The Project Journey

Health Inequalities in Rural Areas
Cheshire East Council, Chester West and

In 2009, Cheshire West and Chester partnered with Cheshire East Council in their bid to become a Scrutiny Development Area. The two Councils were new Unitary Councils formed earlier that year, with a large rural population, and the scrutiny committee wanted to understand health inequalities in rural their rural communities.

Whilst Officers were keen to look at around 10 rural areas, it was agreed that, to manage the workload, the process would be piloted in two rural areas – one in each Council – and rolled out around the autumn to a further tranche of rural areas. Some time was spent on the methodology of how to select the pilot areas, with a review of data in the component parts of the Index of Multiple Deprivation. Ultimately it was agreed that this was not crucial and that two areas from a list of the 10% of areas scoring highest in the Index of Multiple Deprivation would be chosen. One community had the characteristics of "urban edge" rural and the other "deep rural".

An initial literature search suggested that there were few academic sources on the review topic.

The review identified and examined three types of information sequentially:

- **Type 1** – information held by other organisations such as the Council and Primary Care Trust (PCT), or that ought to be available from them.
- **Type 2** – "anecdotal" information – information which is not currently available but which the review created by (a) asking Councillors their views and (b) local Councillors and Officers going out and talking with local residents in the two pilot rural areas about their experience of health inequalities.
- **Type 3** – information derived from a "mini-review" of one aspect of the experience of health inequalities in rural areas.

Four meetings of the Joint Health Overview and Scrutiny Committee were held, along with an intermediate and an end-point Action Learning Review.

Members also made a visit to each of the two pilot rural areas chosen, and toured the areas, visiting facilities to get a "feel" for the areas. Members commented at the final Action Learning Review meeting on how helpful this had been:

"I didn't think there were any Health Inequalities in the rural areas – my views have changed, " Panel Member.

What was the experience of seeking the 3 types of information?

Type One information was sought from an enormous range of stakeholder organisations, and a "flyer" was created to let external organisations know about the review and seek their input/co-operation. However, they were either unable to share/ process this information or unwilling to do so; for example, because small patient numbers might make individuals identifiable. This raised the question; do agencies really know who are the people who are experiencing or most at risk of health inequalities? (For example agencies may target a group of people known to live in sheltered housing, but be failing to meet the needs of the scattered elderly or young mothers living individually in small hamlets).

Our key conclusion, in relation to type one information (eg people on benefits) is that it can identify a RISK of experiencing health inequalities.

Although frustrated with the lack of progress with collecting type one information, the review moved on to an alternative source – going directly to the experience of local people themselves. Councillors and Officers felt that, looking back, they had spent too long on trying to get the type one information, and could have moved on sooner.

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Type two information was gathered via a questionnaire to Members to elicit their views; and a questionnaire for Members/Officers to use 1:1 with rural dwellers, to seek their view on the health inequalities experienced. This produced useful "anecdotal" information and gave us a much clearer view of the key role that access to facilities – and to transport to facilities – plays in rural dwellers' access to healthcare, quality food, leisure activities and other aspects that contribute to health and well-being. The opportunity to make greater use of Parish Councils – who to talk to - was highlighted.

Type Three information was gained by a focus on one aspect of rural health inequalities – mental health. This used a model of "mini-scrutiny" to hold a two-hour mini-review on this topic, with witness presentations, and proved a rich source of information.

At the time of writing, the final scrutiny report and its recommendations are being taken through the committee system for endorsement. The Councils recognise that they chose a difficult topic, but are proud of their willingness to take a risk and be innovative, and of creating a methodology that can be used by other Councils.