**Royal College of Nursing submission to the
Department of Health and Social Care and Cabinet Office consultation on the
Green Paper: 'Advancing our health: prevention in the 2020s'**

Introduction

In July 2019, the Government published a Green Paper on prevention; 'Advancing our health: prevention in the 2020s' and corresponding consultation.

The RCN welcomes this important Green Paper and the ambition to make the prevention of ill health a priority for government. We set out here our responses to the questions presented in the Green Paper[1].

Next Steps
What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

The political support and momentum for prevention is welcome and there are many positive ideas, themes and ambitions in the Green Paper. We welcome the acknowledgement of the need for cross-governmental action on prevention, addressing health inequalities and the multiple deprivations which affect individuals' health and wellbeing – the social determinants of health. The launch of a new health index for England to sit alongside GDP and a commitment to improving the quality and coverage of health impact assessments across non-health policies are welcome steps towards this.

This Green Paper is a start, but more needs to be done to embed prevention across government and to understand and address the wider social determinants of health. We believe this should be at the core of the Government's future policy, and should include strong commitments to cross-governmental leadership on prevention, to embedding a consistent 'health in all policies' approach across government and to developing robust data-driven assessments of population need and workforce modelling to inform policy development and guide funding decisions.

Furthermore, the Green Paper needs to go further to make commitments and actions to ensure that there is adequate investment and funding available for prevention, or that there is an appropriate workforce in place to deliver the prevention agenda. Without these, in the wider context of financial pressure on Local Authorities, cuts to prevention funding and public health funding over recent years, and a workforce crisis in health and social care, it is unclear how the Government can achieve meaningful change.

Funding for prevention

While the Green Paper aims to reorient services towards prevention, it remains unclear how this will be funded. It acknowledges the importance of Local Authorities (LAs) in delivering public health and prevention, yet analysis by the Health Foundation (2019) shows that the public health grant is £850m lower in real-terms

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[1] The questions have been reordered for the purpose of this document.

than initial allocations in 2015/16. There is also uncertainty about the future funding arrangement for public health within the plans to replace the public health grant with locally retained business rates (MHCLG, 2018). The RCN and others have raised concerns about how such an approach could impact on the future effectiveness and sustainability of public health funding and its potential to exacerbate inequalities (RCN, 2018).

This must be seen within a broader context of cuts of around 50% to central government funding for LAs since 2010-11 (NAO, 2018). This has impacted on wider services which are essential for maintaining and promoting health. The Institute for Fiscal Studies (2019) has reported that overall spending on local services by English councils fell by 21% between 2009-10 and 2017-18, and within this, particular services including planning and development and housing fell by more than 50% while cultural, leisure and transport were also cut by over 40%.

Years of cuts have limited the capacity of LAs to deliver their public health functions and are leading some to reduce their provision to just the statutory public health services (Nursing Times, 2018). The New Local Government Network (2019) has highlighted the contradiction between the Government's support for prevention while cuts to prevention funding for Local Authorities, including the early intervention grant and public health grant, are resulting in Local Authorities' underspending on preventative services.

The recent Spending Review announced a real terms increase in the public health grant in 2020/21 (HM Treasury, 2019). This marks a welcome shift after five years of cuts. However this increase is expected to fall significantly short of the amount required to reverse years of cuts: the Health Foundation and Kings Fund estimate that a minimum additional £1bn is required to reverse real term per capita cuts since 2015/16. Furthermore, by not matching the rate of budget increase for NHS front-line services the public health grant will still represent a shrinking share of overall health spend (Health Foundation, 2019).

<u>The workforce to deliver prevention</u>

The Green Paper sets out a number of ambitions for preventing ill health and more broadly to reorient the health system towards keeping people healthy. For this to succeed will depend on having the right health and care workforce, sufficiently trained, resourced, supported and mobilised, both now and in the future. Yet there is no recognition of this in the Green Paper.

