

Report to: **Hub Committee**

Date: **12 July 2022**

Title: **Update on progress of Rural Health and Wellbeing Pilot**

Portfolio Area: **Health and Wellbeing – Cllr Leech**

Wards Affected: **Bere Alston**

Urgent Decision: **N** Approval and clearance obtained: **Y**

Date next steps can be taken:

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Recommendations:

That the Hub Committee:

- 1. endorse the approach adopted by the Pilot Project with the aim of improving health and wellbeing of residents; and**
- 2. note and endorse the publicity campaign to raise awareness of and access to the support already available to residents impacted by the cost of living challenges.**

Executive summary

- 1.1 The Project aims to deliver the request of Elected Members in their Corporate Strategy Objective (Delivery Plan Action CW1.1) to co-ordinate partners to deliver a rural health and wellbeing pilot study in an area of West Devon.
- 1.2 The Project is part of the Strengthening Community Wellbeing theme of the A Plan for West Devon strategy that is focused on reducing health inequalities and rural poverty.
- 1.3 The overall objectives are to reduce the impact of rural poverty, improve health and wellbeing and to measure long term improvements to health and wellbeing using health inequality indicators.
- 1.4 As the health indicators have been reviewed it has become clear that poverty is just one of the factors effecting health and wellbeing. When

trying to address rural poverty it is sensible to address other health and wellbeing issues as they are likely to be linked.

- 1.5 There is a likelihood that use of the term "poverty" will have a negative impact on the community that we are intending to support, and be a barrier to constructive engagement. There is a social stigma to being linked with poverty so the project will be referred to as a Health and Wellbeing Pilot. Issues around rural poverty will continue to be central to the Pilot.
- 1.6 The location of the Pilot has been chosen based upon advice and data from Devon County Council's Public Health Team. Appendix B (area Profile for Bere Ferrers) provides a comparison between Bere Ferrers and other West Devon LSOA (Lower Layer Super Output Areas). LSOA's have an average population of 1500 people or 650 households. This provides a comparison against similar sized areas. Indicators that were reviewed included Income, Employment, Education Skills and Training, Health and Disability, Crime, Barriers to Housing and Services, Living Environment and Income Deprivation affecting Children. South Brent consistently scored low against these indicators in comparison to similar sized areas.
- 1.7 The LSOA areas are shown in Appendix C on a map that identifies the geographical boundaries of Bere Ferrers LSOA and the Ward Councillor's Area. The pilot will extend to the greater area (ie the Ward Councillor Area), looking at what support is available to those areas, what the local issues are and enabling community led solutions.
- 1.8 Key to the success of the project is the enabling of communities to select their own outcomes that they consider to be desirable and have the most important effect upon their wellbeing. For this reason the objectives of the project in the initial stages will remain broad. We will give the Communities the ability to determine what success will look like for themselves.
- 1.9 It is essential that we work in partnership with other Statutory organisations and also with the Voluntary and Community (VCO) sector who are the key to the long term sustainability and lasting legacy of the pilot.
- 1.10 Current partners in the project include Devon County Council, Primary Care Networks, Police, CVS, Citizens Advice, Parish Councils, South West Water, Livewest Housing, Fusion, Devon Communities Together, Action for Children, Learn Devon, Young Devon and The Football Association.
- 1.11 Residents are currently experience a range of cost of living pressures that may impact on their health and wellbeing. Whilst the pilot project is both longer term and aspirational, there is much that the Council is doing now to respond to the current challenges.

- 1.12 The Council has launched a campaign to make residents throughout West Devon aware of the support that is being provided. This is summarised in the leaflet in appendix A. To date we have paid out twenty thousand payments of the Government's £150 cost of living support grant, extended the grant funded Vulnerability Officer for a further three years to assist the most vulnerable in our community, agreed a discretionary Council Tax rebate scheme for vulnerable households (not eligible for £150 scheme.) and allocated over (300k in WDBC) for Green Homes Grants to improve heating and insulation in existing properties.
- 1.13 We will continue to develop our support directory giving easy access to customers to access services that are of benefit to them.

2. Background

- 2.1 Rural poverty is the term used to describe the negative inequalities that exist when a person lives in a rural area, as opposed to somewhere more urban. The relevance of rural inequality is only significant where it has a detrimental effect on the person, family or community that is experiencing it. Many residents will have chosen to live in West Devon for the lifestyle and environmental benefits, which is why the negative impact of rural poverty is most prevalent as an individual's circumstances change, i.e. they need to find work or housing, develop new care needs or become more or less independent.
- 2.2 The pockets of "rural poverty" within West Devon are well hidden by the relative affluence of the district as a whole. The area has some really effective Voluntary and Community activity in the area and it is important to highlight areas where this work is successful and could be extended to provide additional support to the communities that need it most. The Council and its partners should empower communities to create sustainable solutions that have strong foundations and the flexibility to best meet the needs of the local people.
- 2.3 The Borough Council is an important enabler in ensuring that communities are well served by key services; health, transport, policing and for ensuring that required services are accessible to everyone, including hard to reach groups.
- 2.4 The Council has been able to use public health data to establish those most affected by health inequality in the pilot area. This will allow us to initially target our resource to help to raise awareness of the data that defines the community, and develop actions to ensure effective and inclusive engagement throughout.
- 2.5 The Covid pandemic demonstrated just how effective community groups can be in assisting the local population where there is a clearly identified need.

