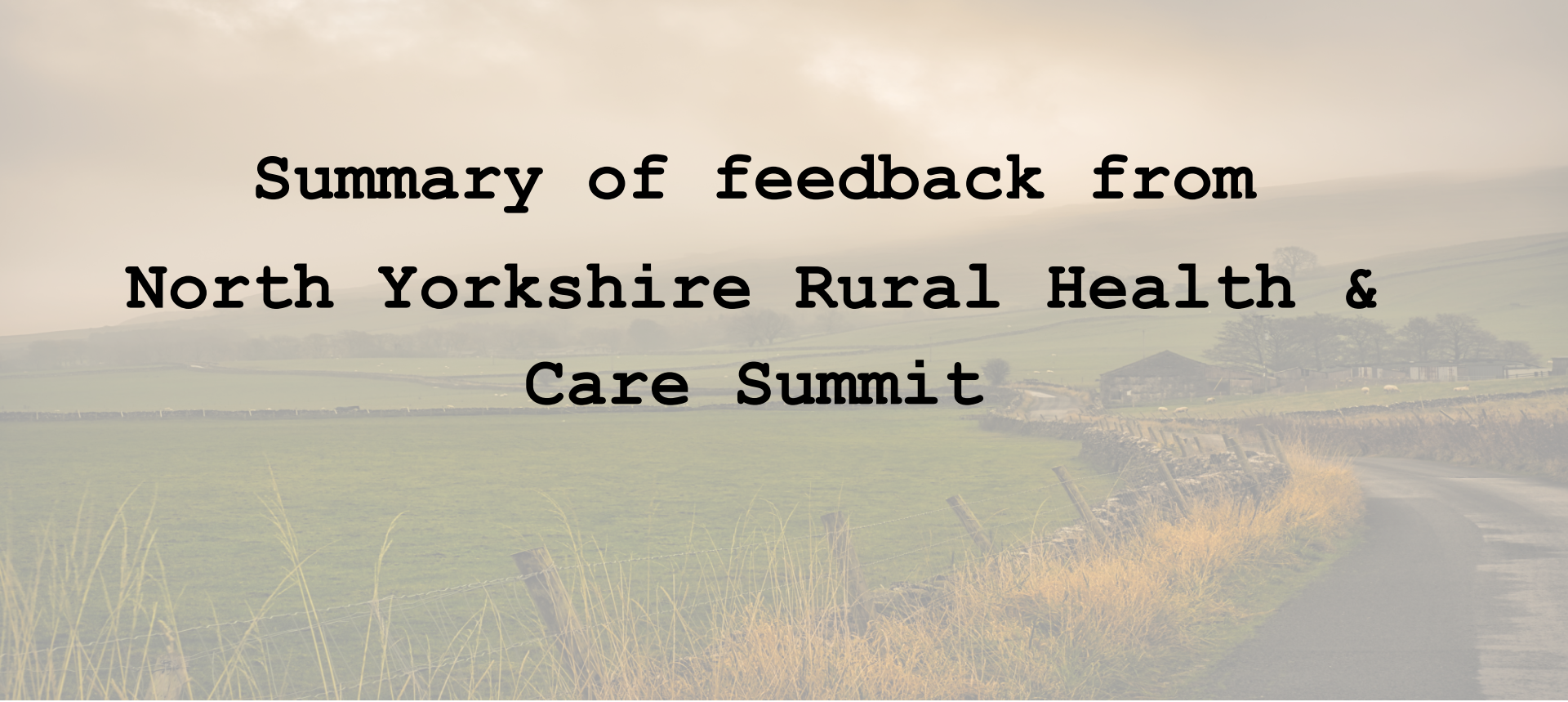


Summary of feedback from North Yorkshire Rural Health & Care Summit

Community First Yorkshire

healthwatch North Yorkshire

Why the need for the summit?

- Known rural challenges and the publication of various rurality reports
- Knowledge that of the North Yorkshire population (615,000), around 330,000 live in rurally defined locations
- To help us understand how are we using reports, local intelligence, data and partnership working to drive change?

Our aim - *to bring specific roles together, across VCSE, NYC and health, to share, reflect and understand our spheres of influence and control. To ensure that rural communities have equitable access to health and care and are not disadvantaged by the place they live in*

Our desired outcomes

- To have a greater knowledge and understanding of how living in rural North Yorkshire can impact on access to health and care and individual wellbeing.

- To have a clearer idea of how we might work better together to mitigate any impact of rurality as a health inequality.

