

March 2021

healthwatch
North Yorkshire



Rural Communities Micro-Study: Information and Access to Health and Social Care



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Executive Summary



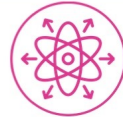
Rationale

North Yorkshire is very rural and has large areas considered super sparse, creating specific barriers to accessing health and social care services and information.



Microstudy

We carried out a microstudy examining how living in a rural community creates challenges in accessing health and social care services and information.



Research

Interviews

Engagement Events



Survey

Findings



Information

People feel more informed about local health and care services than national services, and most information is sourced through the local media or by word-of-mouth.

Transport

Transport is vital for accessing health and care services. One of the biggest concerns, as people get older, is the lack of access to transport. The lack of regular or reliable transport discourages use.

Community

There is a strong sense of community in rural areas, which includes community groups and volunteering, who offer advice, support and information to the local population.

NEXT STEPS

- Healthwatch North Yorkshire will have conversations with North Yorkshire County Council to explore opportunities for further, in-depth, research in this area.
- Healthwatch North Yorkshire will continue to raise the specific issues faced by rural communities and share the findings with Healthwatch England.

COVID-19 IMPACT

- Created barriers for people accessing information.
- Reinforced the fragility of transport in local communities.
- Limited the ability for community groups to share information.

Background

Rurality in North Yorkshire

North Yorkshire is a very rural part of England. Eighty-five per cent of the county is classed as very rural or super-sparse. The population density is five times below the national average, with just 76 people per square mile compared to the English average of 430.

Further to this, North Yorkshire has a population that is aging at a faster rate than most other areas in the UK, with nearly one-quarter of the population being 65 or over (compared to 17.9% for England).¹

Research by Local Government Association on health and wellbeing in rural areas identified a number of health risks particular to rural communities²;

- Rural areas are increasingly older as elder people migrate in whilst younger people migrate out
- Infrastructure in rural areas is more sparse
- Lack of high speed broadband and mobile phone coverage, combined with older demographics, increases digital exclusion
- Pollution from traffic is increasing in rural areas
- Distance to services means residents can experience 'distance decay'
- A breaking down of social networks, resulting in isolation and social exclusion
- Poor quality and unaffordable housing, and higher rates of fuel poverty
- Unemployment and under-employment, taking younger people away from their families

Research within rural communities is therefore highly pertinent and further exploration in North Yorkshire is required.

Rurality is a topic that has been identified in our previous work which highlighted issues of access to services and information.³ We wanted to understand barriers and challenges to treatment, care, and support for rural communities in North Yorkshire. With a better understanding of barriers and challenges, we can identify ways that health and social care service providers and commissioners can overcome them to improve outcomes for patients and the public.

About the Great Wold Valley

There are many rural communities in North Yorkshire. For practical reasons we decided to focus on a single rural community, and chose that of the Great Wold Valley area. The Great Wold Valley is situated within the Yorkshire Wolds, the low hills that stretch across parts of North Yorkshire and the East Riding of Yorkshire. There are

¹ North Yorkshire County Council. n.d. [About the North Yorkshire Rural Commission](#).

² Local Government Association. c2017. [Health and Wellbeing in Rural Areas](#). pp.7-8

³ Healthwatch North Yorkshire. 2019. [What's Important to North Yorkshire](#). pp.7-8

nine villages that make up the Great Wold Valley.⁴ There are approximately 1,500 people living in these villages, with a predominantly older population (45+).⁵

Although in North Yorkshire, the Great Wold Valley is very close to the boarder with the East Riding of Yorkshire meaning that residents in the area use health and social care services located across council boundaries and provided by a variety of CCGs. The Great Wold Valley is also representative of rural communities insofar as residents have significant distances to travel to their local hospitals.

Methodology

A multi-method approach was utilised to explore the barriers and challenges faced by rural community of the Great Wold Valley.

A survey was used to measure the extent people felt aware of information about health and social care services at different geographical scales (local, district, regional, and national), how they received most of their information, and to understand how they would like to receive their information about health and social care services in the future. The survey was conducted in-person and made available online, being advertised via our website and social media platforms.

