

The Best Start: The Future of Children's Health – One Year on

Valuing school nurses and health visitors in England

POLICY AND POSITION STATEMENTS



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In May 2017 the Royal College of Nursing (RCN) published *The Best Start: The Future of Children's Health*¹. At that time the RCN reported on the significant decline in school nurses and an emerging trend of reductions in the health visiting workforce. That report made a number of commitments around the RCN's own actions, as well as recommendations addressed to the Government, local authorities and Health Education England. Having reviewed progress in January 2018 it is clear that delivery against those recommendations has been minimal to date.

This short paper is focused on the position in England and therefore aims to update and build upon the issues covered in last year's report. It includes three focused recommendations addressing funding, availability of data, and specialist training. We intend to undertake further work in this area later in the year with a more comprehensive analysis of available evidence and the changes necessary to protect children's health.

This subject remains a priority for the RCN because we are seeing a continued downward trend in health outcomes for children and young people compared with other countries², as well as further disinvestment in universal services for children and young people, and fragmentation in provision as a result of local authorities' contracting out services to other providers.

The lack of robust data for health visitor and school nurse workforce numbers makes accurate assessment of the current position impossible but it is clear that the numbers of such skilled specialist nurses employed in the NHS is falling. Added to this, the RCN's regional offices have reported numerous examples where local authorities, as part of managing pressures on their budgets, have sought reductions in the cost of contracts to deliver these services, which usually means fewer nurses and other staff being employed.

In a context where the Government and NHS are increasingly focused on reducing pressures on acute health care services by improving public health and seeking to deliver more services in the community, the value of health visitors and school nurses should be clearly understood and their service properly resourced

Children and young people's health

The health of children and young people is important for the health of the future population, as well as the UK's social and economic success. A child's health has a significant impact on their wellbeing, educational attainment and economic prosperity throughout their adult life^{3,4}. Poverty and deprivation are linked to poor health outcomes in childhood and a negative impact on physical and mental health into adulthood⁵. A recent study by the Nuffield Trust found that the UK continues to lag behind many other developed countries with regard to child health outcomes⁶. Key findings highlighted that the UK:

- has considerably more overweight or obese children than the average amongst high-income countries and in 2013 it had one⁷ of the highest proportions of overweight girls aged 2-19 (at 29%, which was second only to the US)
- lags behind countries like Sweden, Spain, Germany and the Netherlands on the uptake of measles vaccinations, and had seen a drop in the uptake of vaccines for whooping cough and meningococcal diseases observed over the previous 12 months
- had the fourth highest infant mortality rate in 2014 among all comparable countries, with data indicating that improvements in life expectancy have stalled since 2011.

The recent Government Green Paper *Transforming Children and Young People's Mental Health Provision* noted that at least one in ten children has a mental health disorder⁸. In our response to the consultation we argued that early intervention, including universal access to parenting programmes, along with the right level of health visiting support and access to appropriate school nursing expertise, was necessary to help stem the flow of cases to Child and Adolescent Mental Health Services (CAMHS)^{9,10}.

Health visiting and school nursing services

The boxes below summarise the roles of health visitors and school nurses.

The role of a health visitor

Health visitors are specialist practitioners who have undertaken post-registration qualifications to meet the NMC's standards for specialist community public nursing (SCPHN). They are generally responsible for supporting children from 0-5 years and their families, providing antenatal and postnatal support, assessing growth and development needs, reducing risks, and safeguarding and protecting children. Health visitors have been key to initiatives such as 'Sure Start' children's centres, which support families and improve parenting, particularly for those living in disadvantaged areas.

The role of a school nurse

Qualified school nurses, like health visitors have also undertaken a post-registration SCPHN qualification. School nurses deliver both universal and targeted services and work across education and health, providing a link between school, home and the community. They are also responsible for delivering programmes to improve health outcomes for school aged children and young people (5-19 years). This includes reducing childhood obesity, under 18 conception rates, prevalence of chlamydia, and supporting mental health.

