

HEALTH AND SPORT COMMITTEE DEBATE INQUIRY INTO THE PREVENTATIVE HEALTH AGENDA

Royal College of Nursing

The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect members, shaping national health policies, representing members on practice and employment issues and providing members with learning and development opportunities. With over 40,000 members in Scotland, the RCN is the voice of nursing.

Nursing and the impact on prevention

The impact that nursing services delivered in the community or a homely setting have on prevention are twofold. They deliver immediate preventative action – that is to say that they provide anticipatory care and prevent admission to acute settings – but their work also supports long term, primary prevention which is in line with the Scottish Government's public health agenda.

There is evidence to demonstrate the value that nursing interventions delivered by health visitors, alcohol and drug addiction nurses, mental health nurses, learning disability nurses and occupational health nurses as well as district nurses have in prevention.

It is important that the role that health professionals have in early years intervention, public health prevention, and the prevention of poor health in individuals is valued in order to ensure that appropriate resources are allocated to them, particularly when budgets are tight.

The access that members of community health and social care teams have to individuals and communities, and the breadth of services across which they work means that with the right investment and support they have the potential to alleviate pressure on acute services, prevent ill health and reduce health inequalities in some of Scotland's most vulnerable communities.

Inequalities and prevention

The preventative agenda and health inequalities are inextricably linked, and the latter remain a significant problem in Scotland as statistics published during February 2017 on the variation on outcome by areas of deprivation for conditions like stroke and heart disease showed.

Nurses are confronted daily with the consequences of social conditions on the health and wellbeing of the communities they care for. In many circumstances nurses are not only addressing the direct health needs of patients, but trying to promote long term positive physical and mental health and wellbeing where a person's social and physical environment may include poor housing, high unemployment, high crime, a lack of opportunity and an absence of green space.

RCN Scotland's '[Nursing at the Edge](#)' report gave practical examples of positive interventions being made by nursing teams for some of the most marginalised people in Scotland's communities.

RCN's 2016 report '[Five Years On](#)' reviewed the transfer of the nurse-led prison healthcare service from the Scottish Prison Service to NHS Scotland and evaluated how far the aspirations behind the move are being evidenced in practice and supporting one of Scotland's most vulnerable groups of people.

How can preventative spend be encouraged?

There needs to be a public discussion around the expectation that people have of the NHS and what it can deliver. Without the ability to double fund services, taxpayers have to be clear that spending on prevention may mean redistribution, service redesign and investment in the benefits of primary prevention which may take years to come to fruition. Both investment and disinvestment decisions must be shaped by the best available evidence and with a focus on quality and equity of outcome for people.

At present, the pressure on budgets, staff and resources are unsustainable across both acute and community health services.

Demand is at such a level that health boards and integration authorities are often fire-fighting which, understandably, reduces the ability to focus on prevention, and particularly long term preventative strategies.

In spite of commitments to invest in prevention and shift the balance of care to community settings, the most high profile HEAT targets continue to focus attention on hospital services, and boards are under huge pressure to meet these core targets and standards.

Moving away from HEAT targets to measure health outcomes would incentivise a more preventative approach, and demonstrate political prioritisation of public health and prevention. This shift is needed if publicly accountable bodies are to change their practice.

The RCN produced a comprehensive report '[Measuring Success](#)' which suggested a new way to approach targets in 2016 and is a member of the Scottish Government's Review of Health and Social Care Targets and Indicators group, which is expected to conclude later this Spring.

Capacity to deliver preventative health services

Community workforce capacity to deliver increased interventions is a significant concern. A recent review the RCN undertook of Integration Authority board papers and minutes showed that many areas are struggling to recruit community nursing staff and/or are holding nursing vacancies open, often using this salary saving to fund other overspends such as equipment costs. In some areas there are proposals to cut registered nursing posts.

The community nursing workforce is also facing significant issues with retirements, with around one in two community nurses aged 50 or over at 2016 (compared to one in three acute sector nurses). Scotland faces this loss of nurses and their nursing experience, at the point when the demand for increased decision making capacity in the community is increasing.

In its response to the Scottish Government's consultation on '[The Modern Outpatient: A Collaborative Approach 2017-2020](#)' the RCN has raised concern that without adequate planning, aspirations to free up money from the acute

sector to re-focus on community services will not be possible without first investing up-front in community capacity and capability at scale.

If there is to be a meaningful shift in the balance of care, within the limitations of current public spending, there must be a redistributed of funding from acute services to those being delivered in the community. The RCN has repeatedly raised concerns about the unintended consequences of insisting that NHS boards balance their books and make significant savings on an annual basis, without consideration of the long term picture. Lifting this need to balance the books annually would give some flexibility for health boards to invest to save. Audit Scotland has suggested considering three year rolling budgets to allow for better long term planning.

RCN recognises that the Scottish Government last year committed an additional £500million to primary care by the end of the Parliament, but would question how many times this funding has been committed, if it is sufficient to meet ever increasing demand, and whether it is being spent in a coordinated and focused manner. In terms of speeding up, and incentivising preventative spend then there needs to be a very clear set of funding principles against which decisions are taken. This was an approach which the RCN called for in its manifesto ahead of the 2016 Scottish Parliament elections. RCN is keen to hear more about the work being undertaken by the health economist Professor Cam Donaldson to support funding decisions with NHS boards and Integration Authorities.

The integration of health and social care is still in its infancy. But it has started the process, in theory at least, of budgeting without identity across traditional health and social care barriers. This is a key step in funding prevention in the long term. As Scotland moves forward with integration, and in tackling the preventative agenda, it will be important to be able to scrutinise the annual performance reports of Integration Authorities to determine how integration is supporting preventative care.

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