- 2.6 The Council has actively engaged with a number of partners including Parish Councils, Devon County Council, Primary Care Network, Police, Fusion Leisure, Livewest, The Football Association, South West Water, CVS and Citizens Advice
- 2.7 In Bere Alston we have attended a community health and wellbeing session and taken the opportunity to share the public health data with partners at the event. We have identified a central community location for future projects and additional key contacts that are already working to support the community. We will be arranging an initial meeting of partners to understand the existing service provision and identify any gaps that may exist. We have also established key connections that we can utilise for making new referrals to specialist agencies that provide support on a range of issues, such as Action for Children and the Tamar Energy Community.
- 2.8 The information in Appendix B provides a profile of health data in Bere Alston. The most striking aspect of the data was that Bere Alston experiences the highest number of children effected by poverty in West Devon.
- 2.9 Whilst West Devon is effected by wider health inequalities there is already a true sense of community in place with many effective and ambitious support schemes already in place. Partners are committed to acknowledging and continuing this work whilst working together to identify any gaps in the services provided.

3 Outcomes/outputs

- 3.1 The overall ambition of the project is to reduce health inequalities by helping to build on an existing community infrastructure that provides a sustainable solution to the health and wellbeing needs of the community.
- 3.2 Interventions will also aim to reduce rural poverty by signposting to support services such as for example; energy and money advice, action for children and services that support training and enterprise such as Learn Devon and Devon County's Health and Social Care Skills Accelerator programme. The Council will also look to at opportunities to directly deliver Council services in these areas with support from partners.
- 3.3 In reality some interventions may be too small to have an overall impact on area statistics but may in the short term assist individual families in the communities to improve their wellbeing and reduce the impact of health inequalities. Success may not be immediate, some health inequalities will take years of support to change and effect the public health indicators.

- 3.4 We intend that the community members themselves will tell us what the successful outcome of the Council working in a focussed way with the community will be. This will empower communities and make them jointly responsible for the outcomes they wish to achieve.
- 3.5 One of the key outcomes that will be achieved by working closer with communities is a better understanding of local need and existing services. This will also help build trust and a stronger relationships to guide future service consultation and delivery.
- 3.6 In terms of the immediate work being carried out , the Council has produced a leaflet that summarises the support on offer to residents across the whole of West Devon and signposts them to where they can get that service (Appendix A)

4. Options available and consideration of risk

- 4.1 With regards to the Health and Wellbeing Pilot Project the Council has taken care to identify existing services, support and infrastructure that is already in place to ensure that they are not duplicated or ignored. It is important to build on existing success.
- 4.2 The option of providing short term one off interventions was considered and whilst some may be effective in the short term, we want to provide a lasting, sustainable legacy from our closer involvement with the community. Communities need to be worked with and not "done to".
- 4.3 We have consulted with public health experts to ensure that we follow a tried and tested model of intervention.
- 4.4 We have received a direct steer from Members in the Council's strategy to help to deal with rural poverty and by association wider health and wellbeing.
- 4.5 Consultation has taken place with partner organisations, communities, Local Elected Members and Lead Elected Members for Wellbeing.
- 4.6 The Council has identified the pressures that residents are experiencing now in relation to the cost of living and reacted quickly by ensuring that schemes are in place to support residents and that these are well publicised.
- 4.7 We have chosen Bere Alston as a pilot area due to there already being a strong community infrastructure that we can work with and some gaps in service provision that we can identify and support. The Health Data for the area suggests that improvement can be made, not least in the poverty effecting children criteria.

5. Proposed Way Forward

- 5.1 The Project will now progress to its next phase which is consultation with the community and local stakeholders to ensure that objectives are set that match the needs of the community.
- 5.2 We will then enter the delivery phase to ensure that, once all objectives are considered and the support identified to achieve them, we will work to enable them to be achieved.
- 5.3 We will then measure the impact of the interventions, and feedback to the Communities and stakeholders.

6. Implications

Implications	Relevant to proposals Y/N	Details and proposed measures to address
Legal/Governance	Y	Members are being asked to comment on the Report and no decision is required.
Financial implications to include reference to value for money	Y	£22,500 has been identified as a budget for the delivery of the project objectives. Until those objectives are set in partnership with the Community we are unable to allocate the resource. Investment will be focussed on enabling sustainable solutions for the community
Risk	Y	The Council has a duty to cooperate with Devon County Council who have the overarching responsibility for Public Health, led by the Director of Public Health. The Councils Strategy identifies Wellbeing as a key area of priority. To not work on the health and wellbeing of our communities would miss out on an opportunity to support the most vulnerable people in our communities
Supporting Corporate Strategy	Y	Strengthening Community Wellbeing is a key theme in the corporate strategy.
Climate Change - Carbon / Biodiversity Impact	Y	Once the objectives of the project are known we will work to understand their potential impact , both positive and negative, upon climate change and biodiversity.
Comprehensive Impact Assessment Implications		
Equality and Diversity	Y	This project is about supporting hard to reach communities and residents
Safeguarding	Y	We will ensure that safeguarding is fully integrated into the referral process to other Voluntary and Community organisations.

Community Safety, Crime and Disorder	Y	The Police are committed to working in partnership with the Council on this project. We have good established links with the Police via the Community Safety Partnership.
Health, Safety and Wellbeing	Y	This work will enable our health, safety and wellbeing objectives to be achieved
Other implications	N	

Supporting Information

Appendices:

- A. Cost of Living: A Public Information Leaflet
- B. Area Profile for Bere Ferrers
- C. Map of LSOA areas

Background Papers:

None