

# Action in rural Sussex

*Jeremy Leggett*

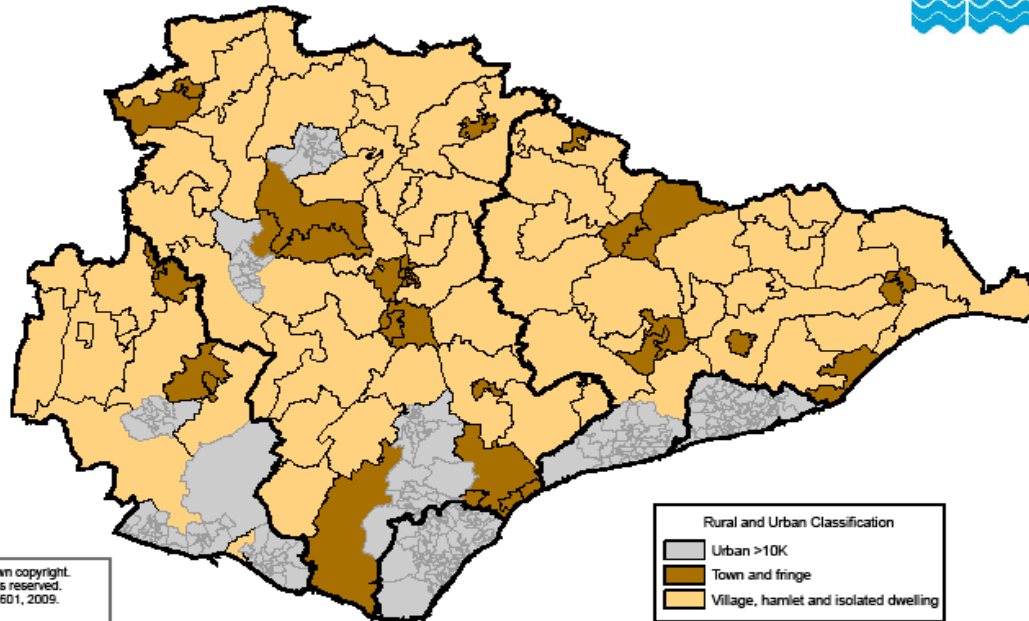
**Chief Executive – Action in rural Sussex**

# **The challenge of delivering services to, and with, rural communities**

**HOSC 27<sup>th</sup> November 2009**

# Rural, what's rural?

Rural/Urban Classification by Super Output Area



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November, 2009

## *Have you heard these?:*

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1. If people choose to live in a pleasant rural location they must accept a lower level of service
2. Public services, including the NHS, must focus on where the most disadvantaged people are: ie the urban areas
3. People who live in rural East Sussex are well off, can look after themselves and have a longer average life expectancy anyway
4. What rural people seem to want is the facilities of a major town in every village: this is just not possible!

## *The facts: about choice*

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“If people choose to sit at the back they must accept that they won’t be able to see”

**“If people choose to live in a pleasant rural location they must accept a lower level of service”**

- **This is not about choosing, this is about equality**

## *The facts: on disadvantage*

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1. The current approach to targeting disadvantage scores villages/neighbourhoods (SOAs) for the % of disadvantaged people living in them
2. They are placed in a national list and those with the highest number of disadvantaged people are categorised as 'most disadvantaged' places or SOAs
3. In East Sussex 76%, (28,000) of the most disadvantaged **people** do not live in the nationally targeted 20% most disadvantaged **places** (8,800 people)
4. All public services, including Health, need to re-align their delivery strategies to target **all** disadvantaged people

## *The facts: on life expectancy*

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1. Life expectancy is frequently reported as being longer in rural areas ie. if you live in Mayfield you will live on average c.12 years longer than if you live in Hastings.
2. These are averages, the average age in this room is probably 50, it does not mean we are all 50!
3. The causality is between life expectancy and occupational type / social class; **not** crude geography
4. Behind the stats is a concentration of vulnerable social groups in some urban areas, primarily due to differential housing cost.
5. Getting services to vulnerable people, **wherever they live** should be the real priority

## *The facts: about access*

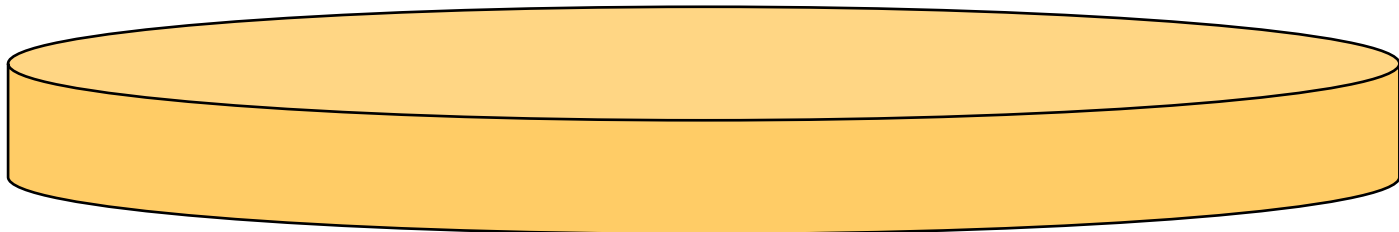
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- **Centralisation has become a fact of commercial life and of public sector service provision**
- **Urban populations tend to gain when services are centralised, rural populations tend to lose**
- **Catchment area size for hospitals, departments and procedures has risen inexorably over the past 20 years**
- **Rural communities are most at risk from centralisation and a public debate over the trade-off is overdue:**
  - ✱ Excellence, safety, professional development and minimisation of litigation vs.
  - ✱ Convenience, accessibility and links beyond the hospital to care services

## *The 'make your own area' game*

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- **Make a disc with your piece of plasticine that is the diameter of the first joint of your index finger – this is a city**
- **Now, make the disc the diameter of your index finger down to the second joint - this is a rural area**
- **Now we are going to introduce a coastline!**
- **Carefully break your circle into two halves and place them next to each other**



## *Towards some answers:*

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- **If the centre for service provision has to be further away, the onus is on the service planner to address the needs of the rural minority**
- **Seek horizontal efficiencies with others instead of grinding away at vertical ones within single providers**
- **Engage local communities and support their initiatives rather than expecting them to support yours**
- **Service planners must accept willingly a responsibility for what is offered right up to the County boundary**
- **Above all, don't let whizzbang, SOA, IMD, GIS generated, pretty coloured maps suck out your brains!**

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