

# Rural Proofing for Health Toolkit: Country experience - England

**WHO Lessons in Rural Proofing Webinar**

**15<sup>th</sup> July 2021**

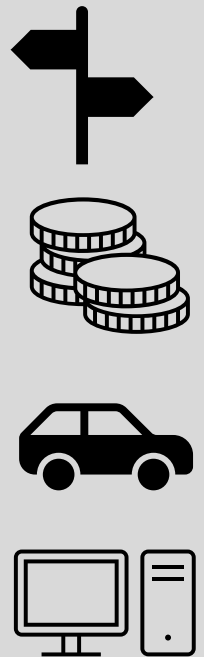
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# What is the Toolkit?

**A tool to help local/regional organisations or partnerships in the health and care sector to address the needs of their rural populations when they are developing policies or service delivery plans.**

To manage rural challenges which can affect both service users and providers:

- Distance from services
- Lost economies of scale
- Downtime and costs
- Infrastructure gaps



Whilst realising rural opportunities

# Structure of the Toolkit

It has six main themes:

1. Main hospital services
2. Primary and community health services
3. Mental health services
4. Public health and preventative services
5. Social care services
6. Workforce

Plus some cross-cutting themes:

- *Accessibility and transport*
- *Health inequalities and data*
- *Adoption of IT and digital*
- *Role of the voluntary and community sector*
- *Patient and public involvement*
- *Service collaboration and integration*

# Other reasons to use rural proofing



Rural proofing can help to:

- Optimise service outcomes
- Achieve more equitable benefits
- Assist locality-based approaches
- Address unintended (spatial) gaps in service provision
- Identify opportunities to innovate
- Support good practice in policy making

# Factors blocking or facilitating rural proofing – both policy and process issues

## Blockers:

- x **Centralisation** of specialist health services
- x **Cost** of rural service provision is often higher
- x **Understanding** of rural issues can be poor in organisations
- x **Data** at a rural (spatial) level may not exist to inform service design
- x **Other agendas** with higher profile (including, now, the pandemic)

## Facilitators:

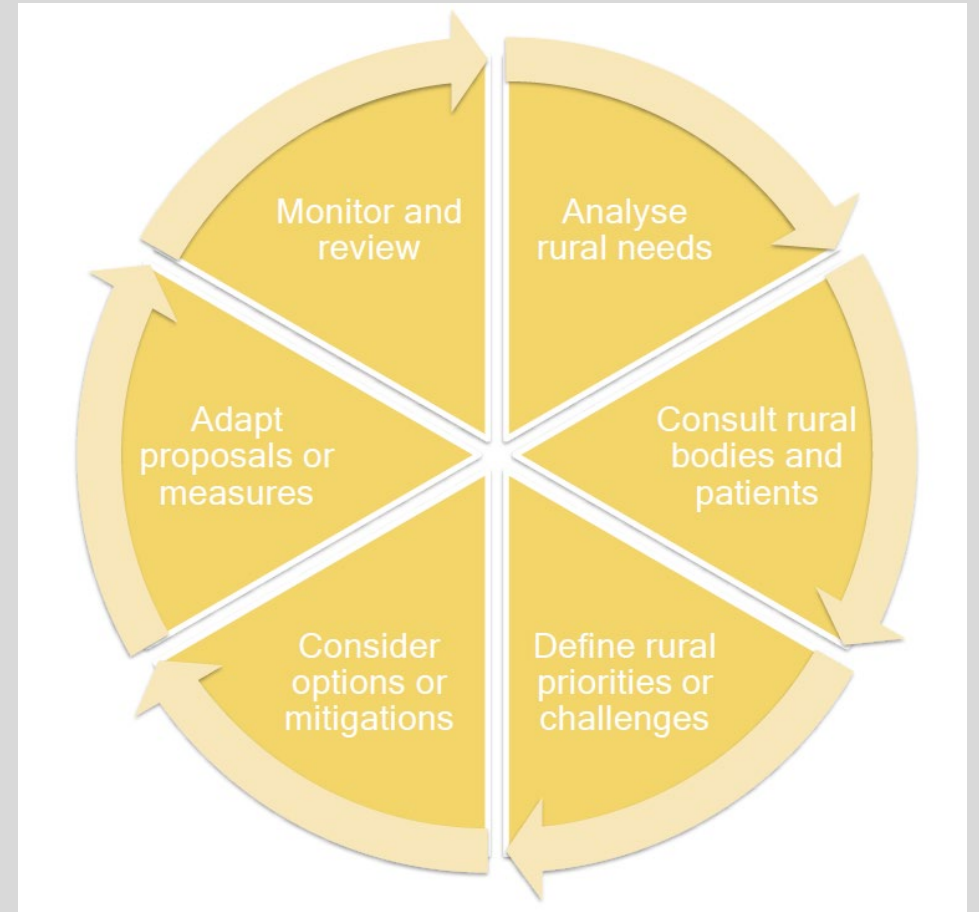
- ✓ Adoption of **online** or remote health services
- ✓ Creation of local **health hubs** and outreach clinics
- ✓ More **integration** of primary and community health professionals
- ✓ Use of **voluntary and community** sector to deliver support services
- ✓ Health **inequalities** agenda (in terms of equality of access)

# How might rural communities be involved in rural proofing?

Communities could usefully contribute to rural proofing at various points in the policy making cycle.

Examples include:

- Public consultations about health reforms – analyse rural responses
- Patient Participation Groups – include rural residents on such groups
- Local health watchdogs (Healthwatch) – monitor rural service user feedback



# Rural areas – the Covid-19 experience

Rural areas fared relatively well:

- Infection rates have mostly been lower (than in urban areas)
- Vaccination take-up has been higher (than in urban areas)
- Communities have typically supported vulnerable or older neighbours

Rebuilding rural health systems – three priorities:

- ✓ Improving access to mental health services
- ✓ Improving access to public health initiatives
- ✓ Retaining the community groups and support networks

The Rural Proofing for Health Toolkit can be accessed online from the two organisations that funded it.

Rural England CIC

<https://ruralengland.org/rural-proofing-for-health-toolkit/>

National Centre for Rural Health & Care

<https://www.ncrhc.org/workstreams/research>