Children's and young people's public health nurses, including health visitors and school nurses, have a key role in delivering the Healthy Child Programme¹¹, aimed at ensuring every child gets the best start in life irrespective of their family wealth or background. Research evidence highlights the economic value of investing in early years interventions^{12,13,14,15,16}. Health visiting can, for example, reduce perinatal mental health problems, which are estimated to cost around £1.2bn each year¹⁷ and reduce the need for provision from social care services for vulnerable families. Universal home visiting by health visitors enables early identification of children at risk and those families in need of early help and support¹⁸. The support for health visiting and the recognition of the return on investment it delivers was acknowledged by Public Health England in its review of the universal health visiting mandate, with Directors of Public Health and local authority chief executives providing support for continued investment in universal service provision¹⁹.

Whilst the evidence base for school nursing at a national level is less well-developed, there is emerging evidence of local targeted interventions based on health needs assessment that demonstrate the value of investing in school nursing services²⁰. School nursing services have also been shown to improve the long term condition management of pupils, resulting in significantly fewer missed school days^{21, 22, 23}.

Public health commissioning & funding

The commissioning of public health services, including school nursing and health visiting was transferred to local authorities by the end of 2015. Whilst the move provided an opportunity to achieve a stronger focus on prevention and the integration of local public health services for children, the transfer of responsibility came at a time of decreased funding for public health and local authority services. At the current time local authorities' public health commissioning responsibilities are funded by a ring-fenced grant from Public Health England, however, the Government has announced that it intends to replace this grant and conditions with funding through local authority business rate retention (BRR) from April 2020. This risks further

reductions in public health spending as local authorities struggle to balance budgets and competing priorities, particularly for those who are unable to increase business rate income by increasing business activity in their area. There is a real risk that economically depressed areas in greatest need of public health support will be hardest hit by this change²⁴.

Recent analysis of public health resources by the King's Fund²⁵ indicates that public health spending, on a like-for-like basis and ignoring additional monies linked to additional responsibilities, fell by 5.2 percent, from £2.6bn in 2013/14 to £2.5bn in 2017/18. Similarly, a recent Department of Health and Social Care circular states that the grant for 2018-19 is £3.215bn, clearly highlighting that spending has fallen every year since £2015-16 (£3.461bn)²⁶.

When responsibility for children's public health services was transferred to local authorities Public Health England published a range of guidance^{27,28,29} to support local authorities in the commissioning of services and by identifying areas where health visitors and school nurses have the highest impact on the health and wellbeing of children. It also concluded a review in October 2016 that extended indefinitely the mandated delivery of five universal health visitor reviews³⁰. However, when the Health Visitor Implementation Plan came to an end in 2015, the Department of Health de-commissioned the collection of data regarding the health visitor workforce. Current NHS workforce figures include only those health visitors providing NHS care and paid via the electronic staff record. Over the last 12 months, many local authorities have begun to recommission children's public health services in different ways, with school nurses and health visitors being increasingly employed in local authority settings or by providers outside of the NHS, including social enterprises and community interest companies. Whilst nursing staff employed in community interest companies and social enterprises will in the future be captured twice a year via the Independent Provider data set, there are limitations in this data as returns are currently made on a voluntary rather than mandatory basis. Similarly, some local authorities collect data where they directly employ health visitors and school nurses but may not always include a requirement to provide this data where they contract out the services.

