NICRE
National Innovation Centre
Rural Enterprise

NICRE Submission to the Rural Taskforce on Government Mission Delivery: *Health*

Over summer 2025, NICRE were invited to contribute to a national Taskforce led by the Department for Environment, Food and Rural Affairs (DEFRA) considering Government Mission Delivery in a rural context.

The aim was to provide focus on the needs of rural areas in the development of policy under the five missions outlined in the UK Government Plan for Change (growth, clean energy, opportunity, crime and health). As part of our contribution, NICRE worked with partners to provide written evidence to the Taskforce relating to each mission.

This is our submission on the Health to Opportunity mission.

June 2025

Submission compiled by Jeremy Phillipson (NICRE Director and Centre for Rural Economy, Newcastle University), based on inputs from Christina Dobson (Population Health Sciences Institute, Newcastle University), Mark Shucksmith (Newcastle University), Ruth McAreavey (Sociology, Newcastle University), Dan Keech (Countryside and Community Research Institute, University of Gloucestershire), Sarah Best (Newcastle University), and Matthew Gorton (Newcastle University Business School).

What are the current challenges that rural communities and businesses face in relation to this mission?

Life expectancy rates are generally higher in rural areas, with rural residents living longer than their urban counterparts.[1] Accessible rural areas, where residents can interact with nature but are not disconnected from urban support systems, boost mental health.[2] This is one reason why the populations of such localities are growing, and this "best of both worlds" environment provides a good place to live and work[3],[4]. However, the rural population is ageing at a faster rate than urban parts of the UK, increasing the strain on

[1] Defra (2022) Statistical Digest of Rural England, London, Department for Environment, Food & Rural Affairs.
[2] Griffin, L., Petsou, A., Hynes, R. and Moore, G. (2025) Debate: Urban versus rural environments – which is better for mental health? Beyond the urban and rural dichotomy, a call to consider quality, typology and space in greenspace strategies for mental health, *Child and Adolescent Mental Health*,. 30 (2): 195-197.
[3] Murray, G., Judd, F., Jackson, H., Fraser, C., Komiti, A., Hodgins, G., Pattison, P., Humphreys, J. and Robins, G. (2004) Rurality and Mental Health: The Role of Accessibility, *Australian & New Zealand Journal of Psychiatry*, 38 (8): 629-634.
[4] ONS (2020) Living longer: trends in subnational ageing across the UK. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongertrendsinsubnationalageingacrosstheuk/2020-07-20

rural health services.[5] The latter are less well developed, with rural residents facing poorer provision and less choice. The cost of delivering rural health and social care is increased due to higher transport costs. The greatest problems of access to health services are witnessed in remote rural locations.[6] In these places, registered suicide rates are higher, driven by isolation and limited mental health services.[7] Loneliness and social isolation, while two distinct concepts, can have a significant impact on rural and farming communities in distinct ways which also means that identifying standard interventions is challenging[8]. Farming has long been recognised as a lonely occupation and additional pressures, including that farmers work long hours, mean that loneliness can be exacerbated[9]. Higher levels of suicide have been identified within farming communities in England. Mental health can thus vary significantly across rural areas[10]. For example, Mental Health index data in the North East highlights some rural locations with very low health scores, often in very close proximity to places with much better mental health levels[11].

Occupational hazards create particular demands on health and care services in rural areas. Although farming accounts for one percent of the working population in Great Britain, in 2023- 2024 it accounted for 16 percent of workplace deaths . A health-related quality of life survey conducted with over 15,000 respondents in England and Wales identified specific issues facing the farming community, issues that are more prevalent when compared to the wider UK population: 24% of respondents reported problems with mobility; 4% reported problems with self-care; 21% reported problems with performing their usual activities; 52% reported problems with pain/discomfort; and 31% reported problems with anxiety/depression . This same study highlights gender and age-related differences in mental and physical health. In 2023 there were 64 suicides registered amongst people working in agricultural and related trades in England and Wales.

Migrants working in the agri-food system may also face exposure to occupational hazards and erosion of mental health and general wellbeing. The UN has reported on the shortcoming of the Seasonal Worker Scheme and the actions of some scheme operators. Some of the actions of employers have been found to result in psychological

[5] ONS (2020) Living longer: trends in subnational ageing across the UK. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongertrendsinsubnationalageingacrosstheuk/2020-07-20

[6] House of Lords Library (2023) Health care in rural areas. https://lordslibrary.parliament.uk/health-care-in-rural-areas/

[7] Defra (2024) Statistical Digest of Rural England: 3 - Health and Wellbeing, London, Defra. https://assets.publishing.service.gov.uk/media/67d87dec1d56337f06b11fe1/3_Health_and_Wellbeing_12_11_2024_0325vers.pdf

[8] Wiliams, T, Lakhani, A. and Spelten, E. (2022) Interventions to reduce loneliness and social isolation in rural settings: A mixed-methods review, *Journal of Rural Studies*, 90: 76-92.