The role of nursing in delivering prevention is vital. Even in areas of public health where there has been significant progress the specialist expertise of nursing will be essential for finishing the job. For example in relation to smoking, the Green Paper highlights that smoking rates "remain stubbornly high in certain groups" (DHSC & Cabinet Office, 2019). Providing effective support to the most deprived groups and those with complex health and care needs will require the specialist skills and expertise of nurses. According to a recent study, people with severe mental illness who received targeted smoking cessation support delivered by specially trained mental health nurses were twice as likely to quit smoking after six months

compared with people who received standard care (Nursing Times, 2019; Simon Gilbody et al, 2019).

Successfully reorienting the health and care system to focus on keeping people well in their homes and communities (and thus at work too) will require an adequate, resilient and sustainable health and care workforce which meets the demands of the population. However, with over 40,000 nursing vacancies in the NHS in England alone, we are in the midst of a workforce crisis. We know that public health and social care are also affected by severe vacancies but limited data in these sectors prohibits a full understanding.

Both the prevention Green Paper and the NHS Long Term Plan (2019) will be reliant on having the right nursing staff in place to deliver effective services. In particular, their successful implementation will depend on key nursing services in community and primary care, and social care. However key nursing roles in these services are facing dire shortages:
- Latest figures from Skills for Care (2019) indicates that the number of registered nurses working in social care has decreased by 20%, with a loss of 1000 registered nurses in the past year.
- There are over 40% fewer District Nurses, 40% fewer Learning Disability nurses and 10% fewer Mental Health nurses than in 2009 (NHS Digital, 2019)
- In England, the number of school nurses employed in the NHS fell 27.9% from September 2009 to May 2019, while the number of NHS health visitor posts fell from 10,309 in October 2015 (the height of a recruitment drive) to 7,070 in May 2019 (NHS Digital, 2019).

The removal of the NHS bursary for nursing students in 2016 worsened the situation. While the stated aim of the reforms was to increase student numbers, from 2016-19 applications to nursing courses fell by almost 30% and there has been an 8% reduction in the number of students accepted onto nursing degrees (RCN, 2019). Nursing students in England are now the only group of nursing students in the UK who do not receive government-funded financial support to train to work in public services.

A key factor in the creation of the nursing workforce crisis is the absence of any legal accountability for the provision of staffing for taxpayer-funded health and care services. It is fundamentally unclear who is accountable for health and care workforce supply and planning at each layer of the health and care system including within Government, in national organisations and at local service design level. As a result, workforce planning is not being done consistently or strategically – or based on credible modelling of supply and demand to meet need.

RCN priorities for future prevention policy

Cross-governmental leadership
- Any future prevention strategy must be cross-governmental, establish prevention and good health and wellbeing for all as a shared goal for all government departments, and define roles, responsibilities and actions required at local, regional and national levels to deliver this.

- The Government should embed a consistent 'health in all policies' approach across government and develop prevention policies with a holistic focus on the wider social determinants of health.

Funding
- Government must reverse public health funding cuts and establish an increased, long-term and sustainable funding settlement for public health. The mechanism for funding public health should be equitable, transparent and based on a robust assessment of population need. Local Authorities must be sufficiently funded to deliver their key prevention role and support healthy, safe and vibrant communities.
- Scale up targeted investment in essential prevention services, notably children, youth, family and community services.
- Establish a cross-governmental prevention fund to support the new strategy, in acknowledgement that doing new and additional things will require new and additional investment and recognising the potential return on investment across all areas of government.
- Introduce a long-term, sustainable funding settlement for social care, which is based on an assessment of current and future population needs and informed by robust workforce modelling.

Workforce
- A future prevention policy must acknowledge the essential role of the health and care workforce and specifically of nursing.
- A robust health and care workforce strategy is needed, based on population need, and underpinned by legislation which clarifies Government, national and local accountability for nurse staffing for safe and effective care. This must cover the workforce within and outside the NHS, public health and social care.
- We are calling for a minimum of £1billion to be invested in pre-registration nursing education to ensure that there is an adequate supply of registered nurses entering the system to meet population need.
- Invest in the development of the nursing workforce to ensure that there are sufficient numbers of nursing staff undertaking relevant post-registration specialist training, such as the Specialist Community Public Health Nursing (SCPHN) qualification.
- Take action to address recruitment and retention challenges in core prevention nursing interventions (e.g. health visiting and school nursing). We also recommend that the five mandated health visitor checks are carried out and/or supervised by a qualified health visitor.
- Introduce mandatory workforce data collection from all publicly funded health and care providers and regular publication of all workforce data, with appropriate safeguards on commercial sensitivity as required.

