

Written evidence submitted by the Royal College of Nursing (PHP0017)

1.0 Introduction

- 1.1 With a membership of more than 430,000 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.
- 1.2 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.
- 1.3 Nursing staff are employed in a wide variety of public health roles, ranging from health visitors, school nurses and occupational health nurses, to those working in health protection, sexual health, weight management and smoking cessation. In these roles, they are integral to the delivery of services that aim to improve Public Health and help to reduce costs to acute and emergency services.
- 1.4 Nursing and midwifery staff are in an ideal position to influence patients, empowering them to achieve positive health outcomes. Whether this be by engaging in primary prevention, taking action to reduce the incidence of disease; or through secondary prevention, by detecting the early stages of disease and intervening before full symptoms develop; or through good health teaching and the promotion of self-care management. These skills are increasingly important if we are to make a shift away from current emphasis on cost-intensive acute and episodic care towards prevention and self-care.
- 1.5 We welcome this opportunity to submit written evidence to the Health Select Committee inquiry into public health following implementation of the Health and Social Care Act 2012 reforms.

2.0 Key summary

- 2.1 The RCN is deeply concerned by the decision to make £200 million cuts to the public health grant, which we believe are a false economy and will affect local authorities' effectiveness in delivering public health responsibilities, including prevention programmes which help to reduce costly hospital admissions.
- 2.2 The RCN is calling for local authority public health budgets to be both protected and ring fenced against key services, to ensure that public health funds are neither cut, nor used to sustain other local authority services. We are clear that investing in public health saves money in the long term
- 2.3 The RCN is warning that School nursing services need urgent investment to cope with ever-increasing pupil numbers, to avert an escalating public health crisis.

3.0 The Public Health landscape since April 2013

- 3.1 The Health and Social Care Act 2012 transferred responsibility for commissioning public health services from the NHS to local authorities, with local authority public health teams led by Directors of Public Health (DPH), responsible for commissioning services for local health populations since 1 April 2013.
- 3.2 The RCN warned in 2013 that the reallocation of public health budgets to local authorities would lead to a more fragmented and uncoordinated health service. The RCN is aware that this has been the experience in a number of areas since the changes were implemented. Nursing staff report that they are still finding their feet within the new structures as relationships and ways of working are still in the process of being developed and embedded.
- 3.3 RCN members report that fragmented commissioning arrangements, and a lack of clarity about which individuals and agencies are primarily responsible for coordinating care, has an impact on local authorities' effectiveness in delivering their public health functions.

4.0 Funding public health

- 4.1 The difficulty in measuring the economic benefits of public health measures, and the fact that outcomes may not be evident within the course of a Parliament, makes it a particularly vulnerable area for funding cuts.
- 4.2 The RCN is deeply concerned by the Government's decision to make £200 million cuts to the public health grant. It is equally regrettable that the Government has pursued a policy that considers public health separately to the wider NHS. Public health prevention strategies are designed to keep people healthy and reduce costly hospital admissions, and the link between health and wellbeing and productivity indicates that, when carried out effectively, prevention programmes may be beneficial to the economy.
- 4.3 There is, however, clear evidence that investing in public health saves money in the long term. The Department of Health has recognised that for every £1 invested in sexual health services, £11 is saved, for example.¹ The RCN is clear that cuts to public health funding are a false economy.
- 4.4 Cuts to services by local authorities will ultimately lead to the NHS picking up the tab in the decades to come. The RCN believes that these cuts, designed to balance the books in the short term, will render local authorities unable to deliver the comprehensive early intervention and prevention services they are mandated to provide. Prevention plays a key role in reducing pressure on acute services. The RCN is disappointed that despite full commitment by the Government to the NHS Five Year Forward View, which prioritised public health, insufficient funding will make it very difficult for local authorities to deliver this vision.
- 4.5 The RCN and other health care leaders have for some time been calling for the "frontloading" of investment needed by the NHS, as outlined in the Five Year Forward

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

View. While the Government has committed to provide £3.8bn investment for the NHS next year, the cuts to public health and to social care, as well as the Government's manifesto commitment to deliver seven day services with the extra funding provided, mean the health and care landscape will be somewhat different to that which the Five Year Forward View referred.

