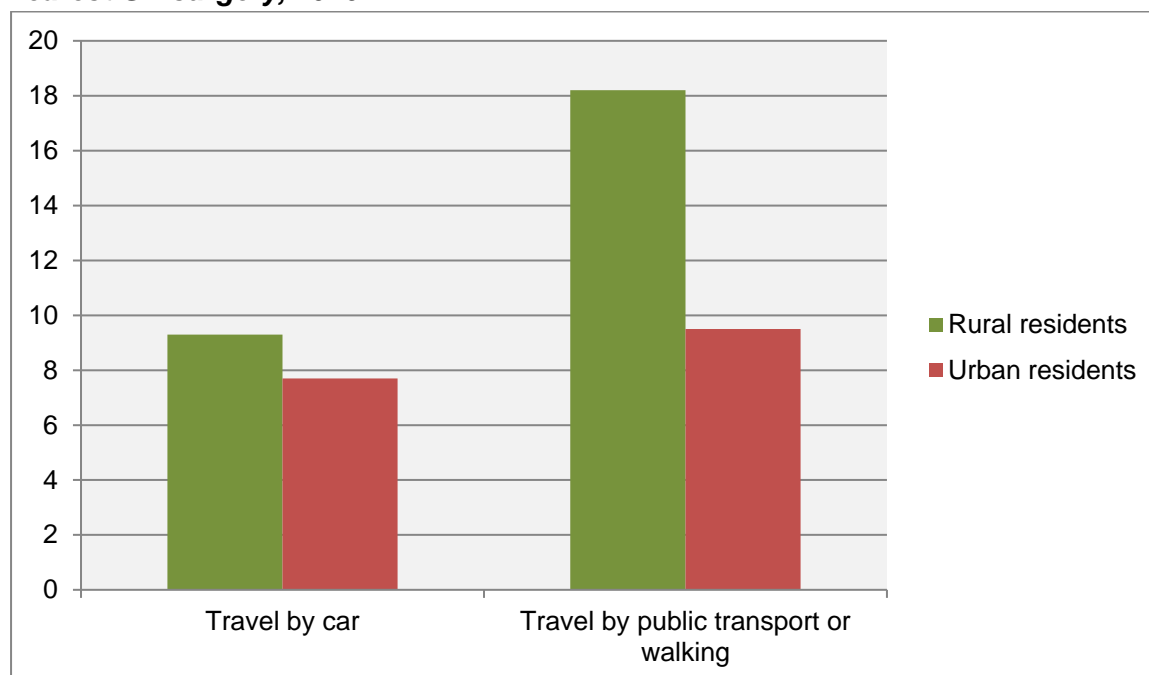
Source: Defra 2018, based on Department for Transport data

It is also noted that travel times are higher still from the smallest rural settlements (namely villages and hamlets). Average minimum travel time by public transport or by walking is approaching half an hour at these locations.

In conclusion, whilst the population in rural areas may be relatively healthy, it scores quite badly on summary public health indicators which relate more to access to or the delivery of services. This generalisation does not, though, mean that other types of public health concerns are unimportant, as is clear from the large number of predominantly rural areas which have set tackling obesity as a priority in their Health and Wellbeing Strategies. Delivering public health services and targeting public health initiatives at scattered rural populations or target groups poses various challenges for those responsible and this is often reflected in the delivery approaches being taken locally. One further issue highlighted by the evidence base is that local authorities in rural areas receive significantly less funding for their public health responsibilities than equivalent authorities in urban areas, to an extent which begs the question whether this really reflects comparative needs.

Young rural people use and care about a wide range of services, some of them equally relevant to other age groups. The top three concerns cited by 11 to 18 year olds in a recent poll (UK Youth Parliament, 2017) were the education curriculum, public transport and work experience. However, this chapter focuses on certain services specifically targeted at young people – youth clubs, youth workers, and children and adolescent mental health services. These may be especially valuable for the most vulnerable young people. Access to further education (FE) was covered in the 2016 edition of the State of Rural Services report.

There is no fixed definition of the term 'young people'. A frequently used one is those aged between 12 and 25. However, the various data sets and evidence reports quoted below adopt a variety of age bands.

Defra analysis of the 2016 population estimates produced by the Office for National Statistics (ONS) show there are almost 1.5 million young people aged 10 to 24 who live in rural settlements in England. Just over 11% of the total population of rural settlements are aged between 10 and 19. The figure for urban settlements is similar. However, whereas over 4% are aged 20 to 24 in rural settlements, the comparative urban figure is almost 7%. In short, rural areas experience a loss of young adults in the post-school age band.

Need for specialist services and support

Many young people undoubtedly live happy and fulfilling lives. However, a rural analysis of data published by Public Health England shows that young people in rural areas do not score well on a number of public health indicators. The table below list all of the published indicators which can clearly be said to relate to that age group and is not selective.

The analysis finds that young people who live in predominantly rural areas score worse than their urban counterparts on a range of indicators which measure levels of risky behaviour, alcohol consumption, smoking and being bullied. Conversely, they score better than their urban counterparts on those indicators measuring school exclusions and mental health needs. The worst scoring area types are marked red in the following table (though on three or four indicators, not cited above, it should be said the differences are marginal).

Rural- urban comparison across public health indicators for young people (%)

Public health indicator	Predominantly rural areas	Urban with significant rural areas	Predominantly urban areas
Hospital admissions due to self-harm (*2015/16 per cent for ages 10 to 24*)	0.5	0.5	0.4
Exhibit three or more risky behaviours (*2014/15 per cent of 15 year olds*)	17.9	17.1	14.8
Regular drinkers of alcoholic drinks (*2014/15 per cent of 15 year olds*)	7.9	7.1	5.5
Current smokers (*2014/15 per cent of 15 year olds*)	8.9	8.5	7.9
Bullied within the last two months (*2014/15 per cent of 15 year olds*)	57.5	57.1	53.3
Mental wellbeing score (*2014/15 for 15 year olds*)	47.5	47.6	47.6
Eating disorders among young people (*2013 per cent for ages 16 to 24*)	12.9	13.0	13.1
Took drugs (a) in the last month (*2014/15 per cent 15 year olds*)	0.9	0.9	1.0
Social/emotional/mental health needs (*2017 per cent of secondary pupils*)	2.2	1.9	2.5
Secondary school fixed period exclusions (*2015/16 per cent pupils*)	7.3	7.9	9.0

Source: Public Health England online profiling tool   Footnote (a): excludes cannabis

This analysis could be read as indicating that the level of need for support services for young people is at least comparable in rural and urban areas.

Local authority expenditure

Upper tier local authorities in England (counties and unitaries) may fund some leisure-time recreational and educational activities for young people from within their education and schools budgets, which could include open-access services such as organised youth activities and youth workers. Through their public health responsibilities they will also fund certain relevant activities, such as teenage pregnancy services and substance misuse services. Youth services can be directly provided by a local authority or can be contracted out to voluntary, community and private providers. There is considerable discretion as to what services are actually provided.

In 2016/17 those local authorities spent a total of £448 million from their education budgets providing such services, according to outturn expenditure figures. Analysis of Department for Education data shows that £252 million or 56% of the England total was spent by shire local authorities[16].

