

Royal College of Nursing response to the Department of Health and Social Care call for evidence on local authority public health prescribed activity

General comments on local authority public health prescribed activity

1. The Government has emphasised its desire to reduce demands on acute care services by increasing the focus on community based care and improving public healthⁱ. Actions to improve public health provide significant personal, social and economic benefits, including reducing public spending elsewhere in the health and care system. This is being undermined by cuts in the public health grant and the wider spending pressures being faced by local authorities. A recent Department of Health and Social Care circular states that the grant for 2018-19 is £3.215bn and highlights that spending has fallen every year since £2015-16 (£3.461bn)ⁱⁱ. In real-terms the public health grant will have fallen by around 20% in the five years to 2020-21. Whilst NHS budgets may have been protected from real-terms cuts we have seen services such as public health activity moved outside of the NHS and then cut significantly.
2. The current context is that the Government intends to replace the public health grant with funding through local authority business rate retention (BRR) from April 2020 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 changeⁱⁱⁱ. Unless protected and ring-fenced there is a risk that cuts in public health will be politically easier to defend to local communities than services at the acute end of the care sector such as social care and safeguarding. Additionally, the allocation of funding between local authorities must carefully reflect the specific needs of local communities, such as accessibility and travel times in rural communities.
3. It also needs to be recognised that actions to support public health need to come from across the range of central and local government activities. It is the provision of good quality housing, education, parks and sporting facilities, etc.,

that support improvements in public health, all of which local authorities need to be supported to provide investment.

Specific responses to call for evidence questions

What is your view on the principles of prescribed activity? Are they still the right ones? Is there evidence to support your view?

4. Prescription of public health activity has been made according to three guiding principles:
 - a. where services need to be provided in a standardised way if they are to be provided at all, for example, NHS Health Checks;
 - b. where certain aspects of the health service must be available to all, for example, sexual health services;
 - c. where one of the Secretary of State's functions is delegated to local authorities, for example, contraception.

5. These existing principles for determining whether public health activity should be prescribed are necessary but not sufficient to ensure essential activity is included. They currently fail to consider whether the function plays a necessary or important role in improving or supporting public health. For example, non-prescribed local authority public health activity includes drug and alcohol misuse services and smoking cessation services, both of which play crucial roles in improving public health, yet are under severe funding pressures and have been cut in many local authority areas^{iv}.

6. The Government's Mandate for NHS England for 2018-19^v sets out its key objectives for the year ahead. Among these objectives are references to reducing health inequalities (objective 1) and supporting people to live healthier lives (objective 2). Reports by Professor Sir Michael Marmot^{vi} and many others have all emphasised the need to address health inequalities. Actions to support and improve public health play an important role in delivering such improvement but the current funding crisis, along with further planned funding changes, risk undermining the Government's own stated objectives.

7. The RCN believes that it is important to retain prescription for necessary public health services. While local authorities need a degree of discretion to determine how best to allocate and use resources in their area, we also strongly believe that where a local needs assessment indicates the value of, and need for, a public

health service within a particular local authority area the principles should allow for this to be prescribed.

8. **Recommendation:** that a further principle is added allowing for additional public health services to be prescribed for particular local authorities where a local needs assessment indicates value in improving public health and reducing health inequalities based on local population needs.

What evidence are you aware of on the impact of the prescribing activity so far? Is there evidence to suggest the impact of the regulations varies between people or groups? This could relate, for example, to people of different gender, age, ethnicity or sexual orientation.

9. Prescribed functions (as listed under Annex B and Annex C of the call for evidence document) currently include:
 - a. weighing and measuring children;
 - b. health check assessments;
 - c. sexual health services;
 - d. healthcare public health advice service to NHS commissioners;
 - e. protecting the health of the local population;
 - f. universal health visitor reviews.
10. The prescribed functions must be carried out by people with the right skills, knowledge and competence. For example, health visitors and school nurses are specialist practitioners who have undertaken post-registration qualifications to meet the NMC's standards for specialist community public health nursing (SCPHN). The particular knowledge and experience of such specialist nurses can be vital in delivering effective early interventions. As the RCN's recent response to a Government Green Paper on children and young people's mental health provision stated^{vii}, our members report that by the age of five there are many children already demonstrating emotional and psychological needs and that if early intervention and consistent universal access to parenting programmes and the right level of health visiting support were provided it was felt the flow to Child and Adolescent Mental Health Services (CAMHS) would be reduced.
11. When Public Health England reviewed the universal mandate for health visiting^{viii} it concluded that the service should continue to be mandated, stating that "At national level there have been improvements in teenage pregnancy, smoking in pregnancy, infant mortality, excess weight, hospital admissions for injury and coverage of the MMR vaccination. While these improvements cannot be directly

attributed to the health visiting service, which is just one component of a complex and dynamic public health system, health visitors are well placed to inform and influence the multiple individual decisions made within families which help to drive these outcomes”.

