



*Adrian Platt / Brent Hill, from South Brent / CC BY-SA 2.0*

# TESTING THE DEEP END RURAL MODEL

## A COMMUNITY PRACTICE STUDY - SOUTH BRENT

Report produced by  
Devon Communities Together, January 2024

# CONTENTS

1. HEADLINE SUMMARY.....	P.3
2. INTRODUCTION.....	P.4
3. TESTING THE DEEP END RURAL MODEL .....	P.4
4. MEETING IN SOUTH BRENT .....	P.4
4.1 QUESTIONS AND OUTCOMES .....	P.5
6. SUMMARY .....	P.11
6.1 CHALLENGES .....	P.11
6.2 SOLUTIONS .....	P.13
7. CONCLUSION .....	P.14
APPENDICES .....	P.16

Devon Communities Together (DCT) has worked in partnership with the CAN-DO (Community Asset Network - addressing Disparities in Outcomes) project at the University of Plymouth. DCT has been working alongside rural communities in Devon for over 60 years and is part of the ACRE network (Action with Communities in Rural England). This work has been funded by CAN-DO and the Department for Environment, Food & Rural Affairs (DEFRA).





**WHAT?** Meeting in South Brent, building on work of CAN-DO project and pilot practice case study in Mid-Devon.



**WHY?** To further establish whether bringing people together who live and work in a rural area ('Deep End Networks') can lead to benefits and improvements.



**HOW?** Meeting/conversation with primary care staff, VCSE representatives and residents in South Brent.



## **KEY ISSUES IDENTIFIED**

- Loneliness/not wanting to ask for help
- Poverty/finance
- Transport
- Digital Barriers
- Limited resources/capacity of voluntary organisations
- Information/Knowledge about services
- Lack of coordination between services



## **POTENTIAL SOLUTIONS**

- A coordinated plan
- One place for knowledge and information.
- More joined-up working (needs to be resourced)
- Finding ways to let people know about and access support
- Finding ways to attract more volunteers
- Improved Funding
- Transport



**THEMES** Similar themes explored by Deep End Networks were discussed, most notably community engagement and more joined-up services. Other similar themes to the case study in Mid-Devon were discussed, including transport, funding and loneliness. South Brent meeting attendees looked quite closely at

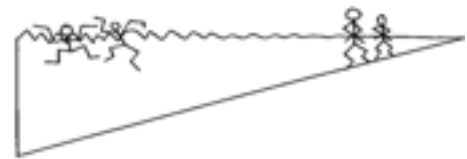


**BENEFITS AND WHAT NEXT?** Attendees were very clear that meeting together was beneficial (improving understanding of need, improving coordination, finding ways to improve services). It is suggested that further investment in similar place-based rural groups representing the system, is considered as a vehicle to rural proofing services, addressing rural inequalities and meeting local targets.

## 2. INTRODUCTION

At the end of November 2023, Devon Communities Together (DCT) organised a session in South Brent to talk about health inequalities with residents, local organisations, and services. This built on the work of the CAN-DO research programme (Universities of Exeter and Plymouth) and the practice case study DCT had undertaken earlier in the year ('Testing the Rural Deep End Model', working in mid Devon alongside the Mid -Devon Medical Practice). The report for this practice case study may be accessed by clicking [here](#).

## 3. TESTING THE DEEP END RURAL MODEL



Deep End Networks of GPs have come together across the UK and internationally in areas of blanket deprivation. Their common goal is to mitigate health inequalities and champion the role of primary care. They have focused on several areas/themes (workforce, education and training, advocacy, research, community engagement and empowerment and joined-up services and systems). Through doing this, they have often attracted resources.

The focus of DCT's work has been to establish whether bringing people together who live and work in/have responsibilities for a rural area with pockets of deprivation (Deep End Networks) can lead to improvements and benefits in the same way that it has in urban communities. The practice case study in Mid Devon highlighted many issues, themes, and potential solutions to improve health outcomes. The evaluation respondents cited a range of benefits to having further similar meetings (e.g. joint advocacy/gaining understanding of potential solutions). This work suggested that further investment in similar place-based rural groups representing the system, could be a vehicle to rural proofing services, addressing rural inequalities and meeting local targets. The meeting in South Brent was a further opportunity to test this.

## 4. MEETING IN SOUTH BRENT

17 people attended the meeting at the Old School Building in South Brent, from the following organisations:

- Devon Communities Together
- CAN-DO, University of Plymouth
- Sustainable South Brent
- South Hams CVS
- South Brent GP Surgery
- South Brent and District Caring
- South Hams Citizens Advice
- South Brent Village Hall
- South Brent Parish Council
- University of Exeter
- Social Prescriber, South Dartmoor & Totnes Primary Care Network
- Social Prescriber/Health and Wellbeing Coach, Leatside Surgery
- South Brent Old School Community Centre
- St Petroc's Church
- South Brent Pharmacy
- Feofees
- Armchair Yoga



The remainder of the meeting focused on 10 questions, which were posed and responded to using 'Mentimeter', and then followed up with discussion.

#### 4.1. Questions and responses

##### Q1. What are the best things about living and working in South Brent?

Most respondents talked about the strength of the local community and social networks. Many people mentioned how friendly people generally are. Several people said that there were local people who wanted to help and looked out for each other. Several people also mentioned the location of South Brent and the beautiful environment. Good community groups and facilities, including the Old School Building community centre and church group were highlighted.