Below are some additional areas we believe need to be developed in a future prevention policy:

- Inclusion: All health and care policies should be inclusive, with tailored actions to address the specific needs of disadvantaged and/or excluded groups (and recognition of the intersectionality of health inequalities). We would support the inclusion of specific targets to reduce inequalities in all health and care policies and mandatory equality impact assessments as part of policy development. Guidance on inclusion should be available to support policy implementation as well as training for nurses, and the teams within which they work, in how to deliver appropriate, inclusive prevention support.

- Poverty: As part of a more holistic approach to addressing the wider social determinants of health, greater action to address poverty is needed in a future prevention policy. In the section on mental health the Green Paper highlights a number of 'risk factors' including poverty, problem debt, and housing insecurity, but there are no specific actions outlined to address these issues, and more broadly in the Green Paper, there is a lack of action to address poverty and/or child poverty, despite the link between poverty and poor health outcomes.

- Alcohol: With the increasing number of hospitalisations and deaths related to alcohol (NHS Digital, 2019) it is imperative that the Government takes further action to reduce the harm caused by alcohol. Unfortunately the Green Paper does not include any significant actions to address this issue (such as reducing the affordability of alcohol through the introduction of minimum unit pricing or strengthening alcohol treatment services). As a matter of priority the Government needs a comprehensive strategy for tackling these issues.

- Violence: The Green Paper reiterates the Government's commitment to a 'public health approach' to addressing violence, which the RCN supports. However, the Government's interpretation of this approach should derive from an understanding of the root causes of violence affecting particular communities and locations, with action designed to address these. Strengthening prevention and early intervention in public health, children's social care and youth and community services must be a central component of the Government's approach to preventing and reducing violence. We would also welcome a shift in the language around violence to one focused on safety and inclusion.

- Social care: Social care is critical to preventing avoidable ageing-related conditions or complications with care. These services are also well placed to offer advice and support to individuals and their families in terms of maintaining health, wellbeing and quality of life. Social care services are commissioned alongside public health services, and as such there should be much greater integration to ensure the consistency of messaging and support, regardless of age or disability. Having a safe and effective social

care system in place in England is essential to the ambition of making England the best country to grow old in. Urgent action is needed to resolve the social care funding crisis in England and this will be essential to the success of a prevention approach.

- Vaccination: Increased investment is needed in vaccination services, particularly in the training and development of the nursing workforce. This is both to enable staff to provide effective advice and support to parents, and to ensure there are sufficient appointments available in the system to meet need. Health visitors in particular should play a central role in the dissemination of advice and information to support parents from the earliest stages with the decision to vaccinate, and vaccination should be an explicit component on the updated Healthy Child Programme.

Life span to health span
Which health and social care policies should be reviewed to improve the health of people living in poorer communities, or excluded groups?

The development of health and social care policies should derive from an understanding of the needs of the populations they serve, including the inequalities experienced by certain groups. All health and care policies should be inclusive, with tailored actions to address the specific needs of disadvantaged and/or excluded groups (and recognition of the intersectionality of health inequalities). We would support the inclusion of specific targets to reduce inequalities in all health and care policies and mandatory equality impact assessments as part of policy development. Guidance on inclusion should be available to support policy implementation as well as training for nurses, and the teams within which they work, in how to deliver appropriate, inclusive prevention support.

Successfully preventing ill health and promoting health and wellbeing will require action across all of government to address the wider social determinants of health. This must be reflected in a future prevention strategy, with actions and targets for every department. The Green Paper's announcement of the new health index to track the health of the nation alongside other indicators such as GDP and the reference to working across government to improve the quality and coverage of health impact assessments are welcome steps, but we would like the Government to go further and commit to health and wellbeing as a cross-governmental priority and to embedding a consistent 'health in all policies' approach across all departments.

Health checks
Do you have any ideas for how the NHS Health Checks programme could be improved?

