



Working together for older people in rural areas

July 2009

**Making
government
work better**

This discussion paper presents an analysis of a number of issues pertaining to Older People and Rural Communities in the UK. It is not a statement of Government policy

Ministerial foreword

Many people dream of retiring to the countryside and every year many people do just this. This is entirely understandable. Rural England has after all some of the most beautiful landscapes in the world, with ancient, quiet towns and villages perfectly sited in well-managed farmland. Others, mainly younger people, go to towns and cities where they can enjoy a more varied social life and find a greater choice of education, training and job opportunities. In consequence we find that the average age in our rural areas is growing faster than in urban areas – in fact they are some 20 years or more ahead of the rest of the country. Action now, taking these facts into account as part of the Government’s Ageing Strategy, will ensure that ageing in rural areas is, and continues to be, a positive experience for all.

As we get older we can face a number of challenges to our independence and wellbeing. We’re more likely to become ill or live with a disability, lose a partner or have to reduce our expenditure. When this happens, we may rely on others, including health and social services, the voluntary sector and our family and friends, to help out. Importantly, many of the risks associated with the ageing process are hardly, if at all, affected by living in the countryside.

This cross cutting short study by the Social Exclusion Task Force and the Department for Environment, Food and Rural Affairs looks in-depth at these issues and how they impact on older people’s lives in rural areas. Friends and family might not be on the doorstep for example, and access to basic services may be more difficult for people without a car. But there are also unique opportunities like the informal support offered by neighbours in tight knit rural communities.

The findings in this report are not just relevant to rural areas. It highlights some of the creative solutions already being put in place across rural England, where public services and local communities are already adapting, innovating and learning to thrive in the context of rural ageing. The findings and recommendations have already informed the government’s Ageing Strategy and we hope the work showcased here will also inspire and inform all local areas. There is enormous potential here for providers and commissioners of services, the voluntary and community sector and most importantly older people themselves and their families, to work together towards a better older age.



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Executive summary

- Ageing is changing the population profile of England, particularly in rural areas which are ageing at a faster rate than urban areas. This presents enormous opportunities for economic and social progress but also challenges for delivering world class public services
- Older people in rural areas are generally considered better off than those in urban areas. However, this study reveals that those who are vulnerable or at risk of social exclusion experience rates of disadvantage similar to their urban counterparts. In particular, the combination of distance and low population density in rural areas presents unique challenges for older people in accessing transport, health and social care, and social and civic activities. Older people in rural areas are also more likely to report living in poor housing
- This study supports local areas by showcasing examples of public services and local communities that are already adapting, innovating and learning to thrive in the context of an ageing population
- The Government's principles of public service reform – citizen empowerment, new professionalism and strategic leadership – will be central to ensuring that older people at risk of social exclusion in rural areas stay healthier for longer and continue to lead productive and fulfilling lives as they age

Citizen empowerment

- Enabling people to have greater choice and control over their transport options
- Delivering health and social care services closer to home
- Supporting older people at risk of exclusion to help shape and influence their communities and participate socially
- Providing older people with better information and advice on health, well-being, housing and other services on offer

New professionalism

- Providing greater flexibility to local service leaders and professionals to develop innovative transport solutions
- Enabling health and social care professionals working in rural areas to develop more generic and flexible skills
- Supporting professionals to harness new technologies to reduce the impact of distance on service access

Strategic leadership

- Providing leadership and guidance on innovative transport solutions
- Promoting tools that enable local areas to intelligently assess the needs of their rural populations
- Enabling service delivery partners to work together with older people to tackle social exclusion
- Providing leadership and guidance on lifetime homes and neighbourhoods

Policy summary

	Building a Society for all Ages policy package ¹	Examples of existing policy / local innovation
Citizen Empowerment	<ul style="list-style-type: none"> • Write to everyone approaching 60 to set out entitlements and opportunities available to them • Promote access to and quality of cultural and leisure activities and encourage 50+ to participate in sport • Guidance on best practice solutions to transport for older people including in rural areas • Driving for life package • Bring forward the review on the Default Retirement Age to 2009 subject to legal advice • Increase intergenerational volunteering in each region • Digital Inclusion programme in sheltered housing schemes and rural areas 	<ul style="list-style-type: none"> • Free bus travel for everyone over 60 since 2008 • Putting People First – social care policy vision for increasing personalisation, choice and control in social care and Older People's Prevention Package (2008) • Elbourne Review of Older People's Engagement with Government 2008 and Government Response 2009 • Rural local authority examples of demand responsive/ integrated transport in Lincolnshire (p. 26) and Norfolk (case study bank) • Nurse led clinics/ mobile health services/ telehealth & care (p. 27) • Senior Council for Devon (p. 32) • Timebank volunteering schemes (case study bank)
New Professionalism	<ul style="list-style-type: none"> • Life planner that will act as a single access point/cross referral point to the NHS mid life health check and other services. This will include advice for those considering retirement in the countryside • Market teaching as a career to over 50s and promote opportunities to ex-teachers to take up 1:1 tuition in Maths/English 	<ul style="list-style-type: none"> • NHS lifecheck health assessment for 45-60s (piloting from 2009) • New flexibilities in the Local Transport Act 2008 (p. 26) • Rural health training (p. 28) • Time for Life project in Devon addresses isolation and depression (p. 33) • Fakenham First Focus that provides community information and advice (case study bank)
Strategic Leadership	<ul style="list-style-type: none"> • Health prevention package covering footcare, falls and fractures, as well as other conditions that impact on the quality of people's later lives, including continence care, depression and arthritis • Agreement between national Government and local services for services to be designed for everyone, regardless of age • Rural LifeTime Neighbourhoods guidance developed in partnership with the Commission for Rural Communities • Build on successes of Linkage Plus and Partnerships for Older People Projects (POPPs) 	<ul style="list-style-type: none"> • Whole System Demonstrators (2007-2010) of telehealth and care (p. 29) • Lifetime neighbourhoods, lifetime homes Strategy (2008) and National Housing Strategy in an Ageing Society (2008) • 29 Department of Health POPPS and 8 DWP linkage plus pilots • Virtual Wards in Devon (p. 29) • One council approach Salford (p. 30) • First Contact Lincolnshire (case study bank)

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Aims

Aims of this paper

- Take stock of the evidence on the social exclusion experienced by older people in rural areas now and in the future
- Understand who among the population of older people in rural areas is most at risk of experiencing exclusion
- Understand the particular issues in delivering public services to older people in rural areas
- Identify innovations in public services that address the exclusion experienced by older people in rural areas

For the purpose of this paper we define:

- **Older people** as those who are aged 50 years and over. This broad age range was deliberately chosen in recognition of the importance of preparing early for later life and to capture the transition from work to retirement
- **Rural areas** according to the Office of National Statistics' definition of small areas, and Defra's classification of Local Authorities

It is vital to focus on older people in rural areas

Rural England will 'act as a pioneer in the nation's population ageing'

Ageing is changing society...

- People in England are living longer than ever before. In 1950, the typical man and woman at age 65 could expect to live, on average, another 12 and 14 years respectively. Today, they can expect to live another 18 and 21 years¹
- Within 20 years, half the adult population will be aged 50 years and over and this group will account for 40% of the total population²
- This demographic change presents enormous opportunities for economic and social progress but also presents challenges for ensuring individuals stay healthier longer and continue to lead productive and fulfilling lives as they age

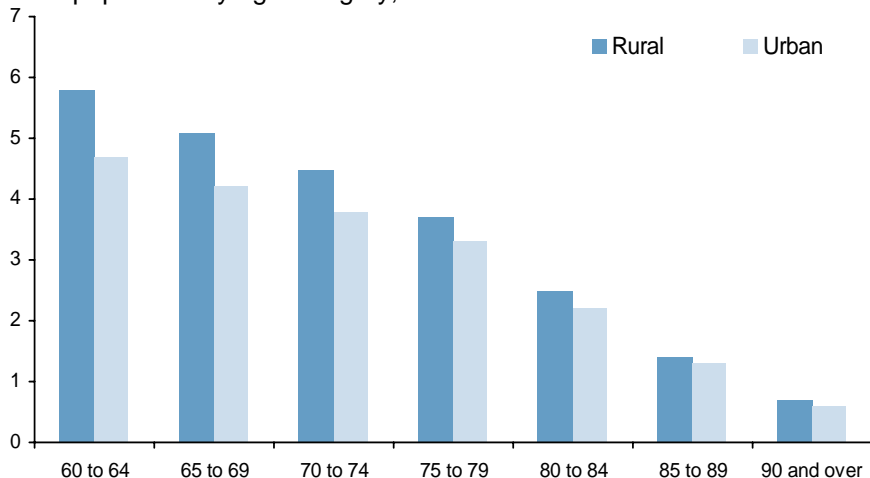
...particularly in rural England

- Rural areas are ageing at a faster rate than urban areas and this growth is particularly pronounced among the oldest old (those aged 85 years and over)³
- As a result, rural areas will lead the way in responding to the opportunities and challenges of an ageing society
- This response will need to address the particular problems that older people in rural areas experience, most notably around access to services and transport. Our response to addressing these challenges must be informed by evidence

Rural populations are older than urban – and will age at a faster rate over the next 20 years

Rural areas have an older age profile than urban areas...

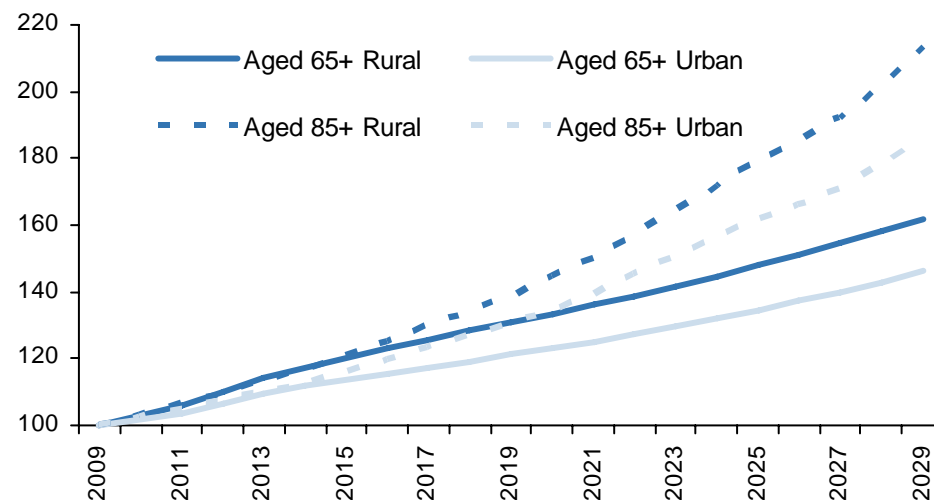
% of population by age category, 2001¹



- The difference in average age between residents in rural and urban areas is nearly 6 years²
- Around 23% of all people in rural areas are of pension age compared with 18% of people in urban England³
- Around 2.2 million people of pension age live in rural areas, including 820,000 men (38%) and 1.35 million women (62%)⁴

...and population projections show that they will age faster than urban areas

% growth in older population, 2009 – 2029⁵



- Between 2001 and 2007, the population of those of pension age increased by 15% (330,000) in rural areas, compared to 4% (303,000) in urban areas⁶
- The population aged 65 and over is projected to increase by 62% between 2009 and 2029 in rural areas, compared to 46% in urban areas⁷
- The projected increase among those aged 85 and over is even greater, at 114% in rural areas over the next 20 years compared to 86% in urban areas⁸

Rural ageing will be increasingly concentrated in certain areas

The areas with the greatest expected increases in older people over the next 20 years are in the East Midlands and the East of England

