

Royal College of Nursing response to Labour National policy Forum Consultation
Prevention, early intervention and better public services for all

1. Introduction

1.1. With a membership of half a million 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.

1.2. The RCN welcomes the opportunity to submit evidence to the Labour policy consultation on prevention, early intervention and better public services for all. This submission sets out the RCN's views on the key priorities to ensure that the nursing workforce is equipped and enabled to deliver progress on these areas.

2. How can Labour ensure our public health services prevent worsening population health, ensure pandemic preparedness, address widening health inequalities, and offer early intervention programmes that reduce pressure on our communities and other services (in conjunction with wider social policy)?

2.1. The COVID-19 pandemic exposed and amplified the significant health inequalities that exist in England.ⁱ These inequalities include in relation to life expectancy, healthy life expectancy, the prevalence of disease and the risk factors for preventable ill health.ⁱⁱ

2.2. The pandemic also underlined the importance of robust public health services and highlighted the gaps and pressures in the public health system caused by significant funding cutsⁱⁱⁱ and an escalating workforce crisis over the last decade.

Improve pandemic preparedness

2.3. The current and any future governments must plan for the unpredictability of infectious disease management and future pandemics. This must incorporate and build on learning from the COVID-19 pandemic to improve the preparedness of the public health and wider health system to protect the population's health.

2.1 Actions must include:

2.1.1 Delivering fully funded government health and care workforce plans to ensure long-term nursing supply, retention and recruitment to meet the needs of the population. These plans should include specific measures on supply, recruitment, retention, and remuneration of nursing staff, both in the public and independent sectors, covering health and social care in all settings.

2.1.2 Publishing independently verifiable assessment of health and care nursing workforce requirements to meet the needs of the population and address health inequalities. This should underpin workforce planning. Assessment

must be based upon the RCN Nursing Workforce Standards^{iv} and include an evaluation of health inequalities across geographies, services and settings, considering where health needs are greatest.

- 2.1.3 Ensuring that there is government accountability for nursing workforce planning and supply in law. Ministers must hold accountability for the provision of workforce supply to meet identified needs, based on a transparent assessment of population demand, including inequalities.
- 2.1.4 Increasing investment in the health and care service overall to ensure that health and social care capacity is not overwhelmed and is equipped to meet the needs of our population.
- 2.1.5 Ensuring that all nursing staff, regardless of practice setting, have equitable access to the necessary PPE of the required standard.
- 2.1.6 Involving the nursing profession and nursing leaders in designing national guidance on PPE and infection control.

These actions are necessary because:

- 2.4. The pandemic has highlighted the critical role that nursing plays in protecting, improving and sustaining people's health. Nursing staff have been on the frontline throughout the pandemic, risking their lives to ensure patients were cared for including during the first wave when there was a lack of appropriate PPE to protect them.
- 2.5. As a profession, nurses have led the way in reducing transmission by demonstrating excellent infection prevention and control measures. These measures are fundamental to nursing, meaning the profession is uniquely able to understand the importance and methods to reduce infection rates. Full and proper engagement with the nursing profession on infection control will help to help ensure national guidance is robust, fully informed and evidence based.
- 2.6. The pandemic also exposed the extent to which successive governments have underfunded and failed to plan adequately for a sustainable nursing workforce, as part of wider health and care system, and financial planning. There is an urgent need for investment in measures to develop a sustainable nursing workforce supply that meets the needs of the population now and in the longer term, and to ensure staffing for safe and effective care in all health and care settings.
- 2.7. A recent report on health system resilience highlighted the correlation between staffing levels and excess deaths during the pandemic and calls for around half of its recommended 1.4% of GDP health spend to be targeted at bolstering the health and care workforce.^v Nursing is the largest safety critical profession in health care. It is vital that there are the right staff, with the right skills, in the right place, at the right time.
- 2.8. A continued failure to tackle the issues facing the nursing workforce, including in recruitment, retention and burnout, poses a serious risk to the country's ability to robustly tackle any future pandemics and health protection threats.

2.2 Currently, in England, there is not yet a shared credible system understanding of workforce shortages and of the increasing demand in both population and service. It is not acceptable for nursing staff to be required to practise in this way or for patient safety to be compromised so severely. Persistent, systemic workforce issues put nursing staff and patients at risk. Without clear legal duties on the Secretary of State for Health and Social Care, the RCN considers the current approach to be a false economy propping up an unsustainable system.