A review of NHS Health Checks to widen uptake, access and effectiveness, is welcome. We hope that the review will consider how the NHS Health Checks programme can effectively reduce health inequalities and better meet the different needs of deprived and excluded groups. This could include ways of incentivising uptake within high risk groups, and the role of employers in promoting health

checks and signposting local services to pre-retirement age staff. Consideration of how to better include mental health in the future Health Check programme is also needed. To support this, nurses will need the appropriate skills and training to recognise poor mental health and be able to refer to appropriate local support services. Stronger evidence is needed on the impact and long term outcomes of Health Checks, particularly in relation to other patient measures. We hope that systematic long term data collection to measure impact will be integrated in to the future programme model.

Given their role in delivering NHS Health Checks, nurses should be engaged in the review and encouraged to share their insights. Nurses can help to design creative and unique approaches that target hard to reach groups for health checks such as through collaborative working with local Health Improvement Teams.

We welcome innovation to widen access and develop inclusive, relevant approaches which meet people's needs and digital and online tools can be effective mechanisms to support and enhance face-to-face consultations with health professionals. However, online and digital provision should be commissioned alongside (not in lieu of) existing services, so that patients can choose the service that best meets their needs. Therefore, investment in digital provision should follow significant investment in ensuring there is a sufficiently trained and resourced workforce in place to deliver an effective NHS Health Check service.

Smoking
What ideas should the government consider to raise funds for helping people stop smoking?

We support the ambitious goal for England to be 'smoke free' by 2030 and agree that achieving this target will require a focus on addressing health inequalities, given the prevalence of smoking rates in areas of high deprivation and among certain groups. Nurses with specialist knowledge and skills have a vital role to play in delivering effective smoking cessation support to vulnerable groups with complex health and care needs. This was highlighted in a recent study by the University of York's Mental Health and Addiction Research Group which found that people with severe mental illness who received targeted smoking cessation support delivered by specially trained mental health nurses were twice as likely to quit smoking after six months compared with people who received standard care (Gilbody et al, 2019).

The diverse range of services and settings nurses work in gives them a unique position to deliver smoking cessation and prevention support. However, they need the time, training and support to do this effectively and truly make every contact count. Therefore the strategy to achieve the 'smoke-free' ambition must include investment in the supply and development of the nursing workforce.

Public health budget cuts pose a significant threat to the smoke free ambition, with evidence showing that almost half of England's local councils are no longer able to offer a specialist stop smoking service for all smokers in their area due to cuts (CR-UK & ASH, 2019). While the recent announcement of an increase in the public health grant is a welcome step in the right direction, we strongly urge the Government to introduce a long-term, sustainable and increased funding settlement

for public health and ensure that the formula for allocating funding follows an assessment of local health needs. Given the pressure on Local Authorities' budgets, we welcome the Government's willingness to consider alternative financing mechanisms for tobacco control and we support a levy on tobacco manufacturers to provide funding for tobacco control measures.

Healthy eating
How can we do more to support mothers to breastfeed?

Nursing and midwifery staff have a vital role to play in supporting mothers to breastfeed, but staff shortages across the health and care system are increasing pressure on staff and reducing their capacity to deliver health promotion and prevention support.

Health visitors have a crucial role to play in supporting mothers to breastfeed. They have specialist knowledge and extensive training in supporting parents to make informed choices and have a unique opportunity to develop an ongoing relationship with mothers and families in their homes and communities. Health visitors can provide advice and support with issues around latch and positioning, mastitis, thrush and maternal mental health, which can be barriers to mothers maintaining breastfeeding. However, in England the number of NHS health visitor posts fell from 10,309 in October 2015 to 7,070 in May 2019 (NHS Digital, 2019). Some posts could have moved outside the NHS and be employed by Local Authorities or the independent sector, but as this data is not routinely collected or published there is no accurate assessment.

