



Royal College  
of Nursing

# The Best Start: The Future of Children's Health

Valuing school nurses and health visitors in England

ENGLAND POLICY REPORT





Royal College  
of Nursing

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# 1. Foreword

There is a plethora of evidence that clearly shows that investing early makes a huge difference to health outcomes and also provides a good return on investment.

Over the last few years we have seen some great strides made in addressing the deep-rooted inequalities in our society through investment in early intervention. Crucial to this success has been investment in the public health nursing workforce, in particular through the 2011 Health Visitor Implementation Plan in England. This bolstered the much-needed capacity of this workforce to deliver health promotion activities to children and families.

School nurses and health visitors are at the forefront of providing care to children and young people. These nurses act as knowledge brokers, working at the interface between families and core health, social care and education services to support vulnerable children and young people. They deliver truly holistic care, encompassing both physical and mental health promotion, and health education, to support emotional wellbeing and build resilience.

But the emerging themes from our report show that there has been a significant decline in school nurses and an emerging trend of reductions in the health visiting workforce. This is a retrograde step – undermining crucial progress and compromising gains already made.

This snapshot reveals decline across this workforce. However this picture is incomplete with actual numbers beyond this hidden through a lack of available data. We are concerned that there is no visible accountability, in spite of the political will to transform this workforce as part of the social justice agenda.

We are committed to taking a lead on strengthening preventive services for children, especially since these are overwhelmingly nurse-led services, and ones that have a unique potential to transform lives. We will continue to work with our members and key stakeholders across the system, to reverse this trend before it's too late. We owe it to the next generation.

## 2. Executive Summary

In 2011, the Government introduced a plan<sup>1</sup> in England to increase the number of health visitors, in recognition of the importance of early years intervention on health outcomes. Three years later, the NHS *Five Year Forward View* (2014) set the direction for health services in England. It reinforced the need to focus on children's public health services, largely delivered by health visitors and schools nurses. The plan stated: "The future health of millions of children, the sustainability of the NHS and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health."<sup>2</sup>

There is widespread recognition amongst policy makers and professionals that a key way of addressing health and social inequalities is to invest in early years development. Practical interventions can make an enormous difference in tackling disadvantage and supporting the development of strong, resilient individuals, who can effectively contribute to their communities and wider society.

The 2011 Health Visitor Implementation plan set out to invest in more health visitors – which it broadly achieved – alongside the 'Healthy Child' Programme<sup>3</sup> there was an improved focus on measuring outcomes for children and young people from pregnancy through to 19 years of age. The programme was able to show demonstrable improvements to children's health.

We began looking into this issue following concerns raised by members and wider stakeholders on the future of children's services. These were raised because of the changes to the commissioning of health visitors and school nursing, at a time of cuts to public health funding, putting services at considerable risk. Recent government policies have made this programme

the responsibility of local authorities, leading to different service arrangements across England.

We received reports of extensive changes to services being planned across the country. These included the decommissioning of non-statutory services and other services being significantly reviewed and redesigned to meet increasing cost pressures. At the heart of many of these changes was a planned reduction in the number of skilled public health nurses. These reports matched similar published surveys.<sup>4</sup> They highlighted the huge increases in workloads for health visitors and school nurses, which seriously compromise their ability to provide an effective service for children and families.

It is highly worrying that this progress is being undermined by cuts to health visiting and school nursing.

### Key findings

This report outlines the context to the changes being made to these essential services, and to a workforce vital to the delivery of healthy life chances for all children and families.

Local authorities have been given responsibility for health visiting services from the National Health Service (NHS) at a time of severe financial constraints. Subsequent redesigning and recommissioning of services in this economic environment have left children's public health services vulnerable. Some services are being re-provisioned outside the NHS to independent providers, making it more difficult to track any consequent workforce developments because data isn't being collected, which is vital for workforce strategy and planning.

<sup>1</sup> 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>

<sup>2</sup> NHS England (2014) *Five Year Forward View* available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> p9

<sup>3</sup> 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>

<sup>4</sup> For example, Institute of Health Visiting (December 2016) *Press Release: Public Health spending cuts stop health visitors protecting and supporting mothers and babies* available at: <http://ihv.org.uk/news-and-views/press-releases/public-health-spending-cuts-stop-health-visitors-protecting-supporting-mothers-babies/> accessed on: 09.05.17 and National Children's Bureau (2016) *Nursing in Schools: how school nurses support pupils with long Term Health Conditions* available at: <https://www.ncb.org.uk/nursinginschools>

We have found:

- A significant drop in health visitors of over 1,000 since the Health Visitor Implementation plan finished in 2015.
- A 16% drop in full-time school nurses between 2010 and 2017, coupled with a rise in the number of school age pupils of 450,000.
- A complex picture of workforce changes regionally, resulting from the re-commissioning of services by local authorities to a range of providers, and skill mix changes. As some services move to providers outside of the NHS, it becomes more difficult to track workforce developments, because of gaps in the data; this then hampers effective planning.
- Planned reductions in public health funding for 2016-17, reported by a range of local authorities, fell most heavily on those aimed at improving children and young people's health – 14% of total cuts.<sup>5</sup>
- Variations across England as to whether families have access to the mandated universal health visiting service, with children in London the least likely to receive the required number of health visits.
- Increasing workloads for health visitors - with 72% of those responding to in an Institute for Health Visiting survey being concerned about providing inadequate safeguarding and child protection support.<sup>6</sup>
- School nurses being overstretched, with 29% of respondents to a National Children's Bureau survey<sup>7</sup> stating they worked across 13 or more schools.

- A drop in the numbers of nurses undertaking the Specialist Community Public Health Nursing (SCPHN) qualification, to undertake public health nursing roles like health visiting and school nursing in England, with both a reduction in commissions and in those taking up training places on offer. For example, in 2016-17, there was a 22% reduction in planned health visitor commissions, compared to 2015-16.

These trends are especially concerning when considered against a rise in the school age population, an increasing need to support mothers, and the need to help children and young people develop resilience and good mental health. This is despite clear evidence that investing in early years development is one of the key ways to address health and social inequalities,<sup>8</sup> and ensure every child has the best start in life.

This picture of steady reductions in health visitors and school nurses, and routes into the profession, pose a significant risk at a time when we are expecting increased attrition from nursing workforce through retirement. For those needing these services, regional variation in access to statutory services, particularly the mandated five visits from health visitors for every child, risks undermining the universality of the service.

A major challenge to delivering preventive services for those age 0-19 has been the significant reductions made by central Government to local authority funding. This trend is likely to continue, as reductions for public health funding are intended through to 2020.