- The map on the right shows rural local authorities by their rate of expected increase for their populations of people aged 65 and over from 2009 to 2029
- In the areas with the greatest expected increases – three rural Northamptonshire districts – the over-65 population is projected to nearly double over the next 20-years

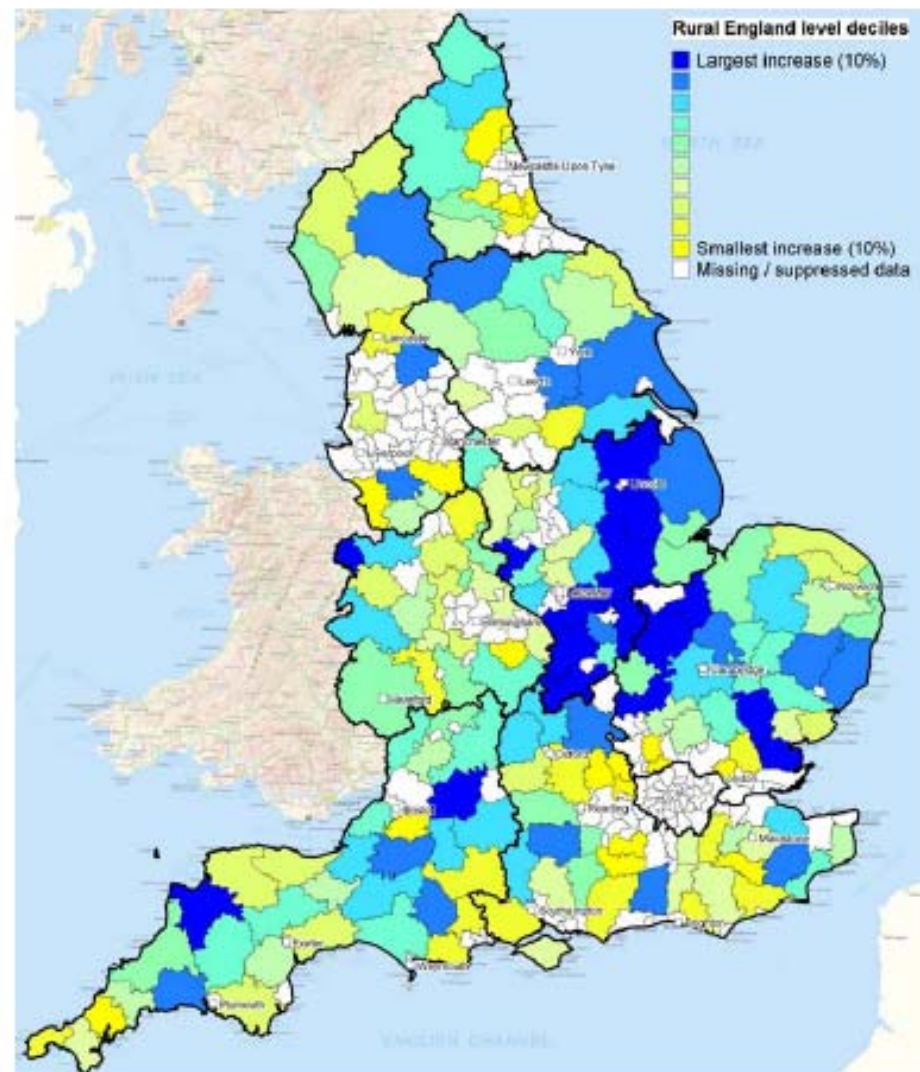
The key drivers of rural ageing are internal migration...

- The most rural districts have received a significant net inflow of older people and out-migration of younger people²

...and rising life expectancy

- Life expectancy, as well as healthy years and disability free years at age 65 are all higher in rural areas than urban³

Projected population change among all people aged 65 and over in rural areas, 2009 – 2029¹



Considerable progress has been made to support older people in later life

- The Government's priority is to ensure that every local area tackles poverty and promotes greater independence for later life
- Over the past decade the Government has worked across a wide range of areas from pensions, winter fuel, health and social care to employment, education and volunteering to ensure that older people are enabled to take up opportunities and access services¹. For example, millions of households receive assistance to keep their homes warm and Pension Credit now helps over 3 million pensioners, guaranteeing single pensioners £130 a week
- In 2005 the government published Opportunity Age², setting the framework and vision for ongoing reforms and improvements for older people
- Real changes have been achieved. The Link Age Plus and Partnerships for Older People's Projects (POPPs)³ have launched innovative and trailblazing local programmes. They have helped to build up a wide ranging evidence base on interventions that work and approaches to joining up services
- The government's new Ageing Strategy and the forthcoming Social Care Green Paper will ensure that we continue to build on these successes

2009 Ageing Strategy

2009 Equalities Bill

2008 'Lifetime Homes, Lifetime Neighbourhoods'

2008 Dementia Strategy

2008 National Housing Strategy in an ageing society

2008 'Putting People First'

2007 National Stroke Strategy

2007 Pensions Act

2006 Employment Age Equality Regulations

2006 'Our health, our care, our say'

2006 DH National Service Framework Refresh

2006 'A Sure Start to Later Life'

2005 'Opportunity Age'

Free off peak bus travel for over 60s and disabled travellers benefiting over 11 million

New funding of £35million to support the development of housing information, advice for older people and increase the HIA handyperson service

Pension Credit helps over 3 million pensioners guaranteeing £130 per week

840,000 older people have benefited from the Supporting People strategy since 2003

£80 million Preventative Technology Grant to test new approaches to telecare and other assistive technologies

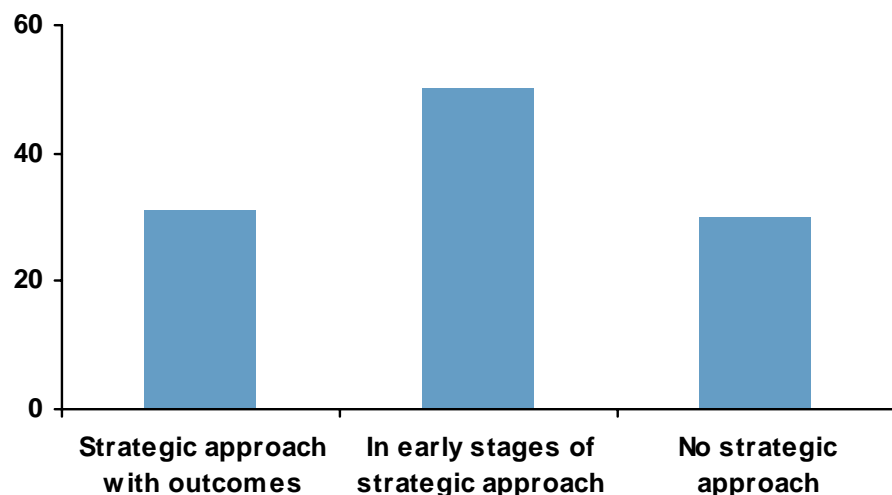
£60 million ring-fenced funding for 29 Partnerships for Older People Projects led by Local Authorities and PCTs

1.7 million households received assistance from the Warm Front scheme since 2000

Certain rural areas will face challenges in preparing for an ageing society

Many councils will increasingly face challenges in delivering services for older people

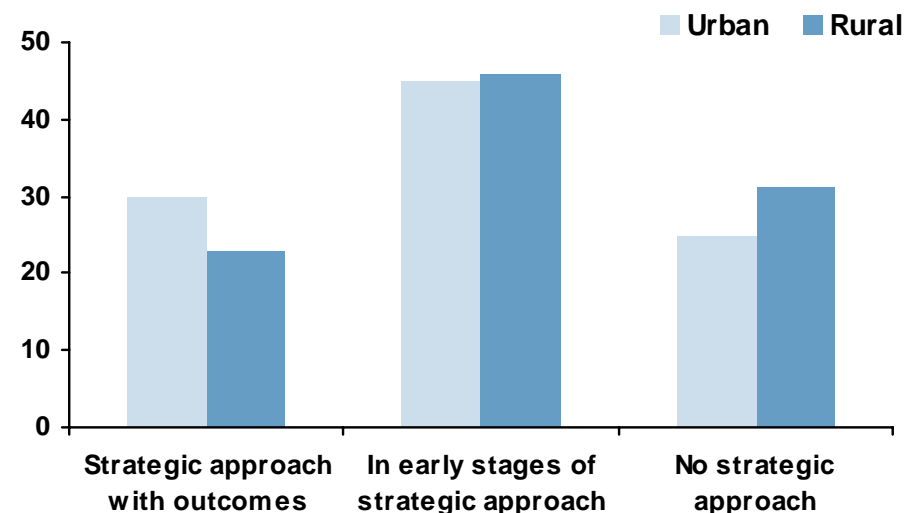
Number of councils¹



- Analysis by the Audit Commission of the shared priority for improving the quality of life for older people¹ in Local Authority Corporate Performance Assessments published between September 2005 and May 2008 found that 27% of councils had no strategic approach, while around 45% had started to make progress but were at an early stage of development. Just under 30% of local authorities were found to be well prepared for an ageing population²

Fewer rural areas are prepared for an ageing population than urban areas

% of councils³



- The Audit Commission reported that many of the areas with the highest proportion of older people have the most improvements to make
- Compared to urban areas, a greater proportion of rural areas have no strategic approach in place to address their ageing population

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Needs

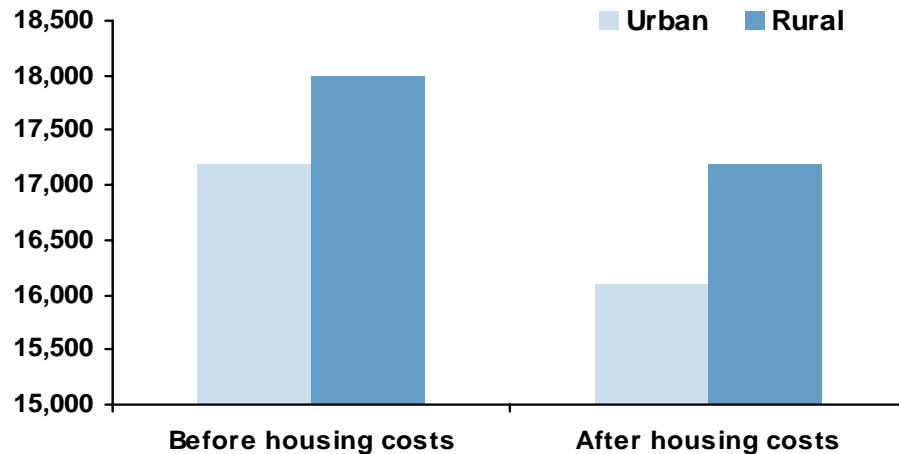
Older people in rural areas

- Older people in rural areas are generally better off than those in urban areas. On average, they have higher incomes, live longer and are more healthy, enjoy higher levels of social support, and have less fear of crime
- But those who are vulnerable or at risk of social exclusion, such as the oldest old and those who are income poor, experience rates of disadvantage similar to their urban counterparts
- Older people in rural areas also experience particular issues in accessing timely and responsive transport, which impedes access to many other services
- The following slides examine evidence on key indicators of disadvantage for older people in rural areas and attempt to get underneath the headline figures. The issues examined include: income; health and wellbeing; social support and participation; access to transport and services; and housing quality

Older people in rural areas are, on average, more affluent but the proportion of older people in poverty is similar to urban areas

Older people in rural areas have higher average household incomes than those in urban areas...