##### Q2. What are the biggest challenges to working together in this area?

Several people raised transport. Respondents highlighted the dependency on cars, the cost of public transport (if not eligible for reduced fares) and public transport links as being challenges.

There was some discussion regarding digital barriers (this included poor phone signal, poor broadband and digital skills). It was mentioned in the discussion that digital skills is an issue with people in their 40s and 50s as well as more elderly people. One of the local GPs reported that South Brent surgery has the highest NHS App use by patients in Devon. The GP receptionists provide digital inclusion, access support and assistance.

Limited resources and the capacity of volunteer organisations to respond to an increasing demand on services (including an ageing population) was a theme. Lack of capacity for staff to make/maintain relationships with other organisations was raised. The GP said that there wasn't enough time to work together and collaborate with local partners. He noted that the opportunity for this meeting and conversation was very rare. He also noted that patients come to the surgery often needing non-medical help (help with socio economic issues). He pointed out that a lot 'lands' at the GP's door, but in 10 minutes it's not possible to give the level of support which a positive support network could give. There was positive feedback from people about the GP surgery and it was queried how groups might communicate better with the GP surgery.

Getting people 'to turn up' was raised (e.g. there was no attendance at an under 5s group run at the church when it first started).

The lack of paid staff and difficulty in getting volunteers was clearly an issue. An increasing number of older people who used to volunteer are helping with childcare or are on a waiting list for surgery. The change in retirement age means that people are working longer. Furthermore, it was noted that some people in poor health were

going back to work as heating, insurance, food, and other costs had risen so much.

Several people mentioned poor funding models for rural areas with pockets of deprivation.

The lack of coordination between services was raised. It was mentioned that South Brent has four councils and that there is a lack of a clear aligned vision of what people want to create.

One person mentioned the lack of affordable housing, and another raised the issue of rurality ('rural sprawl').

South Brent Caring and the Social Prescribing Team do valuable work, but 10 to 15 years ago there was more community-based support than there is now. South Brent has good community building facilities.

### Q3. What would make it easier to work in this area?

Improved coordination and communication between services was the most frequent response to this question. This included a clear vision (with all parties invested in this), a coordinated plan (with actions regularly followed up), a Community Coordinator and one place for knowledge and information (the Joy App was mentioned).

One person suggested identifying the most impactful actions.

Several people raised funding (including to enable people to have time to work together).

Transport was raised by several people (more frequent and reliable transport, a new community bus line, and funding for transport were all mentioned).

The need for more volunteers and for optimism were raised.

#### **Note – available funding**

Feeofee have pockets of funds that could help support South Brent. For example, they may be able to source a small grant (up to 500) of funding throughout the year to support educational welfare projects as well as individual applications. They could fund venue hire or tutor/facilitator fees. They only grant aid for work/residents of the parish. Diana Gower and Cathy Aldershaw are the contacts.

<https://stpetrocsandstmarys.org.uk/south-brent-feoffees/>

#### Q4. What helps people in this area to be healthy?



People were asked to use one word to respond to this question, to make a 'word cloud'. The most frequent response was connection, followed by exercise (including walking). The environment was put forward by many people (community/outdoors/surroundings/countryside/nature). The other responses were income levels, education, listening, housing, care and time.

#### Q5. What are the barriers to people in this area having healthy outcomes?

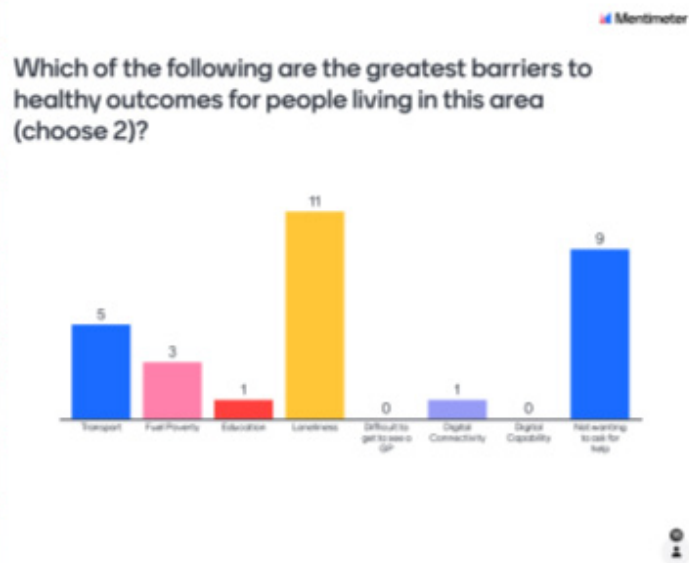
Isolation and loneliness were the barriers mentioned by most people. Many people also mentioned poverty/finances. Transport and the lack of affordable housing were raised.

There was concern about the mental health of adolescents (and lack of support for them) and the needs of younger parents and people who are housebound.

There was discussion about the lack of a local asset/signposting map. It was queried whether the parish council could have a role in holding information locally. The GP was interested in signposting people to support groups, but said the list is always changing and things aren't always the same. Social prescribers use the JoyApp/Devon Connect <https://devonconnect.org/joyapp> It was highlighted that this is reliant on organisations registering and updating their details (they do receive regular reminders). CVS – Devon Connect South Hams Page gets quite a few 'hits'.

