

Public health grant: proposed target allocation formula for 2016/17

Proforma for responses to consultation exercise

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RCN response to consultation

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1. The consultation provides an opportunity to respond to the Advisory Committee on Resource Allocation (ACRA) proposed changes to the funding formula for public health budgets. This response from the RCN as the professional voice of nursing is a high level response to the whole consultation rather than addressing the specific questions.
2. With a membership of around 425,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in both the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.
3. RCN members are employed in a wide array of public health roles, these range from public health consultants, health visitors, school nurses and occupational health nurses to nurses working in health protection, sexual health, weight management and smoking cessation.
4. We have previously stated concerns about the public health budget cuts. Whilst we appreciate this consultation is asking for comments on the funding formula we would maintain our view that cuts to the public health budget put prevention strategies at risk and should not be divorced from the wider healthcare provision by the NHS. It is misleading to consider public health spending separately to the wider NHS. We remain concerned about the £200 million in year cut for 2015/16 and the level of overall future overall public health budget for 2016/17.

5. The RCN expressed concern in 2013 that the re-allocation of public health budgets to Local Authorities (LAs) would lead to a more fragmented and uncoordinated health service. We would therefore reiterate the stance that the public health budget allocation to local authorities needs to be ring-fenced against key services. As council funding is not protected and increasingly facing additional cuts it is imperative that public health budgets are protected and cannot be used to sustain other local authority services.
6. We welcome the specific inclusion of substance misuse, sexual health and Children's services being included in establishing the formula for budget allocation. The National Children's Bureau (NCB) report (2015)¹ highlighted the continued disparities between the health and overall outcomes of children and young people, depending on where they are born and live. The NCB report shows stark variations at regional and local authority level, with the most deprived local authorities tending to have overall worse than average outcomes. We note that the consultation indicates that additional funding for Family Nurse Partnership (FNP) will not be considered alongside Health Visiting. As a result several FNP programmes will cease to exist from April 2016, with the workload transferring to core health visiting services without the capacity for practitioners to work as intensively with the most vulnerable children and families. The Royal College of Nursing therefore remains seriously concerned about the potential reduction in the recent investment into health visiting as local authorities face continued financial pressures.
7. The consultation makes no reference to school nursing or school age health. Children's services for younger children maternity and health visiting require close collaboration with school health to ensure school readiness and supporting children and young people to make healthier life choices. The focus over recent years upon reducing variation in educational attainment needs to now consider how to reduce the gap in health outcomes between children and young people growing up in rich and poor areas across the country public health teams in LAs are in an ideal position to support this but it requires specific funding.
8. There are also some health protection areas such as monitoring of latent TB for which LAs have some responsibility and budget needs to be available for infection prevention which is not mentioned in the consultation.
9. There is also no specific mention of the needs of those with learning disability or mental health problems which should also be addressed, providing equity and making sure services are accessible to people with specific needs is paramount.
10. We welcome the acknowledgement of the time taken to travel between visits in more rural locations, this also needs to be considered for outreach services designed to support disparate groups. However, we would welcome more detail and discussion on these figures, the consultation is unclear how this has been calculated and the full impact of this factor.

