Keele UNIVERSITY

The Forum for Rural Research on Health & well-being (FRRESH) Initiative

Workshop One

November 2017

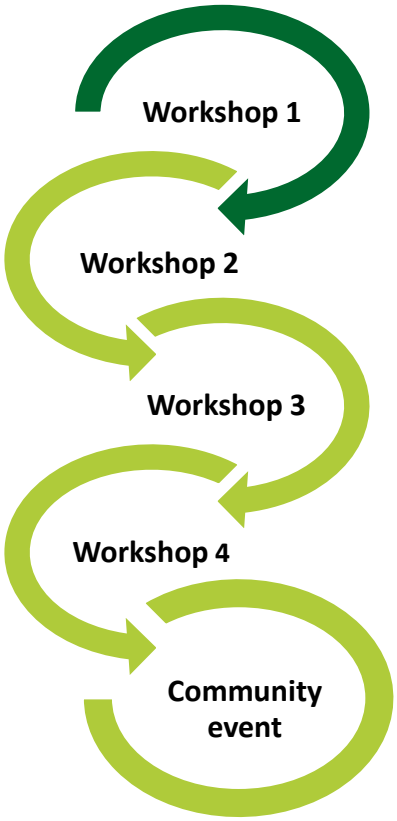
Summary Report

Contents

1. Background

The **F**orum for **R**ural **Res**earch on **H**ealth and wellbeing (**FRRESH**) Initiative has been established to support stakeholder engagement and research development by providing a platform for identifying local rural health challenges, agreeing priorities for research and identifying innovative methods emphasising collaboration and knowledge translation between academia and rural communities.

FRRESH will engage with a diverse range of **rural health stakeholders** – academics, healthcare service managers and practitioners, third sector organisations and members of the public with an interest in rural health and wellbeing – through four **interactive workshops** to discuss key issues and challenges. Key discussion points raised in workshop one will inform the central topic for workshop two and so forth. Finally, **a community engagement** event will be conducted to share discussion and outputs from workshops and engage with a wider audience.



A FRRESH **mailing list** and **webpage**[1] have also been developed to support information sharing.

FRRESH is funded by the **Keele Innovation Fund** and represents a partnership between the Research Institute for Primary Care and Health Sciences, the **Community Animation and Social Innovation Centre (CASIC)**, **South Staffordshire and Shropshire NHS Healthcare Foundation Trust (SSSFT)**, and the **New Vic Borderlines** (the outreach department of the award winning New Vic Theatre).

This report provides a summary of the first of four workshops.

[1] https://www.keele.ac.uk/pchs/research/mentalhealth/frresh/

2. Overview of Workshop One

Image of The Redwoods Centre courtesy of SSSFT

The first workshop took place on **28th November 2017** at The Redwoods Centre, Shrewsbury in Shropshire.

24 stakeholders attended the workshop representing the public, service users and carers, academia, primary care, specialist mental health care, county council, and third sector organisations. **The purpose of the first workshop was to explore rural health and well-being challenges and to establish the agenda for the future FRRESH workshops.**

A programme of short talks led by guest speakers was provided during the workshop. Tom Kingstone chaired the workshop and provided an introductory talk outlining the development of FRRESH and putting 'rural' into a UK context. **Alison Marshall** (University of Cumbria) provided a summary of her work to establish the Cumbrian Rural Health Forum[2]. Tim Lewington and Jean Nicholls described a Healthwatch Shropshire-funded study into rural mental health co-produced with service-users and carers.

The talks provided stimulus for round table discussion on topics:

1. What does rural health mean to you?
2. What does success look like for FRRESH?

The final session of the workshop was led by Mihaela Kelemen and Rachel Reddihough from New Vic Borderlines. Rachel facilitated **cultural animation activities to support attendees to think creatively** about rural health challenges.

A summary of the round table discussions and cultural animation techniques are described on the following pages.

[2] http://www.ruralhealthlink.co.uk/

3. What does rural health mean to you?

Figure 1. Word cloud to depict rural health discussion (Created using www.wordcloud.com)

Key themes emerging from round-table discussion:

Theme 1: Defining rural

a. ***Being rural*** – rural identified as a way of life defined by traditional values, resourcefulness, good relationships, and in which healthy economies, healthy communities and healthy people are interconnected. However, rural can be potentially isolating as people are spread out.

b. ***Seen one rural community, you have not seen them all*** – diversity, multiple definitions and experiences, no one-size-fits-all rural strategy.

