Department of Health & Social Care

From Ashley Dalton MP
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for Public Health and Prevention

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Alistair Carmichael MP
Chair
Environment, Food and Rural Affairs Committee

9 January 2026

Dear Alistair,

Thank you for your correspondence of 2 December to the Secretary of State about rural proofing, on behalf of the Environment, Food and Rural Affairs Committee. Please see below in response to your questions.

Departmental Approach

- *How does your Department incorporate rural proofing into policy development and delivery?*

Ministers in my Department have made the significance of rural proofing to the Department known to Parliament.

Rural proofing is important because rural communities are an important part of the economy. Rural areas are home to around one-fifth of England's population and half a million registered businesses. Policy outcomes in rural areas can be affected by economies of scale, distance, sparsity and demography. That is why it is important that government policies consider how they can be delivered in rural areas, and rural proofing ensures that these areas receive fair and equitable policy outcomes.

The NHS is often the largest anchor organisation in rural areas, therefore there is a need and opportunity to think about how NHS organisations can intentionally use their levers and resources to address socioeconomic and health inequalities, whilst also addressing workforce shortages e.g. through widening access to work and addressing employment barriers in rural areas.

Healthcare inequalities and pockets of deprivation in rural areas can be masked by areas of relative affluence. Rural health inequalities are exacerbated by significant barriers to accessing services due to populations often being geographically dispersed, and this is often compounded by a lack of transport options. Poor connectivity and low digital literacy also creates further access challenges to digital healthcare interventions, widening healthcare inequalities.

My Department supports statutory Integrated Care Systems (ICSs) in delivering Health Services across England. ICSs are partnerships of organisations which come together to plan and deliver joined up health and care services, to improve the lives of the people who live and work in their area. Their work includes considering adequate healthcare provision for populations in towns and rural areas and working collaboratively to plan for population change.

Some examples of rural proofing in the Department's policies are given below:

- NHS Long-Term Plan – Shift to community and digital care. Rural proofing led to telehealth investment and support for areas with poor broadband.
- Social Care Delivery – Flexible workforce models for sparsely populated areas and consideration of longer travel times for carers.
- Mental Health Services – Outreach clinics and voluntary sector partnerships.
- Public Health Campaigns – Adjusted messaging and delivery channels for rural populations.
- Air Pollution – Following findings set out in the 2022 Chief Medical Officer's Report, the Department is working closely with the Department for Environment, Food and Rural Affairs (Defra) and across government to improve air quality for everyone.

- *What mechanisms are in place to ensure rural considerations are identified and addressed at an early stage?*

The Department takes its obligation to rural proofing seriously. The government's 10 Year Health Plan and its three shifts (hospital to community, treatment to prevention and analogue to digital) are aiming to better reflect the needs of local populations and thereby support better health and social care access and outcomes in rural communities.

Neighbourhood health sits at the heart of the 10 Year Health Plan. Our ambition is to build a service that delivers more personalised care closer to where people live.

Neighbourhood Health Services will be designed in a way that reflects the specific needs of local populations, while the focus on personalised, coordinated care will be consistent. That will mean the service will look different in rural communities, coastal towns or deprived inner cities. There is an opportunity for neighbourhood health approaches to learn from existing good practice, for example, Farming Health Hub, which pops up in farming and livestock markets to offer physical health checks (such as eye and hearing tests, diabetes, cholesterol and dental health checks) and mental health support (including managing stress, anxiety, depression and rural isolation).

NHS England's digital inclusion framework identified that rural communities are identified as a group at risk of facing digital exclusion and therefore at higher risk of health inequalities. There is an opportunity for NHS organisations to 'rural proof' by collaborating with other agencies or organisations working with digital services to provide access to technology and data.

Collaboration with Defra

- *How does your department work with Defra to support rural proofing?*

The Department collaborates with the Rural Taskforce at Defra on common areas of interest.

The Department has contributed to the last four Rural Proofing Reports with rural health policy, giving examples of policies that support the rural proofing agenda.

- *Are there formal processes or guidance that underpin this collaboration?*

I will defer to Defra Ministers on this matter.

Funding and Resources

- *Have you carried out any assessment into the additional costs of providing and accessing services in rural areas?*

As part of the Ministry of Housing, Communities and Local Government's reforms to local government funding, we have updated the Adult Social Care Relative Needs Formula to ensure funding for adult social care is better aligned with the pressures local authorities face. This update includes a Remoteness Adjustment, meaning that we are factoring rurality within our overall assessment of needs. From 2024/25 to 2028/29, places with a significant rural population will see an average Core Spending Power increase of £12.7 million (4.4%).

- *Do you allocate any funding to support service delivery and access in rural areas?*

Integrated care boards have delegated responsibility for planning and commissioning healthcare services which meet the reasonable needs of the people for whom they are responsible, including the specific needs of rural communities.

The Carr-Hill formula determines how much funding each GP practice receives for core contractual funding, and accounts for 50-60 per cent of practice income on average.

It is vital that funding for core primary medical services is distributed equitably between practices across the country so that resources are targeted where they are most needed. In October 2025 we launched a review of the GP funding formula, with the objective of better matching funding with higher need from poorer health.