There is an over reliance on a small group of older individual volunteers, which makes local community services fragile. At the village hall AGM only one person from the community group attended. The parish council is holding less regular meetings and more digital meetings to try to increase participation.

**Q6. Which of the following are the greatest barriers to healthy outcomes for people living in this area?**



Participants were asked to choose two barriers from the following:

- Transport
- Fuel poverty
- Education
- Loneliness
- Difficult to get to see a GP
- Digital connectivity
- Digital capability
- Not wanting to ask for help

Loneliness and not wanting to ask for help were mentioned the most, followed by transport. It was also suggested that some people didn't know what to ask for.

**Q7. What evidence do you come across in your practice which suggests people in this area live in deprivation?**

The use of the community fridge and use of the warm room were mentioned by several people ('Everything disappears quickly' from the fridge). The following were also mentioned:

- Food bank voucher requests
- Heavy use of the charity shop before it closed



- Topics of conversation
- Evidence of people 'going without' and not using money they have to support themselves
- Disconnection from the local community
- Cold houses and requests for fuel poverty advice
- Nature of requests to citizens advice/form filling requests for benefits
- The Social Prescribing Team receives 15 – 25 referrals a week
- There is an increase in young people with mental health problems & nowhere for them to go locally – there needs to be safe spaces (Youth Bus only comes to the village 1 evening a week)
- Problem with Devon County Council educational bus service catchment areas
- Lack of local affordable housing for young people

#### Q8. How can South Brent ensure that people who really need support are able to get it?

Many participants suggested that organisations being more joined up would help this. This included working together, talking together about what they could do better, being open and optimistic, knowing where the need is and being able to share information.

Proactive support was mentioned and finding innovative ways to engage with people who organisations don't usually work with

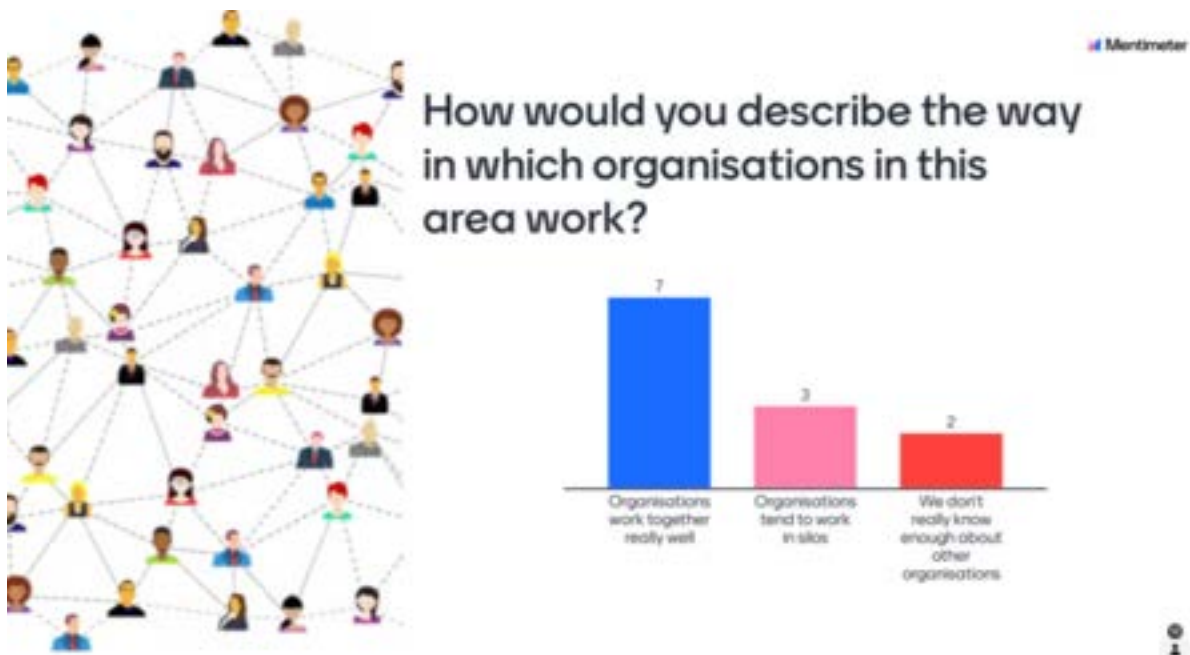
Personal referrals, asking people to volunteer and knowing the best resource for different needs were mentioned.

The importance of good communication was highlighted – letting people know where to go and what help is available (e.g. information in parish magazines/on notice boards/word of mouth).

Some participants said that they had encouraged people to join a group by letting them know that others who have the same connection to the group (peers) will be there. It was stressed that the first time someone uses a service needs to be a good experience, otherwise they won't come back. Participants talked about the importance of a warm and non-judgemental response to people when they first approach any service.

There is a barrier of pride in rural/farming communities – people do not want to be a burden and are reluctant to join groups where people will know their problem. Men especially often do not want to join groups.

## Q9. How would you describe the way in which organisations in this area work?



Most people thought that organisations work together well. A few people said that organisations tend to work in silos and two people said that they didn't really know enough about other organisations.

There is good communication and flexible, joined up working between the organisations who were present at the meeting, but this could be improved if people had more time/capacity for local networking.

The Old School building maintenance relies on fundraising, which is a challenge.

The Parish Plan (2015) was recently reviewed, but it was a complicated and difficult process.