<sup>5</sup> [https://www.hsj.co.uk/newsletter/sectors/public-health/warning-public-health-cuts-risk-child-obesity-rise/7006403.article?WT.tsrc=email&WT.mc\\_id=Newsletter307](https://www.hsj.co.uk/newsletter/sectors/public-health/warning-public-health-cuts-risk-child-obesity-rise/7006403.article?WT.tsrc=email&WT.mc_id=Newsletter307)

<sup>6</sup> <http://ihv.org.uk/news-and-views/press-releases/public-health-spending-cuts-stop-health-visitors-protecting-supporting-mothers-babies/>

<sup>7</sup> National Children's Bureau (2016) *Nursing in Schools: how school nurses support pupils with long Term Health Conditions* available at: <https://www.ncb.org.uk/nursinginschools>

<sup>8</sup> RCN (2016) Briefing: *Inequalities experienced by children across the UK accessing the right care, at the right time, in the right place* available at: <https://www.rcn.org.uk/professional-development/publications/pub-005619>

## Our Commitments

We support the future development of these services and want to drive standards of professional practice forward, equipping nursing staff with the skills they will need to deliver the best outcomes for children and young people. To do this, we will:

- work with Public Health England to improve outcome measurement from the Healthy Child Programme and provide professional support to practitioners.
- work with Health Education England to improve training provision and uptake to create a sustainable health visiting and school nursing workforce, and work with wider stakeholders to develop a more structured career pathway to recruit and retain public health nurses.
- advise and support the professional regulator – the Nursing and Midwifery Council (NMC) – in its review of pre-registration nurse education and of the Specialist Community Public Health Nursing (SCPHN) part of the register.

## Our Asks

- We call on local authorities to ensure mandated health visiting services are delivered and that every child has timely and meaningful access to health visiting and school nursing services.
- We call on Government to allocate sufficient resources to local authorities to deliver health visiting and school nursing services, review the impact of public health funding cuts on the Healthy Child Programme, and make achieving the outcomes from this programme a key part of its social justice agenda.
- We call for the health visitor minimum data set to be reintroduced by the Department of Health and similar data collection requirements established for school nursing, allowing for effective planning of the public health nursing workforce.
- We call on employers to introduce placements with wider public health teams as part of health visiting and school nurse training, to reinforce multi-disciplinary working.
- We call on Health Education England to work with us and other stakeholders to develop an action plan to improve provision and uptake of specialist training and other measures to improve recruitment and retention.

### 3. Why children's public health services are vital for our future

Experiences in early life are universally accepted by health care professionals and policy makers as having a lasting effect on adult health, both directly and through their influence on future health behaviours. Put simply, there is a clear and consistent link between poverty and lack of access in younger years and poor health outcomes in older years.<sup>9</sup>

The Healthy Child Programme for the 0-19 age group delivered by health visitors and school nurses is a programme available to all children, irrespective of wealth or background. It aims to ensure that every child gets the start they need to lay the foundations for a healthy life. It is supported by a wealth of evidence about the benefits and returns on investment achievable from such interventions.<sup>10</sup> The correlation with outcomes for adults is also accepted, although more research on the longer-term benefits would be useful, since these are likely to be more economically and socially significant.

The Wave report on the economics of early years' investment found that that returns on investment on well-designed early years'

interventions significantly exceeded their costs. The benefits outweighed the costs over a range of 75% to over 1,000%, with rates of return on investment significantly and repeatedly shown to be higher than those obtained from most public and private investments. Where a whole country has adopted a policy of investment in early years' prevention, returns are not merely financial, they also include observable health improvements for the whole population. The benefits include lower infant mortality at birth and reduced heart, liver and lung disease in middle-age.<sup>11</sup>

Against this wealth of evidence, it is worrying that between 2010-11 and 2015-16 the Government's early intervention allocation to English local authorities fell by 55% in real terms. 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.<sup>12</sup>

Given the accepted evidence on the benefits of such interventions, it must be the case that these cuts are having human impacts: costing lives,

Health visitors are specialist practitioners who have undertaken post-registration qualifications to meet the NMC's standards for specialist community public health nursing (SCPHN). They are generally responsible for supporting children from 0-5 years and their families, providing ante-natal and post-natal support, assessing growth and development needs, reducing risks, and safeguarding and protecting children. Health visitors have been key to initiatives such as 'Sure Start' children's centres, which support families and improve parenting, particularly for those living in disadvantaged areas.

Qualified school nurses, like health visitors, have also undertaken the SCPHN qualification. School nurses deliver both universal and targeted services and work across education and health, providing a link between school, home, and the community. They are also responsible for delivering programmes to improve health outcomes for school aged children and young people (5-19 years). This includes reducing childhood obesity, under 18 conception rates, prevalence of chlamydia, and supporting mental health.

<sup>9</sup> RCPCH (2017) *State of Child Health* available at: [www.rcpch.ac.uk/state-of-child-health](http://www.rcpch.ac.uk/state-of-child-health) and Giesinger et al (2013) *Child health disparity in England and other stories* BMJ 2013; 347

<sup>10</sup> See, for example Graham Allen MP (2011) *Early Intervention: The Next Steps An Independent Report to Her Majesty's Government* available at <https://www.gov.uk/government/publications/early-intervention-the-next-steps--2>

<sup>11</sup> WAVE Trust (2013) *Conception to age 2 the economics of early years investment* available at: <http://www.wavetrust.org/our-work/publications/reports/conception-age-2-economics-early-years-investment>

<sup>12</sup> 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>

reducing the quality of life for many children and young adults, impacting up to and throughout adulthood. They will waste money and negatively impact on the country's productivity.<sup>13</sup>

The UK does not fare well against many other developed countries. It ranks 15th out of 19 Western European countries on infant (under one year of age) mortality and has one of the highest mortality rates for children and young people in Western Europe.<sup>14</sup> 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 NHS.<sup>15</sup>

## Measuring outcomes from health visiting and school nursing

PHE routinely monitors a range of health and wellbeing outcome indicators that relate to the 0-5 years population, in line with the six high impact areas for the universal health visiting service. Most indicators are now established but indicators on maternal mental health and development outcomes at age two and two and a half years are still under development.<sup>16</sup>

However, the data systems are in their infancy and many outcomes are relatively long term. There are, for example, no records of any cohorts who have completely experienced the newly-mandated health visiting model, which covers all stages from pregnancy to school entry. This long-term data is vital to demonstrate specific impacts of the programme.

Nevertheless, there are many observable benefits from a properly funded and resourced health visiting service. Studies demonstrate health visiting can reduce perinatal mental health problems, which currently costs around £1.2bn a year.<sup>17</sup> Similarly, it is estimated that infection control brings savings of up to £11m a year. It is also instrumental in reducing complications arising from obesity, a growing problem for the country's children and young people. Finally, it can help address problems facing those at the bottom of the socio-economic scale, with studies showing that intensive health visiting programmes for vulnerable families reduce the likelihood of their needing to use other social care services by the age of 12 – and, for the most high-risk families, by the age of four.<sup>18</sup>

<sup>13</sup> 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/>

<sup>14</sup> RCPCH (2017) *State of Child Health* available at: <http://www.rcpch.ac.uk/state-of-child-health>

<sup>15</sup> 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/>

<sup>16</sup> Public Health England (2016) *Review of Mandation for the Universal Health Visiting Service* available at: <https://www.gov.uk/government/publications/universal-health-visiting-service-mandation-review>

<sup>17</sup> Bauer, A., Parsonage, M., Knapp, M., Lemmi, V. and Adelaja, B. (2014) *The Costs of Perinatal Mental Health Problems*. London: Centre for Mental Health <https://www.centreformentalhealth.org.uk/costs-of-perinatal-mh-problems>

<sup>18</sup> Kitzman, H. J., Olds, D.L., Cole, R.E. et al (2010) *Enduring Effects of Prenatal and Infancy Home Visiting by Nurses on Maternal Life Course and Government Spending - Follow up of a Randomized Trial Among Children at Age 12*. Arch Pediatr Adolesc Med. 2010;164 (5):419-424

Health visitors are also well placed to identify those families at risk of domestic violence and those children at risk of abuse. They can also support children and families with complex and long-term conditions.