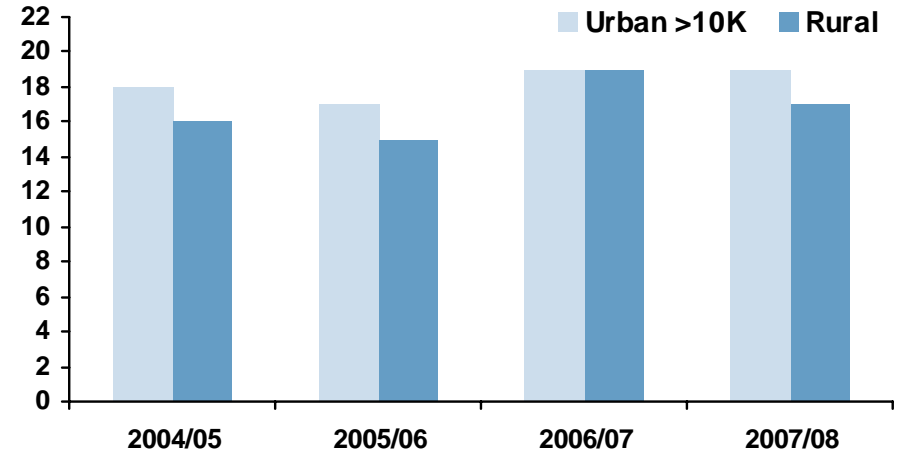
Median equivalised household income (before and after housing costs - £s), 2007/08¹



- In 2007/08, the median equivalised household disposable income for pensioner households in England was £17,400 before housing costs (BHC) and £16,200 after housing costs (AHC)²
- The median income for pensioner households in rural areas was higher on both a before and after housing cost basis than their counterparts in urban areas

...but the most recent data suggest the proportion in poverty is similar

% of pensioners below 60% of median income (after housing costs)³

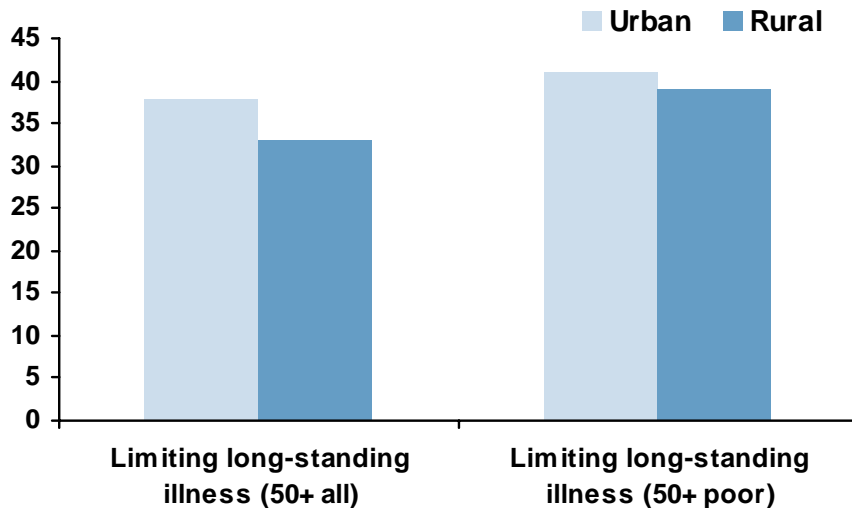


- The proportion of pensioner households in rural areas in poverty (i.e. after housing costs) rose to a high of 19% in 2006/07, and is currently at around 17%
- The total number of older people in poverty in rural areas equates to around 300,000 compared to 1.3 million in urban areas⁴

In general, older people in rural areas are healthier than those in urban areas, but the gap narrows significantly among the poorest older people

The poorest older people in rural areas have similar rates of ill health as those in urban areas

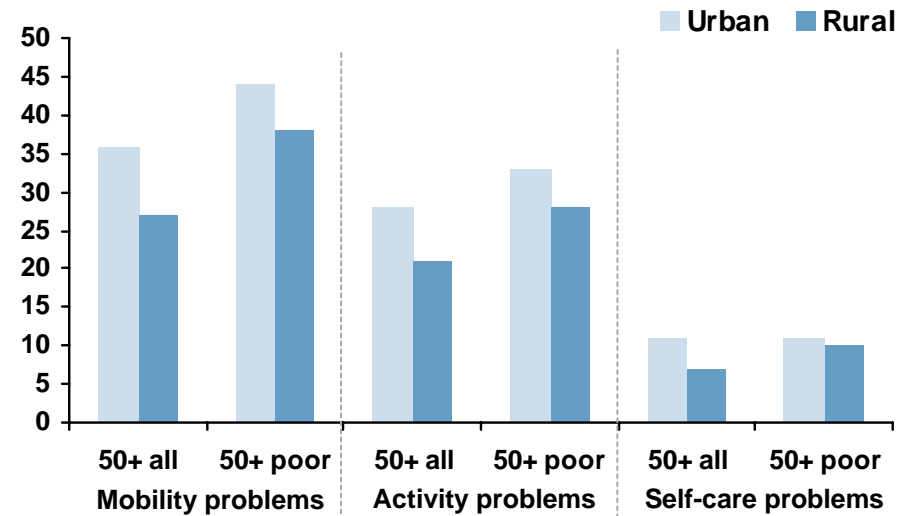
% of older people, 2004/05¹



- On average, older people in rural areas are less likely to have a limiting long-standing illness than those in urban areas
- But when comparing between older people in poverty in rural and urban areas, the difference in the proportions experiencing such illness is no longer significant
- A similar pattern is found for those experiencing poor emotional health

The poorest older people in rural and urban areas have similar levels of “restricted independence”¹

% of older people, 2005²

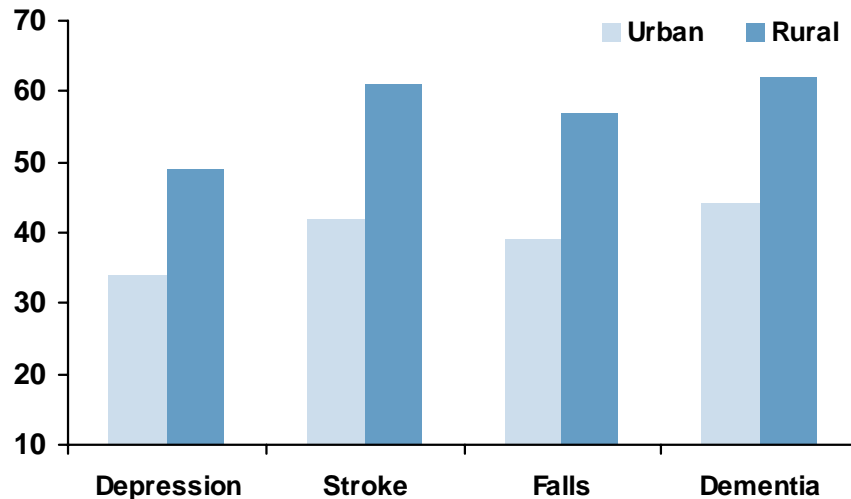


- On average, a lower proportion of older people in rural areas experience problems with their physical health independence, such as mobility, usual daily activities and self-care than those in urban areas
- These gaps narrow, however, when comparing between older people in the poorest income quintile in rural and urban areas, as well as between the oldest old

Older people's health and social care needs will grow more rapidly in rural areas

Age-related health problems are projected to increase at a faster rate in rural areas

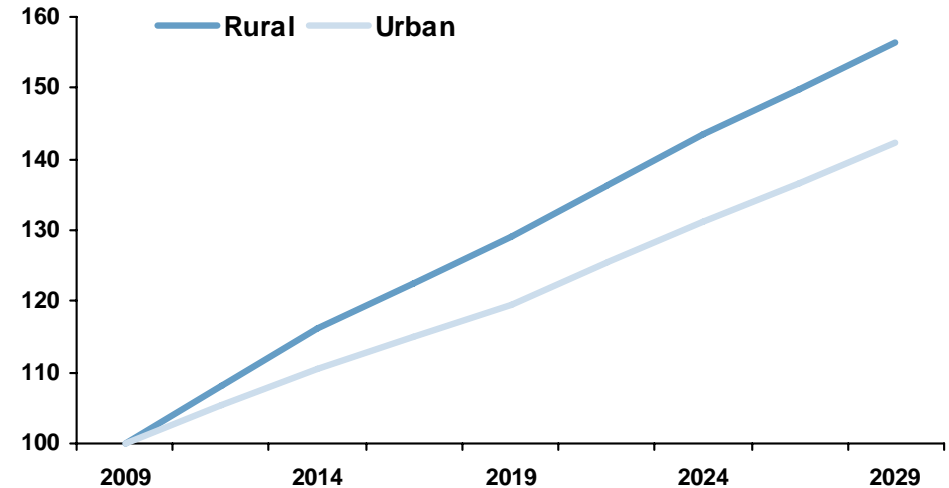
% increase in age-related health problems, 2009-2025¹



- While the absolute number of older people in urban areas with age-related health problems will continue to remain higher than in rural areas, the incidence of such problems is projected to grow more rapidly in rural areas over the next decade and a half due to the geographical pattern of ageing
- Depression, stroke, falls and dementia are projected to grow by between 50% and 60% in rural areas compared to increases of between 34% and 42% in urban areas

Social care needs among older people are projected to increase more rapidly in rural areas

% change in social care needs, 2009-2029²

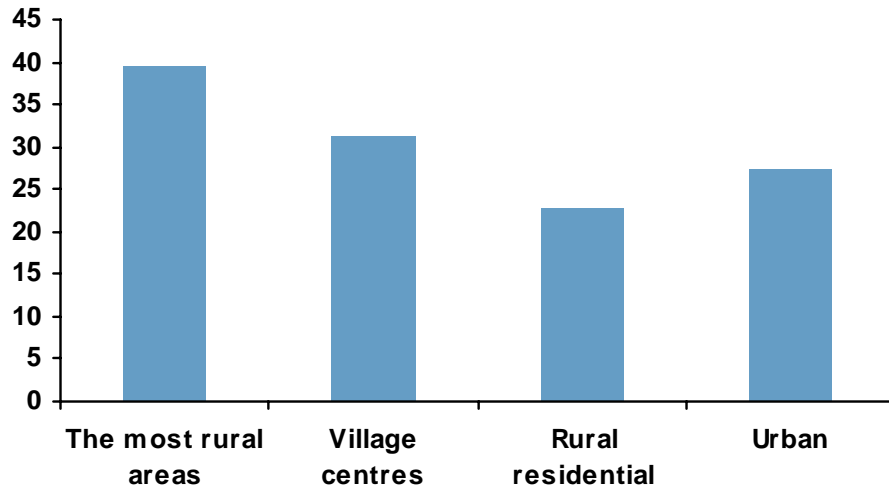


- Around 30% (550,000) of people aged 65 and over in rural areas have some level of social care need. This compares with 35% of older people in urban areas³
- The number of people aged 65 and over with social care needs is projected to increase by 70% across rural England over the next 20 years, compared with 50% growth in urban areas
- By 2029, there will be around 930,000 people with social care needs living in rural areas. It is estimated that to meet these needs through publicly funded social care will require an additional £2.7bn per year⁴

A higher proportion of older people in the most rural areas live in poor housing and experience fuel poverty than in other areas

A greater proportion of older people in the most rural areas¹ live in “non-decent” homes

