

27 October 2015

Dear Mr McNeil

Call for evidence – Scrutiny of the draft budget 2016-17 - Prevention

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses with around 425,000 members, of which around 39,000 are in Scotland. Nurses and health care support workers make up the majority of those working in health services and their contribution is vital to delivery of the Scottish Government's health policy objectives.

Please find attached the RCN response to the call for evidence on scrutiny of the draft budget 2016-17 – prevention.

For further information or to discuss any of the points raised please contact Sarah Atherton on

Yours sincerely,

Theresa Fyffe
Director

RCN Scotland response to the Finance Committee call for evidence - scrutiny of the draft budget 2016-17 – prevention.

We welcome the opportunity to respond to the Finance Committee's call for evidence on the progress being made in reforming Scotland's public services and delivering the decisive shift towards prevention including.

The Royal College of Nursing is the world's largest professional union of nurses, representing around 415,000 nurses, midwives, health visitors, nursing students and health care support workers, including nearly 40,000 in Scotland. Our members work across the NHS, third and independent sectors.

Many of the questions asked in this call for evidence were addressed by the RCN in our 2010 contribution to a previous finance committee's preventative spend inquiry¹ along with our evidence to this finance committee on the 2012-13 draft budget and spending review².

Our concerns in the last five years have changed very little and many of the issues raised in those submissions have not yet been addressed.

Why has the progress of reform proposed by the Christie Commission been so slow?

Progress is being made by many organisations on the ground in terms of the way in which they are looking at work and prevention.

There must, however, be sustained political support for the reforms proposed by the Christie Commission if they are to become embedded in Scotland.

What are the main barriers to change and how do we address them in order to accelerate the rate of progress?

The nature of funding, both at NHS board level and government level, is a key barrier to progress towards preventative spend.

NHS Boards

We have repeatedly raised concerns about the unintended consequences of insisting that NHS boards balance their books and make significant savings on an annual basis, without consideration of the longer-term picture. We believe that this fails to give boards sufficient flexibility to transition to new models of care through investing to save. We have argued that the Scottish Government should consider giving boards permission to move to a budgeting system which would allow for this greater flexibility. We note the Auditor General's comments in her NHS Overview 2014-15 of the negative impact of short-term financial planning on achieving a sustainable health service.

¹ RCN Scotland submission to Finance Committee on preventative spend 2010
<http://archive.scottish.parliament.uk/s3/committees/finance/inquiries/preventative/PS-RCNScotland.pdf>

² RCN Scotland's evidence on 2012-13 draft Budget
[http://www.scottish.parliament.uk/S4_FinanceCommittee/Inquiries/RCN_Scotland\(1\).pdf](http://www.scottish.parliament.uk/S4_FinanceCommittee/Inquiries/RCN_Scotland(1).pdf)

As part of our work on sustainability this year, we have called for a root and branch review of the target culture within the NHS which is “often skewing political priorities, wasting resources and focusing energy on too many of the wrong things”.

In practice, investment tends to follow high-profile performance measures, like the 4 hour A&E standard. This may result in some improvements once people have been admitted to hospital in an emergency, but generally we do not see it prompting investment in interventions which might, in the long term, reduce demand on hospital emergency departments in the first place.

The RCN has recently been discussing how to address these issues with many of Scotland’s major health and care related third sector organisations and we will continue to develop ideas for improvements. It is, nevertheless, for the Scottish Government to agree how national measures of success, which focus local investment decisions, are changed to prioritise preventative activities over the long-term.

Central government

The way in which the current Scottish budget is split, scrutinised and allocated by portfolio does not allow for easy conversations about the consequences of, for example, increased or reduced investment in housing or social care on health spending or outcomes.

Whilst we appreciate the challenge the Scottish Government and Scottish Parliament would face in changing their approach to the budget, measuring successful investment in prevention strategies cannot be done through an isolated, siloed approach.

How do we ensure that the necessary culture change and greater levels of integration takes place? How do we create a culture of innovation?

By addressing the barriers set out above we believe that this will allow for greater innovation. That said, organisations are often already working in innovative ways, focussing on tackling complex issues with an eye on prevention.

RCN has been working hard to support and publicise practical activities intended to increase the emphasis on prevention, reduce inequalities and improve the long-term health of the population.

Our work on the Children and Young People’s Act, has resulted in a commitment to train 500 new health visitors for Scotland. These health visitors are a core part of Scotland’s workforce and can help to ensure long-term positive outcomes for children through sustainable, universal early years intervention. We have also actively supported the Chief Nursing Officer’s review of health visiting and school nursing to ensure these nurses are supported to deliver better care with manageable caseloads.