Theme 2: Defining rural healthcare

a. ***Lack of choice vs. continuity of care*** – although service options are considered limited (restricted choice) there are positives in that continuity of care can be ensured (GP-led care).

b. ***Lack of access*** – lack of services in rural areas (disappearing healthcare services), loss of mobility (services out of reach).

c. ***Fragile and unsustainable services*** – paying a 'rural premium', increased costs, challenges to staff recruitment and retention, complicated rural care pathways, rural challenges poorly understood at policy level.

Theme 3: Rural health opportunities

a. ***Health promoting features of rural environments*** – role of community, residents supporting one another, activity and social groups (e.g. walking, gardening, allotments), availability of green spaces (access may be limited).

b. ***Innovation and inclusion*** – diversification, one-stop-shops, opportunity to do things differently, delivering person-centred services (door-to-door services), based on social networks and inclusion.

4. How can we make FRRESH a success?

Figure 2. *Word cloud to identify key objectives for FRRESH* (Created using www.wordcloud.com)

Key theme emerging from round-table discussion:

Establishing ambitions for FRRESH

a. ***Be ambitious -*** Start a FRRESH movement and move beyond rural health as an academic exercise.

b. ***Establish a rural research agenda*** – identify rural research priorities.

c. ***Establish local leadership*** – local rural champions to drive FRRESH movement and ensure impact.

d. ***To drive serious consideration of rurality in healthcare*** – across a broad span of medical education, service design/delivery, policy, and models of care, to balance urban-centredness.

e. ***Ensure sustainable impact*** – concern about short-term initiatives, loss of energy and enthusiasm, need to identify long-term impact.

f. ***Identify and support best rural health practice*** – conduct scoping exercise to identify best practice, opportunity to draw attention to and share best practice.

g. ***Be sensitive to digital healthcare (evolution not revolution)*** – recognising the importance and utility of digital healthcare services to overcome access challenges but resisting the push for digital revolutions and awareness of infrastructure limitations (not suitable for all patient groups).

h. ***Develop networks for engagement*** – maintaining service-user involvement, establishing lines of communication with service leads and commissioners.

5. Identifying and picturing rural health challenges

Workshop participants took part in **two cultural animation activities,** which supported participants to work collaboratively and creatively.

Activity 1 - Identifying rural health challenges

The first activity focused on identifying rural health challenges. Participants worked in groups of 7-9 people to create pictures of rural health using buttons and tape. Each group identified rural resources to support health and also challenges. The power of this activity was evident in the range and clarity of different interpretations of rural health that the groups created:

In this picture, the rainbow assortment of buttons represents **diversity in rural communities**. The buttons represent community-based resources e.g. money, third sector organisations, healthcare services. The tape rolls represents healthcare groups (e.g. commissioning groups).

The picture represents **a map of the local health economy**. Shrewsbury, with large healthcare organisations, is at the centre (circled with yellow/green tape). The buttons show the dispersion of the population across Shropshire. Community resources and large, external influences and threats to the local health economy are included e.g. urban populations compete for resources.

The picture captures **the dispersion of resources in rural areas.** A rural resident is positioned at the centre surrounded by dispersed health resources. The coloured buttons represent categories of resources e.g. yellow = social groups and leisure facilities; brown = health and social care services. Blue tape indicates lines of access (dotted lines indicate partial access). Pink tape indicates barriers to services.