Against these positives the loss of a health visiting service does not simply mean a reduction in points of intervention for preventive health; it means loss of a critical gateway through which a range of other interventions pass, leaving long-term social and personal impacts. Safeguarding is a prime example: health visitors are the only service to visit every single family, making them one of the best mechanisms for identifying children at risk.

While the evidence base for school nursing is not as developed as it is for health visitors, sources support the case for their positive impacts, particularly in regards to pupils' mental health.<sup>19</sup> Research from the USA, for example, has highlighted that in schools with a full-time school nurse, students with asthma missed significantly fewer days than those with only a

part-time nurse.<sup>20</sup> School nurses have also helped to improve the overall wellbeing of those living with long-term conditions, helping improve their academic performance and outcomes.<sup>21</sup>

This evidence makes it even more crucial to be able to track the impact of the school nursing service, especially to ensure it supports improvements in childrens' lives. PHE commissioning guidance for 2016/17, which outlines performance and outcome measures for school nursing services, is a good example of how this could be realised. It also includes key outcomes that school nurses can measure to explore impact, including: building resilience and emotional wellbeing, reducing risk from harm and improving safety, improving lifestyles, managing health and maximising school attendance.<sup>22</sup>

Investment in addressing health issues at the early years stage adds value to later life outcomes. This is reason enough for providing a comprehensive and universal children's public health service.

<sup>19</sup> See Turner, G & Mackay, S (2015) *The impact of school nurse interventions: Behaviour change and mental health*, British Journal of School Nursing, Vol 10, Issue 10

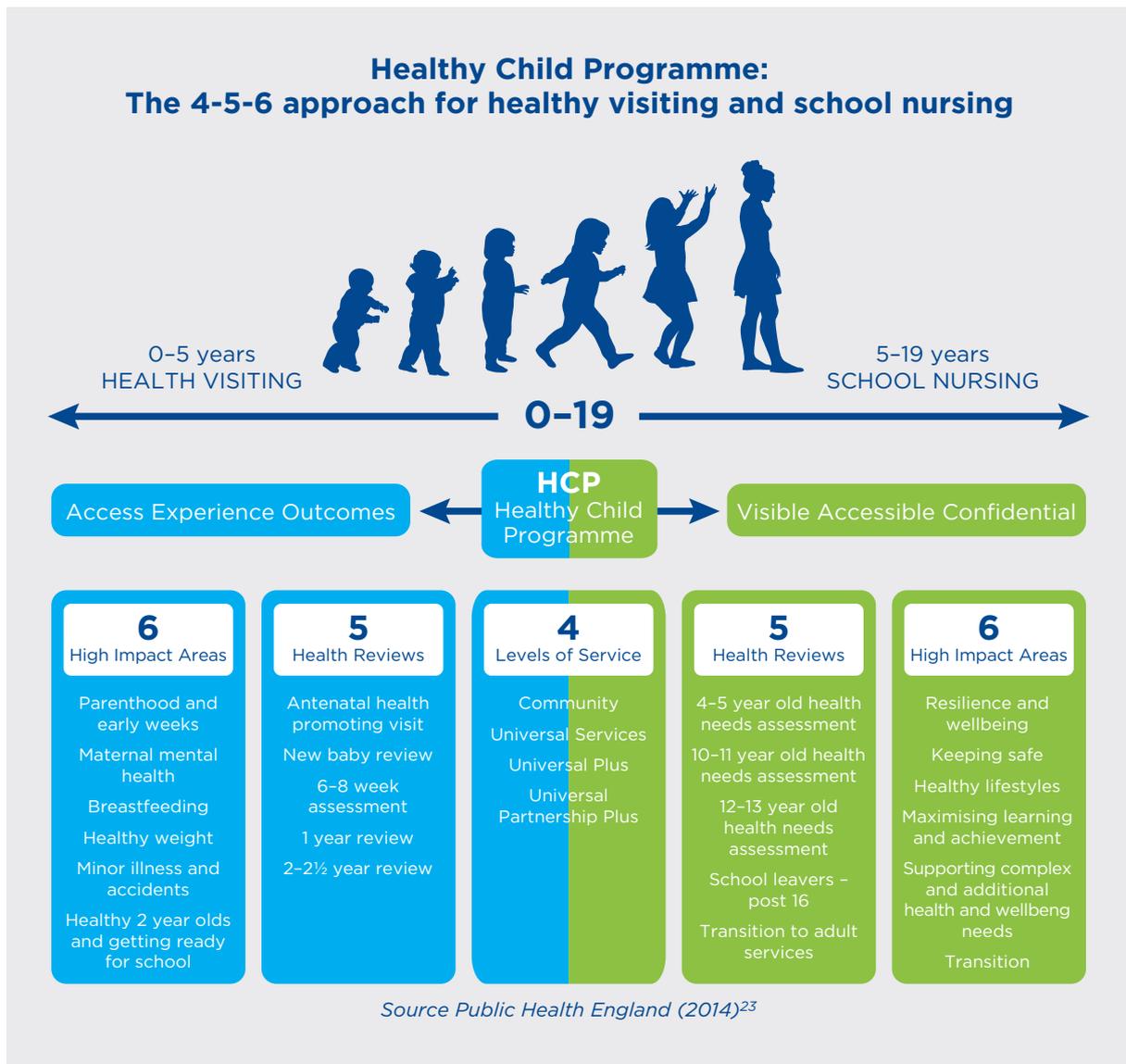
<sup>20</sup> Telljohann, Dake, & Price (2004) *Effect of full-time versus part-time school nurses on attendance of elementary students with asthma*. Journal of School Nursing. Volume 20 Issue 6

<sup>21</sup> Biag, Srivastava, Landau, & Rodriguez (2014) *Teachers' Perceptions of Full- and Part-Time Nurses at School*. Journal of School Nursing Volume 31, Issue 3

<sup>22</sup> Public Health England (2014) *Guidance: Supporting Public Health: Children Young People and Families* Available at: <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children> accessed on 10.05.17

### 3. The issue

The entire community and public health nursing workforce has experienced upheaval over the last 10 years in England. In particular, the health visiting and school nursing workforce have seen major shifts in funding, commissioning and provision. Cuts in posts and the decommissioning of services threatens universal access to a children’s public health service from birth to 19 years.



<sup>23</sup> Public Health England (2014) *Guidance: Supporting Public Health: Children Young People and Families* Available at: <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children> accessed on 10.05.17

Government initiatives have resulted in changes to children's public health provision. For instance the 'Transforming Community Services' programme introduced in 2008 which saw PCT-based providers of community services transferred to new provider organisations. Commissioning for 5-19 year olds and wider public health functions successfully transferred to local authorities in April 2013 under the Health and Social Care Act 2012, while responsibility for commissioning 0-5 year old public health services transferred on 1 October 2015.