Intelligence from our members indicates that many health visitor posts have been decommissioned, and that crucial posts notably infant feeding specialists, breast feeding specialists in maternity units and the Family Nurse Partnerships which provided support to the most vulnerable, have been eroded. There are also worrying trends in skill dilution within local health visiting teams, resulting in the mandated checks not consistently being carried out by a qualified health visitor. This is a missed opportunity to utilise the specialist expertise of health visitors to promote breastfeeding and other crucial prevention and early health and wellbeing interventions. Increased public health funding is needed to enable Local Authorities to fund effective health visiting services that meet population demand. There must also be, as part of a broader move towards workforce planning, action to ensure that sufficient numbers of health visitors are being trained as well as to address recruitment and retention challenges in the sector. We would also urge the Government to collect and publish data on the health visiting workforce outside of the NHS and ensure that all five mandated checks are carried out and/or supervised by a qualified health visitor.

How can we better support families with children aged 0 to 5 years to eat well?

Nursing staff, notably practice nurses, school nurses and health visitors all have a vital role in encouraging and supporting families with under-5s to eat well. They can provide specialist advice to parents in how to increase young children's nutritional intake and engage in healthy eating behaviours, thereby preventing issues from

arising. They are also vital for identifying issues and intervening early, and have unique access to children and families' through their homes, schools and communities. Behaviour change can be extremely challenging for many families and individuals for a range of reasons, and school nurses and health visitors have specialist skills and expertise to deliver effective tailored support. In order to expand and strengthen the opportunities for nurses and health visitors to promote healthy weight in children, these roles need investment and targeted support. This will require action to increase the supply of registered nurses, and to develop the workforce to ensure that there are sufficient numbers of nursing staff undertaking the Specialist Community Public Health Nursing qualifications, and specific actions to address the particular recruitment and retention issues within these services.

The RCN is a member of the Obesity Health Alliance (OHA) and we urge Government to adopt all of the OHA recommendations to reduce obesity and promote healthy weight, including:
- Protect children aged 0-5 from the impact of unhealthy food advertising by introducing a 9pm watershed on adverts for HFSS (high in fat, sugar and salt) products on TV and online.
- The Green Paper announces that it will challenge businesses to improve the nutritional content of products for commercially available baby food which is welcome, but the following action is needed:
    o Ambitious reformulation targets, including interim targets, need to be set
    o Accessible data on the reformulation progress needs to be published annually
    o Ensure that brands reformulate existing products, and don't just bring out reformulated versions of products
    o Ensure the programme doesn't exceed 3 years, and outline mandatory measures for companies who do not meet the targets within the given timeframe of the programme
- Mandatory nutritional labelling on all baby and children's food and drink products.
- End misleading nutrition and health statements on the labelling and marketing of all baby and children's food and drink products.
- Restrict brand and licensed characters that are popular with children from being used to promote HFSS food and drinks.
- Undertake action to ensure that all early years settings are healthy and nutritious environments.

The link between child poverty and deprivation and unhealthy eating and obesity must also be specifically considered. As research by the Food Foundation has highlighted, low income families are less able to pay for healthy food which leads to greater risk of diet-related illness. Urgent cross-governmental action is needed to address the alarming rates of child poverty in England, and strategies to promote healthy eating must include action to address the health inequalities and particular needs of deprived groups.

Healthy weight
How else can we help people reach and stay at a healthier weight?

Nursing and midwifery staff play a vital role in offering advice and support to help people achieve a healthy weight and adopt healthy lifestyles. It is also essential for staff themselves to be a healthy weight. Training and development in how to deliver effective support, especially with specific groups such as those with Long Term Conditions, would ensure that staff are enabled to make every contact count and to deliver effective, appropriate advice and support. There is also a need for greater investment in services and advice which is targeted at people with Long Term Conditions, who are housebound or unable to travel to activities.