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[16] Outside Greater London, Greater Manchester, Merseyside, South Yorkshire, Tyne & Wear, West Midlands met and West Yorkshire.

The analysis also finds that local authority expenditure on 'services for young people' has decreased substantially. In the shire authorities:

> Expenditure over the three year period from 2013/14 to 2016/17 decreased by £151 million or almost 38%;
> Expenditure over the one year period from 2015/16 to 2016/17 decreased by £52 million or over 17%.

Shire area expenditure has decreased in every region of England. However, the fastest rate of decrease has been in the West Midlands – by 53% over the three years to 2016/17.

The following chart illustrates the overall trend in expenditure. It also shows that the rate of decrease has been very similar in shire and metropolitan areas[17].

Local authority outturn expenditure on services for young people (£ millions)
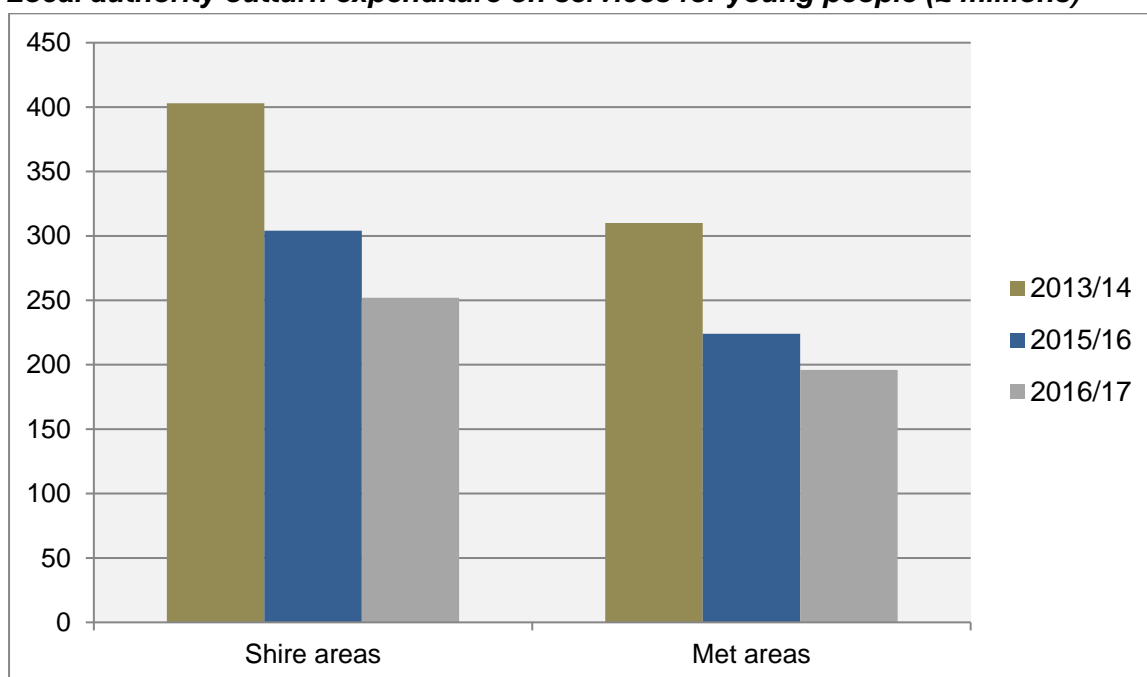
Source: Section 251 outturn statistics, Department for Education

It should be noted that there are other sources of funding, such as non-local authority grants and fundraising, which often help to support services for young people.

This trend is not new. In 2011 a Select Committee report on services for young people said that evidence given to it indicated "stark reductions in local authority funding for youth services" in at least some areas. It went on to quote a (national) survey[18] of Heads of Young People's Services, which identified that £100 million was already being cut from local authority budgets by 2012, the main impact of which was falling on youth clubs and centres. All bar two of the responding service heads said that support for youth clubs and centres was due to be reduced, and in some cases stopped, in the following financial year (2012/13).

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[17] The chart shows total (not per head) expenditure. The shire bars are highest because more young people live in shire than in metropolitan areas.
[18] Survey by the Confederation of Heads of Young People's Services

A recent report by UK Youth (2018), based on a survey of its UK-wide members, finds that youth organisations have responded to funding cuts in one of two ways. Some have closed, whilst others have managed to change their delivery model in ways that enable them to survive.

Youth organisations and youth clubs

Survey responses quoted in the 2016 edition of Local Youth Groups Today indicate the reasons why young people (across the UK's rural and urban areas) participate in youth clubs. Responses that were given by more than half of the survey respondents are shown in the following chart. Young people appear to participate for a wide range of reasons, some of which might be classified as social, some as acquiring practical experience and some as accessing support needs.

Reasons young people say they participate in youth clubs (% of responses, 2016)
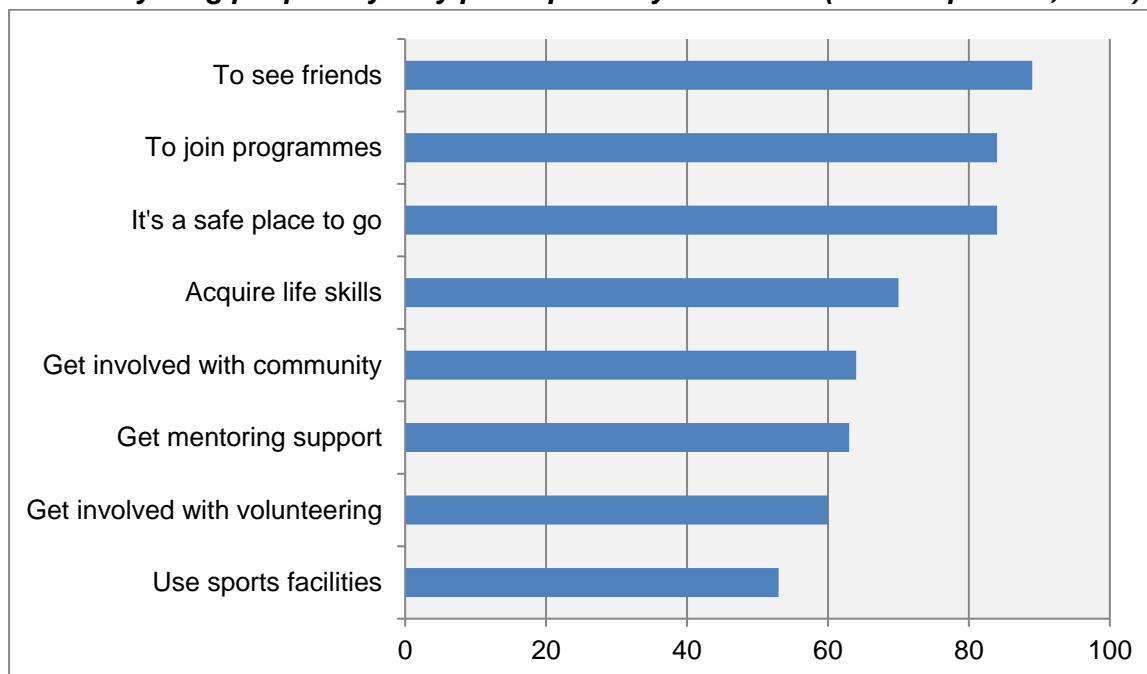
Source: UK Youth and Clear View Research (2016)

Another piece of work by UK Youth (2018) found that youth clubs play an important role tackling loneliness as experienced by young people, for instance by providing a sense of belonging, helping the development of trusting relationships and encouraging engagement with positive activities.