The problems with local volunteer recruitment and retention were raised again (older age groups/difficulties with organising DBS checks) and there was a discussion regarding the need to explore more flexible volunteering offers to attract younger/working age volunteers.

## 10. If there was one thing you would change to improve living or working in this area what would it be?

Several people thought that organisations/services being more joined-up, networking regularly and really understanding one another's strengths would make the biggest difference. It was highlighted that more resources would be needed to give organisations the capacity to do this.

Developing a central hub for information was put forward. One person suggested bringing more services and organisations to the Old School Building. It was highlighted that the building does bring people together and helps people to work together, but resources are stretched for reaching out into the community.

“ ***It’s this building that brings people together and helps people work together.***”

A clear, aligned and agreed vision and plan was suggested by one person. A couple of people talked about the need for more volunteers, including supporting younger enthusiastic volunteers with building confidence to try running a group. It was mentioned that some younger volunteers struggle to get enough evidence for DBS checks.

## 6. SUMMARY

Those attending the meeting clearly felt that South Brent has many assets, including a strong local community and social networks. Connection was seen as the most important factor which helps people in the area to be healthy. Attendees appreciated the environment around South Brent and the community groups and facilities it has. Exercise and the environment were also seen as important contributing factors to helping people to be healthy.

Most people thought that organisations generally work together well, with good communication and flexible, joined-up working. However, they felt that there wasn’t enough time and staff capacity for sufficient collaboration, which they thought would make a difference to health outcomes. Attendees were very positive about the benefits of coming together in a meeting.

Whilst participants recognised that many people lived comfortably in South Brent, they were clear that there were people in the area living in deprivation. This was evidenced by use of food banks, the community fridge and the warm room. The Social Prescribing Team receives 15 to 25 referrals daily and there are many requests for benefits and fuel poverty advice. There is also evidence of ‘cold houses’, people ‘going without’ and people who are disconnected from the local community.

Specific challenges and solutions were discussed as follows:

### 6.1 Challenges



#### Loneliness/not wanting to ask for help

People attending the meeting saw loneliness, isolation and not wanting to ask for help as some of the greatest barriers to healthy outcomes in South Brent. A barrier of pride in rural/farming communities was also discussed. It was suggested that people don’t want to be a burden and are reluctant to join groups where people will know their problems. This is usually more prevalent for men.



### Poverty/finance

This was recognised as a key barrier and evidenced as above.



### Transport

Respondents highlighted that dependency on cars, the cost of public transport (if not eligible for reduced fares) and public transport links as being key challenges.



### Digital Barriers

The digital barriers experienced in South Brent are poor phone signals, poor broadband and digital skills. It was mentioned in the discussion that digital skills are an issue with people in their 40's and 50's as well as more elderly people.



### Limited resources/capacity of voluntary organisations

All organisations are responding to an increasing demand on services (including an ageing population). Many of the organisations present were struggling for funding and several people mentioned poor funding models to respond to rural areas with pockets of deprivation. The Old School building maintenance relies on fundraising, which is a challenge.

The lack of paid staff capacity to make/maintain relationships with other organisations was raised. In addition to a lack of paid staff, there was considerable discussion regarding the difficulty in getting volunteers. Several reasons were highlighted:

- There is an increasing number of older people who used to volunteer, who are helping with childcare in their families.
- There are many older people on the waiting list for surgery.
- The change in retirement age means that people are working longer.
- Some people in poor health have been going back to work following the rise in the cost of living.
- It can be difficult to organise DBS checks.
- There is an over reliance on a small group of older individual volunteers, which makes local community services fragile.



### Information/knowledge about services

There was considerable discussion regarding how individuals and professionals could find out about what support is available and know what to ask for. It was mentioned that sometimes there is no attendance at

groups and yet the GP present comes across significant support needs and would like to have up-to-date information to signpost people to local support groups. There was discussion about the lack of a local asset/signposting map. It was highlighted that the JoyApp is reliant upon organisations registering and updating their details.



### Lack of coordination between services

It was mentioned that South Brent has four councils and that there is a lack of a clear aligned vision of what people want to create.



### Further Challenges

Lack of affordable housing, fuel poverty, education, it being difficult to see a GP and a problem with Devon County Council educational bus service catchment areas were all put forward as barriers to positive health outcomes. There was concern about the mental health of adolescents and there being a lack of safe spaces for them to go to locally ('Youth Bus' only comes to the village 1 evening a week). The needs of younger parents and people who are housebound were also raised.

## 6.2 Solutions



### Improved coordination and communication between services

This was the most frequent response to the question about what would make it easier to work in South Brent. Responses included:

- A clear, aligned vision (with all parties invested in this)
- A coordinated plan (with actions regularly followed up),
- A Community Coordinator
- One place for knowledge and information. The Social Prescribers in South Brent use the JoyApp/Devon Connect <https://devonconnect.org/joyapp> but there does need to be regular updating of information on this to keep it up to date.
- More joined-up working. Many participants thought that organisations/services being more joined-up would make a significant difference. This included regular networking and communication, talking about what was needed, being open, sharing information and understanding one another's strengths. It was highlighted that more resources would be needed to give organisations the capacity to do this.



### Finding ways to let people know about and access support

The importance of good communication to people in the community was highlighted – letting people know where to go and what help is available (e.g. information in parish



magazines/on notice boards/word of mouth).