As previously highlighted, the RCN is a member of the Obesity Health Alliance (OHA) and we endorse all of the OHA's recommendations for action the Government must take in order to support and promote healthy weight. This includes fostering an environment which promotes and supports healthy food and drink choices, and investment in services which support people to achieve and maintain healthy weight. We want to see Government:

- Implement a 9pm watershed on adverts for HFSS (high in fat, sugar and salt) products on TV and online
- Restrict multi-buy promotions and location based promotions of HFSS products in the retail and out of home sectors
- Implement mandatory calorie labelling in the out of home sector
- Consult on front of pack food labelling before the end of 2019
- Deliver sustainable public health funding to local authorities so they can take action on obesity in their area
- Include dairy drinks in the Soft Drinks Industry Levy, as well as lower the threshold and raise the rate to encourage further reformulation
- For non-compliance with the current sugar and calorie reduction programmes, outline a timeline for sanctions that includes fines and categories being included in an industry levy
- Update the school food standards, and apply them to all state-funded schools
- Develop nutritional standards for early years settings, and apply them to all early years settings
- Make sure that all food served, sold and promoted in hospitals encourages a healthy balanced diet

The link between poverty and obesity must be addressed, underlining the need for a cross-government approach. There is also a need for scaled up investment in early years services particularly health visiting and school nursing, to break intergenerational cycles and foster sustainable, longer term healthy behaviours.

In addition to actions to promote healthy diet, a joined up approach is needed at the local level to encourage a healthy lifestyle. Local weight management services must be sufficiently resourced and designed in a way that meets the needs of local populations, as do Local Authority-provided services which support good health such as leisure facilities and green spaces to enable play and exercise.

Mental health

How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

We welcome the focus on additional support to schools to promote mental health and wellbeing. It is vital that school nurses are embedded in the design and delivery of school approaches to wellbeing and training. School nurses are key in the provision of early help and safeguarding for those children who are experiencing emotional and mental health problems. Yet the number of school nurses employed in the NHS in England dropped by 28.7% between September 2009 and June 2019 (NHS Digital, 2019). Continuing Professional Development must also be available to school nurses to ensure they are up to date with and prepared for the new statutory guidance.

With recognition of the importance of early intervention to prevent mental health problems in later childhood and adolescence, investment is needed in health visiting as health visitors can play a vital role in early identification of issues. This should be supported with greater integration between health visiting and local mental health services.

An increased utilisation of the assessment and the holistic bio-psychosocial intervention skills of mental health nurses in promoting wellbeing and supporting mental health is crucial. For example, there is emerging evidence that nurse-led liaison services in primary care are making a difference to the way people are engaged, assessed and proactively treated (McLeod 2017).

Installing more mental health nurses in primary care settings and within the community such as community centres, gyms and libraries would reduce barriers to access and provide timely access to services and treatment for people with emerging mental health problems.

Investment in training and workforce development to integrate third sector services and align workforces could enable closer working across the sector. It can also help nurses promote personalised and asset-based approaches that empower the community and the individual. Data sharing, co-location and joint funding can help to alleviate some of the fragmented service provision and streamline communication between the NHS and Third sector. There should also be more Mental Health First Aid programmes for healthcare staff and community based workers.

We welcome the Green Paper's acknowledgement of the broad risk factors that contribute to poor mental health (including poverty, housing and other societal factors). However, this is not sufficiently supported by policy change to tackle these issues. The Green Paper proposes 'encouraging Local Authorities (LAs) to establish mental health promotion plans'. But given the current financial pressures facing LAs, without additional investment this will not be feasible and risks fragmentation.

Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

There is emerging evidence that the use of technology such as Avatars is making an impact on the experience of psychosis (UCL, 2017) but these tools will only work to complement, not replace, the therapeutic relationship.

Apps are also proving to be beneficial however this is again the emphasis should always be on therapeutic engagement and relationship formulation, people do not recover in isolation.

Community pharmacies
Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Community pharmacies could play a stronger role in signposting and referring people to appropriate prevention services including weight management, smoking cessation, breastfeeding support, and sexual and reproductive health. However, this necessitates these services being in place and able to take on additional clients. Pharmacies could also disseminate information and advice about local leisure services and activities, or relevant online support services.

However, it is important that pharmacists are not expected to carry out care outside of their expertise, especially needs assessments, which should be carried out by a Registered Nurse. Sufficient training and development must be given to pharmacy staff to enable them to provide health promotion services. One example is in relation to travel health, which community pharmacists are increasingly involved in providing. In order to deliver this service safely and to carry out a pre-travel risk assessment, education and training in the field of travel medicine is essential. Those providing travel health services should have a recognisable qualification in the subject and be competent to deliver this advice.