Children's public health nursing workforce, education and training

The regulations accompanying the Health and Social Care Act 2012 provide local authorities with flexibility as to who can undertake home visits and health reviews, meaning that there is not a clear requirement for these to be conducted by a health visitor³¹. Reviews can be delegated to a suitably qualified health professional or nursery nurse under the guidance and supervision of a health visitor. The Local Government Association³² and Public Health England (PHE)³³ have produced guidance for those employing public health teams, which sets out standards around workload assessment, supervision, professional training, continuing professional development and registration for both health visitors and school nurses. The most recent PHE guidance clearly states:

“In order to achieve consistently high quality outcomes for service users, health visiting and school nursing services must have, and maintain, the skills and knowledge to establish effective relationships with; children, young people and families, professionals in a range of agencies and settings, and local communities that enable the healthy child programme to be delivered to improve outcomes and reduce inequalities”³⁴ (pp.5 in *PHE supporting the public health nursing workforce: employer guidance, PHE*)

Funding for Specialist and Community Public Health Nursing (SCPHN) education programmes has been made available by Health Education England for 2018-19, however this does not include backfill salary to enable providers to release staff to undertake the programme. This, along with uncertainty of posts being available following completion of the programme, is reducing take up by nurses of the education places available. The RCN, along with other partners, has been involved in reviewing and refreshing the curriculum and voluntary standards for SCPHN education programmes, to complement the regulatory standards set by the NMC for SCPHN programmes. It is anticipated that this work will be released by the end of April 2018. While all health visitor and school nursing services must be registered with the Care Quality Commission, who monitor standards of provision against PHE's

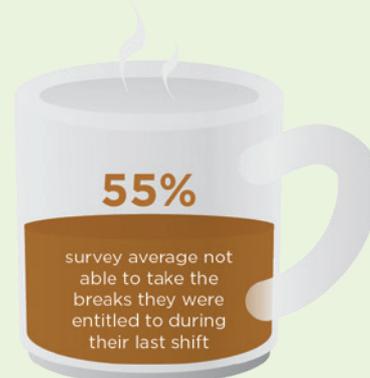
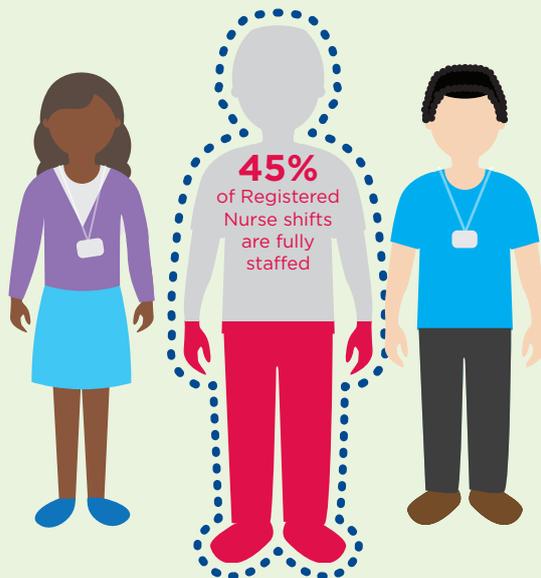
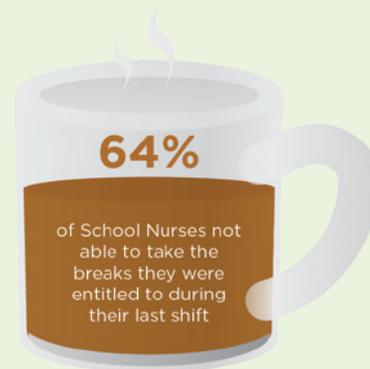
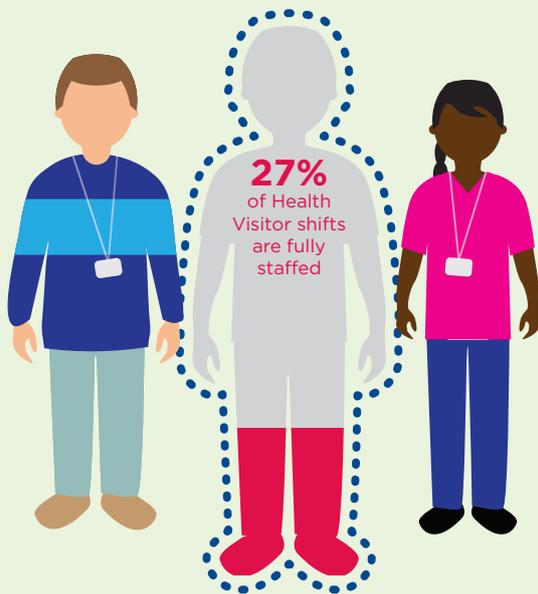
guidance³⁵, the drop in the provision and uptake of specialist community and public health nursing training reported over the last 12 months, coupled with an ageing school nursing and health visiting workforce, is however, storing up significant problems for the future.