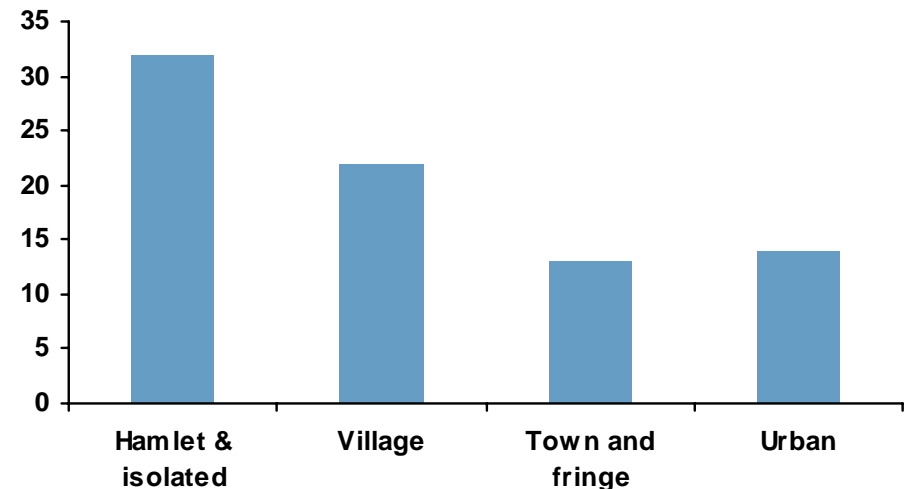
% of older people households (50+) which are “non-decent”, 2004/06¹



- 'Non-decent' homes are those which do not meet the Government's statutory minimum standards, including: providing a reasonable degree of thermal comfort; being in a reasonable state of repair; and providing reasonably modern facilities and services
- While the proportion of non-decent homes across all housing sectors has decreased since 1996, the proportion of non-decent homes in the most rural areas has remained higher than in urban areas due primarily to difficulties in heating these homes

A greater proportion of older people in rural areas¹ experience fuel poverty

% of older people households (50+) in fuel poverty, 2006²

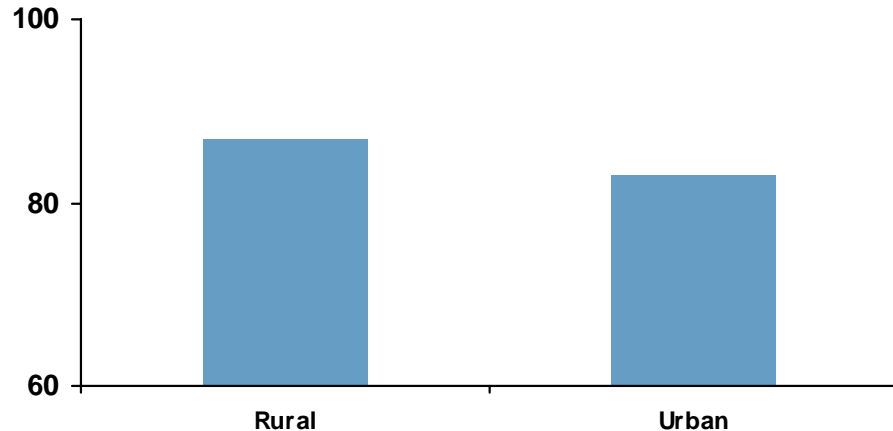


- A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain an adequate level of warmth
- The rates of older people households in fuel poverty fell between 2001 and 2003, but has since risen with the strongest growth among older people households in the most rural areas
- Higher rates of fuel poverty in rural areas are mostly due to the poor insulation of many homes in these areas and the fact that fewer homes have mains gas, thereby requiring more expensive forms of heating

The number of pensioners in rural areas living alone is high but social support is higher than in urban areas

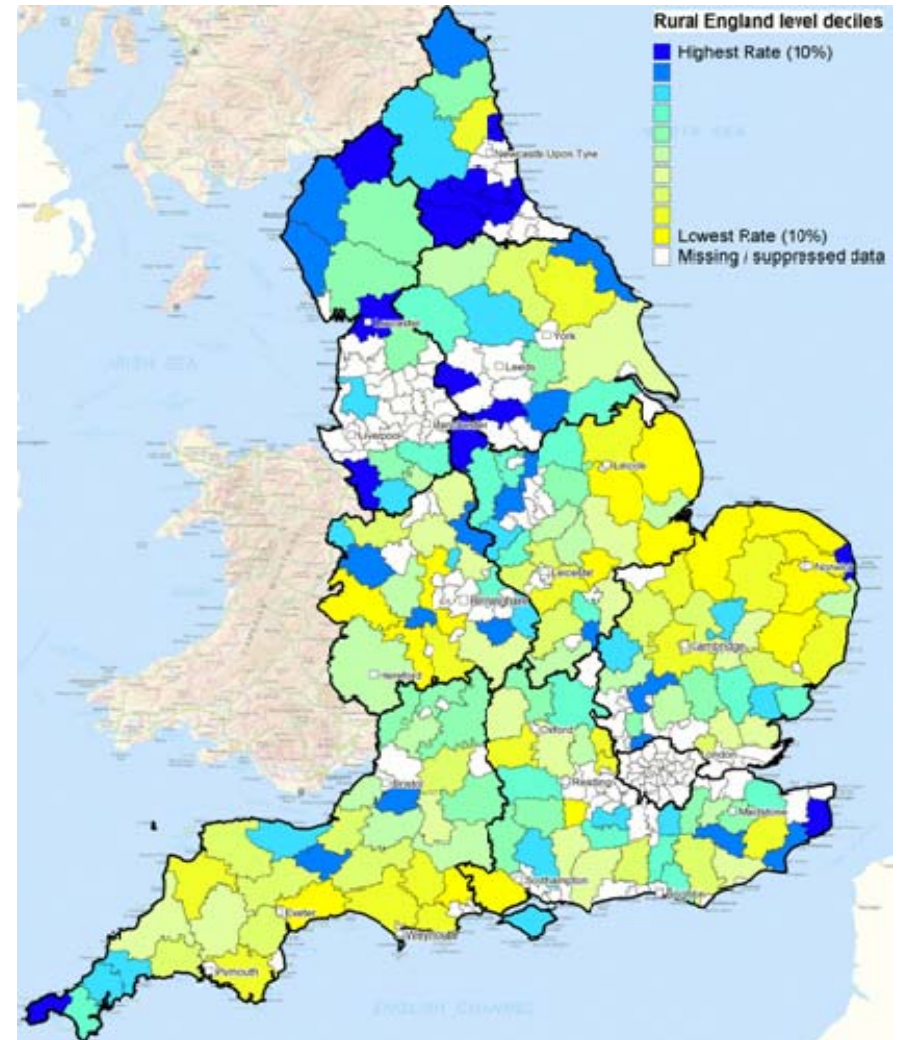
A greater proportion of older people in rural areas have high levels of social support

% of older people with high levels of support from partners, family or friends, 20004/05¹



- Older people in rural areas are more likely to receive support from partners, family or friends, as well as more likely to participate in social and community activities than their urban counterparts
- However, a significant number of pensioners (542,000) were living alone in rural England in 2001 and were potentially at risk of social isolation. In urban areas, the number is higher, at 2.4 million²
- The rural local authorities with the highest rates of older people living alone are found in the Yorkshire and Humber, North West and North East

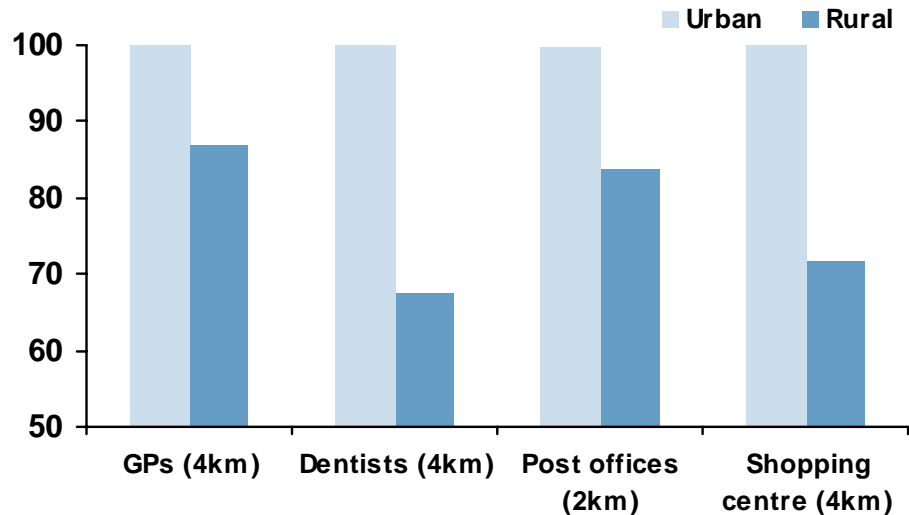
Rates of pensioners living alone, 2001³



Older people with low incomes in rural areas report greater difficulty accessing some key services than in urban areas

Services in rural areas are further from people's households than in urban areas

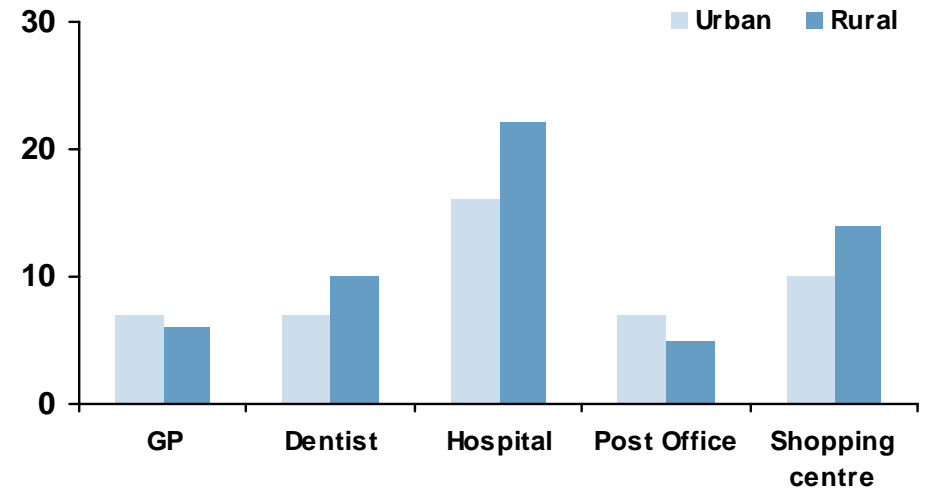
% of households within specified distance to nearest service outlet, 2008¹



- The chart above shows distance to basic services in rural and urban areas as measured by the proportion of households which are within a specified straight line distance of the nearest service outlet
- Across all service types listed above, a lower proportion of households in rural areas are within the specified distance compared to urban areas. These differences are particularly marked in sparse rural areas

Low income older people in rural areas report greater difficulty in accessing some key services

% of older people (50+), 2004/05²

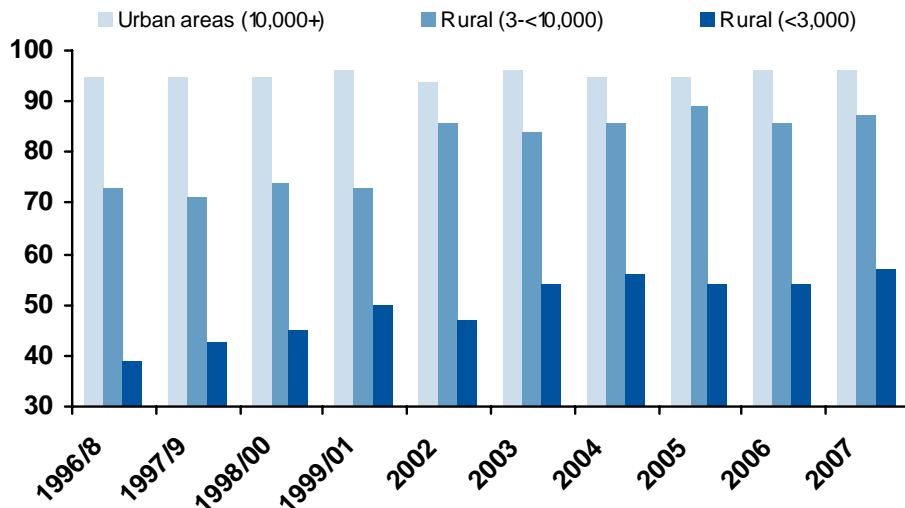


- Difficulty in accessing services can be influenced by a range of factors, including distance required to travel to services, availability of private or public transport, cost of travel, traffic congestion and health status
- Low-income older people in rural areas report greater difficulty in accessing dentists, hospitals and shopping centres than their urban counterparts. There is no significant difference in the proportions of rural and urban older people who report difficulty accessing GPs or post offices