2.3 The RCN found that this issue was significantly worse for black and ethnic minority nursing staff, where over half (56%) felt pressure to work without the correct PPE.^{vi} Staff working in care homes were most likely to report that they felt pressured to care for individuals with possible or confirmed COVID-19 without adequate protection (41%) rather than those working in a hospital (38%) or the community (24%).^{vii}

New increased funding settlement for public health and prevention

2.4 Public health services are vital for preventing ill health, improving health, reducing health inequalities and protecting people from health threats.^{viii} Evidence shows that investing in prevention and early intervention will reduce demand on the NHS and public services, improve health and wellbeing and support economic growth.^{ix} Furthermore, there is strong evidence that demonstrates the effectiveness and cost effectiveness of public health and preventative intervention.^x Investing in prevention is cost-effective, can reduce pressure on the wider health and care system, and contribute to wider sustainability, with economic, social and environmental benefits.^{xixii}

2.5 The current and any future governments should increase investment in public health and prevention. This must include:

2.5.1 Introducing an increased, sustainable, long-term funding settlement for public health. This funding should be based on a robust assessment of population needs, considering deprivation and inequalities, and the resources (including workforce) required to improve population health, reduce health inequalities, and respond effectively to health protection issues and threats.

2.5.2 Funding for public health must be sufficient to provide fair pay, terms, and conditions for all public health nursing staff.

2.5.3 Investment is needed in growing and strengthening the public health nursing workforce with targeted action to address recruitment and retention issues as part of workforce planning for the whole health and care system, based on an assessment of population demand.

These actions are necessary because:

2.9. Despite the evidence that local authority public health spending provides good value for money,^{xiii} the public health grant which funds local authorities to commission essential public health services has been cut by 24% on a real-terms per capita basis since 2015/16, with the cuts disproportionately affecting those living

in the most deprived areas of England.^{xiv} This is especially concerning given that areas of high deprivation tend to have poorer health and shorter life expectancy,^{xv} and a higher prevalence of disease,^{xvi} with higher rates of emergency admissions and fewer GP practices per head than areas of low deprivation.^{xvii}

- 2.10. Funding cuts and underinvestment have impacted on the vital public health services provided by local authorities to promote wellbeing and prevent ill health including smoking cessation, sexual and reproductive health, health visiting, school nursing, substance misuse and weight management. This in turn exacerbates the pressures on the wider health and care system as opportunities for prevention and early intervention are missed.
- 2.11. The RCN has called for, at minimum, the restoration of public grant funding to 2015 levels and for additional funding to strengthen public health services, including investment in growing the public health nursing workforce. Public health funding should rise in step with increases in NHS funding and funding for prevention should increase as an overall percentage of health spending.
- 2.12. Furthermore, for several years there has been a pattern of the public health grant allocations being announced at a very late stage, which has increased the difficulty for local authorities to plan and deliver effective services. Short term, one-year budgets also make it difficult to plan for the longer term. At the time of writing, the public health grant allocations for 2023/24 had just been published and the RCN was pleased to see that the Government has also announced indicative allocations for 2024/25 which will help to provide some clarity for local authorities planning processes. However, although there was an increase in the overall grant – it was not sufficient to meet demand or to remedy the extensive cuts that have been enacted since 2015 and there is a need for long term investment.
- 2.13. Another issue that has arisen because of insecure and insufficient funding for public health relates to pay. In recent years there has been uncertainty and dispute between the Department of Health and Social Care (DHSC), NHS England and local authorities about how pay awards for staff employed under Agenda for Change but in services commissioned by local authorities (including health visitors and school nurses) would be funded. This issue has been highlighted again in the context of the delays to public health funding allocation announcements for 2023/24 and the discussions about pay rises for NHS staff.^{xviii}
- 2.14. Public health nurses are the backbone of frontline public health services, yet for years the RCN has been raising concerns about the significant and widening gaps in the public health nursing workforce. In relation to key areas of public health, notably health visiting and school nursing, the RCN has highlighted concerns about funding cuts leading to services being decommissioned despite rising demand, and the resulting workload pressures affecting recruitment and retention, as well as concerning trends in skill substitution, for example in health visiting teams where checks are not consistently carried out by a qualified health visitor and regarding the declining provision and take up of specialist community public health nurse (SCPHN) training courses.^{xix} While the Institute of Health Visiting has highlighted that there are not enough health visitors to meet rising levels of need, and that children and families are experiencing a ‘postcode lottery of support’.^{xx} This undermines the opportunities for prevention and early intervention and goes against the evidence that good quality services in the early years have enduring effects on health and other outcomes.^{xxi}