As services are recommissioned by local authorities to a range of providers it is increasingly difficult to identify emerging workforce gaps and predict the need for education and training of specialist public health nurses, such as health visitors and school nurses³⁶. This is made even more complex as a result of skill-mix changes being introduced within teams.

The National Health Visiting programme increased the workforce by nearly 4,000 (an increase of 50%) and transformed the way in which services were delivered³⁷. However, despite the health visiting mandate having been extended, it is apparent that universal services for children continue to bear the brunt of public health service cuts³⁸. The health visiting workforce for example continues to experience significant reductions, with NHS posts falling from 10,309 in October 2015 to 8,275 by January 2018 and likewise in school nursing between March 2010 and January 2018 the number of full-time school nurses employed by the NHS fell by 23% (680 FTE posts)³⁹. From January 2017 to January 2018 alone, 221 posts were lost. This is at a time when the number of pupils rose by 1.3% (110,000 to 8.7m) between January 2016 and January 2017⁴⁰.

A recent RCN study highlights the pressure both health visitors and school nurses are under:

- 73% of Health Visitors who responded to the survey reported a Registered Nurse shortfall (at least 1 fewer RN working during their last shift than had been rostered), which was significantly higher than the overall survey average of 55%;
- 85% of Health Visitors and 64% of School Nurses also reported not being able to take the breaks they were entitled to during their last shift, compared to 59% for the survey overall; and



- 81% of Health Visitors and 70% of School Nurses reported working additional time during their last shift, compared to 65% for the survey overall, and 71% in all community settings⁴¹.

**81%**

of Health Visitors
reported working
additional time
during their last shift

**70%**

of School Nurses
reported working
additional time
during their last shift

**65%**

survey average
reported working
additional time
during their last shift

Conclusion

The evidence available clearly indicates that the Government must do more to protect public health budgets:

- ensure that data availability supports necessary monitoring and analysis
- provide specific support in the early and school aged years
- address health and socioeconomic inequalities in order to improve child health and thereby, in the longer term, adult population health outcomes.

The RCN plans to continue to monitor and undertake further work in this area later in the year with a more comprehensive analysis of available evidence and the changes necessary to protect children's health.

The RCN is calling on the Government to urgently address:

- 1 Public health and socioeconomic inequalities by reversing cuts in public budgetary provision and protecting public health spending either by continued ring-fencing and/or through mandatory service provision so as to maintain or increase the current level of funding and focus after the move to business rate retention in April 2020. **Department of Health & Social Care (DHSC) should lead on this, working with HM Treasury and the Ministry of Housing Communities and Local Government, as necessary.**
- 2 The availability of robust data regarding the children's public health workforce and long-term measurement of data that enables evidence-based decisions to improve public health outcomes. Provision of returns must be mandatory for all employers, including as part of any provider contract with a local authority. **NHS Digital should lead on this, working with DHSC, Public Health England and local authorities, as necessary.**
- 3 The long term future of specialist education and training for the children's public health nursing workforce, with sustainable measures to ensure adequate numbers of health visitors and school nurses with the specialist community and public health nursing qualification are being educated and trained to the correct standards. **Health Education England should lead on this, working with DHSC and the Department of Education, as necessary.**

Foot notes

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