One way in which youth organisations have brought down costs is by relying more heavily upon volunteers to run youth clubs and activities. UK Youth (2018) describe the youth service as having "transitioned from a largely statutory provision to a largely voluntary sector led service". On average youth organisations have two volunteers for every one paid member of staff. There is also a heavy reliance upon part-time staff within the sector. This is especially true in smaller youth organisations where an overwhelming 98% of the total is employed on a part-time basis.

Additional statistics provided by UK Youth, derived from their 2018 membership survey, show that youth organisations which are based in rural locations are predominantly small, having an annual turnover below £100,000. Some 12% of all the responding members said that their youth organisation was rural based (though it should be added that some urban based organisations will serve young people from their rural hinterland). The proportion of small (only) youth organisations based in rural areas was notably higher at 19%.

One challenge that youth organisations identify, as a result of changes in the employment and funding context, is how to provide their workforce with sufficient training and skills.

Trade union, Unison, has published some evidence (2016) about changes on the ground in youth service provision. This derives from Freedom of Information data collected from local authorities and a survey of its youth worker members across the UK. It shows a pattern of youth centre closures, with decreasing numbers of supported jobs in youth work and consequently a reducing number of supported places for young people. These figures, it should be said, relate to the whole of the UK, including both rural and urban places.

Change in youth service provision supported by UK local authorities (2012 to 2016)

	2012 to 2014	2014 to 2016
Youth centres closed	359	244
Youth work jobs cut	1,991	1,661
Places for young people lost	40,989	97,909

Source: Unison surveys (published 2016)

Some further evidence comes from a survey of parishes that has been run every four years by Community Action Suffolk. Their figures indicate that fewer parishes in that county now host a youth organisation than in the past. In 2008 44% of them reported having a youth organisation. This figure decreased rapidly to 23% in 2012. It then remained at around that level, with 25% citing a youth organisation in the 2016 survey. The figures in this survey are likely to cover a fairly wide array of youth organisations – some of them local authority supported and others not.

Children and adolescent mental health services

The child and adolescent mental health services (CAMHS) are the services provided by the NHS to assess and treat young people with emotional, behavioural or mental health problems. This can include issues such as depression, self-harm, anorexia, abuse, anger, schizophrenia and bipolar disorder. There are CAMHS teams in each local NHS area, with teams that consist of nurses, therapists, psychologists, social workers and other professionals. Young people might be referred to a CAMHS team for assessment by their GP, a teacher or their own parents.

According to the Office for National Statistics (2005) one in ten young people aged 5 to 16 had a clinically diagnosed mental disorder. Moreover, the British Youth Council (2015)

reports that more than half of all mental ill-health found in the wider population starts before the age of 14, indicating that intervention at an early age is important.

The detailed CAMHS data set appears not to have been collected after 2011. However, the NHS still publishes one piece of relevant data, albeit this does not distinguish children from young people. Analysis of the 2016/17 data shows that in predominantly rural areas 87,505 people aged under 18 had contact with NHS funded secondary mental health, learning disability and autism services. They comprised roughly 16% of the service contact that happened with this age group across the whole of England.

Number of people aged under 18 who had contact with NHS funded secondary mental health, learning disability and autism services (2016/17)

Local authority type	Number of contacts	Per cent of England total
Predominantly rural LAs	87,505	16.1%
Urban with significant rural LAs	75,685	13.9%
Other urban LAs	381,865	70.1%
England / column totals	545,055	100.0%

Source: NHS Digital (2017)

The percentages in the right hand column (in the table above) can be compared with the proportion of England's under 18 age group who live in these area types[19]. This indicates that contact levels with the secondary services in question are slightly lower than might be expected from the demographic in predominantly rural areas and are slightly higher than might be expected from the demographic in the other two area types. Of course, what the NHS data cannot tell us if whether levels of contact in different areas have been affected by any external factors, such as the availability of or ease of access to such services.

Further evidence from research carried out in rural Scotland (Scotland's Rural College and Support in Mind Scotland, 2017) concluded that young people aged 16 to 24 experienced a range of mental health issues, though three issues affected this cohort more than older age groups. They were anorexia, self-harming behaviour and obsessive compulsive disorder.

The rural Scotland research also found – in a finding that was not age specific – there was a "layering" between people experiencing mental health issues, on the one hand, and geographic isolation or remoteness, on the other hand. A significantly disproportionate number of those who had suicidal thoughts or who self-harmed also said that lack of access to public transport was a barrier for them. The paper "infers" (the authors' word) that this includes problems accessing mental health care services.

A paper by the Royal College of Nursing (2016) similarly states that young people from rural areas may find it difficult to access health services, in general, given distance, cost of travel

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[19] Share of under 18 age group who live in predominantly rural areas = 19.2%; urban with significant rural areas = 12.5%; and predominantly urban areas = 68.3%.

or lack of service availability due to population sparsity. It goes on to point to "significant and unjustified" variation in the services available to young people and their families.

That same paper concluded (albeit for England as a whole) that there has been underinvestment in CAMHS. Service leaders reported that they were unable to see children at an early stage, and this lack of provision for early intervention means young people may not be seen until they present in crisis. As a result, it can require more costly acute mental health admissions, which may involve travelling further for a mental health bed.

A British Youth Council Select Committee report (2015) recommended that:
  ➢ More funding should be targeted at young people's mental health services;
  ➢ A smoother transition is needed from young people's to adult mental health services;
  ➢ Better training is needed for GPs about young people's mental health;
  ➢ Schools should provide all pupils with education about mental ill-health;
  ➢ A focus is put on finding digital solutions, as well as tackling cyber-bullying; and
  ➢ A campaign effort is needed to tackle stigma about mental ill-health.

Sexual health services and clinics

Finally, it had been intended to look at the provision of sexual health services and clinics for young people. Rural England stakeholders considered that access to these facilities might be an issue and that bearing a child at a young age might be associated with low aspirations in some rural areas. However, almost no relevant rural material could be found to evidence or analyse.

A briefing paper by the Royal College of Nursing (RCN, 2016) notes that sexual health services play an important role in achieving good health among young people, helping them understand how to protect themselves against risk and to practice safe sex. In general, young people are less likely to use sexual health services than adults. They face barriers in using services because of location, timing, accessibility, confidentiality and communication according to the Sex Education Forum (2010). Vulnerable young people are seen as being particularly at risk, with those from lower socio-economic backgrounds, who often have lower levels of educational attainment, disproportionally experiencing poor sexual health.

The RCN report goes on to say that privacy is a key issue in ensuring young people can access sexual health services. It adds that for young people living in rural areas, being able to access sexual health care with privacy is a concern, as well as the cost of travelling to where such care is available.

In conclusion, predominantly rural areas score (perhaps) surprisingly badly on many of the public health indicators about young people. Youth services and youth workers can help by providing early intervention support or by signposting to more specialist support. However, local authority spending on services for young people has reduced markedly and this appears to have had a disproportionate impact on the provision of youth clubs or centres. Whilst some facilities have closed, others have survived by finding alternate funding sources and relying more heavily on volunteers.