Children's oral health
What should the role of water companies be in water fluoridation schemes?

The RCN agrees that children's oral health is a major public health issue requiring urgent action. We support the extension of water fluoridation schemes and government action to remove the funding barriers that Local Authorities face to fluoridating water supplies. Water companies could take a stronger role in promoting the benefits of fluoridation for children and young people's health. They could also support pre-schools and schools to deliver dental play packs, including toothpaste and toothbrushes for children, along with visual education programmes to teach children how to brush their teeth and why it is important.

Reducing sugar consumption is essential for good oral health. Therefore we particularly welcome the implementation of the Soft Drinks Industry Levy (SDIL) and the ban on the sale of energy drinks to under-16s. Additionally we would support the extension of the SDIL to sugary milk drinks, reducing the sugar content of baby and children's foods, and government action to reduce children's exposure to

advertising and promotion of products which are high in sugar, including introducing a 9pm watershed across all media.

Nursing staff, notably health visitors and school nurses, have a particularly important role to play in encouraging and supporting children and parents to adopt a healthy diet and good oral hygiene practices. Investment in these services should be an essential part of the Government's strategy to improve children's oral health. All public health professionals also need to have good knowledge of oral health in order to deliver consistent messages to parents and children (RCS, 2019).

Creating healthy spaces
What could the government do to help people live more healthily?
- *In homes and neighbourhoods*
- *When going somewhere*
- *In workplaces*
- *In communities*

Successfully reorienting the health and care system to be focused on keeping people well in their homes and communities will require an adequate, resilient and sustainable health and care workforce which meets the demands of the population and is focused on the goal of promoting health and wellbeing. However, there are around 40,000 nursing vacancies in the NHS in England alone, and potentially thousands more outside of the NHS.

Both the Green Paper and the NHS Long Term Plan will be reliant on having the right nursing staff in place to deliver effective services. In particular, their successful implementation will depend on key nursing services in community and primary care, and social care. However we know that nursing roles in these services are facing dire shortages:
- Latest figures from Skills for Care (2019) indicates that the number of registered nurses working in social care has decreased by 20%, with a loss of 1000 registered nurses in the past year.
- There are over 40% fewer District Nurses, 40% fewer Learning Disability nurses and 10% fewer Mental Health nurses than in 2009 (NHS Digital, 2019)
- In England, the number of school nurses employed in the NHS fell 28.7% from September 2009 to June 2019, while the number of NHS health visitor posts fell from 10,309 in October 2015 (the height of a recruitment drive) to 7,016 in June 2019 (NHS Digital, 2019).

The Green Paper's section on 'safer communities' reiterates the Government's support for a 'public health approach' to preventing and reducing violence. While the Government has advocated for increased multi-agency collaboration as part of this approach, there is also a critical need to reverse the trends over recent years towards disinvestment and cuts to prevention, early intervention and public health services, many of which have fallen heavily on children and young people. As analysis by the All-Party Parliamentary Group on Knife Crime (NYA, 2019) has shown, the average council has reduced spending on services such as social clubs and youth workers by 40 per cent, and some places have seen funding plummet by

91 per cent in three years. Furthermore, areas suffering the largest cuts to youth spending have seen bigger increases in knife crime (NYA, 2019).

In terms of improving neighbourhoods, there is scope for nurses to work alongside colleagues such as link workers and community connectors to better enable integrated working across the 'social prescribing' sector. This will help improve neighbourhoods for older people and support the Age Well campaigns, which include the personalised care model and social prescription.

Ensuring that there is sufficient safe and accessible transportation which meets the needs of the most vulnerable, including those with long term health conditions, older people and people with disabilities, is important for good health and wellbeing. We know that transportation in rural areas can be particularly challenging and we would support increased government investment in improving rural transport networks to better meet the needs of those communities and the staff who work there.

Again, the need to promote health and wellbeing across the different dimensions of people's lives will require a cross-government prevention strategy, with accountability for all departments.