Training and Capability

- *What take up has there been for the training module on "understanding rural areas", provided by civil service learning?*

The take up for the ‘Understanding Rural Areas’ course on Civil Service Learning has been low. The Department will look at what we can do to improve this.

- *Is there any guidance or training on rural proofing provided to staff beyond the civil service learning module?*

There is no known additional training on offer to DHSC staff relating to Rural Proofing.

- *How do you ensure that staff have the necessary skills and awareness to apply rural proofing effectively?*

The Department is constantly working to improve its policy making.

Policy Examples

- *Please provide examples of policies where rural proofing has led to changes in design or implementation.*

Pharmacies in remote areas continue to receive additional funding through the Pharmacy Access Scheme.

To improve public access to vaccinations, including in rural areas, we are expanding the use of community pharmacies giving vaccinations, including through delivering flu vaccines for 2- and 3-year-olds this autumn. An evaluation will assess whether the use of community pharmacies improves coverage and helps tackle regional health inequalities, in line with the NHS vaccination strategy.

- *Are there policies that have been particularly successful in delivering benefits for rural communities?*

The Care Workforce Pathway, the first national career structure for adult social care, will help employers in rural as well as urban settings, to attract and retain staff, through providing care workers with the right skills and training to work and progress their careers in care. This will help to build a skilled, resilient workforce that delivers high-quality, consistent care which is particularly crucial for areas facing challenges around resources and availability of skilled staff. The Department is also working with providers and system partners in varied regions and localities across England to test and evidence the benefits of adopting the Pathway.

This government is committed to further expanding the role of pharmacies and to better utilising the skills of pharmacists and pharmacy technicians. That includes making prescribing part of the services delivered by community pharmacists. The number of pharmacists that are independent prescribers is increasing and from 2026, all newly graduated pharmacists will be qualified Independent Prescribers. To support this, NHS England is providing fully funded national training opportunities to help them deliver quality NHS services – including independent prescriber training, clinical examination skills, and training the next generation of education supervisors. The Community Pharmacy

Independent Prescribing Pathfinder Programme piloted clinical models to inform a commissioning framework that can be used to deliver national and local NHS clinical services.

Policy Priorities

- *With reference to the former EFRA Committee report into rural mental health, and the previous government response to that report, what progress has the government made to improve mental health outcomes in rural areas?*

The nation's mental health has deteriorated over the last decade. Lord Darzi's investigation found that people accessing NHS mental health services are waiting too long, receive variable quality of care, and suffer from entrenched inequalities.

This government has already taken significant steps to stabilise and improve NHS mental health services but there is much more to do. Transforming the system will take time, but we are committed to delivering a new approach to mental health.

In the first 12 months of this government, we have seen an additional 40,000 children and young people receiving NHS mental health support; more adults with depression and anxiety getting better through improved access to NHS Talking Therapies; and over £100m awarded to National Institute for Health and Care Research programmes on mental health which are driving discoveries into better treatments and care pathways to enhance the lives of people living with mental health conditions.

- *What progress has been made to analyse ONS data and thereby prioritise actions for professions at higher risk of suicide in rural areas?*

The 5-year cross-government Suicide Prevention Strategy for England was published in September 2023. The strategy identifies priority areas for action to reduce suicides and we will continue to explore opportunities to go further.

The purpose of the Suicide Prevention Strategy is to set out our aims to prevent suicide through action by government and other organisations. The ambitions outlined in the strategy include research on and better understanding of national trends and suicide rates in particular groups, including occupational groups.

The Office for National Statistics will be updating its analysis on suicides in different occupation groups, to help inform which occupation groups are at higher risk of suicide.

- *What channels are in place to ensure that Defra and DHSC work together on rural mental health and has further consideration been given to a joint rural mental health policy and delivery team?*

Mental health is a key component of the upcoming rural strategy for England, which was informed by close collaboration with DHSC.

There is also a dedicated team focused on improving the wellbeing of farmers in Defra, including management of the Farmer Welfare Grant.

- *What progress has been made on ensuring access to preventative mental health support for children and young people in rural areas? What targets are in place for services over the next five years?*

In the first 12 months of this government, nearly 40,000 more children and young people received support from NHS mental health services compared to the previous 12 months. This was enabled by over 7,000 extra mental health workers being recruited since July 2024, against our target of 8,500 by the end of this Parliament.

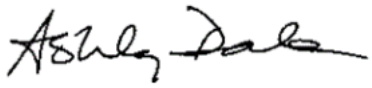
We are accelerating the rollout of Mental Health Support Teams in schools and colleges to reach full national coverage by 2029, with an additional 900,000 additional children and young people set to benefit by Spring 2026.

We are rolling out Young Futures hubs in communities in England. The national network of Young Futures hubs is expected to bring local services together, deliver support for teenagers at risk of being drawn into crime or facing mental health challenges. They will provide open access mental health support for children and young people in communities.

Numerous organisations in rural areas are also signed up to the Prevention Concordat. Local authorities, health and wellbeing boards, ICSs and other health partnerships across the country are encouraged to sign up to the Prevention Concordat and produce an action plan to promote mental health, prevent mental ill health, and reduce mental health inequalities.

I hope this reply is helpful.

Yours sincerely,



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