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30 January 2018

### **RCN Scotland Response:**

#### **A healthier future - action and ambitions on diet, activity and healthy weight**

**January 2018**

#### **1) Value of nursing (Q 7)**

Working with children and young people as well as their families to understand and implement healthy lifestyles is key to a prevention and early intervention agenda and vital for achieving healthier and more active lives for people living in Scotland. Nursing staff work in almost every stage and setting of care, and as such they have an important role across a wide range of public health interventions. Nurses are well placed to offer advice and information to individuals on how to adopt a healthy lifestyle.

Nurses working in community settings are likely to be among the first professionals to pick up on the health needs of children and their family members. The strategy specifically mentions the Family Nurse Partnership and the Universal Health Visiting Pathways and while these nursing teams are absolutely key to developing positive relationships with food from birth, there are many other nursing services which support healthy lifestyles and will play an important role in supporting people across their life span with good nutrition and physical activity. School nursing teams, for example, are an important resource in terms of working with school age children and helping to focus attention within educational settings on healthy eating and

physical activity. Additionally, specialist diabetes nurses will be key to supporting adults at risk of, or living with Type 2 diabetes.

However, although nursing teams have the skills to deliver this kind of support and care, their capacity must also be considered. Action 2.11 of the strategy sets out the intent to use the Health Visitor Pathway to engage with families however, according to latest ISD figures (December 2017) vacancy rates among health visitors are “one of the highest individual vacancy rates for nursing and midwifery” at 5.8%. Adults with weight issues may look to district nurses for support however district nursing has a vacancy rate of 6.2% (ISD, December 2017) which means that the resources to support people to adopt healthy lifestyles are understaffed. Practice nurse interventions are also key here, but the implications of the GP contract on both the GPN and wider community nursing team are significant and must be reflected within the strategy now that the GP contract has been agreed – particularly given the minimal focus in the contract on prevention. Indeed, with a plethora of Scottish Government policies and strategies (including this strategy) all making demands on the time and skills of community nursing teams, it is vital that the Scottish Government commits the right resources to ensure these nursing services can operate effectively.

The strategy mentions that having conversations with people including children and young people can be “sensitive and difficult”. It is essential that the right training is in place so that the people having these conversations are able to build good relationships with the people they are supporting. Having effective conversations and encouraging people to commit to behaviour change takes highly developed skills in the areas of relationship building and health promotion. All nursing teams should have access to the right training and ongoing CPD, with backfill as appropriate, to ensure they are able to deliver the most effective support at all times.

## **2) Nurses as employees (Q 11)**

RCN Scotland agrees that “we need to create a whole nation approach” in order to improve Scotland’s health and wellbeing. Leadership is an important element in achieving this and we are pleased to see that the strategy recognises the role of employers in promoting health and wellbeing of its workforce.

As key deliverers of health care and support, nursing staff in turn need to be supported to be as healthy and well as possible. The issue of obesity among nursing is highly sensitive and vitally important, not just because of the impact on nursing professionals’ own health and wellbeing, but also because of the impact on productivity within the workplace (RCN 2016). Recent research jointly carried out by Edinburgh Napier University and London South Bank University found that a high number of nurses in Scotland were overweight and just under 30% were obese. Such high rates of obesity are likely to fuel sickness levels within NHS Scotland, including the increase of risk of musculoskeletal conditions and mental health conditions.

As health care professionals, nursing staff may sometimes feel motivated to meet the needs of others before themselves. Employers, including but not limited to the NHS, must encourage and support nurses and health care support workers to make healthy choices. Employers should make working environments as conducive as possible to maintaining a healthy lifestyle. The working conditions of many nurses and healthcare support workers may include the need to do nightshifts. This pattern of working can have a chaotic effect on one's body clock and appetite. This is made harder when workplaces don't provide adequate healthy eating options or appropriate space for healthy meal preparation. Other difficulties including the lack of facilities for storing fresh, healthy food, or access to canteens that are either too far from wards to allow nurses to get there in their breaks or are closed during night shifts. Employers must address these issues for all nursing staff, whenever they are at work. Additionally employers could look to wider healthy lifestyle initiatives such as free exercise classes on site, supporting staff walking groups / cycling clubs or subsidising access to other health and sport facilities.

A significant portion of the nursing workforce is not based in hospitals and may encounter challenges as a result of not having a physical base throughout the day. Community nursing teams who spend a significant amount of time travelling by car to deliver care may find it difficult to stay active and encounter challenges in preparing fresh healthy food while on the go. Community nursing teams need to have the time to be able to take their breaks so that they can eat a nutritious meal and be physically active.

The RCN has recognised the challenges for nursing staff in maintaining healthy lifestyles and in response has worked with C3 Collaborating for Health, RCN Foundation, London South Bank University and the Burdett Trust for Nursing to develop an interactive tool, [NURSING YOU](#). It is a tool designed by nurses for nurses and helps them to recognise triggers for unhealthy food decisions and then offers support to make better choices

### **3) Nurses and the community (Q 12)**

A campaign aimed at building healthier and more active lives needs to have a national focus, but people should also have freedom to implement local strategies which are sensitive to their community and populations. Integration Authorities are not mentioned in the strategy but they will be key to implementing local initiatives and directing resources towards this area of public health. We are also keen to understand the role of any new public health body in this field.

One of the reasons nurses are so ideally placed to support this strategy, is their intimate understanding of the populations and communities they work in. Local knowledge can bring added value in terms of ensuring interventions are targeted to meet the needs of local communities. In Scotland understanding the particular needs of remote and rural communities is of particular importance in tackling health inequalities. Those living outside of towns and cities may not have convenient access to swimming pools, gyms and other sports facilities. At

certain times of year harsh weather conditions may also impede people's access to outdoor activities. The strategy should take account of these specific challenges and include actions for supporting these communities.

People's socioeconomic circumstances should also be at the heart of any whole nation movement. While the strategy does recognise the impact of poverty on children's health, it does not focus enough on the impact of restricted financial means on adult health. Relying on foodbanks where choice of produce may be limited or, being employed through a zero hours contract with no fixed or guaranteed weekly income, will create significant challenge for adults and their families in planning healthy nutritious meals.

While it is understandable that the strategy focuses on children and young people, this is not enough if a whole nation movement is to take place. RCN Scotland would have liked see specific actions to support people with disabilities and older people to maintain a balanced and nutritious diet as well as the general adult population whose health now will impact on their long-term wellbeing and health and social care service demand in the future.

If you would like to discuss anything in this consultation response further, please contact Lorna Greene, Policy Officer, at [lorna.greene@rcn.org.uk](mailto:lorna.greene@rcn.org.uk).