Public Health England

Enclosure PHE/15/01

PHE Board Paper

Title of meeting	PHE Board
Date	Wednesday 28 January 2015
Presenter	Rashmi Shukla
Title of paper	**Rural health – The issues and proposals for PHE engagement**

1. Purpose of the paper

1.1 The purpose of the paper is to outline existing work to protect and improve health in rural areas of England and to agree how best Public Health England can support local areas to secure improvements in health.

2. Recommendation

2.1 The Board is asked to **NOTE** and **COMMENT** on the contents of this paper and the recommendations of the invited panel of external experts. It is expected that through this discussion, key actions for PHE will be agreed to support rural areas in improving health outcomes.

3. Rural Health and Health Services

3.1 Introduction

The attached briefing paper at Appendix 1 provides an overview of rural health and health services and some current initiatives. It is not a comprehensive literature review, but aims to provide an overview of rural issues, challenges for service provision, and to enable the Board to identify areas where PHE may have the most impact in supporting local areas. The focus is on England, but draws on work undertaken in Wales and Scotland, which have specific challenges of their own.

The focus on rural health came about in response to issues raised by Local Authorities in rural areas in the Midlands and East Region, in particular from the Directors of Public Health from Shropshire Council, Lincolnshire Council, Suffolk Council and Norfolk Council. A working group was set up in the region that agreed the key points and proposals, summarised below for PHE to consider in its role in supporting rural areas to improve health. (Please see appendix, page 21 for membership of the working group).

3.2. Overview – Rural Health and Services

Through analysis and discussion by the working group, the following factors were identified as important considerations. These relate to indicators and measures of deprivation; resource allocation; proofing of products and tools for rural communities; specific issues for service delivery; transport, telecommunications and utilities and developing communities of interest and expertise.

Rural Indicators and Deprivation

- Rural areas are as diverse as urban areas. They are about 85% of the land mass but only 17.6% of the population live in rural areas and 1.1% in sparse areas.

- There is a larger proportion of older people and a smaller proportion of young adults.

- There are clear inequalities in rural areas, but these are not always obvious as they may be small populations living alongside wealthier people, and their deprivation 'masked'.

- Indices such as the Index of Multiple Deprivation may not always be suitable for demonstrating inequalities in rural areas as the indices do not include some key factors, and may not be sensitive at a 'small area level'.

- Socio-economic comparisons suggest that on average rural areas are better off than urban areas in relation to income, employment, education and crime, but not for some factors such as housing affordability and quality, fuel poverty access and cost of living.

- Overall health comparisons suggest that on average the health of rural people is better than that of people in urban areas, but there are some clear problems including the ageing population, road traffic accidents and possibly excess winter deaths.

- These comparisons are problematic as it is difficult to distinguish between, for example wealthier people who happen to live in rural areas, from people who both live and work in rural areas, and are more dependent on the rural economy.

Resource Allocation

- The national Advisory Committee for Resource Allocation (ACRA) formula for funding health services and the PH ring fence grant in England may need to be looked at in relation to adjustment for additional travel costs in rural areas.

Rural Proofing of Products and Tools

- Service developments should be 'proofed' for rural areas to test whether they are effective and whether there are alternative means of delivery.

- Public health products should be similarly 'proofed', and there needs to be monitoring of public health initiatives in rural areas.

Service Delivery in Rural Areas

- Health and care services in rural areas may present challenges to access, choice and quality, due to issues of distance, access, workforce capacity and capability and the spectrum of service provision.

- The NHS England 5-year Forward Look sets out a vision for health service development. Rural communities need to be engaged with this work and consider how these models could work and be developed in rural areas.

- There are issues around cross-boundary patient flows for rural areas bordering Scotland and Wales. National agreements are in place for health care funding but not for local authority commissioned open-access services such as sexual health.

Transport, Telecommunications, Utilities and Other Services

- Access to services and infrastructure is a key issue for rural communities. Transport links are poor, and while broadband and mobile telephony services may be improving they still lag behind urban areas.

Developing Communities of Interest

- There is considerable expertise already in rural areas, and there are central and local government initiatives to foster rural engagement and action. Public health needs to learn from these initiatives.