- To leave with a stronger network of other willing, passionate and committed individuals and organisations who want to drive change to improve lives in rural communities.

What we did

- Invited audience of 80 attending from across VCSE, NYC, health, national parks, the Mayor of York and North Yorkshire, and the Dean of Ripon.

- Audience mixed up at tables to encourage networking and diversity of conversations

- Variety of rurally focused presentations from across all sectors

- Listening by taking content heard and own context into table discussions

- Panel reflections and discussion in response

Key headlines from the summit

- Rural health isn’t just about improving access to health and care services, it’s also about housing, transport, digital access, community support and infrastructure.
- The integration of primary care, NYC, VCSE and care sectors is key in addressing rural health inequalities effectively.
- Workforce shortages in rural healthcare is a pressing issue.
- Rural healthcare is complex and varies by location.

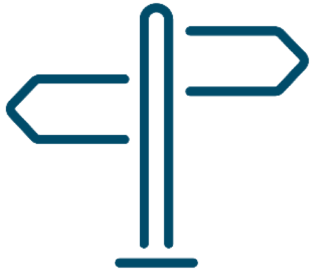
Feedback from the table discussions

What are the challenges people face living rurally in accessing / using health & care services?

1. **Access**
   - No local health services
   - Workforce issues (affordable housing, costs of transport/fuel)
   - Extreme weather (prevents people accessing care)
   - Reliance on having a car (and/or family/friends)
   - Added complication of when people are being transferred between specialist hospitals
   - Provision of ambulances getting to remote rural locations

Feedback from the table discussions

2. **Distance**
   - Withdrawal of local services or lack of local services
   - People are reluctant to seek help because of the physical and mental energy needed to travel.
   - Some locations don’t have vital amenities (gas, water, sewage)
   - Isolation and loneliness
   - Confidentially (small populations)
   - Predominantly an older population



Feedback from the table discussions

3. **Transport**
   - Limited public transport
   - Often poor road infrastructure – no lighting, uneven, potholes, narrow country lanes etc.
   - Challenge to get taxis
   - Long term funding for community transport

4. **Digital**
   - Unreliable digital access – no signal and or connectivity.
   - Feeling that rural population is being left behind
   - Poor connectivity due to a infrastructure & bad weather!
   - Poor digital access impacts health care professionals

Feedback from the table discussions

5. **Poverty & poor health**
   - Older age often means greater ill health and disability
   - People living rurally often present late with signs and symptoms results in poorer health outcomes
   - Alcohol and drug misuse
   - Old housing often have poor heating & insulation
   - Unaffordable housing
   - Safeguarding / domestic violence

Feedback from the table discussions

How can we improve outcomes & reduce the impact of rurality as a health inequality?

1. **Access**
   - Hambleton Community Action are piloting appointment clusters
   - More transport sharing?
   - Can we move health appointments to rural locations, community centres, village halls?
   - More digital support, consultations (GPs do well, less so hospitals)
   - Virtual Wards
   - Airedale hospital provide care at home (in person & technology)

Feedback from the table discussions

2. **Workforce & delivery**
   - Need more affordable housing
   - Key worker housing
   - Better transport & sharing transport to hospitals
   - Promotion to attract workforce (benefits of living in NY)
   - Can we attract a younger workforce / apprenterships
   - Modern general practice (use of digital/technologies)
   - Joined up health records
   - Care closer to home
   - Multi disciplinary teams
   - Integrated neighbourhood teams
   - Better use of community transport
   - Use learning from Catterick Integrated Care Campus

Feedback from the table discussions

3. **Policy & funding**
   - Need to innovate / more risk taking to meet needs
   - Better use of data & what other rural areas are doing
   - Involve communities more in designing their care & services
   - Funding for VCSE is usually project focused, but needs to be core funding
   - Co-location make use of council/NHS offices to bring services to people locally
   - Review models of care for rural locations, ie district nurses, health visitors
   - Budgets and funding needs to reflect rural environment

Feedback from the table discussions

How can we work better together to achieve this?

- Make better use of data and share good practice
- Connect people (replicate the summit)
- Understand what others in the VCSE sector are doing to support people who live rurally
- Communication in key
- Look at how outcomes are measured, moving beyond quantitative data to also focus on the personal experience and quality of life
- Work with local universities
- Systems work together to support people to live & die at home

Next steps (discussion topics)

Where next ….

- Bring together key partners from all sectors to develop a North Yorkshire rural health and care strategy, to lead and support its implementation

- Review key recommendations and progress from the North Yorkshire Rural Commission