Proactive support was discussed, including finding innovative ways to engage with people who organisations don't usually work with and understanding the best resource for different needs. Participants talked about the importance of a warm and non-judgemental response to people when they first approach any service.

Some participants said that they had encouraged people to join a group by letting them know that others who have the same connection to the group (peers) will be there.

It was highlighted that resources are stretched for reaching out into the community.

### ✓ Finding ways to attract more volunteers

The need for more volunteers was clearly an issue and attendees talked about exploring, developing and supporting more flexible volunteering opportunities, especially to attract younger/working age volunteers.

### ✓ Improved Funding

More funding would give organisations capacity to reach out into the community more and develop joined up approaches.

### ✓ Transport

Solutions included more frequent and reliable transport, a new community bus line and funding for transport.

## 7. CONCLUSION

Attendees at the meeting in South Brent were very clear regarding the benefits of coming together at a local community level and were able to identify many key issues and potential solutions in just a one-off meeting.

Key issues identified were loneliness/not wanting to ask for help, poverty/finance, transport, digital barriers, limited resources/capacity of voluntary organisations, information/knowledge about services, lack of coordination between services and lack of support for younger people, young parents and people who are housebound. Potential solutions identified were a coordinated plan, one place for knowledge and information, more joined-up working, finding ways to let people know about and access support, finding ways to attract more volunteers, improved funding and transport.

There was considerable understanding amongst attendees regarding the social determinants of health and the ways in which organisations, especially the VCSE sector, could collaborate to respond to these. There was appreciation of the significant community assets South Brent had and the contribution these made to residents'

wellbeing and positive health outcomes. This was highlighted in the CAN-DO research programme.

There was concern, however, that people working in the area didn't have the time or staff/volunteer capacity to collaborate as much as they needed to or to sufficiently reach out to those more vulnerable people in the community who most needed support. This was a finding of the CAN-DO research programme, which highlighted the fragile eco-system of the Voluntary and community Sector. It was recognised that more opportunities to work together could enable information sharing, the identification of need, improvement of services and gaining a better understanding of how to respond to people who needed support.

The outcomes of the meeting in South Brent support the outcomes of the DCT pilot community case study in Mid-Devon (Spring 2023), which concluded that further investment into rural placed based locality groups and infrastructure, with representatives from across the system, could be an important vehicle to rural proofing services, addressing rural health inequalities and meeting identified targets. Given some of the solutions posed by this meeting and in the pilot case study to address a range of rural issues, there may also be benefits to working with groups such as this one to explore alliance based commissioning models.





# APPENDICES

## 1. Flyer to promote the meeting

### Challenges and Solutions to working at the 'Deep End' in Rural Areas CAN-DO Community Workshop South Brent

People living and working in rural and coastal areas face particular challenges (e.g. transport, digital connectivity and loneliness). These lead to poorer access to services and poorer health outcomes. Challenges have been exacerbated by the cost of living crisis.



Devon Communities Together (funded by Defra) and the University of Plymouth CAN-DO research programme are bringing together people living and working in South Brent, as a pilot practice case study, to explore challenges and solutions to everyone in South Brent having the best chance of living a healthy life. We would value your input.



**This meeting will be held at The Old School Community Centre, Totnes Rd, South Brent TQ10 9BP**

**Friday 24<sup>th</sup> January 2.00pm – 3.00pm**

There will be an opportunity between 3pm and 3.30 pm for networking, refreshments and to look round the Old School building.