3.3 Proposals for PHE to Support Rural Areas

It is proposed that Public Health England could play a part in some or all of the areas described below. These are by no means a comprehensive set of issues. It is imperative to note that whilst the focus of the discussions with the Directors of Public Health has been on the challenges, there were many examples of the assets in rural communities that need to be acknowledged and celebrated such as high levels of volunteering and social networks.

There are a number of areas proposed for discussion, as follows below.

Rural Deprivation and Rural Indicators

1. Determine whether the current indices of deprivation indicators sufficiently capture and describe rural deprivation and whether there should be some changes, if so what and how, as part of an aggregate index.

2. Small area analysis methodological development and support for localities for

local use, where there are clear benefits in using this. PHE will consider commissioning the Small Area Health Statistics Unit (SAHSU) to help with this work, focusing on lower super output areas.

3. Considering some key health and health-related indicators for rural populations, and agreeing which ones best reflect rural experience. These could include: road traffic accidents, fuel poverty, and conditions related to older age.

Resource Allocation

4. Considering the application of the Advisory Committee Resource Allocation formula to rural areas. There is concern amongst rural DsPH that the costs of commissioning and delivering services in rural communities may not be sufficiently accounted for in the ACRA calculations. PHE could consider how the variables and weightings used in the formula apply to rural and urban populations.

Rural Proofing of products/tools

5. Developing and adopting a 'rural proofing' model for public health products and tools. Various tools are now available including the DEFRA proofing tool (see appendix section 8.1) and the NHS England CCG tool. The issue raised is that the advice and support available from PHE is not readily transferable to rural settings. For example, what would be the implications of the use of tools developed by PHE for improving workplace health in local authorities where 90% of businesses have less than 10 employees?

Service Delivery in Rural Areas

6. The development of sustainable service delivery; whether NHS or PH or other LA services was a common feature from the discussion with all the DsPH involved. National models of service delivery tend to be based on an urban/semi urban setting and are less likely to consider or test delivery in sparse rural communities. Rural areas may need different models of service delivery, including new models of workforce development to meet needs.

7. Monitoring ageing and other rural population trends and implications for future health and care needs.

8. There is opportunity to develop shared understanding in collaboration with NHS England with the publication of the Five Year Forward View. This could include delivery of prevention/early intervention services such as Making Every Contact Count or NHS Health checks, as well as use of the tools for CCGs, how to apply rural proofing tool etc. and in the design of health and care services.

9. There are issues of cross-boundary patient flows for services bordering Wales and Scotland. This may be a particular problem for local authority commissioned open access services such as sexual health services, where there are no national agreements in place for how this is managed. PHE in conjunction with

Local Government Association and Association of Directors Public Health have encouraged local areas to develop agreements with authorities in the devolved administrations in managing sexual health services and cross charging.

Transport, Telecommunications, Utilities and Other Services

10. There needs to be explicit recognition of the particular challenges in rural areas of providing accessible transport. This results in not only isolation for older people but also young people. Better support for how to connect communities and improve wellbeing specifically targeted at rural communities was raised.

11. More often than not is the added burden of higher levels of people killed or seriously injured in road traffic accidents in rural areas. The challenge of developing sustainable local travel is a particular issue, despite the many opportunities for cycling and walking.

12. Investment in competitiveness and skills tends to lag behind the investments in urban areas. The issue of broadband and mobile access is a particular issue.

Developing Communities of Interest

13. Developing a platform for learning from local experience, for sharing rural and rural/urban experience specifically for public health outcome improvement.

14. Developing the visibility and engagement of PHE in relation to rural health issues, including closer links with stakeholders.

3.4 Summary

Based on the usual indicators used to describe inequalities, there appears to be no major disadvantage faced by rural communities as a whole, when compared with urban areas. However, as in urban areas there are some significant inequalities within rural communities, which are both difficult to identify and typify. The current indices and datasets may not effectively capture these pockets of deprivation. Methodologies such as small area analysis at lower super output areas/neighbourhoods will be important to develop, describe and understand the health needs of rural communities. Rural communities may also face challenges of access and choice in relation to transport and communications, work opportunities, amenities and services, and this needs to be understood in the future development of health, wellbeing and care service delivery.

PHE has a role in supporting the identification of such inequalities and supporting local areas in meeting these challenges.

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January 2015