2.15. Many public health nurses are employed outside of the NHS where workforce data is not routinely or consistently collected or available. This inhibits our understanding of this part of the health and care workforce. However, from available data, we know that in England since 2015, there has been a decline of almost 40% in the number of health visitors, while the number of schools nurses in the NHS has decreased by 28% (from 2,175 to 1,945) since 2015.^{xxii}

2.16. Ensuring that there is a strong, sufficient public health nursing workforce in place to meet demand should be a core priority for government as part of a move towards prioritising prevention and early intervention. This will require increased and sustained investment in growing, strengthening and retaining the public health nursing workforce. There is often a stark disparity between how public health nursing staff are treated, compared with their NHS counterparts. For example, terms and conditions differ greatly and there is varying access to appropriate training, development, supervision and support. This can make it more difficult to attract people to specialise in these areas in the first place and then to stay. It is vital that the public health system is sufficiently resourced to provide pay, terms and conditions of employment which are attractive to recruit and retain staff. Public health nurses must have access to equal terms and conditions, training, development and support as their NHS counterparts.

Make health equity a cross-government priority

2.17. Good health is vital for economic productivity and a healthy economy. The RCN believes that improving health and reducing health inequalities should be a core priority across the whole of government with health recognised as an investment.

2.18. Current and future governments should:

2.18.1. Recognise health as an investment and make health equity a priority for the whole of government. This will require the following actions:

2.18.2. Deliver a cross-departmental strategy for improving health and reducing health inequalities with significant action to address the wider determinants of health.

These actions are necessary because:

2.19. The conditions in which we grow, work, age and live – otherwise known as the social determinants of health - including income, education, employment, access to food, housing, and environment, all impact on and influence health and wellbeing.^{xxiii} Evidence shows that the social determinants can be more influential than health care or lifestyle choices in shaping health – with some studies suggesting that they account for between 30-55% of health outcomes.^{xxiv} Action to address the social determinants of health is therefore critical for improving health and reducing inequalities.

2.20. To drive this action, the RCN believes that there must be a cross-departmental strategy for improving health and reducing health inequalities which includes action on the wider determinants of health. There is broad support for such a strategy – it is backed by more than 200 organisations as part of the Inequalities in Health Alliance (of which the RCN is a member).

- 2.21. A strategy could provide the necessary strategic vision, clarity and coherence needed to drive progress in improving population health and reducing inequalities. It is notable that there has not been a national strategy for addressing health inequalities in England since 2010 and the RCN is concerned at the UK Government's decision to drop its planned White Paper on health disparities,^{xxv} despite consensus across the health and social care sector that this is urgently required.
- 2.22. The current UK Government stated its support for improving public health and reducing health inequalities as part of its 'Levelling Up the UK' White Paper^{xxvi} and in the subsequent Levelling Up Bill.^{xxvii} This committed to the ambitious mission of narrowing the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest by 2030, and by 2035 that HLE will rise by five years. It also committed to the mission of (by 2030) improving well-being in every area of the UK, with the gap between top performing and other areas closing.
- 2.23. The UK is also committed to achieving the Sustainable Development Goals (SDGs) by 2030. The SDGs include a range of public health targets including reducing mortality from Non-Communicable Diseases through prevention and treatment, ensuring universal access to sexual health services and strengthening prevention and treatment for alcohol and substance abuse.^{xxviii}
- 2.24. The RCN supports these ambitious targets and is clear that the nursing workforce will be a critical driver of progress towards them. However, these goals will not be achievable without significant and meaningful action and investment to strengthen the nursing workforce and support effective workforce planning; increased investment in health – including a long-term funding settlement for prevention and public health; and without a clear strategy for health and health inequalities which includes action to address the social determinants of health and embeds health equity as a priority across government.

Recognise and promote nursing leadership

- 2.25. Nursing is embedded across the whole breadth of health and care settings and services, and within communities and has a unique understanding and perspective of public health which is critical for effective public health services.
- 2.26. The current and future government should recognise and promote nursing leadership. This must include:
- 2.26.1. Including nursing representation and defined nursing leadership roles within all the key public health bodies and across the wider health system.
- 2.26.2. Establishing a Chief Nursing Officer (CNO) role, situated within DHSC, aligned with the Chief Medical Officer role. This should be in addition to the existing nursing leadership posts in the NHS, Office for Health Improvement and Disparities (OHID) and social care.

