

Harnessing a Public Health Asset

The Health Visiting Service in England is facing another period of significant change including uncertainty around funding of SCPHN training, apprenticeships and perhaps most notably the ramifications following its transfer to Local Authorities on October 1st 2015. This was arguably a natural transition as Public Health and School Nursing had already transferred across. However the budgets for health visiting services that were also transferred across to the local authority were not ring fenced. This occurred at the same time as large spending cuts in Public Health were announced namely £200 million in 2015-16, £77 million in 2016-17 and £84 million in 2017-18 (Unite 2016).

Currently Local Authorities are proposing cuts to Health Visiting Services despite Public Health England renewing the five mandated visits in March 2017. A report by Unite (2016) cited Harrow's planned budget in 2015 proposed a 100% cut to the Health Visiting budget for 2018-19, £1 million cuts to Barnsley, Brighton and Waltham Forest whilst Sheffield had to make savings of £1.3 million between 2016-19 and Southwark & Lewisham cut 40 - 60 Health Visiting jobs. These are but a few examples of cuts occurring all across England.

This is set against the backdrop of the recent significant public purse investment into educating Health Visitors. In 2010 the Coalition Government made a commitment to transform the Health Visiting service by increasing the workforce by 4200 and so commenced the Health Visitor Implementation Plan in 2011. A largescale publicity programme was launched to aid recruitment and HEIs started offering two intakes a year to achieve the target number by the planned date of end of March 2015, alongside this was a drive to recruit return to practice Health Visitors. Whilst there is no clear data available as to the exact cost of the implementation plan a freedom of information request by PJ Ballinger to London Strategic Health Authority established that the average annual cost of training a Health Visitor over the years 2007 – 2012 was £38,401 per student. Taking into account the subsequent increase in tuition fees, inflation and the cost of promoting the Implementation plan alongside indirect costs one can only begin to make a conservative estimate that the overall investment is likely to have amounted to in excess of £150 million.

Whilst the 4200 target was only missed by 271, data from NHS Digital (2017) shows that in real terms there was only an actual increase of 2507 from September 2011 and the end of the Implementation Plan. In the last year the numbers in post have dropped by a further 1050 despite ongoing training of new starters. Whilst there was always a predicted attrition rate due to expected retirements within the workforce it is unclear how many of the reduction relate to those of working age. What is eminently clear is that posts are continually being cut and some students qualifying this year do not have posts to go into or are being offered Band 5 positions.

It is also of note that there were actually over 11000 Registered Health Visitors at the start of the Implementation Plan but only 7802 in post, projected WTE's figures following the newly trained HV's entering the workforce were 12 292 by March 2015 (DoH 2011). So where have they all gone?

Health Visitors sit on the third part of the NMC register with School Nurses and Occupational Health Nurses as Specialist Community Health Nurses (SCPHN). SCPHN's work with individuals and groups and the decisions they make can effect whole groups of people without necessarily direct contact (NMC 2017).

The general working population could be considered one of the most significant groups that SCPHN's can have a positive impact on. The demographic is changing in respect of the change in retirement age and the subsequent ageing workforce. Sickness absence is a key challenge facing employers with 1.8 million employees having a long-term sickness absence of 4 weeks or more in a year equating to a cost of 9 billion a year to the employers (Gov.uk 2016), in 2013 139 million sick days were taken (ONS 2014). Mental Health issues account for at least 40% of this problem. Diane Romano-Woodward, president of the Association of Occupational Health Nurse Practitioners, acknowledges that with a large proportion of people's time being spent at work there may be an opportunity to positively influence the population's general health (cited in O'Reilly 2015).

Viv Bennett, Director of Nursing at the Department of Health and Chief Advisor on Public Health, identifies the fact that the general workforce changing and the current demographic requires a greater emphasis on health and wellness. In addition, she notes that *'In future, the boundaries of traditional OH practice may also extend beyond the workplace to those who are economically inactive'* (Bennett 2016)

Within this context SCPHN OHN's will have an ever-increasing role in supporting and maintaining a healthy workforce however there is a shortage of OHN's with employers struggling to recruit high calibre candidates. This may relate to the small numbers of OHN SCPHN's who have been funded to complete the course but also it may reflect the fact that Occupational Health Nursing is not understood and does not factor in undergraduate student placements. Unfortunately, the situation is unlikely to improve with a number of HEIs cutting the OHN SCPHN Pathway as it is not viable due to low student numbers.

Given the need for OHN SCPHNs and the reduction in positions available for SCPHN HV's it surely makes sense to harness this valuable public health resource. The NMC allows for a SCPHN registrant to change their field of practice by completing a practice placement supported by a portfolio and assessed reflective account and the University of the West of England facilitates this through an EWBL module.

The module requires a minimum ten week placement in the appropriate field and a portfolio of evidence to demonstrate that they have met the required learning outcomes in their new field. Whilst there is consternation amongst OH professionals regarding this option it should be considered against the fact that OHN's are often employed without any experience at all as specific tasks can often only be learnt on the job.

Whilst there continues to be significant debate about the education of Occupational Health Nurses their ability to have an impact on the Public Health agenda cannot be ignored. In essence one would suggest that there needs to be some separation of the issue of Public Health focus within Occupational Health and whether the Specialist Community Public Health Nursing Programme is fit for purpose for OHN education as this clouds the issue.

SCPHN's from any pathway have a wealth of transferable skills and have already demonstrated their ability to engage in higher education and new learning. Harnessing the resource will require a positive shift in thinking but in doing so the OHN profession will reap the rewards with a greater SCPHN presence and an increase in potential and possibly current practice teachers.

The Digital or Third Industrial Revolution within which we work and live creates a landscape of rapid change. Being responsive to this change and mindful of

maximising the ever limited resources available to health is surely a pragmatic approach to an untenable situation.