We complimented this with a series of community engagement events where we spoke with people about their needs.

We promoted our engagement events via posters displayed in local areas and advertised in the local newsletter, which was identified as a key informer for local people during our scoping for the project.

We gathered 26 valid responses to our survey and a further 41 views through our engagement events. The data was collected over a 6-week period (20 Jan 2020 - 1 March 2020) and we attended 10 local community events during this time.

A matter of weeks after finishing our data collection, the UK began responding to the impact of COVID-19. We at Healthwatch North Yorkshire, like many other charities and health and social care organisations had to rapidly reprioritise our work and delivery in the context of an unprecedented regional and national challenge. As a consequence, this created a delay in the publication of this report, but also a realisation that the COVID-19 pandemic had added a whole new challenge to the rural community that we had not sought feedback on or gathered peoples' experiences of.

In November and December 2020, we therefore decided to get back in contact with some of our respondents and conducted 7 online follow-up interviews to explore how COVID-19 had impacted people living in the Great Wold Valley.

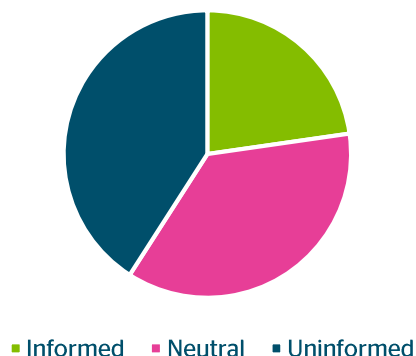
⁴ Wharram-le-Street, Duggleby, Kirby Grindalythe, West Lutton, East Lutton, Helperthorpe, Weaverthorpe, Butterwick, and Foxholes

⁵ Data from Data North Yorkshire. n.d. [Parish Mid-Year Population Estimates 2015](#).

Information

We started our research in the Great Wold Valley with a focus to understand how people in rural communities got their information around health and care services, and how people would prefer to receive it. We found that people were keen in knowing about health and social care services near them, with nearly two-thirds of respondents saying they were 'very' or 'extremely' interested in knowing.

Do you feel informed?
(Averaged across geographical scales)



However, nearly two-thirds of respondents also indicated that they felt uninformed about the support available. When asked 'how informed do you feel about health and social care?' at different geographical scales (local villages, district, North Yorkshire region, and nationally), only 1 respondent indicated they felt very informed, and only with regards to support available in their local area.

Respondents felt most informed about services in their local villages, with feeling informed about services nationally coming a close second. However, at the district and county council levels, people felt much less informed overall.

This feeling of being more informed about health and social care services at the local and national levels was backed up through our conversations with residents and responses to our survey. Throughout the data we gathered during our research, there was a clear identification that people gain their knowledge of health and social care services through local networks: word of mouth, local media, notice boards, village halls, and so on.

We rely on one another. We're good at it, because we have to be. For example, information about the flu jab - did not come through the GP but through the phone; 'did you know that they're happening?'.
- Interview

One resident told us the main way that they find out about what's going on is via 'The Warbler' the local newsletter produced by a resident of the Great Wold Valley:

If it's not in there, then as far as many people are concerned it is not happening. Once it is in the local newsletter then it has been 'stamped' by the Great Wold Valley.
- Engagement field note

We were told that some people received news through local e-newsletters or from the local Facebook group, but we were also told about issues with accessing the internet. Online forms of information can be particularly relevant for residents who are new to the area and may not have the social contacts or know where information is made available. This requires information being kept up-to-date as, we were told, it can be off-putting 'when you go on a website and see that nothing new has been posted in a long time' (engagement field note).

Since COVID-19

Our interviews with people in the Great Wold Valley indicated that COVID-19 had not had much impact on communication of information. It was noted that '*The personal touch has gone.*' (interview), but in general our interviewees noted there had been little difference to how people were finding out about health and social care services.

The biggest change was that the local newsletter, which normally has a print and circulation of around 600 homes, was now online only. This was raised as a matter of concern, as it was believed that a good number of older people in the Great Wold Valley are not active online.⁶

We did hear from some residents that communication had increased:

I've possibly increased my social interactions, talking to people in their gardens on exercise walks. I am walking more, and people are at home more when they would normally be at work.'