These actions are necessary because:

- 2.27. Nursing staff are uniquely able to understand the full care pathway for patients and advise on strategic care planning and delivery, whilst nurse leaders are well

placed to understand both the health and care needs of their populations and identify opportunities for joining up relevant parts of the patient pathway. Nurse leaders can transform systems away from a focus on acute services and treatment to one which prioritises prevention, health promotion and public health. This has great benefit to local health economies, in terms of preventing avoidable ill-health and reducing the burden on expensive secondary services.

2.28. Nursing should be included and represented in all layers of decision-making, including defined nursing leadership roles within all the key public health bodies and across the health system. In addition to the existing nursing leadership posts in the NHS, Office for Health Improvement and Disparities (OHID) and social care, there is a need for a Chief Nursing Officer (CNO) role, situated within DHSC, aligned with the Chief Medical Officer role. This post would act as the leading representative of the nursing profession, reflecting the breadth of services and settings in which nursing works and that it is the largest healthcare profession. The CNO should be enabled and empowered to give independent professional advice to the Government on nursing issues, including public health nursing, given the core role that nursing plays across all aspects of health and care.

3. What should Labour do to strengthen primary care (including all primary healthcare professions) and to shift healthcare where possible into the community, while ensuring high quality hospital services?

3.1. The RCN supports the intention to shift healthcare where possible into the community while ensuring high quality acute services. However, there must be recognition of the significant workforce shortages in community nursing services and urgent investment and action to address these gaps.

3.2. The current and future governments should:

3.2.1. Implement workforce planning to deliver and ensure a sufficient supply of nursing staff; and

3.2.2. Take action to strengthen community nursing services which addresses the specific recruitment and retention issues in the sector.

These actions are necessary because:

3.2 RCN members working in community services report managing high caseloads with increasing acuity and complexity of patient needs and staffing levels remain a continual focus of concern. The average vacancy rate for registered nurses working in NHS community services in England is just over 12% while the latest workforce statistics from NHS Digital show that there has been a significant decline in some areas of community nursing since 2009: this includes district nursing which has declined by 47.2%.^{xxix}

3.3. High vacancy and sickness rates along with low morale is having an impact on the service. Community nurses are exhausted, and the staffing shortages are undermining the efforts to give safe and effective care. The conditions for the community nursing workforce are leading to high rates of staff leaving the profession.^{xxx}

4. What should Labour include in a Women's Health and Wellbeing Strategy?

- 4.1. The health and wellbeing of women is critical to the wellbeing of society, and there is a growing body of evidence that shows a gender health gap, with many women suffering poorer health outcomes.^{xxxii} The RCN is supportive of the need for a women's health strategy, and we welcomed the publication of the Women's Health Strategy for England in 2022.^{xxxii}
- 4.2. Current and future governments should focus on delivering the ambitions of the Women's Health Strategy for England. This must include:
 - 4.2.1. Fully funded implementation plans which focus on integrated, person-centred care and address prevention as well as treatment.
 - 4.2.2. Ensuring that equivalent strategies are implemented across the UK and that there is alignment between related strategies, for example addressing sexual and reproductive health and violence against women and girls.
 - 4.2.3. Implementation plans should actively engage with women, girls, men, communities and voluntary and support groups, as well as with the healthcare professionals involved in delivering care plans, including nursing, and with commissioners and service providers.^{xxxiii}
 - 4.2.4. Ensuring that there is robust workforce planning and investment in increasing the nursing workforce through supply, recruitment and retention and improved access to training and Continuing Professional Development to support a greater focus on women's health.
 - 4.2.5. Increasing action on women's health in the workplace.

These actions are necessary because:

- 4.3. As the Kings Fund highlighted in relation to the Women's Health Strategy, the Strategy is a positive step forwards.^{xxxiv} Given that the timeline for the strategy is 10 years there is a need for current and future governments to focus on the delivery of the ambitions set out in the Strategy.
- 4.4. Progress towards the ambitions set out in the Women's Health Strategy will necessitate having enough nursing staff in the right place at the right time with the right knowledge, skills and training to deliver safe and effective care that meets women's needs. This will require coherent workforce planning and investment in increasing the nursing workforce through supply, recruitment and retention and improved access to training and Continuing Professional Development.
- 4.5. Women's health in the workplace must be a core priority and the RCN wants to see much greater focus and action on addressing this issue. This is especially relevant in the health and care sector, where a significant percentage of the workforce is female. For example, women make up around 47% of the UK's workforce and around 77% of the NHS workforce.^{xxxv}

5. What are the specific implications of policy proposals in this area for (a) women, (b) Black, Asian and minority ethnic people (c) LGBT+ people, (d) disabled people and (e) all those with other protected characteristics under the Equality Act 2010?

