‘TACKLING HEALTH INEUALITIES, CONSULTATION ON A PLAN FORDELIVERY’

RESPONSE FROM THE COMMUNITY PRACTITIONERS’ AND HEALTH VISITORS’ ASSOCIATION

1. The Community Practitioners’ and Health Visitors’ Association is the UK professional body that represents registered nurses and health visitors who work in a primary or community health setting. The CPHVA is an autonomous section of the MSF trade union.

   With 18,000 members, it is the third largest professional nursing union and is the only union, which has public health at its heart.

   Mission Statement:
   ‘The CPHVA is a Professional Organisation and Trade Union which is committed to transparency and democracy, within an environment which values the diversity of our membership and the communities we serve. We are also committed to leadership in the advancement of practice through education, research and innovation, improving the working lives of our members and the health and wellbeing of the public’

   The CPHVA welcome the opportunities to comment on the above consultation document which recognises the government’s commitment to addressing the key determinants of ill health through a robust public health policy. CPHVA members are frontline public health practitioners who are equally committed to delivering the public health agenda.

   In our response we have focused attention on the first three proposed priorities however recommendations made under one priority can equally be repeated under other priorities.

   Priority 1: Providing a sure foundation through a healthy pregnancy and early childhood.

2. The CPHVA fully supports and endorses the recommendations made by The Maternity Alliance in their response to the ‘Tackling Health Inequalities’ consultation document.

3. The CPHVA welcomes the initiatives proposed under this key priority for reducing health inequalities. We would however like to see more consideration given to marginalised groups if a reduction in infant mortality and morbidity is to be achieved. Access to opportunity is a key aim with services such as the sure start programmes being universally available.

4. The CPHVA welcomes the government’s proposal for an expansion in the number of health visitors. Attention should not only focus on increasing the number of health visitor training places but also on the retention and return to practice of existing qualified health visitors. The CPHVA has evidence that more than 25% of health visitors are eligible for retirement in the next 3 years (Evidence to the Pay Review Body for Nursing Staff, Midwives and Health Visitors CPHVA, CPNA, MSF Sept

2000). We would urge the government to ensure that appropriate remuneration is made possible to health visitors. The CPHVA is also aware of recruitment and retention difficulties in urban areas, particularly in London, where there are some of the our most deprived communities. Other measures that should be taken to aid in the retention of health visitors include free London travel and subsidised accommodation (measures that other public service personnel, such as the police force, already benefit from). In addition the CPHVA fully recognises and endorses the fact that health visitors' and school nurses do and should be leading teams of others.

5. **In relation to reducing smoking in pregnancy and the population as a whole the CPHVA would view the implementation of smoking cessation clinics with a trained practitioner in each locality as a positive move.**

6. The CPHVA supports the National Alliance for Equity in Dental Health in relation to water fluoridation. Severe tooth decay mainly effects young children living in disadvantaged communities where water supplies are not fluoridated. Water fluoridation benefits all age groups. We therefor also urge the Government to issue explicit instructions to the relevant bodies to ensure that water is fluoridated.

7. In strengthening the support and services to disadvantaged families a health visitor in Norfolk is developing services to families where the primary provider is serving a prison sentence. Parenting skills classes have been established which the prison has made compulsory for all prisoners that are fathers. The health visiting service however face enormous time consuming difficulties in the initial identification of this vulnerable group of families because the court system will not establish a notification process when fathers are sentenced.
   Contact: Jan Evans Health Visitor 01603 748051

8. In Ilkley health visitors and school nurses have linked with youth and voluntary services to develop a community action project for a relatively deprived area within an affluent semi-rural town in West Yorkshire. Parenting programmes and a junior health club have been established. The project has demonstrated how health promotion works through effective community action. At the heart of the process has been enabling a local community to have control in developing their own health initiatives.
   Contact: Libby Dixon, Claire Rowley Health Visitors, Jane Sheldon School Nurse. 01943 602659

Priority 2: Improving opportunity for children and young people.

9. The CPHVA welcomes the Governments priority and commitment given to the health of children and young people. However the CPHVA is disappointed that school nurses have not been recognised as key players in the delivery of public health services to children and young people. As with health visitors we urge the Government to commit to increasing the number of school nurses and as already stated (paragraph 3) the same issues would apply to the recruitment and retention of school nurses.