[9] Wheeler, R, Lobley, M. McCann, J. And Phillimore, A. (2023) 'It's a lonely old world'. Developing a multidimensional understanding of loneliness in farming. *Sociologia Ruralis* 63 (S1): 11-36.

[10] House of Commons Environment, Food and Rural Affairs Committee Rural Mental Health Fourth Report of Session 2022–23.

[11] Nguyen, T., Phillipson, J., Thompson-Glen, M., Magistrali, A., Ward, J., Fitzsimmons, C., Goulton, R., Moss, M., and Gorton, M. (2024) Evidence Review: NECA Environmental Stewardship. Coast and Rural Growth Investment Plan. NICRE, June. nicre-evidence-review-north-east-combined-authority-environment-stewardship-coast-and-rural-growth-investment-plan-june-2024.pdf

damage due to pressures related to pace of work and inadequate accommodation. Workers maybe unsure of their rights and can also be left out of pocket, all of which can contribute to anxiety and stress.

The APPG on Rural Health & Care[12], highlighted that: "*Rural health disadvantages are not insignificant for the nation as a whole. 9.7 million people live in rural areas of England …, many in very isolated circumstances with few services or amenities for miles around. … Residents are disproportionately older than average, often with a high number of co-morbidities, each presenting a different challenge to the health and care system. Rural areas are also more likely to contain hidden areas of significant deprivation, masked by the way statistics are recorded. Moreover, coastal and rural economies are highly seasonal in nature. Tourism, the hospitality industry, agricultural production, and our fishing industry all influence the ebb and flow of rural and coastal populations.*"

Rural areas are impacted in specific ways by a range of interconnected macro challenges and determinants which influence the health of people living in these communities and prevent them from accessing health care services. The Marmot Review of health inequalities in England, Fair Society, Healthy Lives (2010)[13], highlighted the social determinants of health, with subsequent studies indicating worsening health inequalities[14],[15] (IHE 2020, 2024). The Marmot approach is now being adopted in many cities and towns in England, and globally, and it is equally relevant to rural England. Research investigating these social determinants in rural Britain highlights how precarious, low-paid or seasonal, employment are linked to poorer health and wellbeing of families. Meanwhile, voluntary and community organizations are valued for their role in supporting many people who are disadvantaged. Some are very active in rural areas, but coverage is uneven. Family, friends and neighbours are another important source of support, but people's ability to draw on this source varies according to the characteristics of the community they live in, its social norms and social capital[16], [17].

The West Midlands NHS Strategy Unit[18] identifies several key drivers of rural health inequalities: *Patients and services being more dispersed; funding and increased costs; areas an ageing population; digital exclusion; lack of transport; housing and fuel poverty; deprivation, isolation and social exclusion; workforce issues within the NHS; climate change; and distinct challenges in coastal areas.*

---

[12]APPG Rural Health & Care (2022). National Centre for Rural Health and Care. Rural-Health-and-Care-APPG-Inquiry-Report.pdf

[13] Marmot M et al (2010) Fair Society, Healthy Lives. https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

[14] Institute of Health Equity (2020) Health Inequality in England: the Marmot Review 10 Years On. https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf

[15] Institute of Health Equity (2024) England's Widening Health Gap: Local Places Falling Behind. https://www.instituteofhealthequity.org/resources-reports/englands-widening-health-gap-local-places-falling-behind

[16] Shucksmith M, Glass J, Chaman P, Atterton J (2023) Rural Poverty Today: Experiences of Social Exclusion in Rural Britain, Bristol: Policy Press.

[17] Shucksmith M and Atterton J (2025) Rural Poverty: State of the Art Review. National Centre for Rural Enterprise (NICRE). https://nicre.co.uk/media/oa2awzgu/nicre-sota-no-10-january-2025-rural-poverty.pdf

[18] NHS Midlands Decision Support Network (2024) Rural Health Inequalities. https://www.strategyunitwm.nhs.uk/sites/default/files/2024-09/Rural-health-inequalities-MDSN-PDF_0.pdf

Challenges around accessing services are especially born out of issues relating to rural infrastructure and service provision (i.e., centralisation of services, poor public transport, longer travel times to access services etc.), economies and employment (i.e., seasonal economies, workload pressures, social care funding and models not factoring in travel time etc.), and demographic change (i.e., in-out migration and an increasingly ageing population).