Around 16% of the contact that is made by children and young people with NHS secondary mental health services takes place in predominantly rural areas. This is slightly less than might be expected, though given the conclusions reached by other research reports it could be a reflection of poor rural access to such services rather than levels of mental ill-health.

The village shop is a popular rural image, selling a range of convenience store products and often hosting a post office counter. In practice, rural communities make use of a variety of retail facilities. As well as village shops, this includes supermarkets, town high streets, out of town shopping centres and online purchasing. This is potentially a daunting topic, so this chapter focuses on certain aspects, shaped partly by the availability of evidence.

It starts with online shopping and its counterpart of parcel delivery services (though delivery means, such as collection points, would also be relevant). Access to food stores and town centres is also covered as a significant rural issue. There is then a section about the role of rural convenience stores. The chapter concludes with material about community-run shops. The post office network is not specifically covered. It would have justified a chapter in its own right. Some information about rural access to post offices was presented in the 2016 report (under access to cash) and that is not thought to have altered markedly since.

Online shopping and parcel delivery

One widely reported trend has been the growth of online shopping and, allied to this, of parcel deliveries. The flipside has been a downturn in turnover for traditional retail outlets, especially those in high streets. Stories about the financial failure of well known chains or their closure of stores have become a regular occurrence[20].

According to Deloitte (2018) online now accounts for almost a fifth of all retail sales in the UK market and sales online are growing at ten times the rate of sales made in stores.

Eurostat report on further supporting evidence. They found that 82% of all UK consumers shopped online at least once during 2017, a figure which was the very highest among the 28 EU member states. Furthermore, their evidence showed that nearly a quarter of consumers say they prefer to shop online than in stores.

It is no surprise, therefore, that there has been rapid growth in the parcels delivery market. According to Ofcom (2016a) two billion parcels were delivered to UK households during the year 2015/16, a figure which is 12% higher than that for the previous year.

Other work by the regulator, confirming this trend, finds that in 2015 the average UK consumer received 31 parcel deliveries (Ofcom, 2016b). Moreover, it says that over the five year period from 2010 to 2015 the size of the UK parcels market grew by around 50%. Most of that growth came from e-commerce deliveries and most of the growth in e-commerce arose from business to consumer deliveries according to Apex Insight (2017).

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[20] This has not been blamed solely on the growth of online shopping. Factors such as business rates, slow wage growth and poor spells of weather have also been cited.

There is, however, a notable paucity of rural-specific information about online retailing, even though its growth seems likely to have a rural dimension in terms of benefits and impacts. One exception is a report by WIK-Consult (2016) which, again, highlights the 'double-digit' growth in e-commerce in the UK. That report does, at least, flag that rural consumers in some areas may be being held back (relatively speaking) as a result of poor broadband connectivity and fewer parcel delivery options being available to them.

Citizens Advice, meanwhile, reported some survey results (2017) showing that rural consumers:
  ➢ Are at a disadvantage (relative to urban consumers) because they have fewer parcel collection points near to them; but
  ➢ Are at an advantage because they are more likely to have a safe place for parcels to be left at their home (if no-one is around to take them in).

The implication (no more) is that the rural market relies more on home delivery and less on the use of parcel shops or collection points. This may be particularly relevant given that the UK has – by international standards – relatively few parcel shops or parcel lockers (25,000 in 2017 according to Apex Insight). There may also be issues for rural consumers who need to return goods they purchased online to the supplier: whether a post office can be used to return them may determine how straightforward that process is.

So, overall, it is likely some rural consumers have been less able to benefit from the online retailing revolution. It may also be that any consequent closure of traditional retail outlets will impact harder on rural consumers, assuming they have few or no alternative outlets near to them. On the other hand, a good many rural consumers are likely to have found growing options for online shopping and home delivery to be a considerable benefit. With such little rural evidence this remains fairly speculative.

## Access to food stores and shopping centres

The Department for Transport's accessibility statistics record how long it takes rural residents to reach their nearest food store and to reach their nearest town centre (where they are likely to find a wide range of shops). This is based on the average minimum travel time that the journey would take.

The following two charts are for access to a food store, the first one being for travel by car and the second one being for travel by public transport or walking. These show that:
  ➢ Access to a food store is relatively straightforward for those who are travelling by car, with just 4% of rural residents requiring longer than 15 minutes;
  ➢ There are, however, significant rural-urban differences for those who are travelling by public transport or walking;
  ➢ By this mode, almost 40% of rural residents are unable to reach a food store within 15 minutes and more than 10% are unable to do so within 30 minutes.

It should be noted that this analysis does not take into account the frequency of public transport, which could present a further issue for rural residents.

Per cent of residents able to access a food store by car within given time limits (2016)
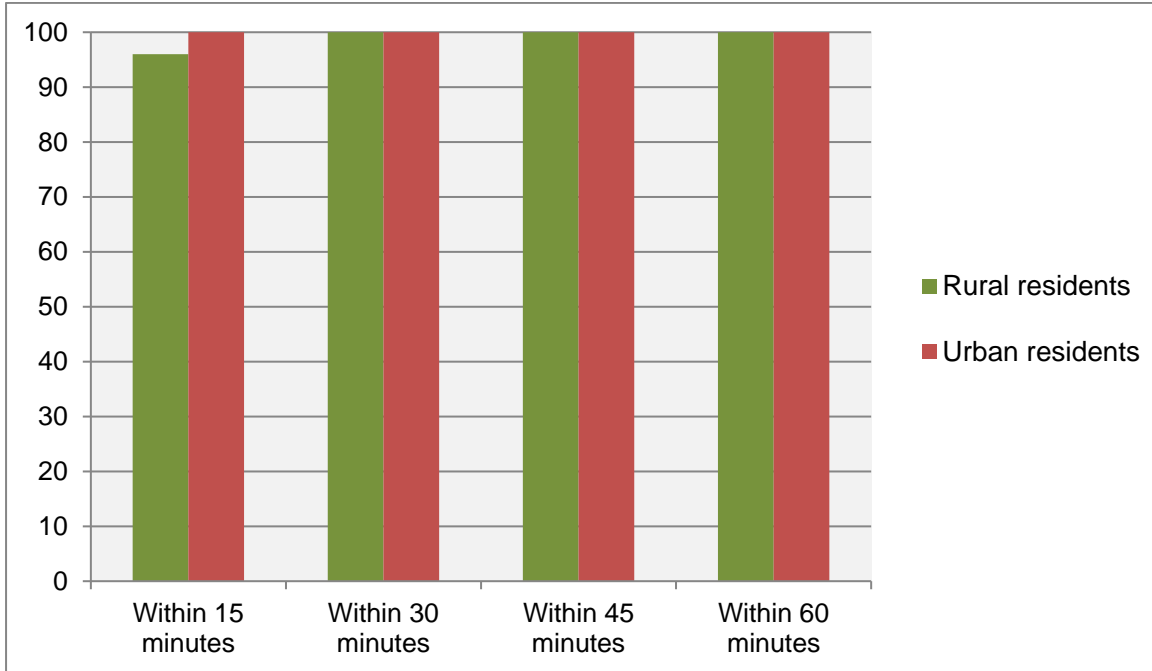
Source: DfT accessibility statistics (2016)