#### ***The inverse care law and the 'Deep End'***

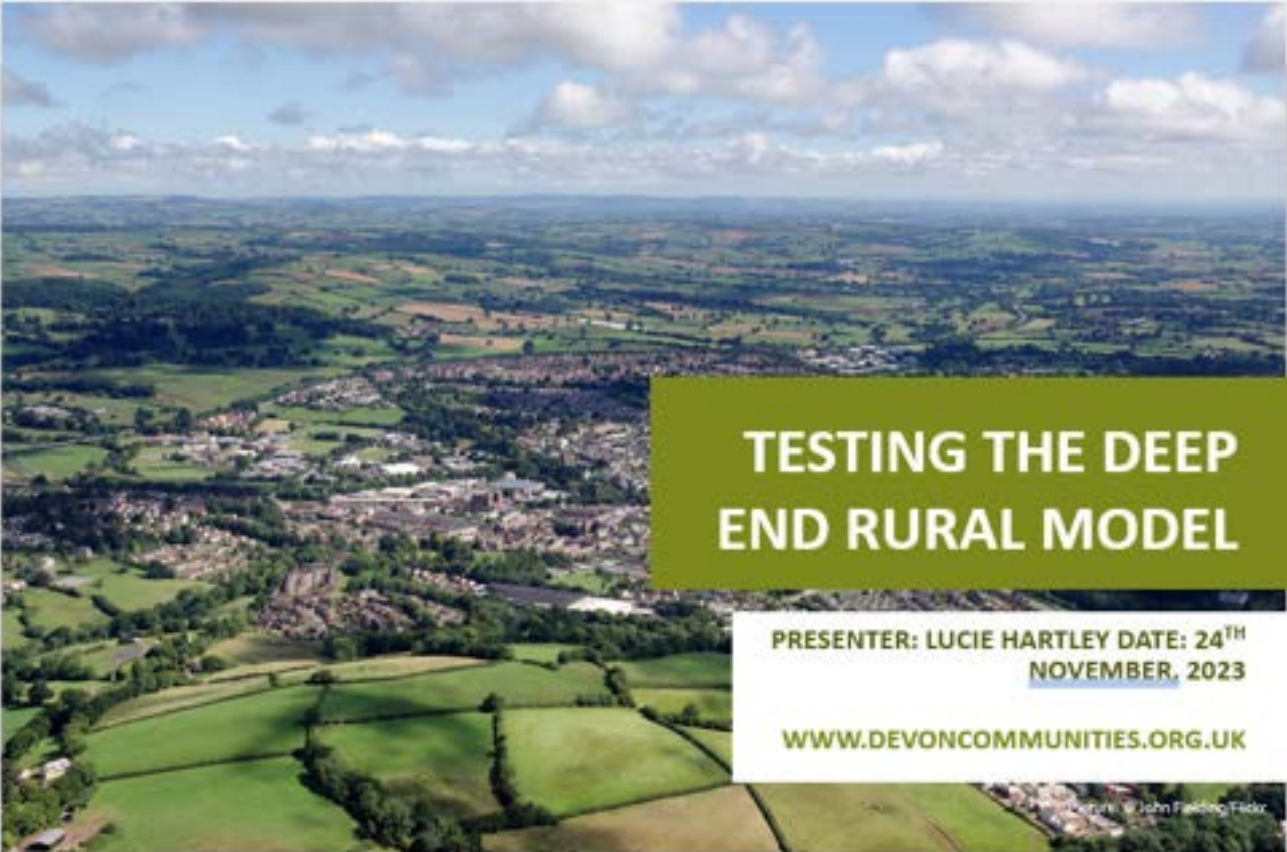
The flat rate of resource distribution for GPs, regardless of the demands in the areas where they work, can lead to heavier demands on GPs working in areas where many of the population are classed as 'deprived' (according to the Indices of Multiple Deprivation)

Julian Tudor Hart first wrote about the Inverse Care Law in 1971.<sup>i</sup> Hart described the mismatch between needs and resources in deprived areas. In 2009, Watt used the swimming pool analogy ('The Deep End') to describe how practitioners in deprived areas still lacked the resource, principally time, to get to the bottom of patients' problems<sup>ii</sup>

This has led to GP practices establishing 'Deep End' networks, generating new cross sector solutions and attracting attention, resources, and support. In this pilot practice case study, we are keen to see if this approach can usefully be applied to tackling rural health inequalities.

Please email Nora Corkery to confirm attendance:  
[ncorkery@devoncommunities.org.uk](mailto:ncorkery@devoncommunities.org.uk)

## 2. Powerpoint Presentation



**TESTING THE DEEP  
END RURAL MODEL**

PRESENTER: LUCIE HARTLEY DATE: 24<sup>TH</sup>  
NOVEMBER, 2023

[WWW.DEVONCOMMUNITIES.ORG.UK](http://WWW.DEVONCOMMUNITIES.ORG.UK)

© John Fiddling Field

### WELCOME!

- Sessions organised by Devon Communities Together (DCT) and will feed into the CAN-DO research programme (Universities of Exeter and Plymouth) and the Integrated Care System (ICS) Population Management work
- DCT has been working alongside rural communities in Devon for over 60 years
- Part of the ACRE network (Action with Communities in Rural England)
- Funded by CAN-DO Arts and Humanities Research Council ("AHRC") funded research project & DEFRA (Department for Environment, Food & Rural Affairs)





## The Social Determinants of Health...

These are the conditions in which people...



are Born



Grow



Live



Work



Age

"The social conditions in which people are born, live, and work are the single most important determinant of good health or ill health, of a long and productive life, or a short and miserable one" – World Health Organisation (WHO)

## Rural Social Determinants of Health

- Income levels are lower when measured on place of employment, especially when calculated as disposable income, taking account of transport and housing costs.
- Educational opportunities are harder to access both for young people and those seeking lifelong learning.
- Rural occupations such as farming and downstream industries are often the most challenging for compliance with good workplace health and safety practices.







## Rural Social Determinants of Health

- There is evidence of food insecurity and lack of access to nutritious affordable food choices for those without easy access to major retail provision.
- Older housing stock, lack of access to affordable housing and limited fuel choice in rural areas, result in fuel poverty and unsuitable living conditions.
- Availability of transport has diminished limiting life choices for those on lower incomes.
- Digital connectivity may be more challenging in some rural areas

## Addressing Rural Health Inequalities

Professor Sir Chris Whitty, warned in his annual report this month “

*“People are living longer but some spend many of their later years in bad health - and that has to change. Based on projections, the elderly boom will be in rural, largely coastal, areas and these places are often poor cousins when it comes to provision”.*