Use of high-level data on population health needs and outcomes means that the needs of rural communities are less visible in strategy and planning for key services such as mental health[19]. Work through the RUSTIK project in Gloucestershire[20] has also highlighted gaps in the capacity and capability of local planners and service providers to connect datasets and utilise available evidence relating to population health and wellbeing to its full potential. Meanwhile the Lincoln Institute for Rural and Coastal Health has highlighted underrepresentation of rural people in health and social care research, which compounds lack of understanding of these communities and inequalities in service provision and health outcomes[21].

Below we provide further context and evidence relating to some of these drivers and provide a case study on how inequalities are experienced in the context of cancer.

Changing demographics – ageing rural communities

The proportion of older adults in rural areas is much higher, and growing much faster, while the proportion of working age people able to provide care is falling. Local authorities with larger older populations tend to provide care to a smaller share of those residents, indicating that care is being rationed in areas with high demand. This means that residents in rural areas are particularly vulnerable to this rationing of services, and unpaid carers are left to plug the gaps – with potential impacts for their own health and wellbeing[22].

Many rural areas are "underserved in health care, with less accessible transport links and insufficient infrastructure designed for older adults, including sheltered housing and residential care. People who have moved to these new areas in later life often do not have the social support networks those born and bred locally may have"[23]. An ageing population also means that the many small rural anchor institutions, such as lunch or homework clubs that offer important support which can counter loneliness, face increasing challenges in recruiting and retaining the volunteers they need to sustain these services into the future. National reforms of social care will therefore need to tackle what is "an imminent crisis in rural social care delivery"[24]. One of the challenges for delivering health and social care in a rural context is that workers are not paid for their travel time which is greater between home visits when compared to those in small towns and urban contexts.

[19] House of Commons Environment, Food and Rural Affairs Committee Rural Mental Health Fourth Report of Session 2022–23.
[20] Gloucestershire, United Kingdom - Rustik
[21] Rural-and-Coastal-Health-and-Care-Research-Toolkit-5df5831512562fb8.pdf
[22] Adult social care across England
[23] Whitty C (2023) Report of the Chief Officer of Health 2023. London: HMSO.
[24] Shucksmith M, Glass J, Chaman P, Atterton J (2023) Rural Poverty Today: Experiences of Social Exclusion in Rural Britain, Bristol: Policy Press. https://policy.bristoluniversitypress.co.uk/rural-poverty-today

An ageing population also means that those who are the most likely to need palliative care live in rural, remote or coastal areas having moved there at an earlier stage of their lives, often from cities. Meanwhile specialist services including hospices and palliative care teams tend to be based in cities and large towns. Research by Hospice UK found that nearly two thirds of people living rurally said that they or the person they cared for with a life-limiting condition did not receive the care and support they needed, while two thirds of rural health and care staff said there are not enough staff with the right skills to support people with life-limiting conditions – with the lack of social care staff again being a particular issue. This means that too many people in remote rural and coastal areas at the end of life face moving hours away from family and friends to access care[25].

Digital exclusion

Digital tools and technologies have the potential to play a key role in addressing health inequalities experienced by rural communities. Travel time and costs can be reduced where people are able to consult with clinicians, access talking therapies and other support for self-management online and to have health conditions monitored virtually. Digital tools and technologies also have an important role in prevention, for example by facilitating opportunities for connection and reduced social isolation, and driving awareness of how people can look after their health and wellbeing.

However, these benefits can only be realised in places where there is good connectivity and people have access to devices, and the skills and confidence to engage with digital tools and technologies safely and effectively. Only 54% of rural premises have access to gigabit-capable broadband, compared to 85% nationally (2024)[26]. Inadequate broadband and mobile networks mean that residents accessing, and businesses providing health and care, services have fewer opportunities to develop key digital skills and confidence. This is a significant barrier to adoption and spread of digital health technologies in these communities. Drives towards a digital-first NHS risk exacerbating inequalities in provision of health and care in rural and coastal areas unless issues of digital exclusion are addressed as a matter of urgency.