Active ageing
What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

Social care is critical to preventing avoidable ageing-related conditions or complications with care. These services are also well placed to offer advice and support to individuals and their families in terms of maintaining health, wellbeing and quality of life. Social care services are commissioned alongside public health services, and as such there should be much greater integration to ensure the consistency of messaging and support, regardless of age or disability

Having a safe and effective social care system in place in England is essential to the ambition of making England the best country to grow old in. Urgent action is needed to resolve the social care funding crisis in England. We call on the Government to introduce a long-term, sustainable funding settlement for social care, which is based on an assessment of current and future population needs and informed by robust workforce modelling. Latest figures from Skills for care Indicates that the number of registered nurses working in social care has decreased by 20%, with a loss of 1000 registered nurses in the past year.

Investment in increasing the nursing workforce is essential to meet the needs of the older population, both now and in the future. This must include growing supply, and developing the capacity of the workforce to deliver the best possible care to older people. This should involve the development of nurses' knowledge and skills of ageing and long term conditions and improved access to primary and community nursing services for all. Investment in fair pay, terms and flexible and good working conditions for all nursing and care workers is essential for developing the workforce needed to deliver this.

Sexual health

What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

The RCN welcomes the Government's plan to introduce a new strategy on sexual and reproductive health (SRH). A new strategy should build on an understanding of what has worked both in the UK and internationally. Three of the key areas we believe must be covered in a future SRH strategy are:

Workforce:
- Having the right workforce with the necessary skills, knowledge and competence in place will be critical to the delivery of a future SRH strategy and to safe and effective SRH services. This will require:
    o A plan for developing the SRH workforce, based on data-driven workforce modelling to meet the current and future needs of the population and support the development of career pathways to address recruitment and retention challenges.
    o Ongoing workforce training and education as a mandatory inclusion in provider contracts. Employers must support nurses and other SRH staff to access relevant Continuing Professional Development and other learning and skills development with protected time and funding.

Funding:
- A future SRH strategy needs to be costed, and supported with adequate, sustained investment in SRH and broader public health services through the public health grant and other prevention and early intervention funding. Funding allocations should reflect assessments of local needs.
- Local Authorities should be required to provide assurance that they are supporting safe and effective SRH services and as part of this, that they are addressing health inequalities.

Commissioning:
- The SRH strategy is an opportunity for the Government to set out its framework for the co-commissioning of SRH services. We hope that the new co-commissioning framework will be focused on prevention, accountability and the promotion of inclusive, holistic, integrated care.

Local action

What more can we do to help local authorities and NHS bodies work well together?

Ensuring that Local Authorities (LAs) are sufficiently funded and supported to deliver the best possible public health and social care services is key to supporting better collaboration between LAs and NHS bodies. Public health and other health and care staff commissioned by Local Authorities must have equal pay and terms and conditions to their counterparts in NHS-provided services. The impact of funding pressures and fragmented commissioning arrangements in public health were highlighted earlier this year when providers of public health services reported that they had not received adequate financial support to cover the NHS pay uplift

which Government had promised their staff (many of whom are still employed in NHS organisations).

The development of guidance, resources, training and support for staff, and standards for collaborative, joint and/or integrated commissioning between health and LAs would be helpful. This could enable and support the development of shared needs assessments, pooled budgets, data-sharing plans and workforce modelling. This is particularly relevant for health visiting, school nursing and sexual and reproductive health, all of which have been impacted by fragmented commissioning arrangements. However, improving commissioning processes alone is not enough. It is unrealistic to expect public health departments in struggling Local Authorities to deliver investment in improving health outcomes while local government in general struggles with severe budget cuts and faces major challenges in delivering and maintaining effective services.

The lack of workforce data covering staff employed outside of the NHS and the number of vacant posts in non-NHS services prevents a full picture of the workforce, or analysis of trends across the sector (such as whether nurses have been contracted out of the NHS or whether roles have been lost, as well as where there are current shortages and where they will be in the future). To support more effective workforce planning there is a need for mandatory workforce data collection from all publicly funded health and care providers and regular publication of all workforce data, with appropriate safeguards on commercial sensitivity as required. This will support NHS and Local Authorities to plan and commission services more collaboratively.

About the RCN

With a membership of around 435,000 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 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.

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