While most service provision remains within the NHS, since completion of this 2015 transfer, a number of procurement exercises have resulted in contracts being awarded to providers outside of the NHS, including social enterprises

and community interest companies. At the same time the public health allocation to local authorities is being cut by 3.9% every year until 2020.<sup>24</sup>

Underlining all of these changes are the concerns raised by our members, which include the reductions in financial allocations and health visitor and school nursing posts, the decommissioning of specific services (such as the family nurse partnership programmes), and the sometimes inappropriate changes in skill mix. We also have evidence of large increases in caseload for health visitors, with families in some areas not receiving statutorily required visits, and school nurses being overstretched across too many schools.

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<sup>24</sup> Public Finance: Johnston (2016) *Public Health Grants to be Cut by £160m over the next two years*. Available at: <http://www.publicfinance.co.uk/news/2016/02/public-health-grants-be-cut-ps160m-over-next-two-years>

## 4. Policy initiatives impacting on children's public health services

The need for early intervention in the form of health visiting has long had cross-party political support. In the run up to the General Election in 2010, all main political parties shared a similar commitment to strengthening the service, with health visiting featuring in their election manifestos.

In 2011 the Coalition Government introduced a plan to fulfil the Conservative Party's manifesto pledge to increase the number of health visitors, in recognition of the importance of early year interventions on health outcomes.

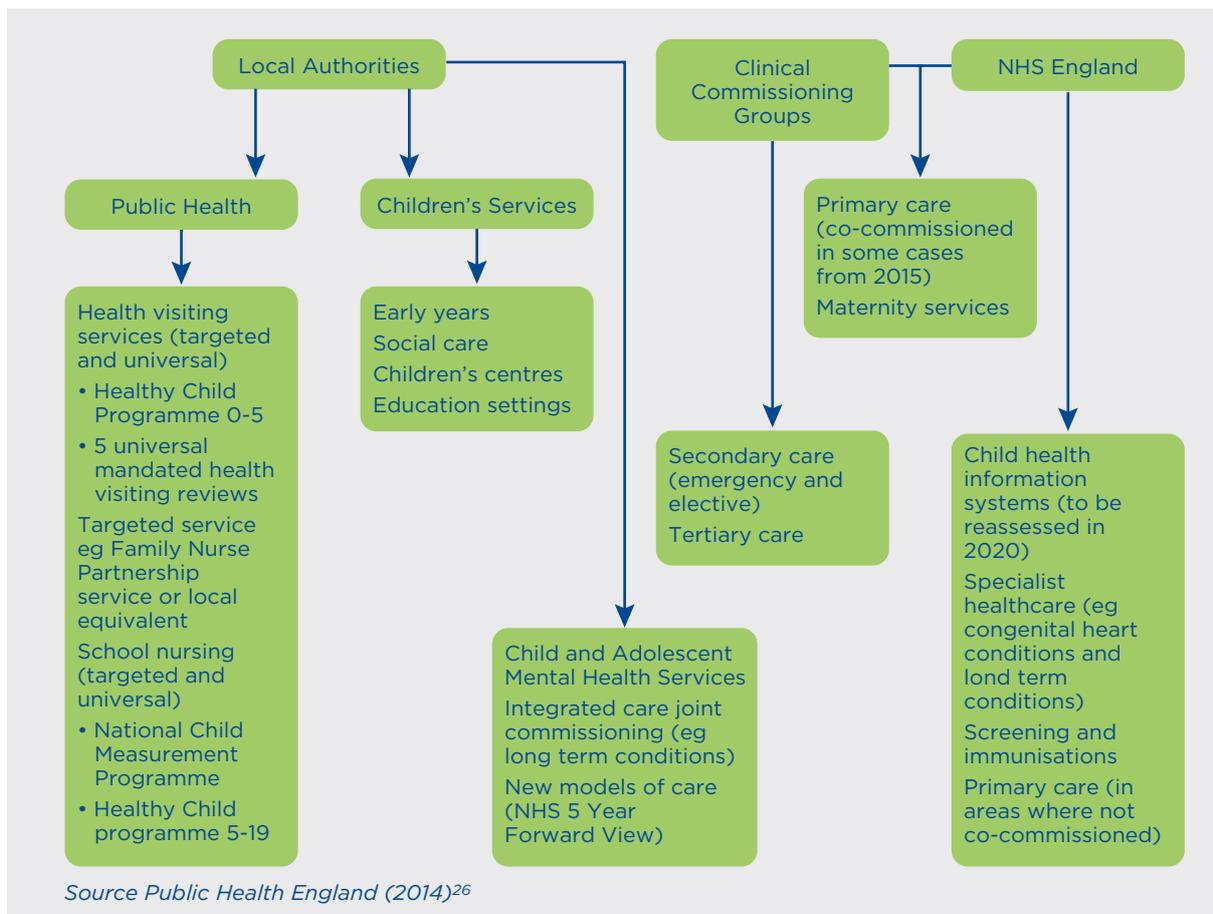
The 'Health Visitor Implementation Plan – A Call to Action', committed to fund 4,200 extra health visitors by 2015.<sup>25</sup> When it ended, there

were just under 4,000 extra practitioners. This helped redress the previous decline in health visiting numbers.

By the end of 2015, local authorities had taken over responsibility for the full range of public health services, including health visiting. This move offered the opportunity to place a stronger focus on prevention and commissioning and delivering integrated public health services for children and young people.

The current commissioning responsibilities of local authorities, clinical commissioning groups and NHS England for the health and wellbeing of children aged 0-19 are outlined in Figure 1.

**Figure 1:**



<sup>25</sup> Department of Health (2011) *Health Visitor Implementation Plan: A Call to Action* available at: <https://www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015>

<sup>26</sup> Public Health England (2016) *Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing services: Commissioning Guide 1* Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/554499/Service\\_specification\\_0-19\\_commissioning\\_guide\\_1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/554499/Service_specification_0-19_commissioning_guide_1.pdf) (accessed on 10.05.17)

As the public health landscape shifts and a number of local authorities begin to recommission their children's services, school nurses and health visitors are increasingly employed in local authority settings or by providers outside of the NHS.

Local authorities' public health commissioning responsibilities are funded by a ring-fenced public health grant. At the beginning of 2015/16 the total grant amounted to £2.8 billion per year. Around £860 million per year was added when local authorities took over responsibility for health visiting, primarily to pay for early year services.

However, a £200 million in-year cut was then made to the public health grant for 2015/16, and the 2015 Spending Review brought further cuts of an average of 3.9% in real terms, running annually to 2020. The Government also used the Spending Review to announce its intention to ultimately abolish the grant and replace it with a new arrangement, in which local authorities retain their business rates, using the funds to pay for public services.

While reviewing services offers an opportunity to improve and integrate 0-19 years' provision into a seamless service, it also comes with risks, particularly if different elements of children's public health services are delivered by a range of providers, which could lead to fragmentation.

Some safeguards for health visiting were put in place in 2015. As part of the transfer to local authorities, a mandate was introduced with a legal requirement that allowed all families access to a minimum of five visits during key stages of a child's development. In readiness for the mandate's expiry at the end of March 2017, the

Department of Health England commissioned Public Health England to review its effectiveness. In response, we led on lobbying efforts to call for the mandate's retention. This led to the Government announcing in March 2017 that it should continue, with no future expiry date.

This decision demonstrated the Government's support for the work that health visitors do. However, this message is undermined by the fact that no additional funding was attached to the mandate.<sup>27</sup> Local authority commissioners are now having to make difficult choices about how to continue these services given the cuts to wider public health funding.

