

Royal College of Nursing response to the Health and Social Care Committee inquiry into the first 1000 days of life

Summary

- Health visitors are at the forefront of providing care to infants, young children and their families. These clinicians act as knowledge brokers, working at the interface between families and core health, social care and education services to assess, support and signpost to appropriate services.
- Changes have been made to the way in which Health Visiting and School Nursing services are commissioned in England. We are concerned that the separation from other health commissioning is leading to gaps in vital service coverage for infants, young children and their families. This means that individuals are falling through the gaps, and may present in a more acutely unwell state to other services; a situation which could be avoided if these services were planned and commissioned alongside each other.
- Although public health funding is ring-fenced, we know that funding for children's services has been cutⁱ. This runs contrary to the Government's commitment to reduce health inequalities and promote social justice. Numbers of health visitors and school nurses are in decline, meaning children may not have access to this support when they need it.
- Apart from the human costs, the Government's approach of cutting public health funding is economically self-defeating, given that nearly £17 billion per year is spent in England and Wales on late interventions. This amounts to £287 per person, with the largest share falling on local authorities, followed by the NHSⁱⁱ.

Recommendations

- **A review of commissioning of Health Visiting and School Nursing services in England should be undertaken.** We recommend that the Committee explores these structural barriers further (particularly the removal of the feedback loop, inhibiting responses in service provision in reaction to demand signals) and considers whether it may be more appropriate to move the commissioning of these services into the remit of Clinical Commissioning Groups, or within a more formal integrated commissioning arrangement. This will help address concerns about fragmented service provision and capacity, and determine how to most effectively commission these services as the system moves towards more integrated models of care. We are particularly concerned about the impact this has on safeguarding children, and would welcome the opportunity to discuss this in more detail with the Committee.
- **Immediate steps must be taken to address the data gap that exists so that full scrutiny over decisions can be undertaken.** There is a lack of long-term outcomes data covering children and young people, and this makes it hard both for public scrutiny, and for policy-makers to understand the potential impact of any decisions to service provision or coverage. We are concerned that the impact of current funding restrictions is not being adequately captured through transparent data. Children's services with health and social care, delivered by the NHS or by the independent sector, should all be mandated to contribute towards addressing this data gap.

- **Any national strategy must be linked to existing national and local initiatives to ensure service provision is consistent, accessible and joined up across England.** We recommend that there should be a minister who is responsible for the delivery of this strategy, and who is required to make regular reports on progress to Parliament. Any strategy must be supported by operational plans that include robust and live real-time data to monitor implementation.
- While a national strategy is welcome, **we encourage the Committee to consider either expanding this coverage beyond the first 1000 days**, or linking closely with strategies and initiatives which cover older children, when making their recommendations. Economic analysis of early year's intervention is consistently able to demonstrate a positive return on investment; at times the benefit can be 1000% of the costsⁱⁱⁱ.
- **A national strategy must be complemented with sufficient funding and supported by a robust health and care workforce strategy.** This must be underpinned by legislation which clarifies Government, national and local accountability for nurse staffing for safe and effective care, including health visitors and school nursing.
- **Access to and investment in continuous professional development (CPD) is vital for the early year's workforce to understand child neurodevelopment and the importance of the first 1000 days.** However, the Health Education England (HEE) budget for 'workforce development', which is largely used for CPD for nurses, has been cut by 60% over the past two years, from £205m in 2015/16 to £83.49m in 2017/18.^{iv}

Supporting information

The need for a national strategy in England

- 1.1 We believe the strongest possible approach would be secured through close cross-department working, and through linking any new strategy with existing initiatives and strategies. In particular, it would be important to develop strong links and follow-on from the Government's Maternity strategy, in order to ensure that there is a seamless national approach for young children and their families. This is particularly important given concerning trends in the rise of perinatal mental health diagnoses, affecting between 10 and 20%^v of women during pregnancy and the first year after having a baby.
- 1.2 We also ask the committee to consider recommending that any national strategy should be extended to cover a longer period of time, or link closely into other initiatives covering older age groups in children. School nurses and health visitors already demonstrate close working to ensure a smooth transition into the school environment.

Our priorities for a national strategy

- 1.3 We would like to see the creation of a cross-department strategy, coproduced with members of the public and professionals. However, there are a number of areas which we would like to highlight for the attention of the Committee.
- 1.4 Through a recent RCN survey of health visitors and school nurses, our members informed us that, in their experience, the most important issues facing children today include safeguarding and child protection, child and adolescent mental health, emotional resilience; wellbeing, domestic abuse, and breast feeding.

- 1.5 The nursing workforce key to the delivery of any such strategy is in the midst of a staffing crisis. This strategy must recognise the need to plan for the resource requirements to ensure that there are the right number of nursing staff to deliver safe and effective care, with associated funding where appropriate.