Workforce issues in health and care

With the increasing centralisation of services, challenges in recruiting and retaining staff to deliver health care in rural communities is ever more pertinent and urgent. The make-up of rural primary care services has drastically changed in the lifetime of many rural patients. Recruitment and retention of staff to primary care roles in rural and remote areas is particularly problematic, compounded by the lack of affordable housing. This adds to a sense of unfamiliarity with primary care staff which research has shown impacts engagement with health services.

Different approaches have been trialled across the UK to address the issue, including a number of community-led interventions, with differing levels of success. What appears to be crucial in the recruitment, and particularly retention, of NHS staff is the amenities and opportunities available to the wider family of the potential-recruit, with employment opportunities for spouses, education provision for children, and social activities crucial[27].

[25] Bringing care closer to home | Hospice UK

[26] Delivering for All: A Roadmap for Rural Prosperity - Rural Services Network

[27] Maclaren A., Locock L., Skea Z., Angell A., Cleland J., Dawson T., Denison A., Dobson C., Hollick R., Murchie P., Skatun D., Watson V. (2025) 'Come and work here!': A qualitative exploration of local community-led

Increasing opportunities for trainee health and care professionals to gain exposure and build understanding of rural communities early in their career may also help to build the talent pipeline, as well as improving patient outcomes.

Rural Cancer Inequalities

For decades people in rural areas have been less likely to survive cancer than people living in urban areas[28]. These rural cancer inequalities persist despite there being lower incidence of many cancers in rural populations[29]. There is mounting evidence that rural patients face specific challenges in their health care pathways that are impacting survival. They are: more likely to have more advanced disease at the point of diagnosis[30],[31]; more likely to have multiple (3+) consultations with their GP before being referred to hospital[32]; more likely to be diagnosed with cancer following an emergency presentation (i.e. A&E)[33]; and less likely to receive treatment than people in urban areas[34].

Distance to primary care and secondary care[35] are both associated with people's likelihood of surviving cancer, however, do not account for all of the variation and inequality we see among rural cancer patients. Research which examined rural patients' experiences of accessing health care, and the underlying causes of rural cancer inequalities, has shown[36]: almost two thirds of people who had recently experienced a bowel cancer symptom did not consult a GP about it; younger rural patients and those living in more deprived rural areas were less likely to seek help for their symptoms; and patients registered at larger GP practices report experiencing significantly more barriers to accessing primary care, as did women and people who were working. The most commonly reported barriers were work commitments, appointment availability, poor GP-patient relationships, and poor road infrastructure/transport.

initiatives to recruit and retain health care staff in remote and rural areas of the UK. *Journal of Health Services Research & Policy*.

[28] Carriere R., Adam R., Fielding S., Barlas R., Ong Y. and Murchie P. (2018) Rural dwellers are less likely to survive cancer–an international review and meta-analysis. *Health & place*, 53: 219-227.

[29] Afshar, N., English, D. & Milne, R. (2019) Rural-urban residence and cancer survival in high-income countries: A systematic review. *Cancer,* 125: 13.

[30] Campbell N.C., Elliott A.M., Sharp L., Ritchie L.D., Cassidy J., Little J. (2001) Rural and urban differences in stage at diagnosis of colorectal and lung cancers. *British journal of cancer*, 84 (7): 910-914.

[31] Sharp, L., Donnelly, D., Hegarty, A., Carsin, A.E., Deady, S., McCluskey, N., Gavin, A. & Comber. H. (2014) Risk of Several Cancers is Higher in Urban Areas after Adjusting for Socioeconomic Status. Results from a Two-Country Population-Based Study of 18 Common Cancers. *Journal of Urban Health*, 91:510-525.

[32] Murchie P., Adam R., Khor W.L., et al. (2020) Impact of geography on Scottish cancer diagnoses in primary care: Results from a national cancer diagnosis audit. *Cancer Epidemiology*, 66: 101720.

[33] Murage P., Bachmann M.O., Crawford S.M., McPhail S. and Jones A. (2019) Geographical access to GPs and modes of cancer diagnosis in England: a cross-sectional study. *Family Practice*. 36 (3):284-290.

[34] Jones, A., Haynes, R., Sauerzapf, V., Crawford, S., Zhao, H. & Forman, D. (2008) Travel times to health care and survival from cancers in northern England. *European Journal of Cancer* 44:2.

[35] Campbell, N., Elliott, A, Sharp, L., Ritchie, L., Cassidy, J. & Little, J. (2000) Rural factors and survival from cancer: analysis of Scottish cancer registrations. *British Journal of Cancer,* 82.