Activity 2 - Picturing rural health challenges

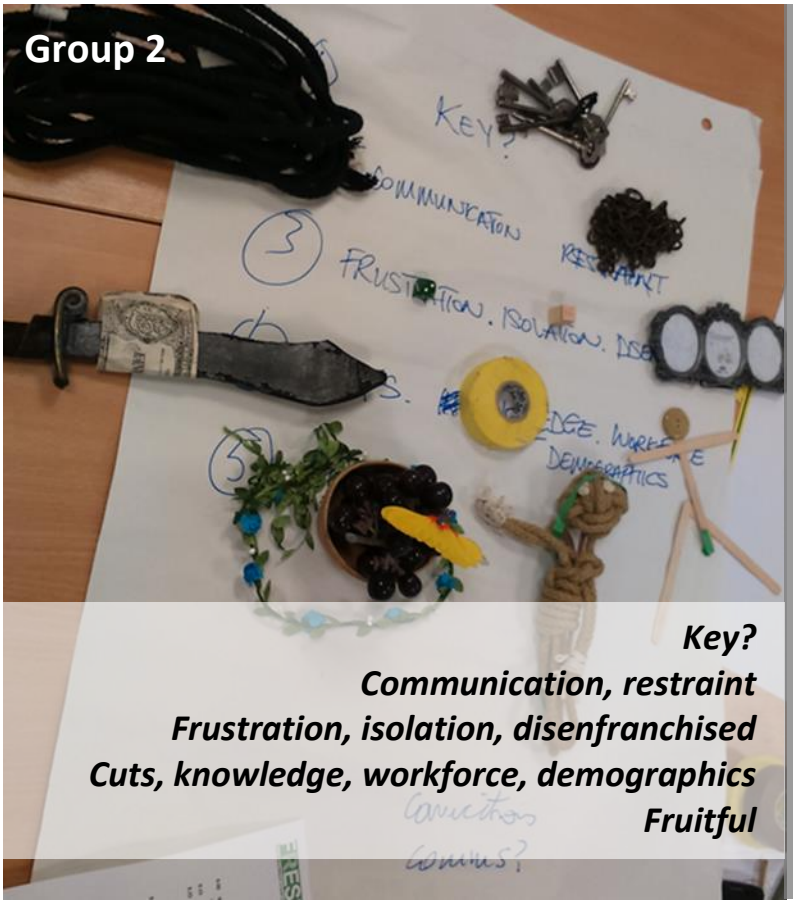
The second activity guided participants to think creatively about a specific rural health challenge and to represent this rural health challenge through art. Each group was asked to create a Cinquain – a type of poem that has five lines – that describes a rural health challenges and how to overcome these. Participants were then invited to select objects (from a wide-ranging collection) to symbolise each word or line. The structure of the Cinquain is as follows:

Line 1: The issue/challenge (one word)
Line 2: Description of the issue (two words)
Line 3: Consequence of the issue – what can be seen, felt, heard (three words)
Line 4: Causes of the problem/solutions to the problem (four words)
Line 5: Alternative word for Line 1 (one word)

The pictures and poems of rural health challenges are presented in the following images and text:

The diversity of rural areas and communities poses a challenge for rural health. This can lead to views of 'self' and 'others', we need to aim to create a unified 'us'. Methods to overcome these issues include: collaboration between local services and between individuals in the community, create a picture of ideal rural health, increase awareness of rural health issues and finally foster hope that change is achievable. *We need to bang the rural drum!*