Operational delivery

- 1.6 Strategies are meaningless unless they have associated operational delivery plans, particularly in relation to the workforce resources required. Therefore, we recommend that any strategy is supported by operational plans. It should also receive oversight from a panel of experts who receive regular updates on progress and have a mechanism by which issues can be flagged when they are not progressing as expected.

Data

- 1.7 One of the main benefits of a national strategy would be to mandate the collection and publication of long-term outcomes data, to allow for future services to meet the needs for future children. A lack of data will only enhance opportunities to make short-term focussed decisions. We need a strategy which brings together decision-makers from all parties; prioritising the needs of children.

Parliamentary accountability and scrutiny

- 1.8 A national strategy has limited scope to make tangible change if there is nobody held to account for its successful delivery. We recommend that there should be a minister who is responsible for the delivery of this strategy, and who is required to make regular reports on progress made to Parliament. This would provide the opportunity for public scrutiny, and for their approach to be challenged.

Supporting refugee children

- 1.9 The UK Government has also committed to the 'Dubs Amendment' to enable unaccompanied refugee children to settle in the UK. This national strategy should include explicit reference to this vulnerable group, and consider how it can approach ensuring necessary provision is available for them. More broadly, this strategy should recognise the specific needs which all immigrant and refugee families may have, and should consider how tailored support can be provided to them, particularly when they have young children.

Current spending and barriers to investment

The impact of current spending arrangements

- 2.1 We are concerned that restrictions on Local Authority funding are impacting on vital service provision needed to meet the needs of children across the country. Although funding is ring-fenced, we know that local decision makers are able to take a broad definition of 'public health' and therefore spend funds on a wide range of activities within this space. In this time of funding restriction, services which can demonstrate the greatest impact upon child outcomes should be prioritised, in particular the delivery of the mandated programme from health visitors. Some of the biggest falls in local authority spending have been directed at the 'Sure Start' children's centres, which have seen budgets reduced by almost half (48%) in real terms in the last five years^{vi}.

The need for structural change to alleviate these challenges

- 2.2 We have become increasingly concerned that structural barriers are preventing local provision from meeting the needs of children and their parents. We believe that the only way to address these challenges is to make structural changes; for example by removing health visiting and school nursing services from the sole remit of local authority commissioning, and expanding the remit of Clinical Commissioning Groups to include these services, either individually, or in a formal co-commissioning arrangement.
- 2.3 Previous commissioning arrangements for health visiting included the requirement^{vii} for health visitor service-providers to give their insight on changing local needs so that commissioners could make informed decisions about the provision of local services and pathways. This feedback loop provided a vital insight into the needs of local children, and the way in which the health system supports them. This feedback loop also helps commissioners understand the implications of changes to coverage, funding, or workforce. Insight from our members suggests that decisions are not currently being made with a full understanding of the potential impact, leading to vital services being lost, worsening child health outcomes and huge increases in clinician workloads. In some instances this could mean vulnerable children are being placed at risk. We urge the Committee to look into this issue and the evidence available.
- 2.4 Shifting the commissioning to Local Authorities has closed this feedback loop. There is no contractual requirement for providers to give any evidence from the frontline to shape local services. This means that neither public health provision, nor NHS provision is being planned with a full understanding of the needs of the population, or a clear picture of which services are available to partner with or refer into. This makes it hard for health visitors and school nurses to work effectively; their workload is increased by supporting the needs of more acutely unwell children when the necessary services are not available for them. It also means that disproportionate time is spent caring for fewer patients with complex vulnerabilities with inadequate time available to undertake upstream preventative work that could yield better outcomes. It impacts on the experiences of children and their carers; spending long amounts of time waiting for referrals and treatment packages. We are also concerned that these barriers prevent effective information sharing related to safeguarding. We would welcome the opportunity to follow-up with the Committee on this specific point in further detail.
- 2.5 To address this challenge, we believe that Health Visiting and School Nursing services need to be commissioned and planned alongside the services they refer into and rely upon. The feedback loop needs to be re-established, and staff need to be able to build strong relationships with other local services, in order to provide a child-centred, joined-up approach for all. There could be some concerns that this could damage existing relationships and integrated partnerships between health visiting and school nursing services, and other public health or social care services. We recognise this risk, but believe that, on balance, the potential benefit from shifting the commissioning responsibility outweighs the risk. Should this shift occur, we would also urge STPs in particular to take steps to mitigate any impact on existing relationships.

Local provision

Lack of nursing staff to deliver safe and effective care

3.1 Nursing numbers are not rising in line with increased population demand, and in many cases are falling, for example, the school nursing workforce has declined by 24.2% (-724) since May 2010^{viii}. School nurses and health visitors are critical to the delivery of existing provision, and any future national strategy. These clinicians are the frontline in keeping children safe and well, and their families informed, supported and engaged. Practice in the community poses unique challenges and requires a wide range of skills and competencies; making comprehensive assessments that include safeguarding risk, delivering health improvement messages that promote both physical and mental wellbeing, supporting care of acute health needs, providing advice and support for new parents and building community resilience.