[36] Haworth, E., Sharp, L., Deane, K., Ellwood, C., Rubin, G., Murchie, P., Macdonald, S., Angell, L. & Dobson, C. (under review – can be provided on request) Barriers to consulting for symptoms of possible colorectal cancer in rural populations: a questionnaire survey, Under Review, *BMC Primary Care.*

Research exploring barriers to help-seeking for rural patients reveals complex interactions between rural residence, infrastructure, employment, health beliefs and behaviour, including[37]:

- Stoicism and self-reliance hindering timely access of primary care, with many leaving symptoms until they are unmanageable before consulting.
- Erosion of a 'family doctor' primary care system, following recent shifts towards larger practices and a high turnover of staff. When people feel that they did not 'know' their doctor, and their doctor doesn't 'know' them, they are less likely to consult about new symptoms, or reconsult about persisting or worsening symptoms.
- High rates of self-employment in rural areas, along with a workload characterised by seasonal pressures, meaning that many residents are reluctant to consult about symptoms during busy seasons (i.e. lambing or harvest for farmers, and summer for those in tourism industries) when they are time-poor. This issue is compounded by longer distances and travel times from primary care services. Furthermore, many in the farming community work alone, and so would not have someone else to take over urgent tasks[38].

What can rural communities and businesses offer to support the delivery of this mission?

Recognising the importance of natural assets within the rural context is vital for the health of wider society. The rural environment has been shown to deliver important wellbeing benefits that are preventative and can generate financial benefits for wider government including the NHS[39]. There is a growing body of evidence, for example, that woodlands provide a number of benefits to mental and physical health[40].

Moreover, businesses in rural areas have an important part to play in supporting rural health and wellbeing. NICRE's State of Rural Enterprise Survey indicated that almost half of rural firms (47%), spread across many sectors, see new opportunities associated with developing products or services linked to health and well-being They also have strong investment intentions particularly in aspects of employee well-being[41]. More specifically, health and care sector businesses themselves make up an important share

[37] Dobson, C., Deane, J., Macdonald, S., Murchie, P., Ellwood, C., Angell, A. & Rubin, G. (2023) Barriers to Early Presentation amongst Rural Residents Experiencing Symptoms of Colorectal Cancer: A Qualitative Interview Study. *Cancers 15*(1), 274.

[38] Healthwatch North Yorkshire (2025) Ploughing through Barriers: Understanding the challenges and promoting help-seeking in farming communities. https://www.healthwatchnorthyorkshire.co.uk/report/2025-04-23/ploughing-through-barriers

[39] McAreavey, R., Best, S., Newberry, D, Seery, F. and Thompson-Glen, M. (2025) Nature for People and Place in the Wansbeck Catchment. Research and community engagement report. NICRE report for Natural England and the Environment Agency.

[40] Social Benefits of Woodland, Forest Research

[41] Panagiotis, K, Roper, S., Phillipson, J., Mole, K. and MacMillan, T. (2023) The rural economy post-pandemic: opportunities and barriers for business growth, State of Rural Enterprise Report No 6. https://nicre.co.uk/media/1j1byg5r/nicre-state-of-rural-enterprise-report-no-6-january-2024-the-rural-economy-post-pandemic-opportunities-and-barriers-for-business-growth.pdf

of rural economies and are important to the delivery of the health mission. Health and social work are one of the biggest employers in rural areas[42].

Many rural enterprises and community organisations, deliver excellent health, wellbeing and care services to rural and urban residents. In particular, grassroots organisations are having positive impacts - engaging with rural patients in community places, supporting agricultural workers, taking health care services to the people, in order to facilitate early diagnosis, access to treatment and improved outcomes. For example:

- The Field Nurse scheme[43] which connects into marts and country shows to engage with the farming community, offering free health checks and advice and supporting them to access the health care service for a range of conditions. The scheme is well-received, picks up a range of previously undiagnosed conditions (from high blood pressure, to mental health and cancer) and supports positive (disease preventative) behaviour change.
- The provision of 'walk-in clinics' in rural primary care practices, on evenings and weekends, and in 'quiet' periods of the farming and tourism calendars. A successful pilot has been run in County Durham, which saw significant engagement from the farming community, as well as high numbers of patients who required onward treatment[44]
- Working with communities to co-develop public-health messaging and communications that appeal to and resonate with them, such as this animation co-developed with communities in rural North Yorkshire: RURALLY: What affects people in rural areas going to their GP about bowel cancer symptoms?[45]
- A range of bespoke regional and national charities provide direct support to the farming community including suicide help lines and training around health and safety[46].
- NorthFutures is one of five digital health hubs funded by EPSRC and UKRI to drive the development of innovative digital technologies for healthcare. It brings together over 50 partners across the North East and North Cumbria (NENC) region to address unmet health needs, inequalities, and digital exclusion. Given the significant rural population within the NENC region, work is underway within the hub, led by NICRE, to understand barriers and opportunities to introducing digital health tools and technologies in a rural context. A first workshop held in October 2024 highlighted collaboration between researchers, industry, NHS staff, voluntary sector and rural communities as a critical success factor. Work is now underway to further