- Interview

People talking 'at a distance' over walls, and in the queues whilst waiting to enter the local shop, are examples of how communication in the Great World Valley has changed and adapted since COVID-19.

⁶ Why, or whether this is true or not, was outside the scope of this work. However, there are a number of aspects (such as age, and rurality) which are common factors in digital exclusion. See, NHS Digital. 2021. [What we Mean by Digital Inclusion](#). [Accessed: 10/03/2021]

Transport

Whilst some people we spoke to said they accepted that when you move to a rural area you are going to have to travel slightly further to access services, we found that transport is a significant obstacle for those who participated in our research. Transport is a major issue for rural communities, its importance covers far more than just health. A lack of public transport limits opportunities for shopping for essentials, socialising, and employment.

We heard from people about their concerns regarding transport as they get older. Some told us that as they have gotten older they do not like to drive as far as they used to, staying mainly in the local areas, and relying on family for trips further afield. Losing spouses can increase the difficulty of travel, meaning older residents require turning to alternative support for travel. Sometimes they rely on neighbours, but they are not always available.

I moved here [a specific village near an A-road] to be near bus routes deliberately, 5 years ago, to be closer to my daughters, but I don't want to be dependent on them.

- Interview

Public transport provides some opportunities to travel for those who do not or are unable to drive. This has limitations however, as we were told that events in larger locations do not match up with the timetables of bus services in rural areas. Whilst for others, especially those living in the much smaller surrounding villages, there is a lack of bus services.

Where there is transport available it can also be difficult as the routes they take mean it can take much longer to travel. One Great Wold Valley resident told us that it can take an hour to do a journey which would normally only take 10-20 minutes by car.

I need to go to GP appointments in Sherburn and hospital appointments in York, Malton, and Scarborough. I do not drive and have to rely on my spouse to take me, which means they sometimes have to take days off work to do so.

The bus only goes through to Malton which means that the GP practice is not on the route, which makes it difficult for me as a person who needs to go there often. Hospital appointments are more difficult because they are further away and more time-consuming. I used to be able to get patient transport but this is no longer the case.

- Engagement field-note

Infrequent buses also compound the issue, with the bus that travels through valley only going twice a day and even *'that's always at danger of curtailing its service - in previous years it has been a life-line in the village.'* (interview) Poor coordination of transport means missing appointments, and lack of transport affects the treatment they can receive.

Use of taxis were considered to be prohibitively expensive. We were told that although volunteer and dial-a-ride schemes were cheaper than taxis, they are still expensive to use when travelling a big distance. Financial barriers can contribute to issues of getting out of the house, resulting in people feeling lonely.

One respondent told us that the community transport prioritises medical appointments and as a result people using it for social activities for their wellbeing can have their transport cancelled last minute.

This can be very difficult as it may be the only social contact that they get all week. In another case, one person told us how they had accessed community transport timetabled services in the previous year, but twice had the bus drive past them as the driver thought they were too young to be using community transport.

Since COVID-19

During the COVID-19 pandemic, transport and its poor coverage in the Great Wold Valley, has been felt more acutely. With its reliability and safety emerging as areas of anxiety.

Car went in for an MOT during lockdown. This created a lot of anxiety around if the car would pass or not. If I can't drive anywhere, I really am stuck. Not that I have a problem with public transport, if it was better i.e. more frequent, I probably would not have a car. If I had to get the bus, I wouldn't have coped with my mental health, with it being so infrequent and so unreliable. If I couldn't keep the car on the road, I would just have to move. The COVID situation made me have to think about if I can afford to live here.

- Interview

We also heard of anxieties of people going out, especially for older people who may feel more at risk. Anxieties of the risk has made travelling on public transport difficult.

I've not been out any more than I have to. My mother is shielding, so I don't get public transport. I don't feel safe. I have to say, I'm quite disgusted, I got the Park and Ride to Scarborough, and this woman got on the bus without a mask. The driver was very good and challenged her. She said 'I've forgot my mask, I need to get to work. You don't mind?' There's no way people like me can feel safe at the moment.