No equivalent mandate exists for school nursing, despite the Department for Health's previous commitment to explore the possibility of mandating elements of the Healthy Child Programme 5-19.<sup>28</sup> Public Health England guidance does set out the role and contribution of school nursing, as well as the key areas of knowledge and skills needed to inform local commissioning arrangements.<sup>29</sup> Unfortunately, these guidelines lack enforceability.

Since 2016, commissioning guidance with performance and outcome measures has been available for both school nursing and health visiting, as part of the Healthy Child Programme.<sup>30</sup> This guidance covers outcomes related to physical and mental health. The achievement of these outcomes should play a crucial role in the Government's commitment to improving mental health, particularly amongst children and young people. However, to have a chance of success, the programme will require effective resourcing.<sup>31</sup>

<sup>27</sup> Public Health England (2017) *Universal Health Visiting Service Mandation Review* available at: [www.gov.uk/government/publications/universal-health-visiting-service-mandation-review](http://www.gov.uk/government/publications/universal-health-visiting-service-mandation-review)

<sup>28</sup> Department of Health (2011) *Public Health in Local Government - Commissioning responsibilities* available at [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216712/dh\\_131901.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216712/dh_131901.pdf) accessed on 12.05.2017

<sup>29</sup> Public Health England (2014) *Guidance: Supporting Public Health: Children Young People and Families* Available at: <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children> accessed on 10.05.17

<sup>30</sup> Public Health England (2016) *Guidance: Healthy child programme 0 to 19: health visitor and school nurse commissioning* available at: <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning> accessed on: 10.05.17

<sup>31</sup> Prime Minister's Office (9 January 2017) *Press release: Prime Minister unveils plans to transform mental health support* available at: <https://www.gov.uk/government/news/prime-minister-unveils-plans-to-transform-mental-health-support> accessed on 10.05.17

NHS England's *Five Year Forward View*<sup>32</sup> contributed to this work, setting out the way the health service needed to change, and emphasising the need for partnership working. It acknowledged that the system had not heeded previous warnings about the likely consequence of ignoring the importance of prevention. It also committed, among other things, to ensuring that children were given the best start in life.

Allied to the *Five Year Forward View*, the devolution and integration agenda in England is also shaping future services. Sustainability and Transformation Plans (STPs) announced at the end of 2015 have resulted in NHS organisations and local authorities in different parts of England coming together to develop 'place-based plans' for the future of health and care services in their area.<sup>33</sup> They are predicated on boosting prevention activity and making a significant shift towards community-based care.

However, work<sup>34</sup> undertaken by the Royal College of Paediatrics and Child Health has shown that proposed areas of service redesign do not always

reflect this focus. There is little mention of infant, children or young people's health in the majority of STPs, particularly in relation to health visiting and school nursing services. This suggests a lack of understanding about existing capability and expertise in the nursing workforce, and of the role that these professionals play in improving population health.

The Prime Minister has stated her intent to introduce a social reform programme that would place a stronger focus on social justice.<sup>35</sup> We believe that improving healthy life chances for all, not just for its value to individuals and communities as part of a fairer society, but also to address the rising demands on the NHS, should be a central plank of this agenda.

To make this vision a reality, there is a need to invest in skilled specialist practitioners and the services that can intervene at the earliest stages of life, reducing the need for intensive interventions later in life and providing increased opportunity for everyone to reach their full potential.

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<sup>32</sup> NHS England (2014) *Five Year Forward View* available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>33</sup> NHS England (2016) Web page: *Sustainability and Transformation Plans (STPs)* available at <https://www.england.nhs.uk/stps/> accessed on: 12.05.17

<sup>34</sup> RCPCH (2017) *The State of Child Health Services Sustainability and Transformation Partnerships* available at [www.rcpch.ac.uk/state-of-child-health/stp](http://www.rcpch.ac.uk/state-of-child-health/stp)

<sup>35</sup> Department of Health (2011) *Public Health in Local Government - Local government's new public health functions* available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216710/dh\\_131905.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216710/dh_131905.pdf)

## 5. The school nursing and health visiting workforce

A redefinition of what constitutes public health is occurring simultaneous to intense competition for the declining resources available to local authorities. Linked to this, evidence<sup>36</sup> has emerged showing significant spending reductions for preventive services in local authorities in England, with services aimed at children and young people bearing the brunt of these cuts.<sup>37</sup>

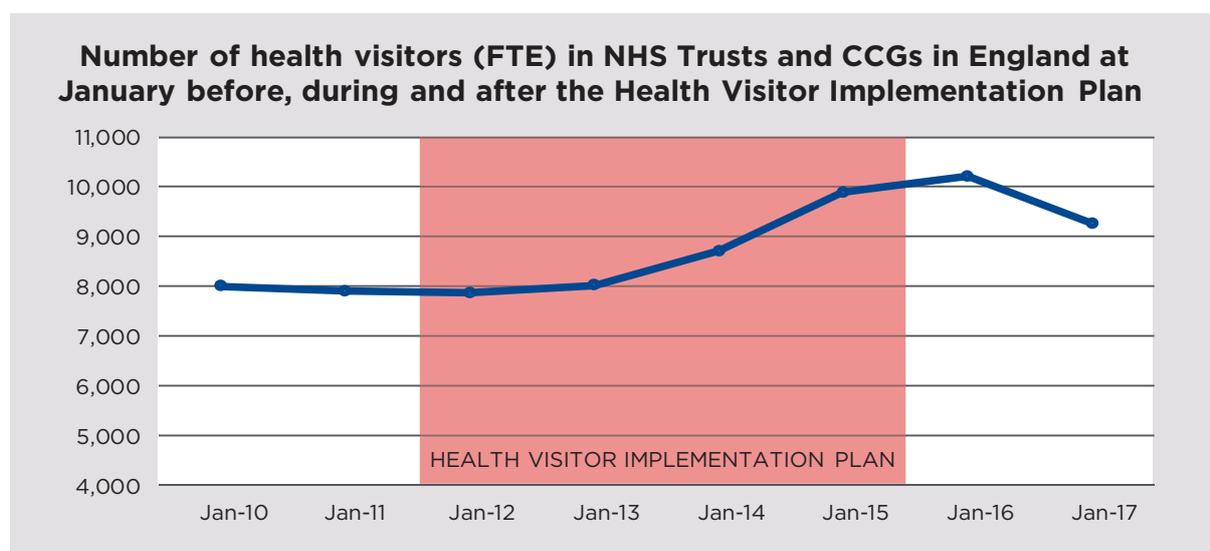
This disinvestment is reflected in the workforce, with reductions to health visitors and school nurses, at a time of rising demand and increasing workloads. A drop in the provision and uptake of specialist training, coupled with an ageing school nursing and health visiting workforce (in comparison to the overall nursing age profile) is storing up significant problems for the future.

### Health visitors

Between 2000 and 2011, the number of health visitors in England fell by approximately 20%.<sup>38</sup> During this time the population of children under the age of five increased by 12%<sup>39</sup> and this increased average caseload sizes by 30%.<sup>40</sup> This disparity between need and supply is what led to the introduction of the Health Visitor Implementation Plan which ran until March 2015. Despite just missing its target, the plan succeeded in increasing the number of health visitors by 49%.<sup>41</sup>

However, given previous reductions in the workforce between 2000 and 2011, actual growth was only at 20% compared to the number of health visitors in 2000.