[42] Nguyen, T., Phillipson, J., Thompson-Glen, M., Magistrali, A., Ward, J., Fitzsimmons, C., Goulton, R., Moss, M., and Gorton, M. (2024) Evidence Review: NECA Environmental Stewardship. Coast and Rural Growth Investment Plan. NICRE, June. nicre-evidence-review-north-east-combined-authority-environment-stewardship-coast-and-rural-growth-investment-plan-june-2024.pdf

[43] www.fieldnurse.co.uk

[44] Healthwatch North Yorkshire (2025) Ploughing through Barriers: Understanding the challenges and promoting help-seeking in farming communities. Available here: https://www.healthwatchnorthyorkshire.co.uk/report/2025-04-23/ploughing-through-barriers

[45] https://www.youtube.com/watch?v=IKtrWo38s8Q

[46] https://utass.org/, https://www.yellowwellies.org/

strengthen these relationships within the region and capture learning and best practice that can be shared more widely.

More generally, community and voluntary organisations provide essential support in tackling an array of underlying challenges, around employability, digital inclusion, affordable housing, poverty, isolation, access to services etc which directly or indirectly impinge on physical or mental health, and which are exacerbated for people with mental or physical illness. These organisations have trusted relationships and unique insight into their local community: and can help public authorities to better understand needs, target funding, extend reach and improve outcomes. This capacity varies substantially from place to place, and VCSEs themselves face financial pressures and challenges in recruiting staff and enlisting and supporting volunteers (see NICRE submission to Barriers to Opportunity Mission).

How can government ensure that the missions work for and reflect the needs and opportunities inherent to rural communities and businesses?

Efforts to improve health outcomes for rural populations must be premised on an understanding of the diversity of rural areas, infrastructure, people and culture, and the subsequent need for strategies to be sufficiently flexible to enable adaptation to local contexts. Rural areas and environments are heterogenous, varying in population density, remoteness, infrastructure, affluence, culture, economy, and demography.

Importantly, the voices of rural communities and health care providers should be at the fore of efforts to understand current challenges and potential improvements, by understanding the realities of experiencing, and treating, ill-health at the rural 'coal-face'. Participatory approaches to co-produce services and strategy development should adopted to ensure that policy represents the values and needs of rural communities, and most crucially, is feasible with potential for meaningful impact.

Support is needed for the many grassroots organisations and schemes running across the country which are having positive impacts on rural health behaviours, creatively taking health care services to rural residents and delivering outreach in community spaces (village halls, farmers' markets etc.), and facilitating early diagnosis, access to treatment and improved outcomes. Several examples are given in this submission and these and other solutions should be shared and built upon.

More widely, it critical to recognise and address the intersection of different issues that lead to poor health outcomes for rural communities. Health cannot be tackled in isolation from other key government missions: an integrated and encompassing strategy is needed to address in a holistic way the wider determinants that influence the health of people living in rural communities and prevent them from accessing health care services - deprivation, social exclusion, transport, digital, housing and homelessness, crime etc. This should include a combination of people-centred and place-based measures, for example: More sustained support for trusted local voluntary and community organisations to continue to reach into rural areas; Adaptations to the welfare system to ensure that rural citizens are not disadvantaged in terms of their access to support; Measures to address fuel poverty and to promote benefit take-up in rural areas; Programmes to improve digital connectivity and skills to allow more

residents to benefit from digital health innovation; and Innovation in service delivery, combined with attending to diversity of access for the most vulnerable.

For further information about NICRE:

Email: nicre@newcastle.ac.uk
Visit: www.nicre.co.uk
Twitter: @NICRErural
LinkedIn: National Innovation Centre for Rural Enterprise
Facebook: @NICRErural

Founding research partners:

Newcastle University | Centre for Rural Economy

Newcastle University | Business School

CCRI

ERC Enterprise Research Centre

Funded in partnership with:

UKRI Research England

Newcastle University

University of Gloucestershire

Royal Agricultural University

Warwick The University of Warwick

Founding business partner:

Strutt & Parker BNP Paribas Group