

The Rt. Hon. Matthew Hancock
Secretary of State for Health and Social Care
39 Victoria Street
London
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United Kingdom

14 April 2020

By email

From the Chairs of the Rural Coalition, Rural Health and Care Alliance, Action with Communities in Rural England, The Rural Services Network and the National Centre for Rural Health and Care.

Dear Secretary of State

Coronavirus – exit strategy and the implications for rural communities

In these exceptionally difficult times, we wanted to assure you of the full support of some of the key organisations that represent rural communities throughout England. With the growing awareness that an exit strategy will soon need to be found, and that the pandemic is on very different trajectories in different parts of the country, we wanted to offer some positive suggestions in relation to both of these.

The expertise held by most of our members is not in medicine or epidemiology. We do, however, understand the nature of rural areas and rural communities and have become experienced in the ways in which urban-centric policies can often have unintended consequences for rural people. We, therefore, offer the comments below as a basis for ensuring that rural communities are not unnecessarily disadvantaged by the next steps in the battle against this pandemic and can fully contribute to the recovery.

We appreciate that when Government took the difficult decision a few weeks ago to impose a regime of social distancing throughout the UK, it did so on the basis of strong evidence that this was the only course of action open to it. We accept that the modelling and the research that lay behind this decision was highly authoritative and based on previous experience of the transmission of viruses of this type. This was coupled with international research on how 'social mixing' happens in a range of western societies, and, therefore, what needed to be done to reduce the rate of transmission to a level that would make it manageable by the NHS.

When viewed for the whole UK population, the modelling of the impact of 'social distancing' has been commendably accurate. However, what concerns us is that this is an average for the whole country and conceals dramatic differences in different parts of the UK. The rate at which the illness has spread in London and the West Midlands has been fast, the rate in the more rural regions of the UK, much slower. We are still, of course, in early April, and still experiencing the

results of transmission that occurred prior to 'lockdown' as well as transmission that has happened since.

We are also aware of the need to assess risk in parallel with the monitoring of the spread of the virus. There are a number of isolated rural communities, including in many cases coastal areas, with a very high incidence of frail and vulnerable people. Settlements such as these represent a particularly acute challenge for those leading the fight against the virus and risk being neglected in the rush to respond through large-scale high-volume measures. Whilst they may to an extent be protected by their relative isolation, if the virus takes hold in these places it will be very difficult to manage its impacts, especially given the relative lack of health and care services which many rural areas experience and which will affect their ability to cope with any major increase. We believe it is important that the particular challenge in these settlements is incorporated in national and local planning as our response proceeds.


We understand that the statisticians and epidemiologists behind the model have stated that population density makes little difference to the spread of an illness of this kind. Population density may not be a significant factor, but clearly there is something causing a major difference in this particular outbreak. There is a question as to whether the national strategy would have been different if, say, from an early stage, the modelling that lay behind it had been more sensitive to different geographies within the UK. The risk is that by thinking only about the average national picture, we may have lost the scope to have a differentiated strategy that may have been as effective, but with a less serious impact on the both the economy and communities themselves.

We would like to suggest that spatial, both regional and urban/rural, factors are applied to the next phases of the national strategy and into an exit from the 'lockdown'. We do agree that the response must, of course, continue to be led by the science and by well-informed epidemiological modelling of the pandemic. However, we would urge you to ask those carrying out the modelling to ensure that they have incorporated the reasons to date for different rates of growth of the pandemic across the country in their future modelling. It is possible that, if these are taken into account, there may be scope to design a differentiated exit strategy that will both protect the NHS throughout England from further 'surges' and allow the economy and communities to recover more quickly.

We should, of course, be happy to discuss any of these points further and if our rural expertise could be of any help to you in the coming weeks we would, of course, be pleased to contribute in any way we can.

We are copying this letter to the Rt. Hon. Robert Jenrick, Secretary of State for Housing, Communities and Local Government and the Minister for Rural Affairs, Lord Gardiner.

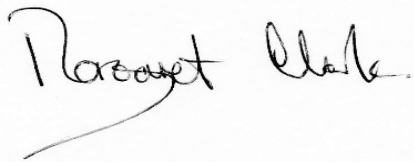
Yours sincerely



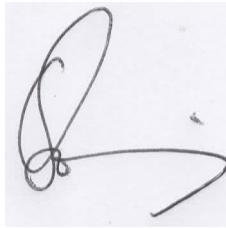
Councillor Cecilia Motley, Chair,
Rural Services Network (RSN)



David Emerson, CBE,
Chair, Action with Communities in Rural England
(ACRE)



Margaret Clark CBE,
Chair, Rural Coalition



Jan Sobieraj, Chair, National Centre for Rural Health
and Care

The Rural Services Network membership is 154 local authorities (counties, unitaries, districts and boroughs) from across England and over 85 other public, private and civil society sector organisations, such as fire and rescue authorities, housing associations, bus operators and land-based colleges

Members of the Rural Coalition are: Action with Communities in Rural England, Campaign to Protect Rural England (The Countryside Charity), Country Land and Business Association, Germinate: The Arthur Rank Centre, National Association of Local Councils, National Centre for Rural Health and Care, National Farmers Union, National Housing Federation, Plunkett Foundation, Royal Institution of Chartered Surveyors, Royal Town Planning Institute, Rural Services Network, Town and Country Planning Association. The President is Rt Revd Dr Alan Smith, Bishop of St Albans

ACRE (Action with Communities in Rural England) is the national body for 38 charitable local development agencies that make up the ACRE Network, which reaches 52,000 grassroots contacts and organisations in the 11,000 rural communities across England

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