3.2 The health visiting workforce is vital to support young children, both within the first 1000 days and afterwards. We are concerned that declines across the nursing workforce leave necessary care undone, and place large amounts of pressure onto the remaining workforce. This contributes to stress and can lead to sickness absence, or in some cases, individuals choosing not to stay in the profession; exacerbating the workforce crisis.

Learning from the Health Visitor Implementation Plan (2010-15)

3.3 In 2011, the Government introduced a plan in England to increase the number of health visitors^{ix}, in recognition of the importance of early year's interventions on long term health outcomes. The programme of investment alongside the 'Healthy Child' programmes renewed the focus on measuring outcomes for children and young people from pregnancy through to 19 years of age^x. Despite the focused investment, there was a failure to achieve the 4,200 increase in health visitors. Whilst there was some increase, since the end of the implementation period, there has been a drop of over 1,000 health visitors^{xi}, meaning that there has only been a 1.7% increase since May 2010. Learning can be taken from this experience. Targets alone do not lead to increased numbers; instead a fully costed strategy encompassing supply, recruitment and retention is needed. Likewise, support, monitoring and regular reporting needs to be continued after the end of a strategy to ensure progress is not lost.

The urgent need for action

3.4 Urgent action needs to be taken to address high levels of nursing vacancies and the lack of national workforce strategy, both in England and across the UK. Currently, no one organisation is responsible for assessing population need, calculating demand, and then translating this into the supply of nursing staff. In the absence of this, provision of nursing staff will not meet the needs of the population now or in the future, and the challenge will become increasingly acute as more and more individuals leave the workforce, and fewer are recruited into it.

The need for legislation to ensure nurse staffing for safe and effective patient care

3.5 We believe that the only way to substantively address this crisis is through the introduction of primary legislation. This would set out a governance framework detailing accountability and responsibility for ensuring an adequate supply of registered nurses and nursing support staff is available throughout the health and social care system to meet the needs of the population.

Appendix one

The latest workforce data, covering NHS workers in health settings across England is as follows:

England NHS nursing workforce by type: full-time employee (FTE)

	May-10	May-18	Difference May 2010 – May 2018	% change May 2010 – May 2018
Total Nurses and health visitors	280,950	284,073	3,123	1.1%
Acute, elderly and general	162,565	179,132	12,527	7.7%
Paediatric Nursing	15,103	16,982	1,879	12.4%
Community services	38,569	32,958	-5,611	-14.5%
> District Nurse (subset of community services)	7,610	4,300	-3,309	-43.5%
School Nursing	2,987	2,263	-724	-24.2%
Total Learning Disabilities / Difficulties	5,368	3,215	-2,152	-40.1%
> Community learning disabilities	2,512	1,888	-623	-24.8%
> Other learning disabilities	2,856	1,327	-1,529	-53.5%
Total mental health	40,630	35,690	-4,940	-12.2%
> Community mental health	15,512	16,939	1,427	9.2%
> Other mental health	25,118	18,751	-6,367	-25.3%
Health visitors	7,879	8,016	137	1.7%
Midwives	19,478	21,601	2,123	10.9%
Nursing Support Staff	135,087	151,093	16,006	11.8%
All doctors	94,742	109,109	14,367	15.2%
> Consultants (subset of doctors)	35,880	46,647	10,767	30.0%

About the Royal College of Nursing

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, 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 <https://www.actionforchildren.org.uk/news-and-blogs/press-releases/2017/november/crippling-funding-cuts-leave-councils-with-no-option-but-to-only-help-children-in-crisis/>

ⁱⁱ Early Intervention Foundation (2016) The Cost of Late intervention available at: <http://www.eif.org.uk/publication/the-cost-of-late-intervention-eif-analysis-2016/>

ⁱⁱⁱ https://www.wavetrust.org/sites/default/files/reports/economics-appendix-from-age-of-opportunity_0.pdf

^{iv} HEE (2014) budget setting for 2015/16 <https://hee.nhs.uk>

^v <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health#fn:1>

^{vi} Action for Children, the National Children's Bureau and The Children's Society (2016) Losing in the Long Run: Trends in Early Intervention Funding available at: <https://www.childrensociety.org.uk/what-we-do/resources-and-publications/losing-in-the-long-run-trends-in-early-intervention-funding>

^{vii} <https://www.england.nhs.uk/wp-content/uploads/2014/03/hv-serv-spec.pdf>

^{viii} NHS Digital, NHS Hospital & Community Health Service (HCHS) monthly workforce statistics, August 2018.

^{ix} DH (2011) Health Visitor Implementation Plan: A Call to Action available at: <https://www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015>

^x Department of Health (2009) Health Child Programme available at: <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life> and <https://www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old>

^{xi} RCN (2017) The Best Start: The Future of Children's Health <https://www.rcn.org.uk/professional-development/publications/pub-006200>