Per cent of residents able to access a food store by public transport or walking within given time limits (2016)
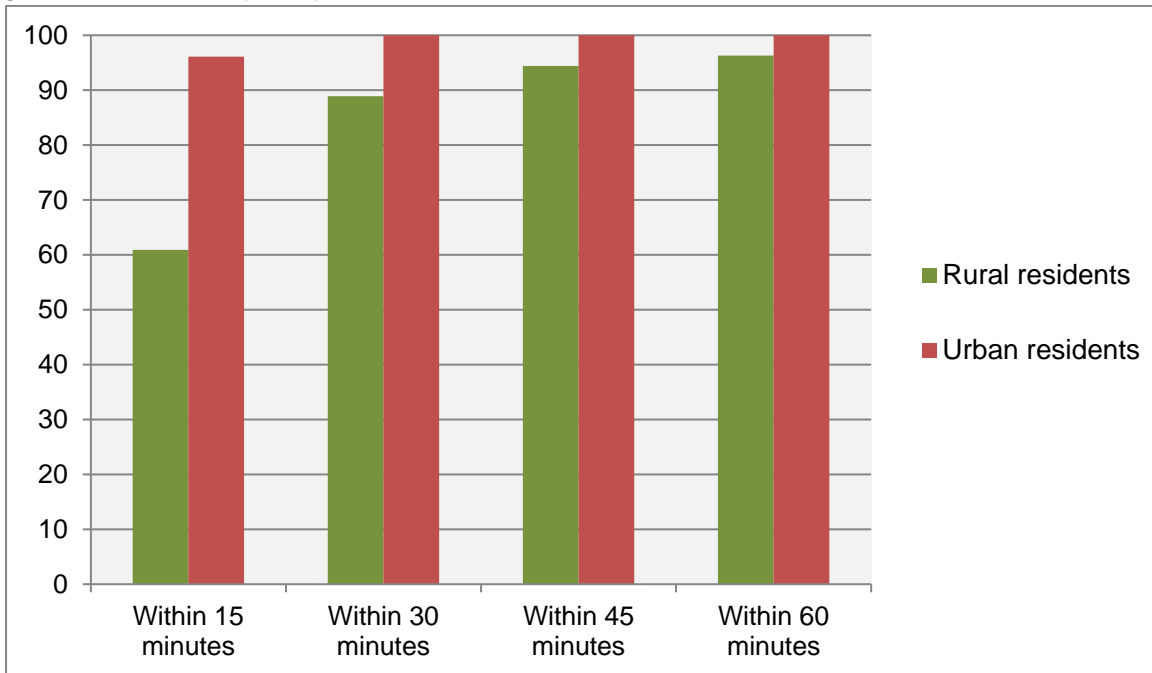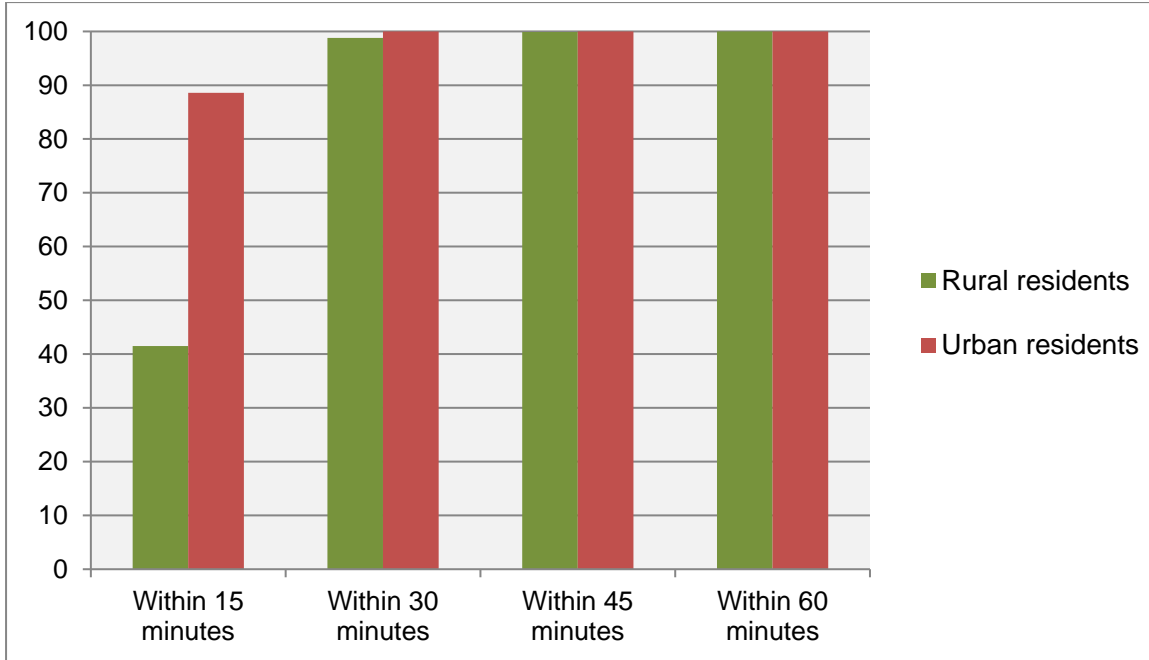

Source: DfT accessibility statistics (2016)

The next two charts are for access to a town centre, again with the first one being for travel by car and the second one being for travel by public transport or walking. These show that:
- ➢ Nearly all rural residents can access a town centre within 30 minutes if they are travelling by car (though most need longer than 15 minutes);
- ➢ Again, there are significant rural-urban differences for those who are travelling by public transport or walking;

➢ Almost half of rural residents require more than 30 minutes to reach a town centre and almost 10% require more than 60 minutes.

Per cent of residents able to access a town centre by car within given time limits (2016)

Source: DfT accessibility statistics (2016)

Per cent of residents able to access a town centre by public transport or walking within given time limits (2016)
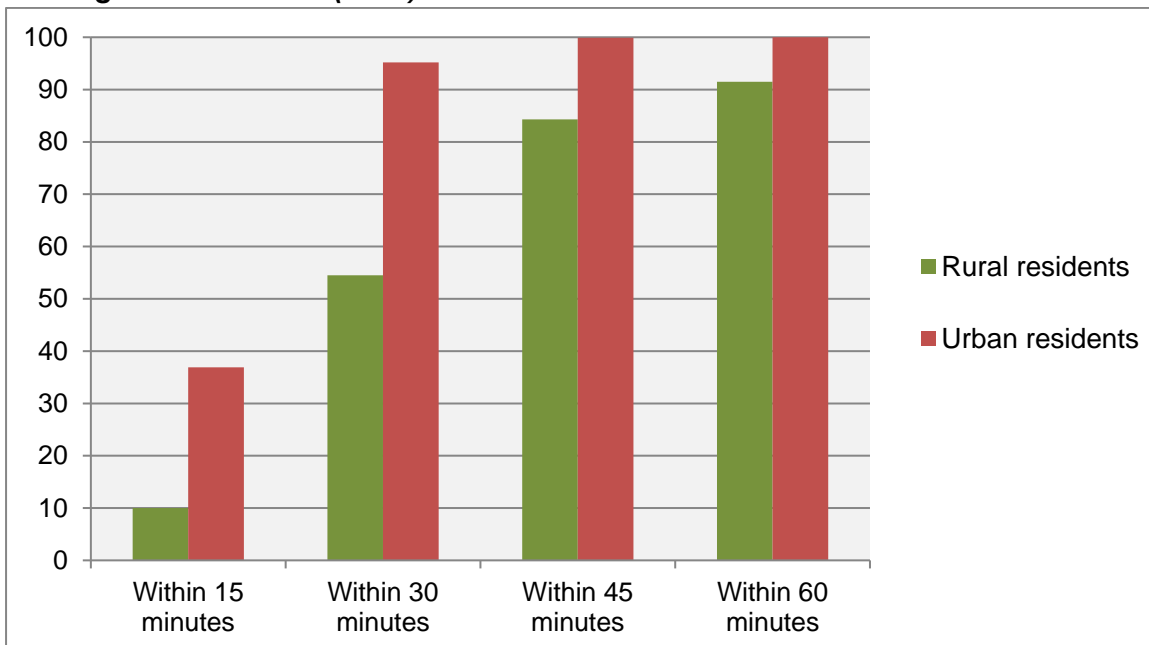
Source: DfT accessibility statistics (2016)