11. There is still considerable disparity in the funding allocation break down which underestimates some of the significant challenges that need to be addressed in the individual areas listed within the consultation. In the initial analysis of the public health grant allocation² there are currently approximately a third of local authorities where funding is above the Department of Health (DH) target allocation the majority are already underfunded. In the funding formula being proposed for the 16/17 PH grant, it appears that that there will be no significant changes to this disparity and the funding that local authorities will receive next year compared to this year. There is no sense within the consultation that this is set to change and therefore the funding inequalities will remain for some time and this a significant concern for the RCN.
12. The *State of Rural Public Services Report 2013*³ published by the Rural Services Network in November 2013 highlights that the current calculation do not include any weighting for additional costs of delivery and the available funding is demonstrably lower as highlighted by the APPG for rural affairs in 2014⁴. Where there are long distances between one area and another, services need to be duplicated so they are accessible. It is not practical to effectively deliver public health services from one central location.
13. As we have highlighted in our response to previous related consultations⁵ the weighting issues are complex and deprivation/inequality scores have been subject to wide interpretation due to a range of measurements being used by external commentators. There are significant concerns that current funding allocation unfairly affects certain areas by not taking into consideration hidden areas of poverty⁶. The Kings Fund in their August 2015 report on *inequalities in life expectancy*⁷ highlighted that as we seek to understand health at smaller levels of geography, measurement issues start to become more important. More areas in the north of England around urban centres are doing less well than anywhere else in England, with some hot spots in coastal areas, the Midlands and London. Conversely, many of the areas with persistently high life expectancy are relatively large rural patches with sparser populations, although there are also areas in city centres, particularly west London, with persistently high life expectancy.
14. Indices such as the Index of Multiple Deprivation (IMD) may not always be suitable for demonstrating inequalities in rural areas. Authorities with wide geographical areas have a clear challenge, needing to deal with large and complex health economies while still delivering the same core services for their populations. A balanced approach to public health spending must take all these into account all these various factors and we strongly urge the DH, Public Health England (PHE) and all key stakeholders to urgently review the wide range of evidence available. The PHE board in January 2015⁸ clearly recognised that the current allocation formulas needed to be re-considered.
15. The Department of Health consultation paper acknowledges that further work is needed to identify the costs of providing services in varying geographical areas and for addressing rural health inequalities. A key factor acknowledged in the consultation is the Market Forces Factor (MFF) used to take into account the unavoidable cost variations in providing the same services in

different geographic areas. The RCN strongly supports all efforts to make sure we have a fair allocation between different population areas, however we are concerned that the current MFF is unfair and does not reflect the needs of main communities across the country.

16. There is no indication in the consultation on when the Government will move to implementing the planned new allocations. Many local authorities are currently under their target allocation whilst around 40 are significantly over their target allocations. Several of local authorities receive amounts much greater than the allocation of many of the most underfunded councils. The RCN believes that such funding variations prevent those underfunded councils from providing vital accessible services for their populations.

17. It is also noted that given the deadline for responses, this consultation is particularly complex and the issues being addressed deserve greater time allocated for appropriate scrutiny and analysis. The response from the RCN is therefore intended to give a high level professional view due to the time allocated to provide responses. The RCN re-iterates the need for Department of Health and all stakeholders to review all the available evidence and urgently re issue the funding allocations so there is greater equity and fairer provision of resources for different communities.

¹ National Children's Bureau (2015) Poor Beginnings. Health inequalities among young children across England Available from http://www.ncb.org.uk/media/1228318/ncb_poor_beginnings_report_final_for_web.pdf

² Public health grants to local authorities from 2013 to 2016 (2014). Available from: <https://www.gov.uk/government/publications/ring-fenced-public-health-grants-to-local-authorities-2013-14-and-2014-15>]

³ State of Rural Public Services (2013). Available from: <http://www.rsnonline.org.uk/best-practice/state-of-rural-services-report>

⁴ RSN APPG (2014) Minutes APPG Rural Services Network. Available from <http://www.rsnonline.org.uk/all-party-parliamentary-minutes/all-party-parliamentary-group-minutes-1st-july-2014>]

⁵ RCN (2015) Local authority public health allocations 2015 – 2016. Available from: <http://www.rcn.org.uk/support/consultations/responses/local-authority-public-health-allocations-2015-2016>

⁶ Fetch D (2015) Inequalities in Rural Communities: Adapting national deprivation indices for rural areas. Imperial College London

⁷ The Kings Fund (2015) report on inequalities in life expectancy. Available from: <http://www.kingsfund.org.uk/publications/inequalities-life-expectancy>

⁸ PHE (2015) Board meeting Agenda and papers January 28 2015