Figure 1<sup>42</sup>



<sup>36</sup> HSJ (June 2016) *Revealed: Children's services hardest hit by public health cuts* available at: <https://www.hsj.co.uk/topics/public-health/revealed-childrens-services-hardest-hit-by-public-health-cuts/7005957.article>

<sup>37</sup> The HSJ research revealed planned spending reductions across 77 local authorities worth £50.5m in 2016-17. Of the £50.5m cuts in 2016-17, the biggest single area was a £7m reduction to services directly aimed at improving the health of children and young people, such as health visiting, school nursing and childhood obesity programmes. These represented 14 per cent of the total.

<sup>38</sup> From 10,046 to 7,941 Cited in Unite and CPHVA (2016) *Health Visiting in England* available at: [www.unitetheunion.org/health](http://www.unitetheunion.org/health)

<sup>39</sup> Unite and CPHVA (2016) *Health Visiting in England* available at: [www.unitetheunion.org/health](http://www.unitetheunion.org/health)

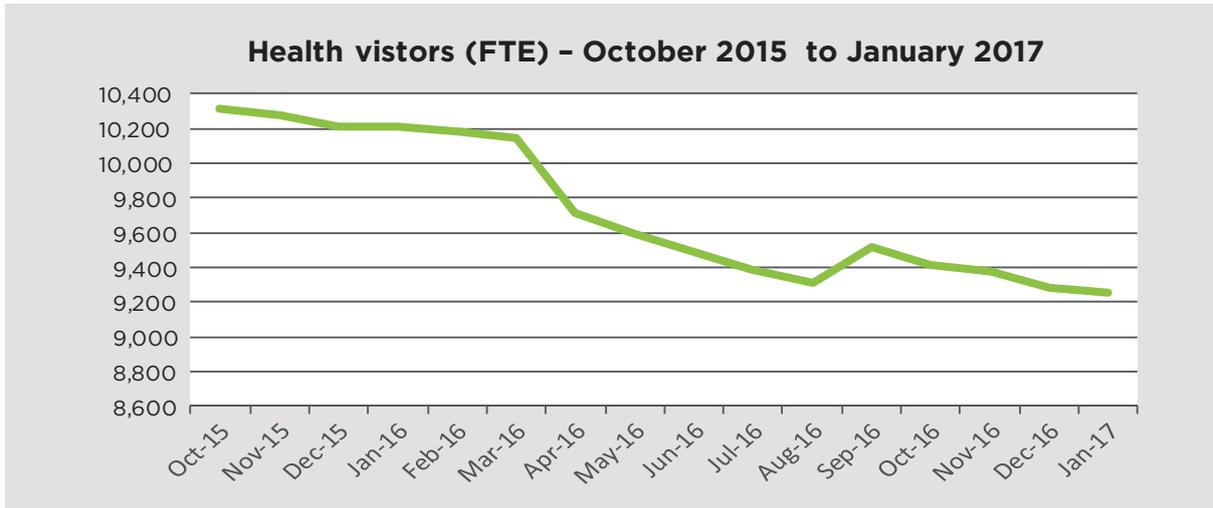
<sup>40</sup> Unite and CPHVA (2016) *Health Visiting in England* available at: [www.unitetheunion.org/health](http://www.unitetheunion.org/health)

<sup>41</sup> Indicative Health Visitor Collection (IHVC) data available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/health-visitors/indicative-health-visitor-collection-ihvc/>

<sup>42</sup> NHS Digital Workforce data available at: <https://digital.nhs.uk>

Disappointingly, since the programme’s end, the workforce appears to be experiencing a significant reduction once again, falling from 10,309 in October 2015 to 9,259 by January 2017 (see figure 2).<sup>43</sup>

**Figure 2**

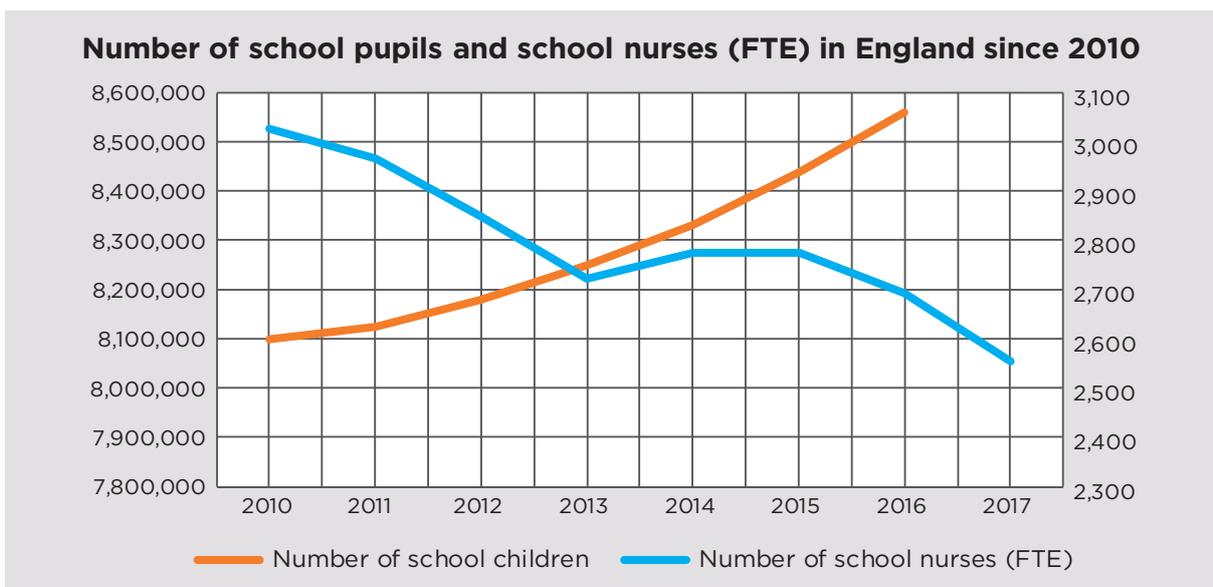


### School nurses

School nurses did not benefit from a similar investment programme to health visitors, and between January 2010 and 2017 the number of full-time school nurses fell by 16%.<sup>44</sup>

Simultaneously, the number of pupils rose from just under 8.1million to over 8.55million, a nearly 5% increase.<sup>45</sup> The shortfall in school nurses severely limits capacity to provide services, meaning that vulnerable children and young people may not be getting the level of support they need (figure 3).

**Figure 3**



<sup>43</sup> NHS Digital (January 2017) *NHS Hospital & Community Health Service (HCHS) monthly workforce statistics - Provisional Statistics*

<sup>44</sup> From 3026 to 2553, NHS Digital Workforce Data

<sup>45</sup> DfE (2016) *Schools, pupils and their characteristics* <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2016>

## Improving workforce data

It is difficult to provide a picture of the entire workforce, given changes to the commissioning of children's public health services and the incomplete data. While there has been a serious reduction in the nursing workforce providing services to the 0-19 age group, it is difficult to assess whether this is purely down to a reduction in posts, given a lack of available data on those services provided outside the NHS.

