

Engagement with rural communities

(2024-2025)

With thanks to WALC, Stratford-on-Avon District Council, Bidford-on-Avon Parish Council, Alcester Town Council, Water Orton Parish Council.

WALC have supported Coventry and Warwickshire Integrated Care Service Research and Engagement Network (REN) with engagement with rural communities about health and care research. They engaged with rural voices around health inequalities, and barriers to engaging with health and social care research. WALC focussed on “searching out the seldom heard: ensuring that marginalised voices, such as the elderly, digitally excluded individuals, and low-income families, were included in the conversation”. WALC developed a replicable strategy to continue engaging with people, increasing awareness of research and fostering community-led solutions. WALC recognises that “this...initiative underscores the importance of collaboration with trusted partners with deep local knowledge in community settings...WALC trusts the findings will inform future strategies to improve access, reduce health inequalities, and foster community-led solutions for Warwickshire’s rural population.” (quotes from Ja’Neen Day, CEO WALC, 2025)

Initially this work aimed to facilitate:

- more local people participating in existing health and care research, which will increase the relevancy of study outcomes for our area
- communities having an active voice about what health and care research they want in the future, and how they can shape and engage with this
- opportunity to have discussions about addressing health inequalities
- collaboration and sharing of expert learning.

Recognising that Town and Parish Councils and Rural Communities are uniquely placed, this piece of work started to be explored in July 2024. In September 2024, members of the REN met with various town and parish councils to provide an overview about:

- Health and Care Research (provided by Patient & Public Involvement & Engagement Lead - University Hospitals Coventry & Warwickshire NHS Trust)
 - How to get involved with research

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- Be Part of Research portal [Be Part of Research](#)
- Frameworks and Infrastructure – how the REN supports organisations
- Citizen Engagement and Cocreation Training and examples of cocreated research (provided by Design Manager - Coventry University).

Although 10 pilot town/parish councils were initially interested, 3 provided responses (Alcester, Bidford and Broom, and Water Orton).

WALC's process:

Briefing Paper on ICS and Rural Inequality

To ensure all stakeholders had a clear understanding of the Integrated Care System and rural health inequalities, WALC developed a comprehensive briefing paper. This helped parish and town councils to understand the call to action and how they were uniquely placed to research the health and social care needs of their communities. They understood that this was a valuable opportunity to make effective representation to healthcare decision-makers and the potential for community-led solutions. Key areas covered in WALC's briefing paper included:

1. Understanding the Integrated Care System (ICS)
2. Rural Health Inequalities in Warwickshire:
 - **Access Barriers:** Limited transport, long distances to medical and social care facilities, digital exclusion, and aging populations make healthcare harder to access.
 - **Social Isolation:** Rural residents, particularly older adults, often experience loneliness, which impacts both mental and physical health.
 - **Economic Disparities:** Despite some areas being affluent, others struggle with poor access to resources such as fresh food and healthcare services including pharmacies and dentistry.
3. Place-based Solutions in Other Regions.

WALC's "Coach" Role in Developing Tailored Community Engagement Strategies

WALC facilitated a series of structured group discussions to break down the steps required for creating an effective engagement campaign. The meetings allowed participants a dedicated space to consider their communities and collectively develop effective communication strategies. Councillors were given small tasks to complete between sessions—primarily focusing on discovering more about their local area, such as identifying active groups and voluntary

organisations, writing their own route to collecting evidence through a template developed by WALC. These sessions included:

- **Mapping Community Groups and Communication Methods:** Identifying quick wins with key local organisations and assessing the best ways to engage different demographic groups.
- **Searching Out the Seldom Heard:** Ensuring that marginalised voices, such as the elderly, digitally excluded individuals, and low-income families, were included in the conversation. The group also considered where different groups might be, for example those that live outside the Built-up Area Boundary or who do not participate in social groups.
- **Tailoring Communication Approaches:** Considering different methods of communication and identifying what would work best for each group, from online platforms to traditional print materials.

Survey Design and Customisation

WALC discussed previous research with the focus group and allowed the group to consider what their residents would tell them in conversation if given the opportunity.

To ensure the survey was well-structured and accessible, WALC then collaborated with the Stratford-on-Avon District Council (SDC) Market Research team. This partnership helped refine the survey questions and format, making participation as easy as possible. Additional support included:

- Designing customisable posters and surveys for local councils to distribute.
- Pre-writing press releases and website content to streamline the promotion process.
- Offering direct support and flexibility with deadlines to accommodate individual council needs.

Co-producing the survey questions, each council's version of the survey was slightly different to reflect the specific needs of their community. Councils distributed the surveys in various ways, including by post, online, on their websites, and via local groups and organisations.

Encouraging and Supporting Local Councils

WALC played a crucial role in motivating and supporting councils throughout the development process. By providing practical resources, maintaining open lines of communication, and adapting to varying needs and capacities, WALC created commitment and enthusiasm for the project amongst the group.

Feedback summary

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Generally, feedback was positive. The councils collected useful information that may help inform future work.

Some participants felt the questions weren't quite right and could be improved with more consideration.

A few found the project complicated. WALC reflected on this internally and agree that certain aspects could have been simplified.

The survey will provide valuable insights into the health and social inequalities of rural communities for both ICS and the town and parish councils involved. This research initiative underscores the importance of collaboration with trusted partners with deep local knowledge in community settings. The efforts of WALC and local councils have provided a replicable platform for rural voices in shaping policies and service delivery. WALC trusts the findings will inform future strategies to improve access, reduce health inequalities, and foster community-led solutions for Warwickshire's rural population.

Summary of survey responses

Of note the responses from Alcester, Bidford, and Water Orton all overrepresent the 65/66+ age group by more than double.