Older people in rural areas are heavily reliant on cars despite steady improvements in rural bus services

Access to a frequent bus service has steadily improved for rural households

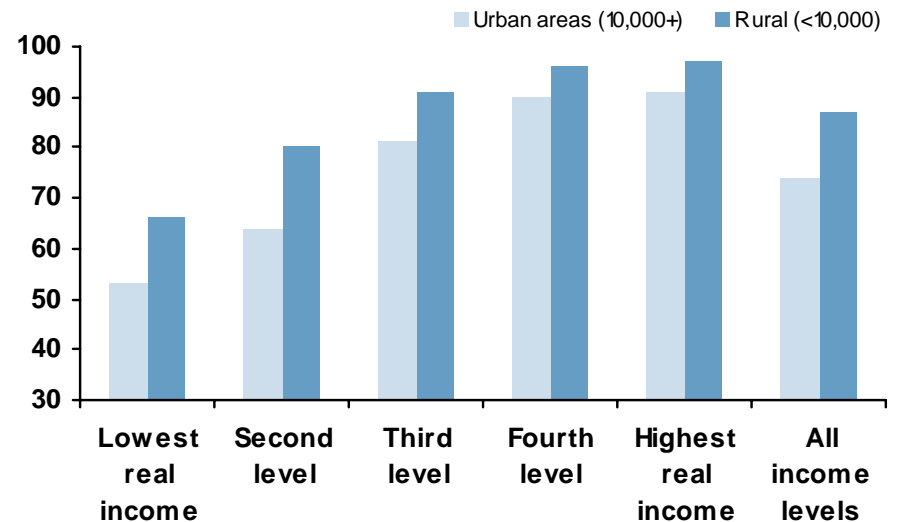
% of households within 13 minutes walk of an hourly or better bus service¹



- The provision of frequent bus services within easy walking distance of a person's household has steadily improved in rural areas over the past decade. However, around half of all households in rural areas still have poor access to a frequent bus service
- Research by Age Concern England found that older people in rural areas are more likely to be concerned about the availability of suitable public transport in their area (42%) compared to those in cities and towns (32%)²

A greater proportion of older people in rural areas own a car

% of older people (50+) who own a car, 2005-06³

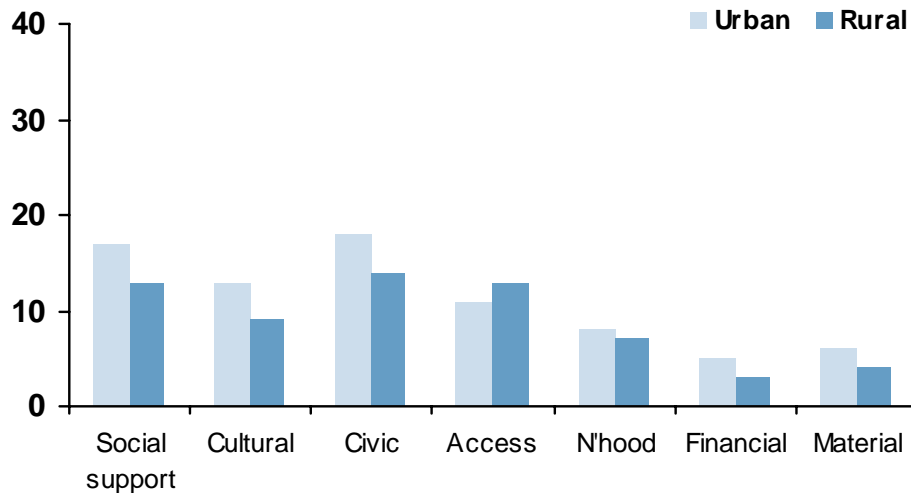


- A greater proportion of older people in rural areas own a car than those in urban areas. Likely reasons for this are a combination of the need for private transport in rural areas, poor access to alternative transport and higher average incomes
- Car ownership is significantly higher for those on the lowest incomes in the most rural areas. Two car ownership has also been rising especially fast among this group⁴. This reflects the extent to which those in rural areas are reliant on their car to travel

Risk of social exclusion increases significantly for the oldest old in both rural and urban areas

A lower proportion of older people in rural areas are at risk of exclusion...

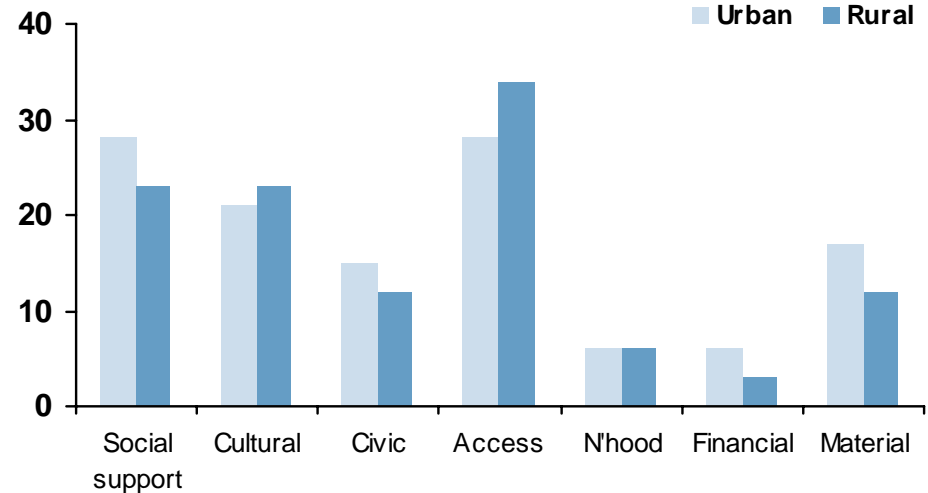
% of older people (50+), 2004/05¹



- Apart from poor access to basic services, a lower proportion of older people in rural areas are at risk of exclusion across a range of domains compared with their counterparts in urban areas. These findings hold when comparing among the poorest older people in rural and urban areas
- Around 58% of older people in rural areas are not at risk on any of the domains above, 29% are at risk on one, 9% on two, and 4% on three or more²

...but risk of exclusion increases significantly among all people in the oldest age group

% of older people (80+), 2004/05³



- Across most domains, the risk of exclusion increases with age, but is particularly pronounced among the oldest old (those aged 80 and over). The exceptions are for the neighbourhood and financial domains where similar rates of risk are reported across all age groups 50 and over
- Compared to all older people, a greater proportion of the oldest old in rural areas report poor access to basic services and participation in cultural activities than their urban counterparts

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Enabling access to services and support

Enabling access to services and support

- While most older people in rural areas are better off than those in urban areas, those who are vulnerable or at risk of social exclusion report poorer access to basic services. Older people in rural areas are also more likely to live in poor quality housing
- This section explores in greater detail key issues experienced by older people in rural areas and presents examples of how these are being tackled by central and local government, as well as communities and older people themselves. The issues examined include access to: transport; health and social care; social and civic activities; and housing options
- The following slides examine each of the issues above with reference to the three principles of public service reform that the Government has set out for the decade ahead:
 - **Citizen empowerment** – *personalising* services to fit around people's needs, enabling people to have *greater choice* and *control*, and ensuring better access to *information* that allows people to shape and understand what's on offer
 - **A new professionalism** – emphasising *new freedoms* for local communities and service leaders to work jointly to better respond to need. Support for frontline workers to *lead innovation* and efficiency to improve services and support the development of a *professional workforce*
 - **Strategic leadership** – ensuring central and local government work together to set standards and entitlements and driving up productivity and innovation

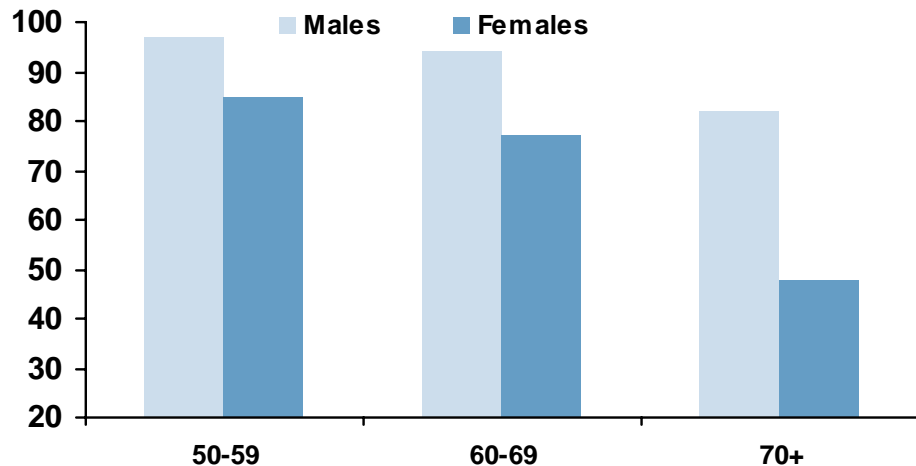
Providing greater choice and control over transport options can benefit vulnerable older people

Citizen empowerment

- Transport is a key issue for older people in rural areas
- The majority of people in rural areas use cars or other forms of private transport to travel and many older people view their car as a 'lifeline' for accessing a range of services, including GPs, local shops, leisure, cultural and social activities, as well as employment
- However, those at risk of exclusion, such as the oldest old, those on low income and one car households are more reliant on public transport, either because of their frailty or the cost of private transport. This is particularly the case for older single women

Full car driving licence holders

% older in rural areas (<10,000) by age and gender, 2006-07¹



Citizen empowerment

- As noted in the previous section, people in rural areas have poorer access to frequent public transport. This can have significant impacts for those reliant on such transport, such as difficulties travelling to their local GP or hospital and seeing family or friends
- Evidence from our deep dives also revealed that older people have concerns about the integration of transport services with other services, in particular health and social care and other forms of transport
- There are a range of initiatives enabling people to have greater access and choice and control over their transport options

Enabling choice and control over transport

- Free off-peak concessionary bus travel – was introduced by the Government in 2006, and extended to a national scheme in 2008, to provide greater freedom and independence to older and disabled people
- Forum of Mobility Centres – provide advice and information to older and disabled people to enable them to make independent choices about their personal mobility
- Integrated Transport Units – bring together the planning, procurement and delivery of all passenger transport services across a range of services in a local area. Over page is an example from Lincolnshire and in Annex B is an example from Norfolk

Local service managers and professionals can drive innovative solutions to improving access to transport for older people in rural areas

New professionalism

- Many decisions about the planning and provision of transport are made at the local level
- Innovative local service leaders and professionals have sought to drive improvements in planning and delivering transport services in rural areas through effective partnership working between public, private and community transport providers, as well as through the opportunities presented by statutory Local Transport Plans
- Innovative service design can help improve the accessibility, responsiveness and appropriateness of transport services for older people in rural areas, as the example below demonstrates

