



STATE OF RURAL SERVICES 2018

SUMMARY REPORT

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SUMMARY

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

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

- 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).
- 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.
- 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.
- 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.
- 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 fares².
- Four shire local authority areas no longer have any budget set for subsidising bus routes. They are Cumbria, Isle of Wight, Oxfordshire and Wiltshire.
- 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.
- 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.
- 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

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

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

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

- 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).
- 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.
- 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.
- 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.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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

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

- 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.
- 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.
- 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 minutes³).
- 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.
- 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.
- 80% of rural convenience store users visit at least once a week. These users come from a wide range of age bands.
- 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

- 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.
- 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.
- 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.
- 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.

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

- 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.
- 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.
- 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.
- 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:

- 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;
- 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;
- 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;
- 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.



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01822 851370



info@ruralengland.org