Intelligence obtained through our members points to a complex picture, with service re-provision, down-banding, changes to skill mix and adjustments to title and role descriptions. There is no dataset that allows us to capture this detail, and this difficulty is compounded when services are transferred to the independent sector or taken in-house by local authorities.

No data is currently collected on the local authority public health workforce, and independent sector organisations are not currently mandated to provide workforce data returns, giving us an incomplete picture.

It is crucial that this information is collected and reported, so that the Government can properly monitor developing trends in the public health workforce. It is particularly important given the impact of reduced local authority spending on public health.

Previously, as part of the Health Visitor Implementation Plan, data was collected in the form of a health visitor minimum data set (HVMDS). This was then supplemented by the Indicative Health Visitor Collection (IHVC) in 2014. Unfortunately this ceased to be collected once

the plan finished. Such data would be valuable in understanding the sustainability of the gains made by the Health Visitor Implementation Plan.

Nursing is not the only profession affected by the challenge of data collection; a similar challenge can be observed across the wider public health workforce. A recent report from the Health Select Committee<sup>46</sup> found that the commitment in the 2013 Department of Health Public Health Workforce Strategy, to develop a minimum dataset for the public health workforce, remains unimplemented. As a result and there is no directly comparable data covering the period of transition, to enable any assessment to be made on how the workforce is changing over time.

## Impact on services

The impact of population growth and workforce shortages can be clearly seen in metrics that are available to measure impact and service delivery. There is also evidence that the statutory service requirements are not being provided universally to the same quality, to the same standards.

One quarter of the babies born in the UK do not receive mandatory check-ups from health visitors during the first two years of their lives. A fifth of babies do not receive the recommended reviews after they turn one, and one in four miss out at the age of two.<sup>47</sup>

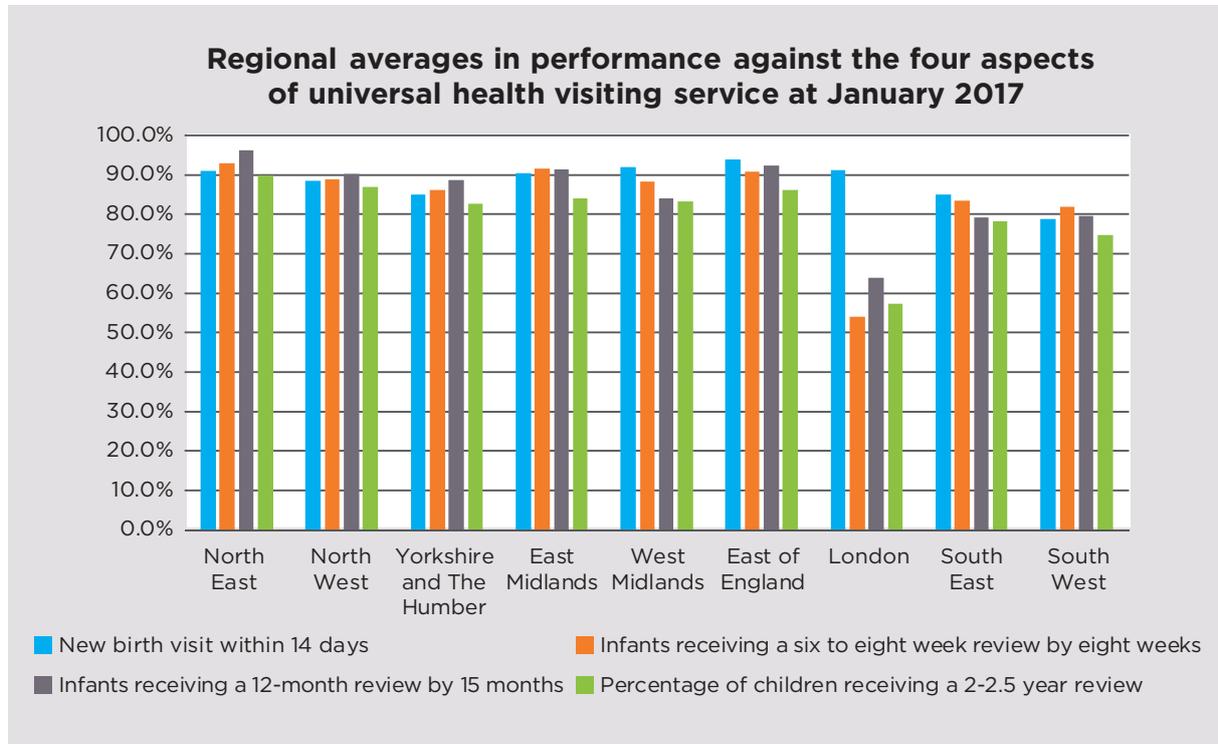
Adherence to the mandated elements of the health visiting service varies significantly across regions, with London faring particularly badly. Children in London are the least likely to receive the right number of health visits, with far fewer receiving the final two check-ups.<sup>48</sup> See figure 4.

<sup>46</sup> House of Commons Health Committee (2016). *Public health post-2013: second report of session 2016-17* available at: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news-parliament-20151/public-health-report-published-16-17/>

<sup>47</sup> Social Mobility Commission (2016) *State of the Nation 2016: Social Mobility in Great Britain* available at: <https://www.gov.uk/government/publications/state-of-the-nation-2016>

<sup>48</sup> Public Health England (2017) *Statistical release: Health Visitor Service Delivery Metrics 2016/17* available at: <https://www.gov.uk/government/organisations/public-health-england>

Figure 4



A Public Health England review confirmed that while overall the mandate had supported the focus on universal coverage at the national level, some local authorities were struggling to maintain service levels, despite the huge investment which went into the service between 2011-15.<sup>49</sup>

Caseloads for health visitors are increasing, creating additional risks to local authorities in delivering on safeguarding responsibilities for children.<sup>50</sup> In a recent survey<sup>51</sup> 85% of health visitors said their workload had increased over the past two years – with 40% of the increase in workload due to a reduction in the number of health visitors. Only 5% reported being able to

offer consistent continuity of care to all families, and 72% were worried about providing inadequate safeguarding and child protection support.<sup>52</sup>

At the same time 80%<sup>53</sup> of health visitors responding to the Institute for Health Visiting survey identified seeing an increase in domestic abuse and perinatal depression in the families they worked with.

16% of health visitors from the survey reported having caseloads of between 500 and 1000 children.<sup>54</sup> While the Community Practitioners and Health Visitors Association (CPHVA) recommends an optimum average caseload for

<sup>49</sup> Public Health England (2016) *Review of Mandation for the Universal Health Visiting Service* available at: <https://www.gov.uk/government/publications/universal-health-visiting-service-mandation-review>

<sup>50</sup> NSPCC (Oct 2015) *Perinatal Healthcare Teams: learning from case reviews* available at: <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/perinatal-healthcare-teams/>

<sup>51</sup> Institute of Health Visiting (December 2016) *Press Release: Public Health spending cuts stop health visitors protecting and supporting mothers and babies* available at: <http://ihv.org.uk/news-and-views/press-releases/public-health-spending-cuts-stop-health-visitors-protecting-supporting-mothers-babies/> accessed on: 09.05.17

<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

safe and effective practice is 250<sup>55</sup>, there is no nationally agreed optimum caseload. Setting a universally acceptable level is difficult, given disparities in case complexity levels and varying deprivation; nonetheless, the gap between the recommended optimum caseload and the average is striking.