Alcester

In Alcester, most (55%) are attending GP visits around twice a year, and a further quarter (24%) are visiting monthly. [A recent study](#) suggested over the period 2000-2019 an average of just over 7 consultations per year per person.

In contrast to the GP visits data, most (77%) visit their pharmacist monthly in Alcester.

In Alcester, 30% noted barriers to accessing health services included: needing to get a lift; limited time as they are a carer; internet issues; and flooded roads. Some of these issues could be the impact of rurality.

Bidford and Broom

In Bidford and Broom most are visiting a GP either twice a year (40%, 69/171), or monthly (30%, 52/171). [A recent study](#) suggested over the period 2000-2019 an average of just over 7 consultations per year per person.

Most respondents visit their pharmacist monthly (79%, or 134/171) in Bidford and Broom.

In Bidford and Broom, people noted barriers to accessing health services included: GP appointment availability and related issues around time and convenience; accessing the GP on foot as being problematic (a described lack of safe pathways); transportation and distances to the local hospital; troublesome bus timetables which are also unreliable; a need for more information provision on the services available (one person mentioned using flyers and posters in the GP surgery, one person mentioned receiving an email or text about prostate screening may have been very useful).

Water Orton

In Water Orton 35% reported to be visiting GP monthly. Around a quarter visit twice a year (23%). In Water Orton factors preventing access to health services included: availability around work commitments, lack of transportation options and/or poorer mobility.

Half of the responses (8/16) to a question about factors effecting access to social care services pertained directly to a lack of transportation, in particular public transportation via regular and reliable bus or train services. Within this:

- one person said ‘I don’t know what we’d do without the car’.
- three people mentioned a lack of support services for transportation.
- another person mentioned a lack of accessibility on account of their blindness.
- transportation, including bus and trains were mentioned as a further area for improvement.

Contributions as to what could make health and wellbeing better in Water Orton included asking for services that can look out for them and treat them ‘like a human and not a number and a bother’.

One person said, ‘what’s the point, no-one listens’.

Considerations for REN research partners from WALC’s survey process:

- Consideration of how often people engage with existing services (and the impact of finding out about research opportunities through these means)
- Consideration of local issues – e.g. some existing buildings such as Medical Practice may not be as accessible for research discussions as first assumed
- Transport implications to participate in research
 - several responses pertained to either a lack of transportation options and/or poorer mobility meaning accessing health services was more troublesome
- Availability to participate in research

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- o availability is often restricted to out of work hours
- In future surveys, it may also be helpful to define terms e.g. 'social care'.
- Comments included a desire for services that treat them 'like a human and not a number and a bother'
- Consider communication around commitment to sharing findings and impact, as some people's view is 'what's the point, no-one listens'
- Preferences for communication method varied - it is worth bearing in mind the use of all these mediums to ensure different groups within the community receive news. Preferences included:
 - o Email (although some noted not online)
 - o Text (although some noted difficulties with mobile phone use)
 - o Letter
 - o Flyers/newsletters
 - o Social media (particularly Facebook) (although some noted not online)
 - o Word of mouth/direct contact (although rural residents, particularly older adults, often experience loneliness so connections where opportunities are shared may be limited)
 - o The Library, Community Groups
 - o Consideration of existing networks, e.g. WALC

Sharing learnings:

Already aware of relevant findings:

- Alcester Town Council
- Bidford-On-Avon Parish Council
- North Warwickshire Borough Council
- Stratford-On-Avon District Council
- Water Orton Parish Council
- WALC

Also sharing with:

- all REN partners as per [Coventry & Warwickshire Research Engagement Network - Happy Healthy Lives](#) e.g.
 - o Coventry and Warwickshire Integrated Care Board
 - o Warwickshire & Solihull Community and Voluntary Action

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- ICS VCFSE Collaborative
- VCFSE Mental Health Alliance
- Cultural Inclusion Network
- Coventry University
- University of Warwick
- Coventry and Warwickshire Partnership Trust
- George Eliot Hospitals NHS Trust
- South Warwickshire University NHS Foundation Trust
- University Hospitals Coventry and Warwickshire NHS Foundation Trust
- Coventry and Warwickshire Integrated Primary Care
- NIHR ARC – West Midlands
- NIHR Health Determinants Research Collaboration (HDRC) - Coventry
- Research Delivery Network (RDN) West Midlands
- Public Health - Warwickshire County Council
- Healthwatch Warwickshire
 - particularly in relation to their recent work about [Dentistry in Warwickshire | Healthwatch Warwickshire](#) and [What is your experience of pharmacy in Warwickshire? | Healthwatch Warwickshire](#) (which fed into the Warwickshire Health and Wellbeing Board and Coventry Health and Wellbeing Board's [Pharmaceutical Needs Assessment \(PNA\) - Publications - Warwickshire County Council](#))
- Stratford Social Inclusion Partnership [Stratford Social Inclusion Partnership - WCAVA](#)

Partners contribute to the following (and may be informed by this work when contributing to discussions or share summary of pertinent findings):

- Integrated Care Boards
- ICS Involvement Network
- Warwickshire PLACE Partnerships
- neighbourhood level ICS
- Health and Wellbeing Boards
- Care Collaborative – Warwickshire
- Care Collaborative – Primary Care
- Research and Insight Groups
- Adult Social Care
- Local Pharmacy Networks

Summary and reporting of this work is also shared with:

- National REN colleagues at the Department of Health and Social Care
- Public via an update on [Coventry & Warwickshire Research Engagement Network - Happy Healthy Lives](#) and [Insights Library - Happy Healthy Lives](#)

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- Coventry and Warwickshire ICS Research Stakeholder Group