In short, for those rural residents who cannot depend on a car for their travel, journey times to retail services can be lengthy.

Role of rural convenience stores

There is no reliable figure for the overall number of village shops or the number which have been closing. However, according to the Plunkett Foundation that figure is thought to be in the region of 300 to 400 per year.

Thankfully the Association of Convenience Stores has measured and published rural information about that type of store (ACS, 2018), based on surveys of independent retailers and multiple retailers which it had carried out during 2017 in both rural and urban areas across the UK.

This found there are 19,164 convenience stores in rural locations, which is 38% of the national (UK) figure for such stores. The majority (57%) of these rural stores have no other retail outlets nearby, so can be described as the only outlet directly serving their community. The remainder operate within small parades of shops or within town/village centres that host a variety of outlets.

That these stores provide a particular service to their local (nearby) community would appear to be supported by the finding that almost as many customers walk to as drive to them (44% and 50% respectively).

The substantive contribution to and service delivered to their community could also be evidenced by the following:
  ➢ The average store opens for business almost 14 hours on a weekday and almost 12 hours on a Sunday;
  ➢ Some 32% of these stores contain a post office counter or facility;
  ➢ Some 53% of these stores provide a cash back service for their customers;
  ➢ Some 44% of these stores have a free-to-use cash machine (ATM);
  ➢ Some 20% of these stores provide a grocery home delivery service for customers.

The pie chart below shows the age profile of rural store customers. Two thirds of the total falls within the 35 to 54 age and 55 to 74 age bands. However, the chart disproves any notion that these stores essentially just serve an elderly demographic. Some 58% of their customers are aged under 55.

Age profile of customers using rural convenience stores (2017)
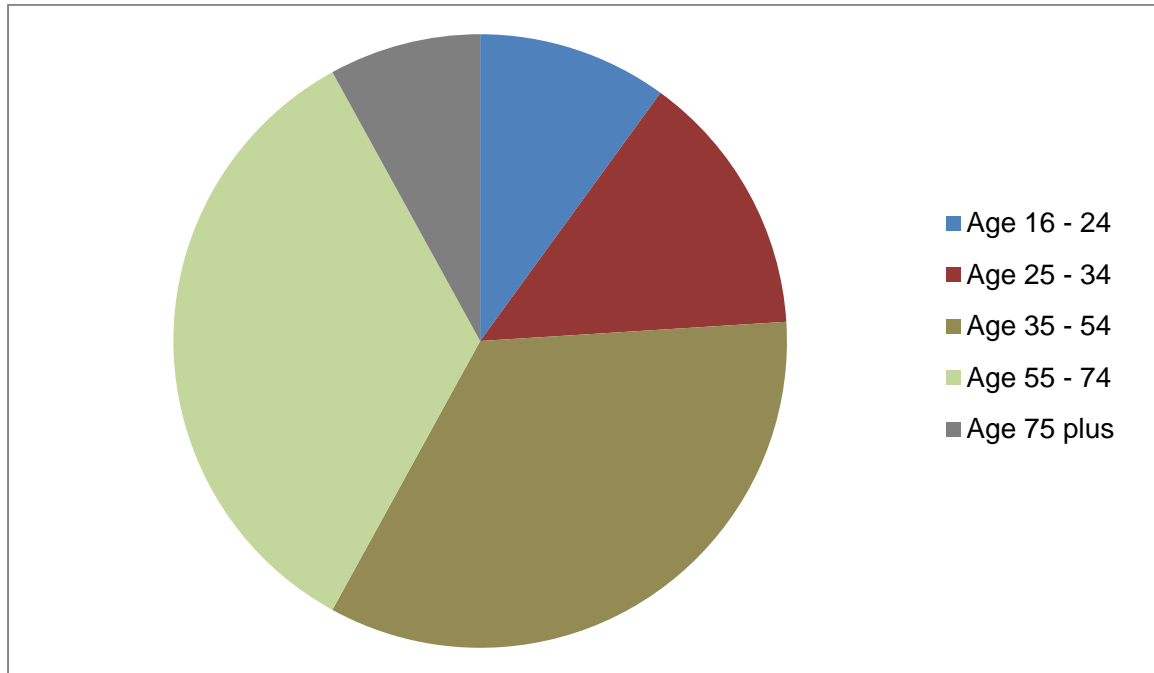
Source: Association of Convenience Stores (2018)

Frequency of use is also a notable feature, with 80% of customers visiting these stores at least once a week and 22% visiting them on a daily basis.

Community-run shops

In some places communities have taken action to address their problems accessing a shop or the loss of their local shop by setting up a community-run shop. These will be run on a not-for-profit basis and typically they rely heavily upon volunteers to reduce costs.

According to the Plunkett Foundation there were 296 community-run shops open and trading in England by the end of 2016. The vast majority of these are understood to be in rural locations, with fairly few urban examples.

Number of community-run shops operating in the UK (1996 to 2016)
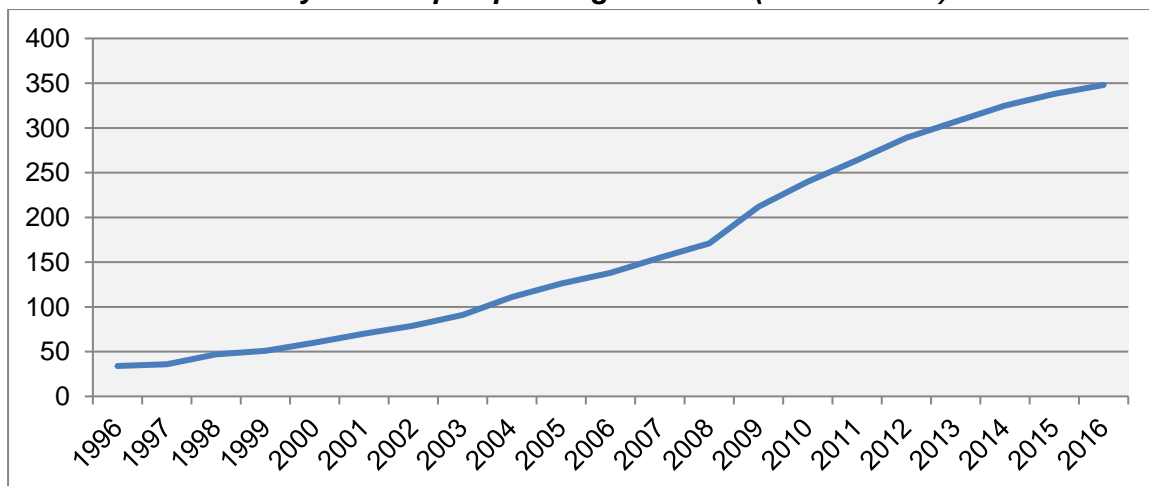
Source: Plunkett Foundation (2017)