We have carried out work which focuses on how nursing staff are working to reduce health inequalities through innovation across Scotland. Our Nursing at the Edge³ campaign gave practical examples of positive interventions for some of the most marginalised people in our communities. These examples could be developed in

³ RCN Scotland’s Nursing at the Edge report ‘Time to Change’ can be found here: <http://nursesday.rcn.org.uk/page/-/scotland/Health%20inequalities.pdf>

other areas to improve outcomes across Scotland. Within that report we also included a series of key changes that could be made in order to improve the services those facing significant health inequalities are able to access. We plan to continue to develop this work in the areas of criminal justice and mental health over 2016. We also hosted a public lecture in September 2015, supported by the RCN Foundation, to bring together stakeholders from health services, the prison service and other organisations to look at how in some places they are already working together to improve outcomes for women offenders and how this work can be used in other areas to improve life chances for these women.

In our work to support the national primary care out-of-hours review we have co-chaired the work on developing new models of care. We have led work to focus on the needs of frail older people, those with poor mental health, people nearing the end of life and those living in areas of multiple deprivation. These are groups for whom improved access to round-the-clock care can prevent crisis points and where preventative action can reduce poor outcomes.

We have repeatedly emphasised the need for access to out-of-hours care not to increase the inequity of outcomes by favouring models which disadvantage those who may struggle to reach services outside of their own home or very local community.

We were also pleased to support the recent statement from Scotland's Chief Nursing Officer (CNO) on the contribution of nursing to out of hours care, which specifically identifies the importance of reviewing the districting nursing workforce to develop a 24/7 service which focuses on prevention and self-management support. We are now contributing to her work to re-invigorate this crucial workforce and will shortly be producing our own report on the future contribution of district nursing teams to improved integrated care. It was encouraging to see the CNO's report identify the need for a focus on prevention and self-managed support.

In work like this, integration is already being considered but there is more to do to join up the many Government reforms in hand to ensure a coherent shift in the balance of care and the health of the nation. The Scottish Government must work to ensure that all the models, policies and processes they adopt support integration and innovation.

What opportunities does digital technology provide in reforming the delivery of public services towards prevention?

There is real potential for public services to be better able to adapt to the ever more complex needs of individuals and communities across Scotland if the opportunities technology affords are embraced. Where new technology is introduced it must be done in a sensitive manner and with enough support for service users as well as staff. Such support must be ongoing where necessary.

Our report on improving access to healthcare for older people in remote and rural areas⁴, looked specifically at how changes to services, along with better access to technology and support to use it, could transform the ability of older people to live independently in some of Scotland's most isolated communities.

⁴ RCN Scotland's report 'Going the Extra Mile' can be found here:
http://www.rcn.org.uk/_data/assets/pdf_file/0008/637190/Going-the-Extra-Mile-FINAL.pdf

How should community planning be developed to support service integration and the focus on prevention?

The integration of health and social care gives us an unparalleled opportunity to radically alter how services and community assets are focused in line with the recommendations of the Christie Commission.

We are already working with the Scottish Government to ensure that nurses are equipped with the skills and knowledge they need to be a part of integrated services. Our support programme, funded by the Scottish Government, has supported 140 nurse leaders across Scotland to implement integration in their areas and contribute directly to the integrated strategic planning process set out under the Public Bodies Act. However, we should not underestimate the far-reaching nature of the reforms that frontline practitioners and professional leaders are grappling with to make the step change in care that is required.

Over the past five years, RCN Scotland has committed significant resource and effort to influence the development of integration. This has included leading a partnership of professional, third and independent sector bodies to embed quality-based integration principles in the Act, which also includes a specific focus on prevention. All bodies planning, delivering and scrutinising integrated services must now have regard to these.

We have also worked and continue to work to develop our relationship with Social Work Scotland. In particular, we have brought together frontline managers in nursing and social work to support them to integrate local teams on the basis of shared, person-centred values.

What lessons can we learn from other countries in delivering a preventative approach?

Whilst there are undoubtedly good examples of preventative work from around the world, we believe that there is a lot of work being done in Scotland which focuses on prevention. The challenge is for the barriers, some of which we have identified in this response, to be lifted so that the work which is being done in some areas of Scotland can be rolled out to reach much larger regions. We hope that in this response we have highlighted some of that work in which we are involved.

Whilst we would emphasise the practical work which is happening to bring about the aspirations of the Christie Commission, these pockets of innovation and reform need to be supported by a whole system that is re-designed, in a co-ordinated way, to prioritise prevention and inequalities.

What are the implications for the provision of public services if the decisive shift to prevention does not take place?

The demands on services will continue to grow and will continue to outstrip the available resource, creating a downward pressure on the quality of care.