RCN response to Department of Health consultation: Local authority public health allocations 2015/16: in-year savings.

The consultation provides an opportunity to respond to the proposed options by which the in-year saving of £200 million from the public health budget allocation will be achieved and what contribution to this saving each Local Authority (LA) should make.

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.

RCN members are employed in a wide array of public health roles, these range from health visitors, school nurses and occupational health nurses to nurses working in health protection, sexual health, weight management and smoking cessation. Nursing and midwifery staff are in an ideal position to influence the people they interact with, empowering them to achieve positive health outcomes. Whether this is by engaging in primary prevention, taking action to reduce the incidence of disease; or through secondary prevention, by systematically detecting the early stages of disease and intervening before full symptoms develop; or through good health teaching and the promotion of self-care management, it is these staff who remain a key influencing contact. Such roles will be increasingly important if we are to make a shift away from current emphasis on cost-intensive acute and episodic care towards prevention and self-care.

Whilst we appreciate this consultation is asking for comment on how these savings should be implemented, we feel it is important to reiterate our concern more generally about these cuts. Prevention was rightly at the very heart of the Five Year Forward View. We agree with

the statements made by the Faculty of Public Health, LGA and others that it is misleading to consider public health spending separately to the wider NHS. Although cuts in this area will be carried out by LAs the impact will be felt in the NHS. These cuts will inevitably pose a real risk to preventative health care with downstream impact on frontline NHS services. Preventative medicine cannot be divorced from healthcare provision by the NHS.

The RCN expressed concern in 2013 that the re-allocation of public health budgets to LAs would lead to a more fragmented and uncoordinated health service and these proposed cuts would appear to realise that concern as they prioritise responsive health care at the expense of preventative healthcare[1]. Furthermore the RCN believe that the difficulty in measuring the economic benefit of public health measures makes them an easy political target for budgetary cuts. However, the WHO regional office for Europe this year made a compelling case for the economic benefits of public health investment particularly in populations such as ours with an increasing proportion of elderly people and rising levels of obesity[2].

We also wish to express our concern with regard to both the timeframe and the timing of this consultation. We do not feel that a brief four week consultation carried out in August will enable us to adequately consult with our members on this important subject.

The budgets for provision of public health measures have only recently been passed over to LAs and we have a final concern regarding the impact that in-year budget cuts taken within the fourth quarter will have on new local initiatives that are aimed at realising the Five Year Forward View.

The Consultation Questions

1. Do you agree with DH's preferred option (C) for applying the £200 million saving across LAs? If not, which is your preferred option?

We feel that a blanket 6.2% cut affecting all LAs lacks nuance and risks worsening health inequalities in poorer areas and areas of high population density. There is evidence to suggest that a blanket cut of this nature would also disproportionately impact upon LAs that provide for populations with a high proportion of BME groups[3].

However, the issues are complex, there are regional differences in the public health challenges with variations in TB rates, childhood obesity and rates of long term conditions such as Type 2 diabetes. There are also concerns that current funding allocation unfairly affects rural communities by not taking into consideration hidden areas of poverty and problems with accessibility of services in rural areas[4]. A balanced approach to public health spending cuts must take these into account.

We would again like to re-iterate that because of the complexity we feel the proposed £200 million spending cuts run contrary to the stated aim of DH, PHE and NHS England to put preventative medicine at the heart of the national health strategy and as such investment in health promotion and prevention is essential.

2. How can DH, PHE and NHS England help LAs to implement the saving and minimise any possible disruption to services?

Future efforts need to be made to secure budgets at least on an annual basis and ideally on a longer term basis of two to three years to enable services to be developed and implemented properly. Future spending reviews must also acknowledge that further cuts to public health spending are short sighted and represent a false economy that will ultimately be damaging both to public health and the wider NHS.

Further research needs to be conducted to follow on from the work of the King's Fund in 2014[5] to assess the effectiveness and cost effectiveness of public health interventions. From this, the statutory public health obligations of LAs should be established in order to ensure that services are properly funded and targeted and the emergence of regional public health inequalities is prevented.

A wider discussion should be undertaken in order to establish the priorities for public health spending so that services are targeted to agreed needs and the public health budget is spent on achieving clear objectives. These objectives could then be monitored and measured in order to maximise efficiency and cost savings.

3. How best can DH assess and understand the impact of the saving?

The RCN's view is that the impact of LA cuts in public health spending will inevitably be felt in the NHS. Services such as school nursing, smoking cessation, and weight management could all be severely affected by these proposals. We are aware that some of these services, and the nurses working within them, are already at risk.

These services are fundamental to tackling issues such as childhood obesity, drug abuse and the misuse of alcohol. They should not be seen as an added extra but as part of a coherent strategy to improve the nation's health in tandem with the NHS.

The health visitor call to action has resulted in a welcome increase in health visitor numbers over the last few years. The improvement of health visiting services to support child and maternal health has been significant in many areas as a result, but these cuts risk reversing

many of those gains. Whilst the increase in health visitor numbers has enabled health visitors to meet, and often exceed, the 'five key visits' that NHS England has mandated that every mother and child should receive before a child is two and a half years old, there is widespread concern that cuts to the public health budget will result in a reduced number of health visitors and that achieving this crucial objective will no longer be possible. This will inevitably have a deleterious effect on child and maternal wellbeing and, will again, place further strain on acute NHS services.

In 2014, the RCN submitted evidence to the Commons Education Select Committee inquiry into how PSHE and SRE was delivered in schools[6]. The Committee was advised by Ofsted that the subject required improvement, or was inadequate, in 40% of schools. MPs advised at the time that "improving the quality of provision of PSHE, and sex and relationships education within it, relies on addressing the shortage of suitably trained teachers and school nurses, and on ensuring that suitable curriculum time is devoted to the subject". Whilst the number of school nurses has been stable over the past five years national projections of student numbers by the Department for Education show that there has been a rise in the number of pupils in state schools in England and that this rate of increase is projected to continue. We would therefore expect to see a steady growth in the number of school nursing posts to maintain standards of PSHE. Given the lack of data available on non-NHS posts it will be difficult to estimate the number of school nurses that may be lost as a result of public health cuts.

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