10. There are many local effective initiatives being developed by school nurses around the country which impact on the health outcomes of children and young people.

However there is a lack of school nursing research due to zero investment. The CPHVA would welcome a commitment to taking forward the research agenda in this area of practice.

11. The CPHVA would also welcome the reintroduction of basic cooking and teaching of nutrition back into the school curriculum. Basic skills have been lost which has a knock on effect on the nutritional status of the population as a whole both now and in the future.

12. Tackling health inequalities as has been stated is not just about those in the most deprived areas. Children and young people who are educated in the independent sector may be viewed as the most advantaged and yet can be the most disadvantaged in relation to preventative healthcare and access to primary care services. There are many children and young people in the independent sector where current or long-term health needs are compromised. The CPVA would like to see systems in place that would enable these children and young people to have access to the same level of health promotion and healthcare services as their peers in the state system.

13. In Huddersfield the school nurses took the lead in partnership with other public and voluntary services in developing a robust health needs assessment tool which allows for the identification and appropriate targeting of services.

It was identified that 25% of the teenage pregnancies in Huddersfield as a whole were among girls attending one secondary school in a deprived area. An inter-agency action plan was established with positive outcomes.

It was identified that the incidence of self harm was most prevalent in year 11 pupils, during the month of May and that paracetomol overdose the most common method of self harm. School nurses have now established stress management courses for pupils in year 11 as part of the Personal Social and Health Education curriculum.
Contact; Hilary Mosely Public Health / School Nurse 01484 347886

Priority 3: Improving NHS primary care services.

14. The CPHVA is not convinced that the establishment of NHS Walk – In services will address the need of travelling families. Travelling families face poor access to health care services, poor environments and discrimination and harassment. The health needs of travelling families cannot be met through postcode healthcare or other programmes aimed at deprived communities such as Sure Start. As a result travelling families miss out on preventative health care programmes. The CPHVA would welcome the establishment of further outreach services such as the Bristol Outreach Service and the involvement of CHI in the monitoring of services for travelling families.
Contact: Sarah Rhodes Health Visitor – Bristol Outreach Service 0117 9227570

15. There are other groups not necessarily identified as being deprived but where access to primary health care services are not readily accessible, such as young people living in rural areas. With teenage pregnancy rates the highest in Europe, rising smoking, alcohol consumption and illicit drug misuse, and rising mental health

problems in young people services need to be established where young people are. In Herefordshire a school nurse has established a full primary care service adjacent to a secondary school. 48% of Herefordshire's young people live at least three miles from a town centre. The service is provided by the school nurse and local GP's who can prescribe and treat any pupil. Pupils from the school self refer with the school bus service giving them equal access. In the first year 20% of the school population have attended.

Contact: Judy Thompson School Nurse – '4US' Clinic 01568 614211

Proposed Systems and Process to support the Work

16. Structural inequalities are widely recognised as leading to ill health, communities may see the government and the system as being part of the problem and may be reluctant to engage with services in their efforts to involve the local people once agendas have been set and systems in place. Involvement has to be real willingness to share power with local people. Organisations, systems and government often do not recognise that they are the cause of inequalities and look to individual and group reluctance to be involved as people being difficult.

17. The CPHVA feels there should be more real dialogue with local communities with the recognition that the priorities of professionals and communities may be different. You tell me – I hear you, you show me – I learn, you involve me – I understand. It is imperative that any plan to tackle health inequalities uses and values the knowledge and expertise of local residents and that their involvement is valued alongside professionals.

18. The CPHVA welcomes the Governments cross-cutting spending review on health inequalities. An integrated approach to health inequalities and more effective cross-Government working is key. We would also welcome more cross – Government units such as TPU and Healthy Schools.

19. Closer working also needs to become a reality at local level with reduced organisational barriers, employment of cross – organisational workers. The CPHVA would also like to see a much bigger stake in strategic planning afforded to the voluntary sector.

20. The CPHVA would also welcome a cultural shift to a sustained approach to services as opposed to time limited projects.

Recommendation for the Proposed Basket of Indicators

The CPHVA would welcome the inclusion of an indicator specifically related to depression which should include postnatal depression and suicide / para-suicide in young people.

Pat Jackson
Professional Officer for School Health and Public Health
November 2001