The community-shops movement is a relatively new phenomenon. The chart above (which refers to the number of them across the whole of the UK) shows growth from just 34 in 1996 to 138 in 2006 and 348 by 2016 – a tenfold increase over twenty years. That said, the rate of growth has tailed off a little in recent years. These figures would seem to indicate that almost 2% of rural convenience stores are community-run[21].

These shops appear to have a high survival rate after their set-up. Some 99% of them have survived through their first five years of trading and 95% of all those recorded as having set-up are understood still to be open for business.

The average community-run shop employs 4 members of staff (many on a part-time basis) and receives regular help from 30 volunteers. This use of volunteers saves the average shop more than £22,000 annually.

As can be seen from the table below, 38% operate in a building which was previously used for a commercially-run shop. This is indicative that many community-run shops are set-up as a replacement where a community loses its (last) commercial shop.

Types of buildings used for community-run shops (2016)

The building was:	Per cent of community-run shops
Previously used as a (commercial) shop	38%
Converted from a non-retail use into a shop	21%
Built new for a community-run shop	16%
A village hall (and the shop runs within this)	12%
Other type of building (and the shop runs within this)	13%

Source: Plunkett Foundation (2016)

Finally, it is notable that 59% of community-run shops include a post office counter or facility. That many of these shops perform a wider role, as a hub within a community, is evident from the fact that 43% of them include a cafe.

In conclusion, the retail market is undergoing significant change, not least due to the growth of online shopping (and its impact on traditional retail stores). Surprisingly little is known about the implications of this for rural consumers, but there seem likely to be both winners and losers from among them. By contrast there is considerable data which describes the (physical) access that rural residents have to reach food stores and town centres. This illustrates the challenge for those without ready access to a private vehicle, who may face relatively lengthy journeys by other transport modes. The importance of the rural convenience store and the typically wide range of its retail (and social) offer is portrayed well by recent survey research among that sector. Its role is being complemented by continued growth in the number of community-run shops, the great majority of which are to be found in rural locations, often where there is no nearby alternative. Notable, too, is the fact that rural convenience stores (including those run by a community) frequently host a post office.

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[21] Actually, 1.8% given that there are 19,164 rural convenience stores and perhaps 340 rural community-run shops (if the 348 figure includes a few urban shops).

Personal advice services provide people with information and guidance on issues of concern to them. This can include financial, housing, employment, family and a range of other issues. Some frequently cited topics where people seek advice are access to welfare benefits, managing debt, clarifying their consumer rights and checking a legal position.

For reasons explained below this relatively short chapter focuses mainly on the services provided by the network of local Citizens Advice bodies. Their geographic spread and their breadth of service means they are relatively easier to analyse than the variety of other (often local and often specialist) personal advice providers.

Context

There is seemingly little evidence or research on this subject, at least from a rural perspective. The local bureaux of Citizens Advice are important providers, since they offer a general advice service which has a presence across England. Other providers or sources certainly exist locally and/or offering specialist or technical advice on particular issues such as housing. Indeed, it could be argued that private professionals, such as solicitors, deliver personal advice services, albeit limited to legal issues and for a charge. The main focus of this chapter is therefore the service provided by the network of Citizens Advice.

Citizens Advice notes that use of their services varies over time and between locations for a variety of reasons, which make rural-urban comparisons complex. This can include the availability of grant funding to support its services from individual local authorities and the arrival of specific policy developments in an area (such as Universal Credit). Further, Citizens Advice provides a growing proportion of its advice either online or over the phone (not least, to assist its reach into rural areas where it may not have a physical presence).

This chapter can be read alongside others about broadband and mobile connectivity, and about public library services. Both are clearly relevant to accessing advice. Indeed, it seems likely most people will start a search for personal advice online. Libraries typically display printed literature containing certain advice or advising on locally available services.

Levels of need

The most useful report found was one published by Citizens Advice Scotland (2015) which, despite not referring to England, does offer a rural analysis. It is based on the 42,000 records of clients who contacted its consumer helpline during 2014/15 and the 21,500 records from clients who visited its bureaux network during November 2014. Those records were matched up with the Scottish Government's rural-urban definition, which identifies rural settlements and small towns, as well as defining them according to accessibility or remoteness.

As the following table shows, the analysis found that contact with Citizens Advice services is broadly in line with the share of Scotland's population in each category on the rural-urban definition. In other words, rural clients are neither over nor under-represented. This is true for both its consumer helpline and its bureaux network. The one exception is a fairly high share of clients at its bureaux network from remote small towns. It can be noted, too, there is no indication from these figures that rural clients are more likely to use the helpline than to visit service outlets.

Rural share of clients using Citizens Advice services in Scotland (2014/15)

	Share of Scotland population	CA helpline	CA bureaux
Accessible small towns	9.3%	9.2%	8.0%
Remote small towns	3.4%	3.2%	6.0%
Accessible rural areas	11.7%	13.0%	9.0%
Remote rural areas	6.1%	6.2%	7.0%
All rural and small towns (totals)	30.5%	31.6%	30.0%

Footnote: in Scotland small towns have 3,000 to 9,999 population and settlements in rural areas have up to 2,999 population. Remote is more than 30 minutes drive time from an urban settlement.
Source: Citizens Advice Scotland (2015)

The results of a UK-wide survey by the Financial Conduct Authority (2018) may imply that rural consumers are likely to have below average needs for advice about financial problems. For example, when compared with urban consumers, it found that they are:
 ➢ Less likely to be users of credit;
 ➢ More likely to pay off monthly credit card bills; and
 ➢ Less likely to have been overdrawn during the previous year.

It is possible this reflects or partly reflects the older demographic in rural areas. However, this is a relative measure and rural needs in respect of financial problems should not be under-stated. For example, the survey also finds that:
 ➢ A fifth of rural consumers had an overdraft during the previous year;
 ➢ Some 600,000 had taken out a high cost loan during that period; and
 ➢ The average amount owed by rural consumers with a debt is £9,570.

Profile of service users

An analysis of service users by Citizens Advice covering rural areas in the north west of England finds that:
 ➢ Clients come from a wide range of age groups, but the largest client groups are those aged between 50 and 64. There is a lower peak among 30 to 34 year olds;
 ➢ Clients are somewhat more likely to be female (56%) than male (44%);
 ➢ 10% of clients are disabled and another 35% have a long term health condition; and
 ➢ Half of all clients still make contact with the service by attending in person.

As the following pie chart shows, the six main issues for these service clients are those classified as benefits and tax, debt, financial services, family and relationships, employment and housing.