- 4.6 Inequitable funding allocations are affecting local authorities' ability to deliver services. The RCN is aware that approximately a third of local authorities receive funding above the Department of Health target and the remaining two thirds are underfunded. Several local authorities receive amounts much greater than the allocation of many of the most underfunded councils. The RCN believes that, while such variations persist, those underfunded councils will be prevented from providing the services required by their local health populations.² We have also raised concerns that the formula does not take into account population sparsity. As a result, patients in rural areas, for example, may need to travel very long distances to access services, or may be unable to access services at all.
- 4.7 The RCN and others have called for local authority public health budgets to be both protected and ring fenced against key services, to ensure that public health funds are neither cut, nor used to sustain other local authority services. We are disappointed that this advice has gone unheeded, and the result is that services are being cut and pressure on the system continues to mount. RCN members report instances where sexual health services have been cut and the result is increased pressure on Genitourinary Medical services, commissioned by NHS England, which are more expensive.
- 4.8 The RCN was alarmed by proposals announced by the Chancellor in his Comprehensive Spending Review that local authorities may be in future required to fund public health through local business rates. We would need to see the detail of these proposals to comment fully, but our initial concern is that health inequalities would drastically increase as a result of such a change.

5.0 The public health nursing workforce

- 5.1 The Centre for Workforce Intelligence (CfWI) notes that, since the changes to public health brought about by the Health and Social Care Act 2012, "transition makes the task of understanding the current position of the workforce challenging." CfWI has identified the core public health workforce as those staff who consider public health to be the primary part of their role.³ Their definition includes Health Visitors, school nurses and Specialist Community Public Health nurses.
- 5.2 The RCN's recent report *The Fragile Frontline*⁴, published April 2015, found that overall numbers of nurses working in community settings has increased since 2010, however this was largely due to the Government's drive to increase Health Visitor numbers. Health Visitors care for babies and children aged 0-5. The Health Visiting workforce has significantly increased since 2011 as a result of the Government's Health Visitor Implementation Plan, with Health and Social Care Information Centre

² https://www.rcn.org.uk/_data/assets/pdf_file/0003/647427/65.15_RCN-Response_Public-health-formula-for-local-authorities-from-April-2016.pdf

³ <http://www.cfwi.org.uk/publications/mapping-the-core-public-health-workforcep.3>

⁴ http://royalnursing.3cdn.net/9808b89b8bfd137533_krm6b9wz7.pdf

figures showing that there are currently 11,000 Health Visitors.⁵ The Health Visiting workforce has seen a welcome increase of 4,200 FTE since 2011.

- 5.3 School Nursing, on the other hand, has remained relatively stable in numbers, while numbers of school pupils have steadily grown. The RCN is concerned that vacancy rates for School Nurse posts is estimated to be around 24%, and cuts to local authority health budgets risk further depleting this valuable service, which provides a unique opportunity to improve public health through early intervention and health promotion. RCN school nurse members report that pressures on school nursing services are mounting. The school nurse team for Barts Health NHS Trust in London, for example, currently employs 22 School Nurses to cover around 42,000 children.⁶ With School Nurses caring for children and young people from ages 6-18, the RCN is warning that we need urgent investment in School Nursing to prevent an escalating health crisis.
- 5.4 The RCN has warned that the drive to increase Health Visitors has masked the fact that the general community nursing workforce has a shortage of over 3,300 nurses.⁷ Many sections of the non-acute sector workforce have experienced significant under investment during the last Government. As a consequence of the system's response to the Francis Report, investment in acute, elderly and general medicine sectors has taken place, at the expense of community based nursing. Successive RCN reports have identified that recruitment has been limited to those sectors, while community services, mental health and learning disabilities nursing lag far behind, following heavy cuts in recent years. We are calling for an urgent increase in resources for community health care to address this shortfall.

6.0 The nursing contribution to Public Health

- 6.1 The RCN believes that nurses working across all clinical areas and settings have roles to play in increasing population health and wellbeing. Every interaction between nursing staff and members of the public presents an opportunity to deliver messages about healthy lifestyles. The RCN produced guidance for nurses⁸ as part of the *Making every contact count* (MECC) initiative, which encourages nursing staff to provide timely advice to the public health promotion, encouraging interventions such as improving nutrition, stopping smoking or reducing alcohol intake, for example.
- 6.2 Nursing staff see first-hand the effects of unhealthy lifestyle choices and the RCN is committed to ensuring that all nursing staff are aware of MECC and have the skills and competencies required to carry out effective public health interventions. This alone will not be enough to mitigate against the risk of looming health inequalities resulting from Government funding cuts to public health and the case remains that investment is needed now if we are to avert a future Public Health crisis.

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⁵ <http://www.cfwi.org.uk/publications/mapping-the-core-public-health-workforcep.3> p.8

⁶ <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/education-committee/personal-social-health-and-economic-education-and-sex-and-relationships-education-in-schools/oral/14687.pdf> p.36

⁷ http://royalnursing.3cdn.net/9808b89b8bfd137533_krm6b9wz7.pdf p.11

⁸ http://www.rcn.org.uk/development/practice/cpd_online_learning/support_behaviour_change