5.1. Current and future governments should:

- 5.1.1. Develop a cross-government strategy for addressing health inequalities and prioritise the development and implementation of a fully funded, cross-departmental race equality strategy that is appropriate to each specific national context of the UK.
- 5.1.2. Ensure that the specific implications and impacts on people with protected characteristics are considered and addressed within new policy development.
- 5.1.3. Trigger the full implementation of the public sector socio-economic duty a of the Equality Act 2010, where it is not currently implemented. The socio-economic duty requires public bodies to adopt transparent and effective measures to address the inequalities that result from differences in occupation, education, place of residence or social class and will require public bodies to adopt measures to address inequalities resulting from the social determinants of health.
- 5.1.4. Ensure that reforms to human rights legislation require health and care organisations, regulatory bodies and inspectorates to tackle racism, including in the workplace.

These actions are necessary because:

- 5.2. Health inequalities are often linked to deprivation and socio-economic status; to specific protected characteristics including ethnicity and disability; and to specific groups and/or to where people live.^{xxxvi} Inequalities in health include unfair and avoidable differences in people's overall health and the prevalence of disease and ill health, people's access to health and care services and the care that people receive/experience, behavioural risks which shape health and in relation to the conditions in which we are born, live, work, grow and age which shape our health – these are known as the 'social determinants of health'.^{xxxvii}
- 5.3. The RCN recently published 'Valuing Nursing', a report on nursing workforce retention.^{xxxviii} This report highlighted that across all the issues which impact nursing retention, there are significant inequalities, and some groups are disproportionately affected. For example, in relation to pay in 2019, there was found to be a 23% gender pay gap in the NHS.^{xxxix} Action is needed to ensure that nursing roles at all levels are suitably remunerated and to address the structural barriers that result in pay gaps amongst nursing professionals and wider health and care professionals.
- 5.4. The RCN report also highlighted that in relation to leadership and career progression, staff from ethnic minority backgrounds are significantly under-represented at senior levels of decision making.^{xl} While some groups, including men and disabled nurses, are less likely to complete the requirements for revalidation.^{xli} The RCN is clear that inequalities in the workplace have a detrimental impact on retention.

5.5. In relation to the COVID-19 pandemic, RCN surveys of our members on access to Personal Protective Equipment (PPE) and to COVID-19 vaccines found marked inequities across our membership, including for minority ethnic staff.^{xlii} Evidence shows that ethnic inequalities in access to, experiences of, and outcomes of healthcare are longstanding problems in the NHS, and are rooted in experiences of structural, institutional and inter-personal racism.^{xliii} The RCN has highlighted that racism is endemic in health and care and called for bold action to address structural racism.^{xliv}

6. What consideration would need to be given to policy proposals in this area when collaborating with devolved administrations and local governments in England, Scotland, Wales and Northern Ireland?

6.1. The current and future UK Governments should:

6.1.1. Move towards multi-year budgeting to enable devolved governments to make progress on issues such as workforce planning and transformation; and

6.1.2. Improve transparency over methods for establishing funding for devolved administrations, and for allocations to accurately reflect and speak to the level of investment required to deliver quality implementation of effective policy and funding in each country.

These actions are necessary because:

6.2. The RCN has previously highlighted that the current cycle of one-year budgets hinders long term planning and called for a move towards multi-year budgeting to enable devolved governments to make progress on issues such as workforce planning and transformation.^{xlv} For example, this was set out in the New Decade, New Approach Agreement in Northern Ireland but this has not yet been implemented because of a failure to form an Executive and an ongoing budget crisis.

6.3. The RCN has called for greater transparency from the UK Government over methods for establishing funding for devolved administrations, and for allocations to accurately reflect and speak to the level of investment required to deliver quality implementation of effective policy and funding in each country. There must be greater transparency from the UK Government on the impact of funding announcements for the devolved nations and on how consequential funding is calculated, and transparency is also required for spending. This applies to ring-fenced funding intended for workforce, including for pay rises, in any NHS funded services, including GP provided primary care and other independent providers.

About the Royal College of Nursing

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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