# Health inequalities in Devon



## South Brent

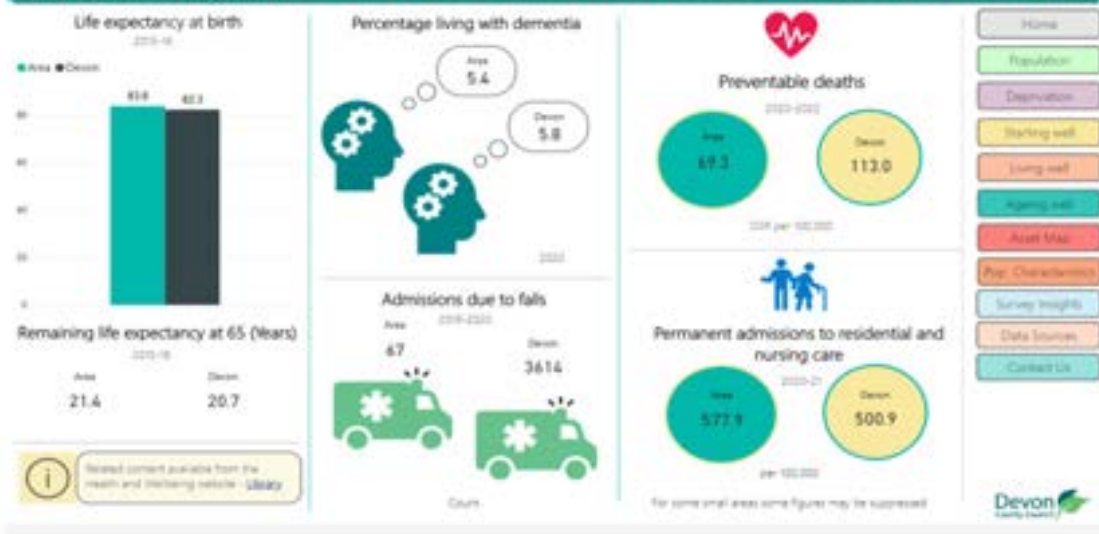


The table below shows the number of postcodes against type of deprivation in South Brent and close surrounding area (TQ10). Note that exact numbers cannot be given

Area Type	Number of Postcodes
Rural Town and Fringe Less Deprived	Many
Rural Village and Dispersed Less Deprived	Many
Rural Town and Fringe More Deprived	A Few

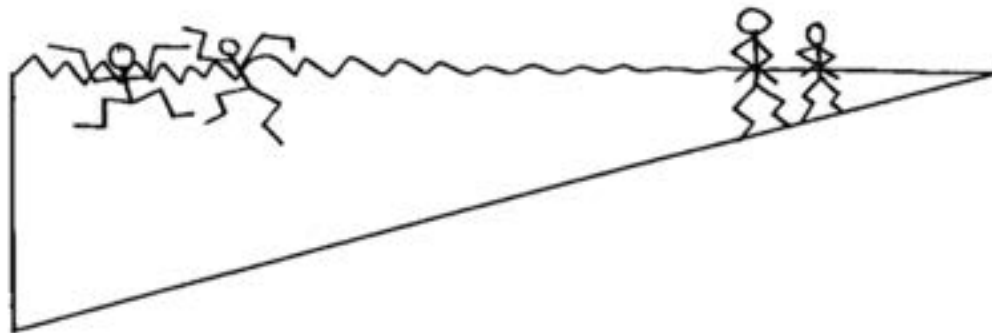
Source: Deprivation Dashboard - Devon Health and Wellbeing

## Ageing and Dying well South Brent & Yealmpton ED - Devon County Council Electoral ...



## DEEP END NETWORKS

- Networks of GP practices working in areas of blanket high deprivation
- Whilst the prevalence of health problems rises as socio economic conditions fall, the distribution of GPs is almost flat
- Mismatch of need and resources in severely deprived areas



Professor Graham Watt (Glasgow University) 2009

## DEEP END NETWORKS HAVE FOCUSED ON AREAS OF WORK/THEMES ...



WORKFORCE



RESEARCH



EDUCATION  
AND  
TRAINING



COMMUNITY  
ENGAGEMENT &  
EMPOWERMENT



ADVOCACY



JOINED UP  
SERVICES  
AND  
SYSTEMS



## PILOT PRACTICE CASE STUDY- MID DEVON – POTENTIAL SOLUTIONS

- Improved community/public transport & better roads
- Greater collaboration between services (needs to be resourced)
- More community-based, face-to-face localised support, including 'wellbeing' and 'social' groups, which normalise support for mental health issues
- Funding formula which recognises costs of delivery in rural areas
- Support to enable people to access digital services
- More micro-level data
- Supporting people in farming communities (via networks/local 'champions')

## PLAN FOR THE SESSION

The session will build on the conversations we had in Mid Devon – focusing on key issues and potential solutions in South Brent

### Mentimeter

Join at [menti.com](https://www.menti.com)

Use code 6789 5547





### 3. Data from mentimeter gathered during the meeting

#### What are the best things about living and working in South Brent?

Local people. Friendly. Sense of community	Local, small community. Looking out for each other	Great supportive community Pleasant working environment Easy access from surrounding areas	Small close community with great local people always trying to help
Good community spirit	community, countryside, location	Friendly people	Good knowlegde of local services and of families
Services Broad and deep community	Dartmoor, beautiful environment, great sense of community, friendly place and people. A lot going on. Lots of investment by local people in the place. My commute is 5 mins on foot	Strong communities and organisations	The community, the environment, previously the school, groups and social networks
The community, the environment, previously the school, groups and social networks	Strong community feel, good community groups, sense of community	Shops community facilities	Strong community & friendly church group
Great sense of community	It's largely a friendly community. Good community spirit. Lovely surroundings to work in	South Brent has a wonderful community. The OSCC community centre provides a great setting for groups and activities.	People not always aware of what is available, especially younger families