Providing a holistic transport system

Lincolnshire's public transport strategy prioritises accessibility in a large and predominantly rural county with a growing population. An integrated package of travel options is in operation for older people in rural areas including Interconnecting bus services between villages, Call Connect demand responsive (pre-booked) minibus services, Dial a Ride services and local voluntary car schemes. These are aimed at ensuring that access to key services is improved especially for those without a car

Strategic leadership

- Rural areas face significant challenges in delivering responsive and frequent transport services to populations that are dispersed and where distances to and between services can be long
- The Government has introduced a number of initiatives that can assist Local Transport Authorities (LTAs) to overcome the barriers of providing services in rural areas. These are set out in the box below

New flexibilities and driving innovation

- The *Local Transport Act 2008* provides new flexibilities for LTAs from April 2008 to better respond to local needs by relaxing restrictions on the sizes of vehicles that may be used under community transport permits and allowing drivers of community bus services to be paid
- The statutory guidance to support local authorities in producing Local Transport Plans from 2011 onwards is placing a strong emphasis on better connecting transport and local services through Local Strategic Partnerships and Local Area Agreements
- The Government is encouraging improvement of local information on existing public transport services. It will also continue to promote car sharing as part of the Smarter Choices initiative; it has published best practice guidance in *Making Car Sharing and Car Clubs Work* and encouraged local authorities to include car management schemes in their local transport plans

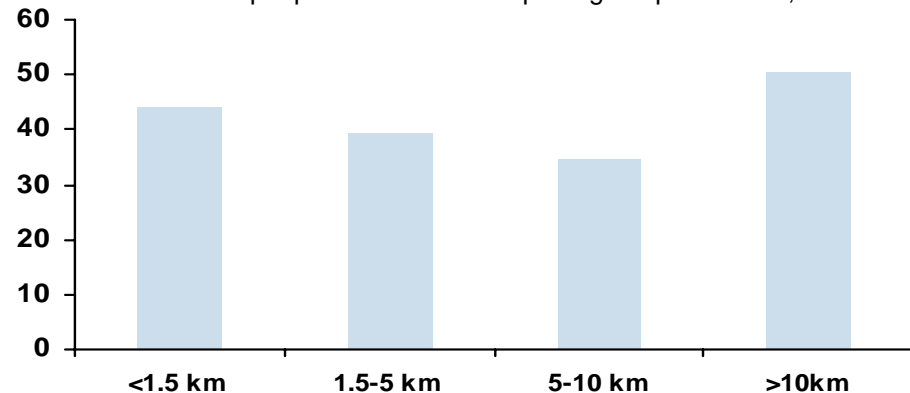
Personalising services by bringing them closer to home would give older people in rural areas better access to health and social care

Citizen empowerment

- In general older people in rural areas enjoy better health, but they can face difficulties in accessing health services due to distance, poor transport provision and poor service integration
- Distance to health services can impact on health behaviour. 'Distance decay' refers to the way in which people living further from health services have poorer health because they delay seeking help when problems occur¹. While our analysis was not able to fully test this, it did find that low income older people in rural areas who lived furthest from a hospital reported poorer health

Poor health by distance to nearest hospital

% low income older people in rural areas reporting fair/poor health, 2007²



Citizen empowerment

- Access to health and social care services can be enabled through delivering services closer to home

Delivering services closer to home

- *Personal budgets* have the flexibility to be 'more sympathetic to rural life' as they can enable individuals to address service access, tackle social isolation and facilitate social engagement, and create flexibility around transport³
- *Nurse led clinics* enable health professionals to have more autonomy and gain a better understanding of the care needs of their patients and the local population. Clinics have been used to sustain and enable access to a range of local diagnostic and treatment services⁴
- *Mobile services* have been used to address healthcare accessibility in rural areas. Integration of mobile healthcare provision with other service offers – housing advice, transport, benefits - might work to reduce wider accessibility issues for older people living in rural areas⁴
- *Telemedicine* can enable patients to access specialist consultations and diagnosis within their local community hospital. Telemedicine has already been widely used in remote Scottish areas to address access issues to outpatient and Accident and Emergency admissions⁴

Innovative working practices can help professionals to deliver more efficient services to older people in rural areas

New professionalism

- Workforce shortages have been raised as a particular issue in some rural areas:
 - “there is just not enough intermediate care staff to go round ... attracting people in is the real problem” (Health professional, Lincolnshire)
 - “we don’t have that younger population to support them [ageing population], and from a services point of view, we know from the profile of employees we’ve got a problem because a lot of them are coming into that age where they’ll retire, so there’s a workforce issue” (Strategic health leader, Lincolnshire)
- However, some areas are responding creatively to these challenges by seeing an opportunity to broaden professional skills. Research by the King’s Fund found that the move to deliver services closer to home may lead to a different workforce, with less reliance on ‘full’ professionals and more reliance on multidisciplinary teams with generic and flexible skills¹

New professionalism

Promoting rural training²

- A number of countries (Australia, Canada and the USA) promote rural medicine as part of their healthcare curriculum. These programs allow professionals to develop broader medical knowledge and skills. For example, more emphasis is placed on rural specific illness, emergency medical care, obstetrics, as well as some minor surgical procedures. Students are also given placements in rural areas as part of their residency
- Skills for Health – the sector skills council for the health sector – have identified a number of key skills for delivering rural healthcare, such as:
 - Taking on multiple roles (e.g. prescribing and dispensing drugs)
 - Greater knowledge on emergency care such as road traffic injuries and stabilising patients prior to hospitalisation
 - Developing strong, integrated team working to manage workload and distance difficulties

Technology can be used to improve access to health and social care and to overcome the barrier of distance

New professionalism

- Using technology, such as the internet, to deliver services can help overcome the barrier of distance. The Government is enabling access to the internet by ensuring universal high-speed broadband access across the UK¹
- Other forms of innovative technology are being used by some rural areas to deliver more efficient services

Rural Whole System Demonstrator (WSD)

Cornwall is one of 3 national evaluation sites for the demonstration of the whole system approach to supporting people with Long Term Conditions (LTC). The demonstrator will be evaluated using a randomised control trial (RCT) over two years and will test the benefits of both telehealth and telecare

Telehealth allows patients with LTC to be monitored from home. Patients submit biometric readings such as blood pressure, blood glucose and/or weight to a simple user-friendly device which automatically sends the information to a clinician for review. Based on these readings cases are prioritized. Those that are deemed a high priority are visited or called by the community matron and others with a lower priority are reviewed. Telecare devices are used for people who are frail, at risk of falling or have dementia. These monitor any unusual activity and alert carers or a call centre if a problem is detected

Contact: Andrew Forrest: andrew.forrest@cornwall.nhs.uk

New professionalism

Virtual wards in Devon

North Devon is helping to deliver better access to health care in rural areas by using the virtual wards concept. Virtual wards aim to target individuals at risk of hospital admissions. Using a computer algorithm, which combines GP, hospital, and social services data, patients are ranked for their risk of admission and proactively targeted

Virtual wards use the systems, staffing and daily routine of a hospital ward to provide case management in the community. The *virtual ward team share a common set of notes, meet or communicate daily* and have their own ward clerk – but the ward is ‘virtual’ in that patients are cared for in their own homes

The day-to-day clinical work of the ward is led by a community matron, with medical input provided by the duty doctor or patient’s usual GP. Other members of the ward team include District Nurses, social worker, physiotherapist, occupational therapist, a mental health link for adult and elderly, a voluntary sector helper and specialist staff. The ward clerk is the main point of contact between patients, their carers, and GP practice, virtual ward and hospital staff

The project has already proven successful, with a significant reduction in admissions and GP contacts for this high risk and vulnerable group

Contact: Dr. Paul Lovell at paul.lovell@nhs.net

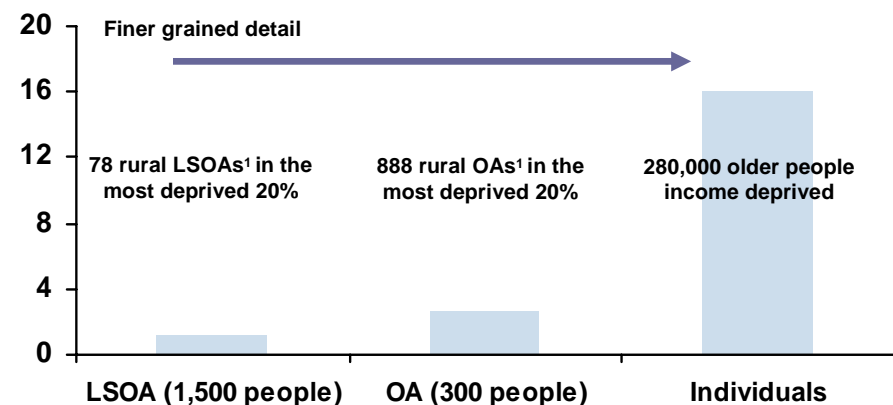
Intelligent assessment of the needs of older people in rural areas can assist strategic leaders to better target services

Strategic leadership

- Poor strategic identification of older people's needs can impact on service accessibility. The Government has introduced data tools, like Projecting Older People Population Information (POPPI)¹, and levers, such as the Joint Strategic Needs Assessment², to assist local areas to better identify, map, project and address needs more holistically. Other private sector initiatives include Planning4care³
- As people in rural areas are on average better off, the disadvantaged can remain "hidden" when aggregated data are used to assess need⁴. Using different aggregated scales to report income deprivation illustrates this

Older people income deprivation in rural areas

% older people income deprived by geographic hierarchies, 2007⁵



Strategic leadership

- Several innovative councils have supplemented their use of aggregated data with systems that allow them to identify and map the range of needs among individuals. This allows councils and PCTs to strategically target their services at those who require them

One Council Approach: Salford

Salford City Council has developed a single customer gateway for interfacing with residents. The 'One Council Approach' gives residents one number to access a range of services and advice. Each transaction is recorded so that residents do not have to repeat information. With consent, information is shared with other services (e.g. fire service, PCTs) to provide a joined-up approach. Information collected along with other data (e.g. GIS mapping) is used to better understand the needs of their population and target services around need

Contact: Joan Veitch at Joan.veitch@salford.nhs.uk

The evidence about additional costs of delivering health and social care services in rural areas is inconclusive

Strategic leadership

- A key issue raised by service providers in rural areas is that current funding allocations for health and social care services may not sufficiently take account of the extra costs of delivery in sparsely populated areas
- They argue that costs of delivery are higher in rural areas due to additional travel costs and poor economies of scale. In addition, the funding formula for health care was criticised as being more heavily weighted toward urban deprivation and for not taking account of the pattern of demographic ageing which can lead to higher absolute burdens of morbidity in rural areas¹
- The weighted capitation formula is continually overseen by an independent committee, the Advisory Committee on Resource Allocation (ACRA). ACRA has considered the issues faced by rural areas on numerous occasions. The formula takes account of the needs of the population in terms of age and deprivation. An adjustment is made for the increased cost of ambulance services in rural areas. A substantial review of the formula prior to the 2009/10 and 2010/11 allocations found no evidence that a further adjustment is required for rurality²

Strategic leadership

- For social care, the Adult Personal Social Services Relative Needs Formula includes a top-up that reflects the greater costs of providing domiciliary services for older people in rural areas.
- The recent policy drive by the Government to deliver health services closer to home could have additional cost implications in rural areas. New analysis by Matrix Insight³, commissioned for this study, examined potential disparities in cost arising from this policy direction, as well as possible differences in economy of scale when delivering care at equivalent levels of quality in low and high density population areas
- The initial findings show no significant inequity in fund allocation to PCTs arising from urban/rural cost disparities, largely because of the benefits of introducing payment by results and the merging of PCTs into larger units, though the work has indicated the possibility of quality differences in acute services
- Matrix also indicate that extra costs of delivering services in rural areas are likely to be experienced at local level within PCTs, and stress the importance of addressing this through world class commissioning in the detail of the strategic needs assessment, and by commissioning for outcomes regardless of context