Issues for Citizens Advice clients covering rural areas in north west England
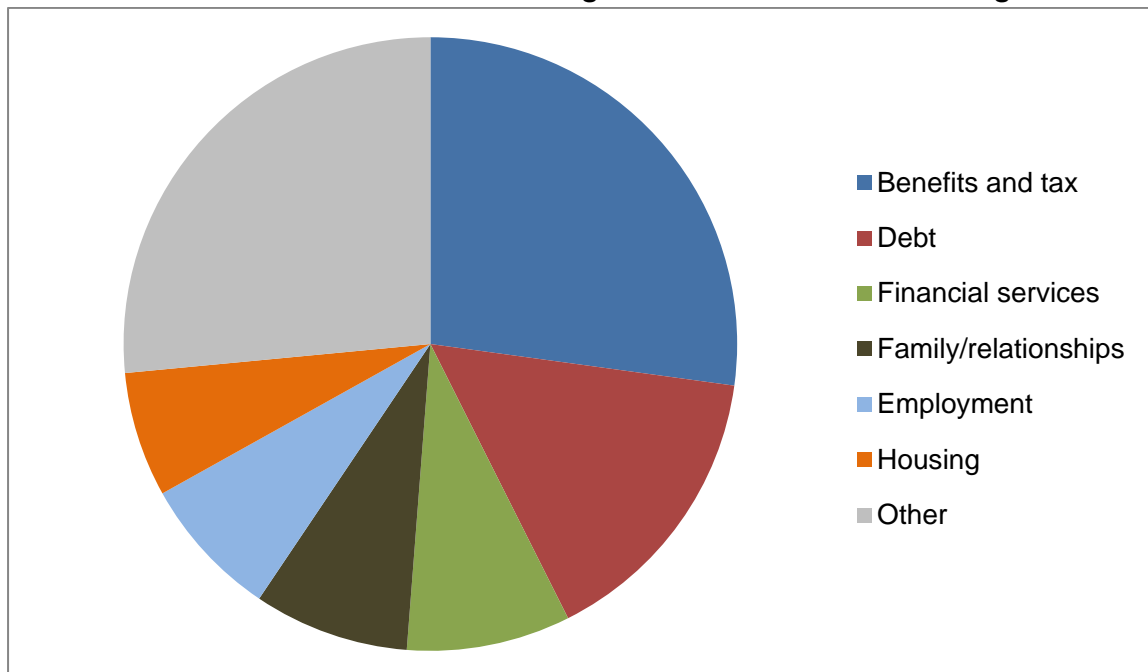
Source: Citizens Advice North West

The Citizens Advice Scotland (2015) report highlights the type of client that is most over-represented in each type of area on the rural-urban definition. It found that the most (proportionately) over-represented clients were:

> ➢ In large urban areas: immigrants and asylum seekers;
> ➢ In other urban areas: those with payday loan debts;
> ➢ In accessible small towns: those with bank account problems;
> ➢ In remote small towns: those with broadband issues;
> ➢ In accessible rural areas: those with broadband issues; and
> ➢ In remote rural areas: those with health care issues.

Service location and accessibility

No measure of the number of Citizens Advice bureaux or other advice services that are located in rural areas has been found. Nor, either, has any measure been found of rural residents' accessibility to such service facilities.

Online searches, unsurprisingly, indicate that Citizens Advice bureaux tend to be based in larger rural towns. However, they also indicate it is common practice to run part-time outreach advice clinics at other rural locations. Evidence drawn from a few bureaux shows outreach provided at sites such as village halls, libraries and GP surgeries.

That evidence also finds efforts to provide more advice to harder-to-reach clients by email and consideration of provision using web chat facilities.

Citizens Advice Diss, Thetford and District (2018) notes concern about the wider provision of advice services in its area, not least from more specialist providers and including access to legal advice. Some other advice agencies in Norfolk have closed during the last two years and others have reduced their offer as a result of funding pressures. This can be a problem where those services delivered technical advice which Citizens Advice volunteers have not been trained to cover. However, it also notes maintaining good links with one or two local, charitable advice providers, such as Harleston Information Plus, which it views as an excellent resource.

Many of the rural issues that are cited in the next sub-section also bear on service accessibility.

Rural issues for clients

The Scottish report highlights a number of rural cost and rural access issues, with examples given from its bureaux network. These include public transport availability, fuel costs for drivers, housing costs and availability, domestic energy prices and digital or online access.

This is backed up and added to in evidence provided by Citizens Advice Diss, Thetford & District (who operate across part of Norfolk and in a small part of Suffolk). They identify a number of issues associated with rural clients from their regular workload, which are:

- ➢ Digital exclusion: clients without access to broadband connectivity or with inadequate digital skills. This creates particular issues with access to digital-by-default services, including the DWP's universal job search service for those on out-of-work benefits;

- ➢ Service closures: clients finding it harder to access banking services, not least as more and more smaller bank branches are closed;

- ➢ Public transport: the loss of bus services making it hard for some to access services, including the Citizens Advice face-to-face service. Travel to health care, such as hospital appointments, is a key issue. So, too, is job finding for some clients without a car, if employers are reluctant to take them on in case transport arrangements make them unreliable;

- ➢ Access to food banks: there being no provision in many rural areas. Some clients walk many miles to access food or a meal;

- ➢ Energy: many clients are off (mains gas) grid and rely on oil home heating systems, which are relatively expensive to run. Some have insufficient income or savings to refill their oil tank;

- ➢ Mental health: an increasing number of clients are reported to have mild or moderate mental health issues, with isolation often being a contributory factor;

➢ Welfare benefits: some clients struggle with the upfront cost (fares) of travelling to DWP assessment centres, which can only be claimed retrospectively. Some clients from outlying areas report making long journeys to attend a PIP or ESA assessment interview, required for their welfare claim, and then being turned down on grounds they are fit enough to travel over the one hour threshold;

➢ Border issues: clients near an administrative border may find it hard to reach the advice service or bureaux serving their own locality. Indeed, a service across that boundary may be closer or simpler to reach. For this reason Citizens Advice Diss, Thetford and District has an arrangement with a neighbouring bureaux through which it serves clients from one part of Suffolk.

Some of these issues are also mentioned in a report from Citizens Advice Sedgemoor (Hubbard, 2017) about the introduction of Universal Credit in a partly rural area of Somerset. It says that concerns for clients included: access to digital, given that applications must be made online; access to Jobcentres, as applicants are required to make one visit; the decline of bus services; a paucity of food banks outside of towns; and low levels of literacy, making it difficult for some applicants to deal with the correspondence.

In conclusion, some caution must be taken in drawing rural conclusions from the limited evidence on this topic. Nonetheless, it indicates that the level of use of Citizens Advice services is broadly in line with expectations, given the scale of the rural population. The range of concerns for service users in one region are perhaps no surprise, either, the prime ones being benefits and tax, debt, financial services, family and relationships, employment and housing. There are, though, some particular rural issues which arise for clients using personal advice services. They include digital exclusion, access to certain service outlets, a lack of public transport, travel costs, home energy bills and access to food banks.

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Stakeholders

RURAL ENGLAND
NETWORKING / RESEARCH / LEARNING
Community Interest Company

Supporters