A 2016 survey of school nurses<sup>56</sup> highlighted that they were also spread too thinly across the country. This review found that over a third worked in more than ten schools<sup>57</sup> and 98% reported carrying a high caseload.<sup>58</sup>

These pressures impact other equally vital work, such as supporting children living with long-term conditions. They also challenge school nurses' ability to offer other, less visible services to pupils and families, such as preventive care. On top of all this, there is a high administrative burden for school nurses. A recent review by the Children's Commissioner found 42% of school nurses spend more than half of their time doing paperwork.<sup>59</sup>

## Future supply of public health nurses

The current shortage is a warning sign for a much bigger crisis facing the provision of public health services for children and young people. Current workforce shortages must be seen in the context of a reduction in the numbers of new nurses coming into these roles, and against the backdrop of an ageing workforce.

Based on current trends, many health visitors and school nurses are likely to retire over the next ten years. The workforce has an older age profile, with 35% of school nurses and 44% of health visitors aged over 50.<sup>60</sup> These figures are higher than the average for the total nursing workforce in England, in which the percentage over 50 stands at 29%.<sup>61</sup> Taken together, this data provides a stark warning for the future: the loss of retirees, combined with the visible reduction in uptake by new entrants will almost certainly cause difficulties in delivering safe and effective care down the line.

These trends are further compounded by the low uptake of specialist programmes, which enable nurses to enter health visitor and school nursing roles at specialist or advanced practice level. Any nurse wishing to become a specialist practitioner, such as a health visitor or a school nurse, must undertake a Specialist Community Public Health Nursing qualification (SCPHN). Low uptake of SCPHN commissions risks the viability of these programmes, in turn risking the future of the pipeline of health visitor and school nurses

The commissioning of training is effectively employer-demand led, as they are expected to identify suitable candidates based on estimated future workforce needs. Health Education England has funded health visitor and school nurse training to date, but this

<sup>55</sup> Unite and CPHVA (2016) *Health Visiting in England* available at: [www.unitetheunion.org/health](http://www.unitetheunion.org/health)

<sup>56</sup> National Children's Bureau (2016) *Nursing in Schools: how school nurses support pupils with long Term Health Conditions* available at: <https://www.ncb.org.uk/nursinginschools>

<sup>57</sup> Ibid.

<sup>58</sup> Ibid.

<sup>59</sup> The Children's Commissioner *Lightning Review: Children's access to school nurses to improve wellbeing and protect them from harm* available at: <http://www.childrenscommissioner.gov.uk/publications/lightning-review-childrens-access-school-nurses-improve-wellbeing-and-protect-them-harm>

<sup>60</sup> 2014 Data obtained from NHS Digital by the RCN in 2014

<sup>61</sup> NHS Digital Workforce Data

may finish at the end of 2017. Vast reductions in both planned commissions<sup>62</sup> as well as an overall reduction in uptake of places is being experienced across the service.

In 2016-17 there was a 22% reduction in planned health visitor commissions, compared to 2015-16.<sup>63</sup> Under-recruitment to even these limited places means that the numbers of health visitor trainees are set to have the biggest shortfall of all specialities, with an anticipated under-recruitment of 24%.<sup>64</sup>

For school nursing there were 22% fewer enrolments expected for 2016-17.<sup>65</sup> Worryingly, there is no guarantee that any underspends will be redirected into further development and support for health visiting and school nursing. There was also a 16 % reduction in planned school nurse commissions by HEE, compared to 2015-16.<sup>66</sup>

Addressing these problems will be challenging. Firstly, we need to have a better picture of the many factors, current and potential, affecting uptake. It is welcome that Health Education England and Public Health England have set up a review of the way community nurses, particularly health visitors, school nurses, and district nurses, are trained, and how course places are commissioned. It is unclear when this review will conclude, but quick and decisive action is needed given the instability in commissioning and uptake of training places.

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<sup>62</sup> Available places on SCPHN courses

<sup>63</sup> Health Education England (2016) *HEE commissioning and investment plan - 2016/17* available at: <https://hee.nhs.uk/sites/default/files/documents/HEE%20commissioning%20and%20investment%20plan.pdf>

<sup>64</sup> Health Education England (2016) *Corporate Dashboard for Board Meeting*, 13th December 2016: <https://www.hee.nhs.uk/about-us/our-leaders-structure/hee-board/board-meetings-papers/hee-board-meeting-13-december-2016>

<sup>65</sup> Ibid.

<sup>66</sup> *Health Education England, HEE commissioning and investment plan - 2016/17*: <https://hee.nhs.uk/sites/default/files/documents/HEE%20commissioning%20and%20investment%20plan.pdf>

## 7. Recommendations

The Royal College of Nursing is committed to strengthening preventative services for children, especially as these are overwhelming nurse-led services with the potential to transform lives.

We commit to:

- engaging with our members to develop a vision for the future of community and public health services
- working with Public Health England to do further work on indicators for measuring outcomes from the Healthy Child Programme as an integrated service for children from birth to 19 years, and provide professional support to practitioners to support their delivery
- working with Health Education England to understand the reasons for and improve uptake of Specialist Community Public Health Nursing (SCPHN) qualifications to increase the numbers of new health visitors and schools nurses, ensure they are better integrated and their roles are understood within the wider multi-disciplinary public health teams
- advising and supporting the regulator, the Nursing and Midwifery Council, to ensure public health is encompassed in the review of pre-registration nurse education standards and in its review of the SCPHN part of the NMC register
- working with Health Education England, Public Health England, the Institute of Health Visiting and others towards a more structured career pathway for public health nursing roles with access to continuing development to meet changing service needs, and to help retain this highly skilled workforce and attract new entrants into these roles
- continuing to monitor and assess the impact of any changes to service provision, engage with local authorities and providers locally and highlight where this improves or threatens the quality of services.

We call on local authorities to:

- ensure implementation of the mandated universal children's service across England and ensure every child under five is guaranteed meaningful access to a health visitor

- ensure every child over five has timely access to a school nurse as part of delivering the healthy child programme.

We call on Government to:

- allocate sufficient funding resource for local authorities to carry out their statutory duties in relation to children's public health services
- reinstate the health visitor workforce data set introduced as part of the implementation plan and introduce similar data collection requirements for school nursing to support effective workforce planning and service delivery
- ensure delivery of the commitment in the 2013 Department of Health Public Health Workforce Strategy to develop a minimum dataset for the whole public health workforce
- review the impact of public health funding cuts on the delivery of the healthy child programme and make achieving the outcomes from this programme a key part of the Government's social justice agenda.

We call on Health Education England and employers to:

- ensure that health visitors and school nurses undertake placements as part of their training with public health teams to reinforce multi-disciplinary working and integrated services
- work with the RCN and other stakeholders to review and address reasons for low uptake of the Specialist Community Public Health Nursing (SCPHN) qualification and develop an action plan to address this to ensure that sufficient health visitors and school nurses trained and recruited, particularly to service the needs of an expanding role and a larger school population
- ensure access to training to further develop the skills and confidence in supporting children with additional physical and mental health needs.



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