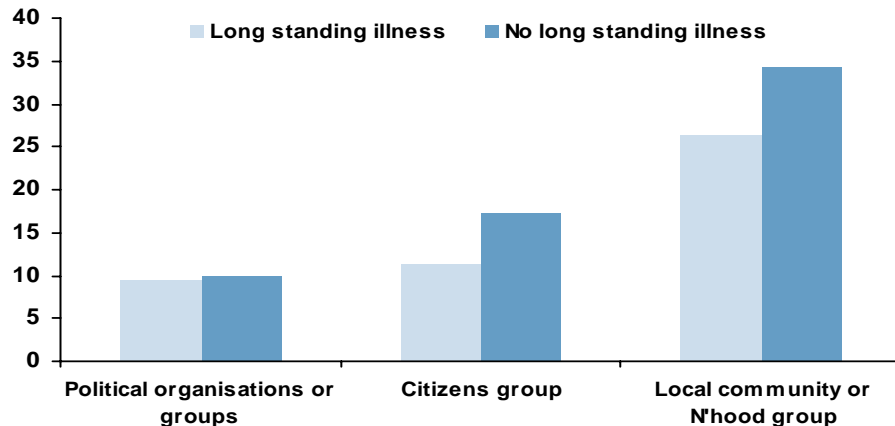
Older people's engagement in public life is patchy, even in rural areas. More needs to be done to ensure that vulnerable older people have a voice

Citizen empowerment

- Older people have an important role to play in shaping their local communities. Older people in rural areas are more likely than those in urban areas to be engaged in local decision making, however, those who are vulnerable, such as those with poor health, are still less likely to have a voice

Older people in rural areas who report poor health are less likely to participate in civic groups

% of older people (50+), 2007¹



- The recent Elbourne review² found that many councils do not consider the views of older people to be a priority. It reported that their involvement in forums is patchy across the country and there is no systematic means of capturing the views raised regionally or nationally

Citizen empowerment

- Innovative local authorities have recognised the need to better engage older people in decision making and established independent senior councils

Senior Council for Devon

An independent senior council for Devon was launched in 2008. It aims to provide a more formal and representative process for older people to engage in decisions which affect them and works in partnership with the County Council

The Senior Council for Devon now has over 1,000 members. The distribution of membership is representative of the pattern of rural/urban settlement and actively involves ethnic minority groups. Within 12 months the Senior Council had conducted a series of consultations on the Council's "Ageing Well in Devon" strategy and taken up issues that mattered to older people including post office closures and problems of transport

Contact: www.seniorcouncildevon.org.uk

- The Government recently announced³ it is supporting a new UK Advisory Forum on Ageing that will ensure the views of older people are heard and, importantly, responded to. It will be chaired by the Minister for Pensions and Ageing Society and the Minister of State for Care Services and will provide a means of bringing together representative views of older people at a national level

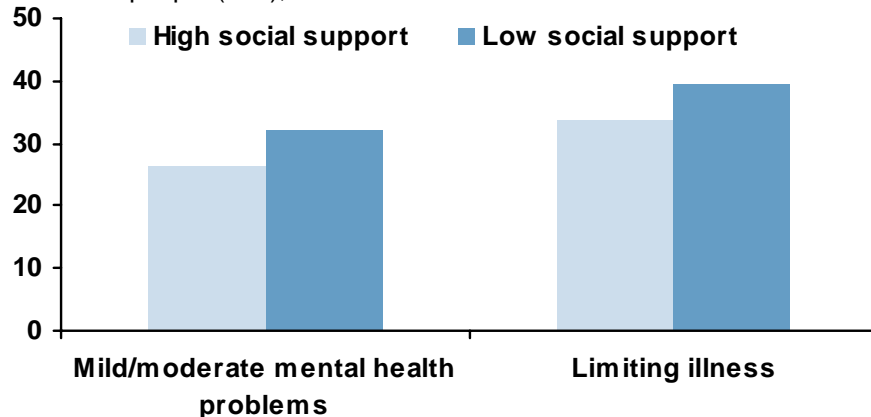
Innovative approaches can identify and target help to older people whose social isolation puts them at risk of poor physical and mental health

New professionalism

- Vulnerable older people may be less likely to be in contact with family and friends and more at risk of social isolation and low social support¹
- Those who experience low social support have poorer physical and mental health and are at risk of not receiving timely help if they experience sudden illness (such as a stroke) or have an accident (such as a fall)

Older people in rural areas with low social support report poorer health

% of older people (50+), 2005²



- Actively engaging and supporting older people at risk of isolation is not easy. It is difficult to identify people who need help early on if they are not already in touch with services especially, in rural areas³

New professionalism

- Innovative and successful approaches to tackling loneliness and isolation build on the relatively high levels of social capital present in rural areas and recognise that it takes time to develop trusting social relationships. Crucially these approaches are not necessarily led by traditional professionals or using traditional techniques – for example time banks and intergenerational projects draw on under-utilised skills and resources in local communities to reinvigorate social networks

Time for Life - Devon

The Time for Life Consortium, part of the Devon Community Mentoring Service, is providing services that address the isolation and depression of older people in rural areas. Originally conceived by local GP's and trialled by Upstream, Time for Life help people to make new friends, learn and share experiences and get out and about in the local community. Mentors help people to gain confidence, find friends, improve their health and achieve independence. They also run groups giving people access to a range of activities including gentle exercise, crafts, gardening, sharing memories, learning computer skills and, less predictably perhaps, the enjoyment of interactive computer games

Contact: www.ageconcerndevon.org.uk/tfl. Devon also run the Sahara project targeted at improving the health and well-being of isolated black and minority ethnic groups. Contact: saharaproject@googlemail.com

Leadership means enabling communities to build strong social networks and support each other with day to day needs

Strategic leadership

- The strength of social capital in rural communities and its potential to help tackle social isolation presents opportunities for improving older people's wellbeing
- Many rural communities have a culture of looking out for one another and have well-developed grassroots support networks, but in other rural communities, social networks and civic engagement may need to be nurtured and supported in order to flourish. Local strategic partners, particularly local councils and PCTs, have crucial roles to play through:
 - Engaging with older people and identifying their day to day needs, whether this is through local voluntary groups or more formal schemes such as Village Agents
 - Supporting and enabling the third sector in taking forward projects and ideas that tackle isolation
 - Identifying when good practice can and should be mainstreamed
- Central government has a role in disseminating evidence and good practice, as with the POPPs and Linkage Plus programmes

Strategic leadership

- The Village Agents scheme, outlined below, provides a good example of how strategic outreach can support and engage vulnerable older people

Village Agents – Gloucestershire

Gloucestershire Village Agents bridge the gap between the local rural community and those statutory and voluntary organisations able to offer help or support. Village Agents are recruited locally and trained to provide face-to-face information and support and enable individuals to make informed choices about their future needs. They have varied backgrounds but their common skill is to create individual solutions in response to individual's needs

Village Agents provide high quality information, promote access to a wide range of services, carry out a series of practical checks and identify unmet need within their community. They support communities as well as individuals and they promote social inclusion by organising social and healthy activities

Contact: Rosie Callinan at
rosie.callinan@gloucestershire.gov.uk

- Community led schemes, such as First Focus Fakenham (see Annex B), can also be very effective in providing information, advice and support to socially excluded older people

Tackling fuel poverty in rural areas requires innovative responses

Citizen empowerment

- The most rural areas have a higher proportion of non-decent homes and higher levels of fuel poverty ¹
- Most homes in rural areas rated as non-decent receive this rating because they do not provide a reasonable degree of thermal comfort. They are more likely to have solid walls that are harder to insulate and to improve, and are more likely to rely on relatively expensive alternative options for heating because fewer homes have mains gas connections
- Older people in rural areas are benefiting from the work by new professionals and the strategic leadership of government in tackling fuel poverty

New professionals

Innovative solutions to heating homes

Community Energy Solutions - a community interest company set up with government funding and supported by National Grid Affordable Warmth – works with partners in the North East and Yorkshire and the Humber to provide affordable warmth measures to deprived off-gas communities by extension of the gas mains, delivery of community-based renewable energy technologies, provision of holistic packages of heating and insulation, and benefits and energy efficiency advice

Strategic leadership

- The Government's UK Fuel Poverty Strategy includes two main measures for improving energy efficiency of homes – the Warm Front Scheme and the Carbon Emissions Reduction Target (CERT)²

Tackling Fuel Poverty

- The Warm Front Scheme provides a package of insulation and heating improvements for eligible private households who are fuel poor, up to the value of £3,500 (or £6,000 if renewable / low carbon or oil heating is recommended, such as for households in rural areas that are not connected to mains gas). The scheme is managed by the energy company eaga
- CERT is the Government's household energy efficiency scheme which places a 3 year (to March 2011) obligation on energy suppliers to meet carbon saving targets. Suppliers meet their targets by promoting the take-up of energy saving measures, including loft and cavity wall insulation. Suppliers must focus 40 per cent of their activity on a 'Priority Group' of vulnerable and low-income households, including pensioners over 70. They can meet up to 5 per cent of this obligation by targeting hard to treat homes, such as those in rural areas without mains gas connection or solid walled homes
- The Government recently announced a package of measures to tackle fuel poverty, including a new Heat and Energy Savings Strategy, a Review of the Fuel Poverty, additional resources for the Warm Front Scheme; and higher levels of cold weather payments

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- **Executive summary**
- **Aims and context**
- **Needs of older people in rural areas**
- **Enabling access to services and support**
- **Working together**

Working together

Working together for older people in rural areas

- The examples showcased here demonstrate that public services and local communities are already adapting, innovating and learning to thrive in the context of the opportunities and challenges that ageing in rural areas presents
- Access to low level preventative services is key to ensuring that older people enjoy independence and well being in their later life. For those at risk of social exclusion accessing these services can be more difficult – working in partnership locally to identify who needs a little extra help and providing this support on an ongoing basis is vital
- The Government's principles of public service reform – citizen empowerment, new professionalism and strategic leadership – will be central to ensuring that we go further in enabling older people at risk of social exclusion in rural areas to stay healthier for longer and to continue to lead productive and fulfilling lives as they age

Citizen empowerment

- Enabling people to have greater choice and control over their transport options
- Delivering health and social care services closer to home
- Supporting older people at risk of exclusion to help shape and influence their communities and participate socially
- Providing older people with better information and advice on health, well-being, housing and other services on offer

New professionalism

- Providing greater flexibility to local service leaders and professionals to develop innovative transport solutions
- Enabling health and social care professionals working in rural areas to develop more generic and flexible skills
- Supporting professionals to harness new technologies to reduce the impact of distance on service access

