

## 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 391theyTes, theTmTord theT hwe57.48101044 r ( )Tj 0.401 0 56.6nD rol3nd nurs(inhasi0 T

### 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 been a primary concern for Directors of Public Health (DPH) and local authority public health teams.

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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.<sup>2</sup> 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.<sup>3</sup> Their definition includes Health Visitors, school nurses and Specialist Community Public Health nurses.
- 5.2 The RCN's recent report *The Fragile Frontline*<sup>4</sup>, 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

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<sup>2</sup> [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](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)

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

<sup>4</sup> [http://royalnursing.3cdn.net/9808b89b8bfd137533\\_krm6b9wz7.pdf](http://royalnursing.3cdn.net/9808b89b8bfd137533_krm6b9wz7.pdf)

figures showing that there are currently 11,000 Health