#### What are the biggest challenges to working together in this area?

Limited resources and capacity of volunteer organisations	People travel elsewhere to do their jobs	Transport, aging population, poor wifi	Rural sprawl
Generally poor funding models - too few staff - too little time to make/maintain relationships with other staff	Access to services and transport. Increasing demand on services.	Not very coordinated services...4 councils	Lack of clear aligned vision of what we want to create. Car dependant. Internet
Transport to and from (if not a car owner/driver or reduced cost of bus fares with Blue Badge)	Getting people to turn up, access to internet,	Getting people to turn up, access to internet,	Digital communication barriers, access/transport
Pockets of need, no easy access (transport) to services that are based in bigger areas like MH, recovery. Perceived ceiling of funding to apply for as seen as small community with not too many issues.	Lack of affordable housing...	Lack of volunteers	Getting people to turn up, access to internet,

Getting people to turn up, access to internet,

Transport - getting people together

Better public transport

Resources, transport links,

Surroundings

### What would make it easier to work in this area?

Clear vision with all parties being invested in that

Better coordination...more stable

Funding

More resources,time to work together. Everyone so busy doing their bit, running to catch up

One place of knowledge and information

Community coordination

Coordination - there is probably lots of duplicated work

The Joy app!

Community busMoney for transport Communication

Funding. More volunteers. Better inter-agency communication.

Better transport, more frequent and reliable

Identifying the most impactful actions

Coordinated plan for all parties in the village

A community coordinator...

Joi ed up resources

Funding, communication (all forms) , coordination, actions followed up regularly

Community busMoney for transport Communication

Funding. More volunteers. Better inter-agency communication.

Better transport, more frequent and reliable

Identifying the most impactful actions

Coordinated plan for all parties in the village

A community coordinator...

Joi ed up resources

Funding, communication (all forms) , coordination, actions followed up regularly



What helps people in this area to be healthy? (Use one word)  
17 responses



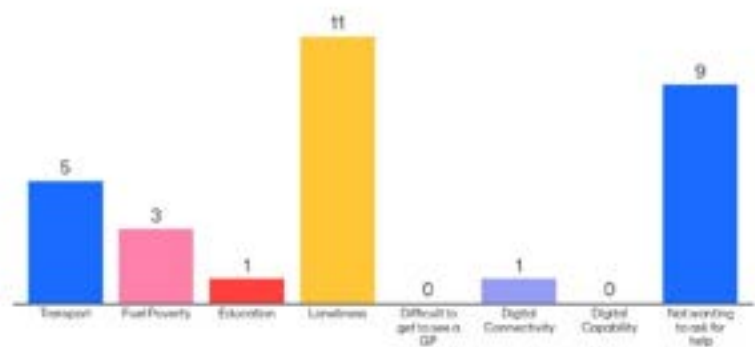
What are the barriers to people in this area having healthy outcomes? (Use one word)

Finances	Isolation	Poverty	Transport
Loneliness	Isolation	Poverty	Isolation
Poverty	Isolation	Isolation	Motivation
Isolation	Loneliness		



Mentimeter

Which of the following are the greatest barriers to healthy outcomes for people living in this area (choose 2)?



## What evidence do you come across in your practice which suggests people in this area live in 'deprivation'?

Food bank voucher requests	Recurring topics/issues for our clients	Community fridge use Warm room use	Cold houses
Heavy use of charity shop (before it closed down)	Use of fridge Lack of hygiene	- "Going without"-	Warm Room
Disconnection from the community	Use of community fridge. Everything disappears quickly	Form filling requests for AA PIP, needing extra money and having chronic health conditions. Not using money they have to support themselves.	Reduction in statutory services
Nature of requests to Citizens Advice			

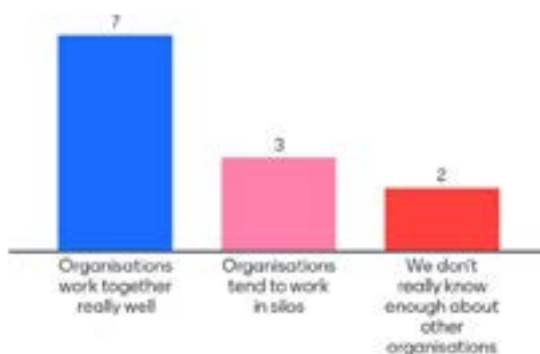
## How can South Brent ensure that people who really need support are able to get it

Openness and working together	Well joined up organisations...within reach	Get talking, keep talking, keep optimistic	Personal referrals. Ask them to volunteer
Talk together more about what we can do better together. Get the message out there even more about all the things that are available here	Get better connected. Join with relevant groups to support each other	Communication between organisations	Proactive support
Knowing where to go / parish magazines/ notice boards	A warm response from South Brent Caring when they first approach them (this already happens)	Knowledge of where the need is...ability to share information	Find innovative ways to engage people we don't normally work with
Non judgemental responses to first connection	Knowing the best place for each need		





## How would you describe the way in which organisations in this area work?



## If there was one thing you would change to improve living or working in this area what would it be?

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| Clear aligned agreed vision and plan | Affordable housing for young people  | Health services and community organisations really understanding each others strengths | Develop a central hub for info            |
| Bring more services and groups here  | Regular networking between organisations   | Being a bit more joined up   | Joining up, with the resources to do that |
| More volunteers esp younger          | Supporting younger, enthusiastic volunteers to be confident to try running a group |  |   |