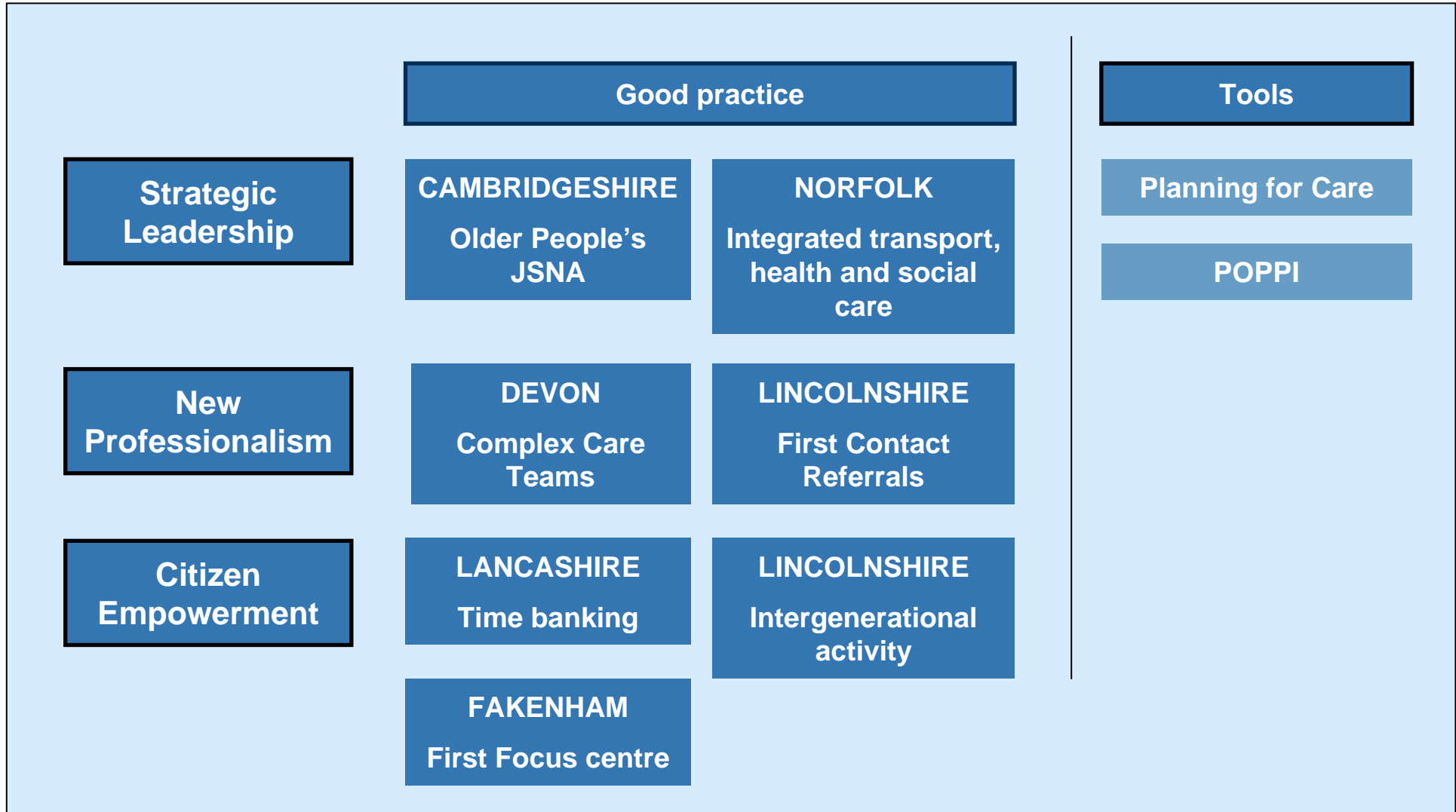
Strategic leadership

- Providing leadership and guidance on innovative transport solutions
- Promoting tools that enable local areas to intelligently assess the needs of their rural populations
- Enabling service delivery partners to work together with older people to tackle social exclusion
- Providing leadership and guidance on lifetime homes and neighbourhoods

Annex A – Methodology

Desk research	<ul style="list-style-type: none">• Identifying and reviewing relevant literature• Policy mapping
Quantitative analysis	<ul style="list-style-type: none">• Independent analysis by Oxford Consultants for Social Inclusion, Birkbeck College, the National Centre for Social Research, Age Concern and Matrix Knowledge to identify and examine the issues faced by older people in rural areas, and those at risk• In-house analysis using the Health Survey of England and Citizenship Survey
Stakeholder meetings	<ul style="list-style-type: none">• We held meetings with a range of stakeholders including third sector organisations, policy makers and academics with an interest in older people and rural areas• We hosted an expert seminar with academic and policy experts and practitioners to seek their feedback on the preliminary findings from the analysis
Deep dives	<ul style="list-style-type: none">• In-depth field visits to four locations in rural England plus one innovative non-rural location• Interviews with strategic directors, commissioners, managers and practitioners• Five focus groups with a total of 41 older people
Call for evidence	<ul style="list-style-type: none">• To identify effective and innovative service delivery to older people in rural areas• A total of 96 submissions were received from a range of organisations including: local authorities; local and national charities; devolved administrations; independent organisations; and individuals

Annex B – Case Study Toolkit



Annex B – Case Study Toolkit

Strategic Leadership

Comprehensive needs assessment

Cambridgeshire Older People's JSNA takes an in-depth and comprehensive look at the ageing population of the area highlighting that the greatest impact of an ageing population will be felt in Cambridgeshire's rural areas. As well as outlining the health and social care implications of an ageing population the report highlights where benefit uptake is lower than expected, the needs of one pensioner households and issues around appropriate housing including adaptation needs and fuel poverty. The needs assessment also flags key prevention areas such as falls, nutrition and physical activity

Integrated transport, health and social care

The **Norfolk ITM** is an integrated transport model covering health, social care and wellbeing. Commencing in 2002 with 3-year funding from DfT, the service now better meet the needs of eligible passengers, particularly those in areas of rural isolation / social exclusion

Working closely across multiple organisations the model has:

- Streamlined the booking and journey service for passengers by providing one central booking centre and one contact number
- Provided direct referral for health/social service passengers eligible for free transport
- Introduced a central pool of drivers from the voluntary and organisational sectors and achieved sustainability by pooling partnership funding

The project completes some 800,000 client trips annually and from 2008 onwards it is envisaged that the project will save around £230,000 per annum

Annex B – Case Study Toolkit

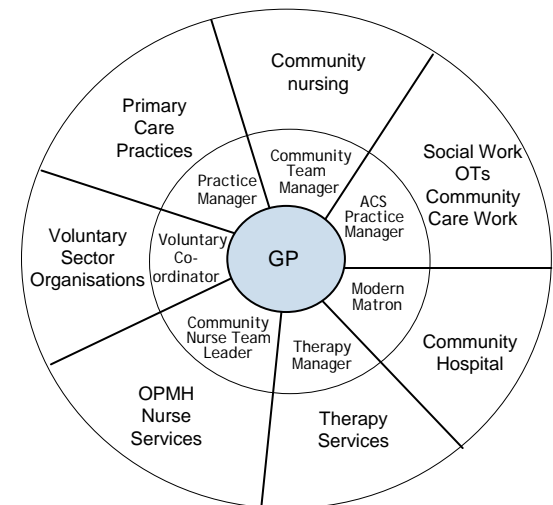
New Professionalism

Holistic referral system

Lincolnshire First Contact system is a one-stop referral system that allows the over 60's to access a wide range of services and information to help them stay safe and well in their own home. It is delivered in partnership across statutory and third sector organisations and run jointly by Age Concern and Lincolnshire County Council. First contact checklists not only help people access services they may otherwise have been unaware of but they also help partner agencies do their job more effectively. The data from the checklist is also used to inform service planning and commissioning

Complex Care Teams

Devon has developed an integrated service model around health and social care. At the core is the 'complex care team' they respond to those with high health and social care needs. The outer circle delivers interventions and services to those with lower level needs, and uniquely includes engagement with the voluntary and community sector



Contact: Paul Giblin at paul.giblin@devon.gov.uk

Annex B – Case Study Toolkit

Citizen Empowerment

Time banking

Village volunteering Lancashire – In the village of Hornby in Lancashire residents have set up a time bank that helps support people with transport, shopping, safety at home and friendship. An increasing group of people of all ages share their skills and bank time credits which can be spent on a whole range of skills and opportunities, including car sharing and computer skills, within the local community. Older people often take advantage of dog walking services for example which enable them to keep their close companions at home with them. The time bank is hosted by Lancaster Volunteer Bureau at a very low cost

Contact Donna Studholme Tel: 01524 387851

Intergenerational activity

You and Mii makes Wii’ Lincolnshire – In Lincolnshire young people are teaching older people how to use gaming technology (the Nintendo Wii console) to improve their sense of well-being and help them stay active and fit. Nintendo Wii and large LCD TVs were installed in locations where older people are cared for, looked after and/or meet. Using the technology in which they are the experts encourages young people to develop and grow as active citizens and fosters intergenerational respect within communities

First Focus Fakenham

First Focus Fakenham is a voluntary, community-based information and drop-in centre based in the rural market town of Fakenham. It provides a diverse range of user friendly, locally focused and up-to-date information on welfare, health, benefits, social support and self help issues for older people, people with physical or sensory disabilities and their carers, those who are socially excluded plus the wider community

It is funded primarily through Lottery Grants, with two paid coordinators plus a team of 14 volunteers, many of who are older people or people with disabilities. First Focus has evolved into a community ‘social centre’ and is used on a regular basis as a drop-in or informal day support service. The resource has been developed and driven by disabled people with support from Norfolk Adult Social Services

Annex B – Case Study Toolkit

Tools

Planning for Care

Planning4care is a strategic needs assessment tool that provides data for local councils and PCTs to develop an understanding of the current and projected care needs, service requirements and costs for their older (+65) populations

The long term care projections used in the Wanless Social Care Review adopt a set of clearly defined levels of need for social care support and then estimate the current and projected numbers of the total over-65 population expected to fall into each of those groups nationally, but little data is available at local level. Planning4 care fills this gap producing locally sensitive baselines and projections for social care needs taking into account local socio-economic factors and produces a credible evidence base for planning and commissioning social care

The Planning4care tool was developed by [Care Equation](#) and [Oxford Consultants for Social Inclusion](#) (OCSI) and was piloted in Brighton & Hove with support from the Care Services Improvement Partnership (CSIP)
<http://www.planning4care.org.uk/home/>

Projecting Older People Population Information System

POPPI, is a web-accessed forecasting solution for use by local authority planners and commissioners of social care provision in England and consists of National Statistics population projections to district level. It provides estimated projected numbers of older people by: those living alone; living in a care home; receiving unpaid care; their ability to carry out domestic tasks; and self care. It is designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over. This tool was developed by the Institute of Public Care (IPC) for the Care Services Efficiency Delivery Programme (CSED). <http://www.poppi.org.uk/>

Essex JSNA extract reflecting data from POPPI

services they need. Parts of Essex – particularly rural areas – already suffer problems of service access and there is evidence to suggest that this is getting worse¹⁸.

5.1 Older People Living Alone

The living circumstances of older people affect both opportunities for social interaction and the need for additional support from formal and informal services. It is estimated that the number of people aged 65+ living on their own will have increased by 44% by 2025 and by 53% for those aged 75+. This is likely to impact on feelings of isolation and, in rural areas particularly, on the cost of providing services as levels of travel for support staff increase.

Figure 5.1: Essex population projections for people aged 65+ living alone by age band and gender

	2008	2010	2015	2020	2025
Men aged 65-74 living alone	12,036	12,852	15,368	15,963	15,827
Men aged 75+ living alone	15,680	16,408	19,944	21,868	26,694
Women aged 65-74 living alone	25,905	27,621	33,099	34,452	33,462
Women aged 75+ living alone	50,976	51,566	55,283	61,714	73,750
Total aged 65-74 living alone	37,941	40,473	48,467	50,415	49,289
Total aged 75+ living alone	66,656	67,974	74,127	83,582	100,434

Source: POPPI, 2007 (based on Census 2001)

5.2 Carers

As our residents grow older, levels of impairment and disability will rise. Many people with

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