- Interview

Community

In the section on 'information' it is clear that there is a very strong sense of community within the Great Wold Valley area. This theme runs through-out our engagements with members of the public during this project. We were told about many of the community groups people are involved with, many people told us of their own volunteering work or intentions to volunteer, and we heard about the great work that community volunteers do.

'Weaverthorpe Community Volunteers - Exceptional. Really, really helpful.'
- Survey

However, it would be inaccurate to take this to imply this sense of community is universal or uniform. One person told us that because the village that they live in is long and narrow they do not necessarily see or know people who live at the other end of it, and that because people get in the car and drive it also meant that they do not know people very well. Another individual told us that they felt there is a division between people who live in privately owned housing and those who live in social housing.

Being 'closed off' from a community has been identified as a contributing factor to loneliness.⁷ Chronic loneliness affects 6% of people aged 16 and over in North Yorkshire. A further 39% of adults experience temporary loneliness.⁸ Elsewhere it was commented that community activities tended to occur during the working day, meaning they were mainly aimed at older people.

Important here is that whilst community networks are a potentially very valuable way for health and social care providers to connect with people living in rural areas, they need to be aware that this has its limitations. As one resident told us;

I've lived here for 10 years, and was welcomed with open arms. I joined local groups, which is vital, if you don't there is a genuine chance you might not even know your neighbour. You have people that move here, and work elsewhere that don't join groups.
Everybody that does the community work, are incomers. Rarely do the people who have lived here all their lives get involved. Time has move on, ...without the internet the village would be a different place. Those born here are more isolated than the incomers.
- Interview

Since COVID-19

Due to COVID-19, many of the social activities held within the Great Wold Valley had to be put on hold. In the interviews held during our return visit to the Valley, the Brunch Club was repeatedly mentioned as something which had previously brought people together but was no longer meeting as before.

⁷ Co-op, & British Red Cross. 2016. [Trapped in a Bubble: An Investigation into Triggers for Loneliness in the UK](#). p.7

⁸ Community First Yorkshire. 2020. [Be Social. Be Well: A Strategic Framework for Tackling Loneliness in North Yorkshire](#). p.22

[COVID-19] is and has been really tricky. The brunch club managed to run once during the lifting of lockdown, but people couldn't socialise in the same way. People had to sit distanced from one another, whereas normally they'd move about and mingle.

- Interview

Despite these challenges, the sense of community has remained strong in the Great Wold Valley. What emerged as a core theme in our research earlier in the year is also one of the biggest strengths of rural communities.

A number of landlords of local pubs, the local vicar, village hall committee members, parish council, and local volunteers got together to provide a help network: for transport, prescription collections, anything people needed help with.

...we [the community] established the community help group. One good thing, if there can be any good from this, is we established this, and why can't we continue with this after?

The fact we set this up, means we'll be able to continue to help people going forward. A lot of people prepared to help...

It was only needed for a short while, people quite quickly sorted themselves out. After a few weeks people established their own networks of support. Unless people are particularly isolated, haven't got access to support, but we were making sure people could get offered help.

- Interview

Next Steps

We will use this research to stimulate conversations with relevant bodies and develop agendas for further, more in-depth, research in this area.

We will share our report with the North Yorkshire Rural Commission to help their ongoing work to improve outcomes for rural people. We will liaise with North Yorkshire County Council's 'Stronger Communities Programme' to raise the findings from this report and identify areas for improvement.

We will share our findings with Healthwatch England to help feed into analysis of health and social care in rural communities across England.

We will continue to raise the specific challenges faced by rural communities, and highlight the different social and cultural dynamics that demand tailored methods of communication and provision.



Healthwatch North Yorkshire would like to thank the residents of the Great Wold Valley for welcoming us into their community for us to conduct our research. We are very grateful to those who participated in the research by completing our survey, attending community engagement events, and talking with us. Your words and voices are the bedrock of this report.

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Healthwatch North Yorkshire is an independent charity commissioned by North Yorkshire County Council to carry out statutory duties.

The Healthwatch Network was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.



Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

Website: www.healthwatchnorthyorkshire.co.uk

Telephone: 01904 552687

Email: admin@hwny.co.uk



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