RURAL HEALTH IN ENGLAND:

A CASE STUDY FROM THE ACRE NETWORK

Action with Communities in Rural England (ACRE) is the national charity for rural communities. We work closely with the ACRE Network, 38 member charities who work with communities in rural areas across England. Together we campaign for change, enable local action, and improve support for people most in need.

To communicate the full breadth of our mission and impact, we have produced a series of thematic case studies. This case study sets out our contribution to the provision of rural health and care services in England.

RURAL HEALTH

Key features of the rural health agenda in England are set out below:

- **Hidden Deprivation:** Rural England has significant health challenges; preventable years of life lost are 15% higher in remote areas than the national average, with life expectancy gaps of 2–3 years (English Indices of Deprivation 2025).

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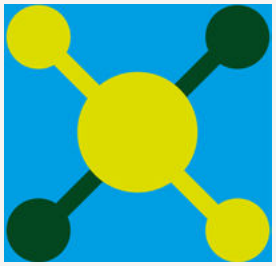
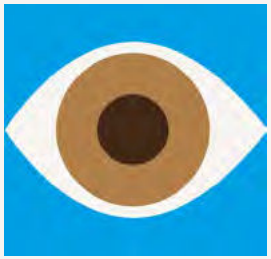
- **Older Population:** 24% of rural residents are aged 65+ (vs. 17% urban), leading to higher rates of multiple long-term conditions (ONS mid-2023 estimates).
- **Access Barriers:** Sparse geography causes issues: GP practices and community hospitals closing, with median travel >20 miles for routine care in some areas (BMA 2024 review).
- **Social Isolation:** One in three rural older adults is affected by loneliness, harming mental and physical health (Age UK index).
- **Health Impacts:** Poorer self-reported health, higher emergency admissions for preventable conditions, elevated winter mortality, and strain on GP/social care services.
- **Housing:** Poor-quality housing (insecure, overcrowded, unaffordable, or cold) is a major underlying cause of worse outcomes



ACRE NETWORK RESPONSE

Many **ACRE** Network members are actively addressing these rural challenges. The NHS 10-year plan emphasises prevention of ill health as the most sustainable way to manage costs and improve outcomes—this aligns closely with the **ACRE** Network's core work. Key actions include: supporting access to good quality affordable housing; partnering with VCS and NHS to reduce loneliness and isolation (e.g., via community buildings); and backing health-focused social enterprises.

In many areas, we have piloted community health interventions and influenced Integrated Care Board (ICB) policies to reduce rural health inequalities.



KEY EXAMPLES

Three examples of the work of Network members, which exemplify our impact, are set out below:

In **Community First Herefordshire and Worcestershire's** patch, where low population density exacerbates mental health challenges, the Wellbeing and Recovery College (launched in 2021, commissioned by NHS Charities Together and the local Integrated Care System) delivers upstream prevention. Free courses on stress management, mindfulness, burnout prevention and the Five Ways to Wellbeing are co-produced and co-facilitated by people with lived experience, offered online or face-to-face through broad partnerships. An interim social impact report (October 2023–March 2024) recorded £752,473 in net present value, with benefits including reduced loneliness, improved self-management of depression and anxiety, greater confidence and reduced clinical demand. The approach is expanding via the 2025–2026 'Up Your Health' pilot, transforming village halls into hubs to train 200 residents in movement, diet and social connection.

Similarly, **Action Hampshire** supports seldom-heard communities through two ongoing programmes. Communities against Cancer, now in its seventh year and funded by Wessex Cancer Alliance, awards grants up to £2,500 to voluntary organisations across Hampshire, Isle of Wight and Dorset. These deliver culturally sensitive cancer awareness on screening, symptoms and risk reduction, often via festivals, healthy eating workshops or storytelling, to low-income groups, people with learning disabilities, and minority ethnic communities where late diagnosis is more common.

Raising Voices in Research, started in 2022 with the Integrated Care Board and university partners, boosts diversity in health studies by engaging VCSE groups representing carers, people with dementia, minority ethnic communities, refugees, LGBTQ+ people and those experiencing homelessness. Outputs include a Local Plan, Pledge, toolkits and an online collaboration space, helping overcome rural barriers like transport and stigma.