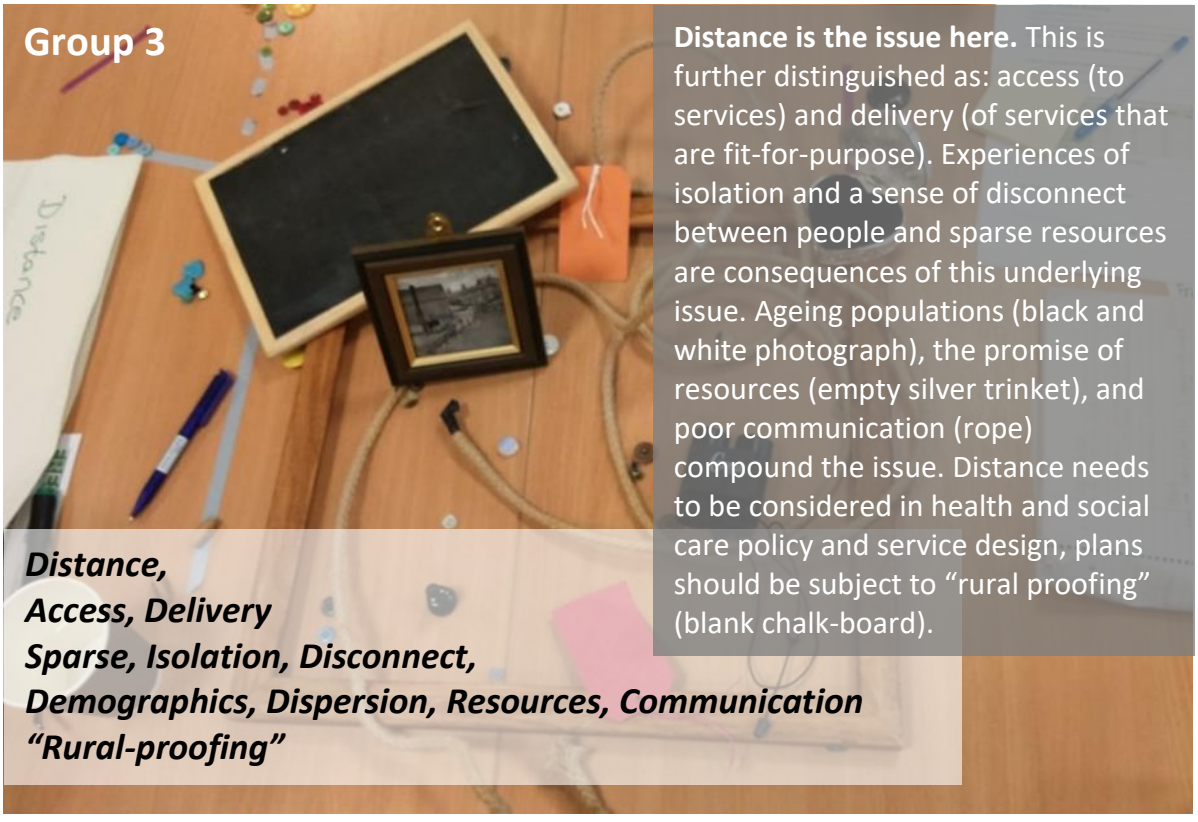
Group 2



Key?
Communication, restraint
Frustration, isolation, disenfranchised
Cuts, knowledge, workforce, demographics
Fruitful

The key represents the **'key to rural health'** – how can we unlock the potential of rural communities and overcome barriers to health inequality. The rope represents a line of communication, the chain represents restraint. These issues lead to frustration, isolation and disenfranchised communities. Causes of these problems are funding cuts, lack of knowledge, workforce and demographics of rural areas. Fruitful represents the idea that there is potential to improve rural healthcare.

Group 3



Distance,
Access, Delivery
Sparse, Isolation, Disconnect,
Demographics, Dispersion, Resources, Communication
"Rural-proofing"

Distance is the issue here. This is further distinguished as: access (to services) and delivery (of services that are fit-for-purpose). Experiences of isolation and a sense of disconnect between people and sparse resources are consequences of this underlying issue. Ageing populations (black and white photograph), the promise of resources (empty silver trinket), and poor communication (rope) compound the issue. Distance needs to be considered in health and social care policy and service design, plans should be subject to "rural proofing" (blank chalk-board).

6. Summary

The first FRRESH workshop provided opportunity for a diverse range of rural stakeholders to explore the topic of rural health and wellbeing. Workshop participants engaged in discussion about the meaning of rurality and rural healthcare and identified rural health opportunities e.g. assets and resources to support health of rural residents. The diversity of rural places and populations, fragility of healthcare services (i.e. challenge of healthcare staff retention, service closures) and opportunity for innovation were key points of discussion.

A key outcome of discussion included establishing objectives for the FRRESH initiative. Networking, taking local leadership, being ambitious, and setting a rural health research agenda emerged as important objectives for the initiative. All were underpinned by a need for sustainability beyond the stated term of the initiative – this is to be considered throughout the course of the initiative.

Another outcome of the workshop was the identification of rural health challenges, which were explored through cultural animation techniques. The headline challenges were examined as: **DIVERSITY**, **DISTANCE** and **KEY?** i.e. what is/are the key/s to rural health? Through the creative thinking techniques these challenges were re-envisioned as, respectively: **SOLIDARITY** i.e. bringing diverse groups together, **"RURAL PROOFING"** i.e. proposed in a general sense as a means of overcoming distance through designing/providing health services that meet needs and geographies, and **FRUITFUL** i.e. the search for what is key provides a fruitful research opportunity.

Future FRRESH workshops will unpick these rural health challenges and look to develop discussion further with a view to generating research questions and funding proposals.

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The FRRESH Initiative is funded by Keele University Innovation Fund and represents collaboration between:

Correspondence
Dr Tom Kingstone
Research Institute for Primary Care & Health Sciences,
Keele University,
Staffordshire,
ST5 5BG