12. Prescribed activities also need to set out clear expectations of actions to improve public health. The National Child Measurement Programme provides very useful data to identify problems – the 2016/17 data for England found that over a quarter of reception children were overweight or obese – but the regulations also need to focus on actions to address these issues. The use of skilled staff, such as school nurses, to carry out these activities provides that opportunity to go beyond data collection, providing advice and guidance to support positive change.
13. **Recommendation:** that prescribed functions should also set out requirements as to the skills and training needed to perform those functions to deliver safe and effective patient care. This includes health visiting and school nursing functions being delivered by specialist nurses.
14. Potential benefits of public health interventions are undermined by apparent reductions in this skilled workforce. NHS Digital collects data on nurses employed in the NHS but increasingly services are being delivered by local authorities or the independent sector, for which data is extremely limited and incomplete. This lack of robust data for health visitor and school nurse workforce numbers makes accurate assessment of the current workforce position impossible. However, we do know 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, or reductions in the range of functions being performed. There is an unacceptable lack of transparency regarding these decisions.
15. **Recommendation:** that action is needed to ensure that sufficient numbers of appropriately qualified and skilled staff are employed to deliver safe and effective patient care. Government must be accountable for addressing recruitment and retention issues and ensuring that enough nurses undertake appropriate pre-registration and specialist training, such as the specialist community public health nursing qualification.

16. According to Public Health England data, there were approximately 420,000 diagnoses in 2016 of sexually transmitted infections in England^{ix}. Actions to diagnose and treat such infections, as well as to change behaviours and reduce the number of infections occurring, provide a vital public health service. However, although already prescribed, it is clear that cost reductions are being sought and potentially undermining the quality of service provision. There has, for example, been a growing move toward the development of online portals to provide sexual health services^x. These aim to improve accessibility and integrate various elements of sexual health services, from testing for HIV and other sexually transmitted infections to wider sexual health and contraception advice. Whilst there is recognition that these services are very widely used and are often seen as beneficial by the public, there is increasing awareness of the need to make sure quality, safety and access is maintained. Providers need to recognise that not everyone will find that an online only service meets their needs.
17. **Recommendation:** that regulations focus not only on the service to be delivered but include minimum standards around accessibility and quality of service, based on robust evidence.

How, if at all, does the evidence suggest that we could change the regulations prescribing activities to support better public health outcomes - for example, as expressed through the objectives of PHOF to increase healthy life expectancy and reduce differences in life expectancy?

18. The Public Health Outcomes Framework (PHOF)^{xi} examines indicators that help analysis of trends in public health. The RCN would like to see a clear and direct link between prescribed activities and actions to increase healthy life expectancy and reduce health inequalities. Although cause and effect in relation to actions to improve public health is complex the PHOF should seek to obtain and provide more evidence that enables assessment of the full benefits (economic as well as health) of particular public health activities. This information is necessary to help support arguments for the value of these services. Data collection (both qualitative and quantitative) should support statutory bodies to assess need and monitor the impact of interventions, and include service quality indicators such as workforce (specialist staff per population size, etc.).
19. **Recommendation:** that the PHOF measures the impact of services to deliver prescribed activities with specific reference to improving public health and reducing health inequalities.

About the Royal College of Nursing

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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ⁱ One of the DHSC's priorities for 2017-18 is to "transform out-of-hospital care to keep people living healthier for longer in their community" (<https://www.gov.uk/government/organisations/department-of-health-and-social-care/about#our-priorities>).

ⁱⁱ Local Authority Circular LAC(DH)(2017) 2

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/670376/PH_grant_allocations_18-19_circular_edited.pdf)

ⁱⁱⁱ <https://www.ifs.org.uk/publications/10551>

^{iv} A 2016 report by ASH ('Cutting Down: The reality of budget cuts to local tobacco control', commissioned by Cancer Research UK) stated that 59% of local authorities had cut smoking cessation budgets that year.

^v <https://www.gov.uk/government/publications/nhs-mandate-2018-to-2019>

^{vi} <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

^{vii} <https://www.rcn.org.uk/about-us/policy-briefings/conr-5617>

^{viii} <https://www.gov.uk/government/publications/universal-health-visiting-service-mandation-review>

^{ix} Public Health England (2017) Sexually transmitted infections and Chlamydia screening in England.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/617025/Health_Protection_Report_STIs_NCSP_2017.pdf

^x For example, this report into 'Screening for Child Sexual Exploitation in Online Sexual Health Services':

<https://www.jmir.org/2017/2/e30/>

^{xi} <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>