The **Somerset Village Agen**t programme delivered by ACRE member **Thrive** helped 18,854 people across Somerset in 2024, many facing poor health, isolation or caring responsibilities that had become overwhelming. Through a "No Wrong Door" approach, anyone could access help and were given the right support quickly and easily. Village Agents live and work within the communities they serve, so they understand local challenges and the hidden barriers people face. They do not wait for problems to escalate. They step in early, listen carefully, and find practical solutions. That often means securing emergency food or fuel support, arranging urgent care, finding suitable housing, or connecting someone to local wellbeing or debt advice.

BROADER OVERVIEW

Below we give a brief overview of the actions of members across the whole **ACRE** Network against the key aspects of the rural health agenda supported by Defra funding (and in some cases other sources):

- **Geographical Isolation and Sparsity: Community Resource (Shropshire)** piloted the National Neighbourhood Health Implementation Programme (2023–2025). Village-based frailty screening and proactive care planning reached 1,200 residents aged 75+. Independent evaluation recorded a 28 % reduction in unplanned hospital admissions and £1.44 million in avoided costs, with the model subsequently incorporated into NHS England's 2025 rural integration guidance. **Community First Oxfordshire** administered £283,000 in small grants for domiciliary and befriending services. Matched cohort analysis demonstrated a 19% lower rate of transition to residential care among supported individuals compared with controls.
- **Inadequate Transport: Community First Wiltshire & Swindon** operates 43 volunteer-led Link schemes. In 2024–2025, these delivered 50,000 passenger journeys, 68 % of which were health- related. Missed appointment rates in served parishes fell from 11.2 % to 4.7 %. **Tees Valley Rural Action's** mobile clinic and group minibus programme covered 11,612 miles and 2,123 passenger journeys. Pre-post evaluation reported a 25 % increase in outpatient attendance and a 12 % reduction in emergency admissions for chronic conditions.

- **Workforce and Funding Shortages: Support Staffordshire's** micro-provider training programme created 50 new domiciliary care workers, filling 41 % of local vacancy gaps and reducing agency expenditure by 28 % in pilot areas.
- **Ageing Population and Multimorbidity: Gloucestershire Rural Community Council's** community-based prevention programme reached 1,200 participants. Frailty index scores improved in 20 % of cases, generating estimated NHS savings of £380,000 over two years. **Community First Yorkshire's** predictive analytics platform reduced reported loneliness across 198 Age Friendly communities by 18% among high-risk individuals.
- **Mental Health and Loneliness: RCC Leicestershire & Rutland** delivered 94 mental health café sessions and mobile outreach, directly engaging 778 residents. Crisis presentations fell by 35 %, equating to £150,000 in social value.

CONCLUSION

The **ACRE** Network's community-led initiatives directly support key themes in the Government's health policy for rural England, as set out in Fit for the Future: 10-Year Health Plan for England (July 2025). These approaches respond to the Darzi Review's (2024) findings on NHS pressures and build on Integrated Care Systems' role in place-based planning. They can be summarised against 4 key themes:

- **Delivering prevention and early intervention** in community settings **ACRE** members run education & wellbeing courses and prevention programmes (such as recovery colleges, frailty screening and village-hall health hubs) that are co-produced with people who have lived experience. These help older residents and those with long-term conditions stay healthier, reduce loneliness, and lower demand on NHS services.
- **Improving access to services in sparse areas** Through volunteer-led transport schemes, mobile clinics, small grants for befriending and domiciliary care, members help rural residents reach appointments and receive support at home. This cuts missed appointments, reduces emergency admissions and delays the need for residential care.
- **Engaging seldom-heard groups and using community voice to shape services:** Initiatives include involving under-represented communities in health research, and gathering lived-experience stories (for example on addiction support). These ensure services better meet the needs of diverse and isolated rural populations.
- **Building local capacity and influencing policy** **ACRE** Network members train care workers, advocate for rural funding weightings, support warm hubs and community cafés, and share evidence of what works. This strengthens the voluntary sector workforce, informs Integrated Care Systems, and helps embed successful rural models in national guidance.

THESE CONTRIBUTIONS FOCUS ON PREVENTION, COMMUNITY ASSETS AND PARTNERSHIP WORKING, DIRECTLY SUPPORTING THE SHIFT TO NEIGHBOURHOOD HEALTH SERVICES AND REDUCING RURAL HEALTH INEQUALITIES.

THERE IS CONSIDERABLE SCOPE FOR: TRANSFERRING LEARNING, SCALING IMPACT AND EMBEDDING THE CONTRIBUTION OF THE ACRE NETWORK TO RURAL HEALTH AND CARE IN FUTURE.

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