

PE1845/M

Scottish Rural Health Partnership submission of 12 February 2021

The population in remote and rural areas is older than urban areas and it is ageing more quickly. There has been a population increase in rural areas linked to people moving after retirement. As people get older their reliance on health and social care services increases and the demands for these services will rise simultaneously in coming years. Rural NHS boards are predicted to have an above average population share of over 65-year-olds by 2037 and have relatively high levels of access deprivation on the Scottish Index of Multiple Deprivation.

A further challenge is that the nature of deprivation experienced by rural residents tends to differ from that experienced by their urban counterparts. Important aspects of rural deprivation can relate to fuel poverty, hidden unemployment, poor access to housing and lack of opportunities to services including shops, amenities, healthcare, childcare or digital services.

Isolation, both physical and social, may be more relevant to rural areas. In addition, standardisation of indices for larger area levels can lead to urban bias, with more dispersed and isolated rural disadvantage being averaged out by wider more affluent neighbouring zones. Further work is necessary to identify a set of indicators which may be used to better identify rural deprivation and the inequalities within rural communities.

Mental health is a major public health issue in Scotland with growing recognition that environments such as those found in rural areas have been widely overlooked; this has led to the creation of the National Rural Mental Health Forum. The National Rural Mental Health Scotland Survey revealed that for those self-reporting suicidal thoughts and feelings and self-harm, lack of public transport was an issue. This is crucial because the perception of geographical remoteness, coupled with these barriers of accessing mental health care via public transport, can lead to a “layering” of remoteness and isolation for people experiencing mental ill health in rural areas. Moreover, issues of perceived stigma and visibility of mental illness in small rural communities remain and can affect rural residents’ help-seeking behaviour.

Remote access to health and care services should be a universal option for the entire population however, digital connectivity continues to be an issue of inequality in remote and rural communities with around 19% of Scotland without access to a 4G service from any operator. Around 34,000 premises in Scotland still cannot access reasonable broadband service from either fixed or fixed wireless networks compared to 113,000 in England, 19,000 in Northern Ireland, and 18,000 in Wales.

Health and social care are multi-agency and multi-disciplinary services delivered across a multi-stakeholder environment, and it is important that the wide spectrum of health and social care providers as well as community groups, third sector and voluntary organisations are involved and consulted on service delivery in remote and rural areas.

A Connected Scotland 2018 states – different solutions may be required in remote and rural or island communities.

The Independent Review of Adult Social Care in Scotland 2021 highlights the need for change in current social care provision. Recommendation 29 states that a national approach to improvement and innovation in social care is needed, to maximise learning opportunities and create a culture of developing, testing, discussing, and sharing methods that improve outcomes. The future role of the Institute for Research and Innovation in Social Services (IRISS) and its inclusion as part of the National Care Service must be considered.

Recommendations

The Scottish Rural Health Partnership advocate the **need for further research in rural and remote health and social care in Scotland**. Conducting evidence-based research into issues relating to rural health and care would provide Scottish Government insights from the sector, lived experience of communities and patients, and evidence of what works in the rural context for whom and why; important information to inform models of care on a national basis and key evidence to underlie policy and services which are rural-proofed. This research would be the **establishment of a rural health and social care resource repository for Scotland**.

The Scottish Rural Health Partnership would **support the designation of an agency to advocate for the healthcare needs of rural Scotland**. Such an agency would seek to improve the communication between the Scottish Government Department of Health and Social Care, Health Boards, Integration Joint Boards, academia, national groups and members of the public and would work closely with the sector, communities, and other key stakeholders to help shape the development and implementation of rural health policies, strategies, and programmes that are effective and contextually appropriate for rural and remote areas. There is a need to join actions together with measurable outcomes.

We suggest that such an agency be **supported by a parliamentary cross-party group to:**

- Identify service and workforce deficits and aid recruitment and retention.
- Aid adoption of health and social care innovation.
- Support dissemination of learning and best practice.
- Support rural community engagement in service delivery.