

RCN response to the

Public Health White Paper “Healthy lives, healthy people: our strategy for public health in England”

Executive Summary

RCN executive summary response to the Public Health White Paper

Nursing contribution to public health

Nursing staff carry out public health activities in nearly every context and at every level of health care. Nurses work in public health departments in primary care trusts, have a public health clinical role, such as specialist alcohol nurse, sexual health or travel health, or may deliver public health messages as part of everyday care provision or at ‘teachable moments’ (i.e. when patients are more open to public health messages in light of their present health condition). Nurses carry out unique roles in schools, workplaces, the Health Protection Agency, and primary health care settings. **It is crucial that nursing expertise and experience is fully recognised and utilised within the proposed new public health system.**

Professional leadership

The RCN supports the government’s commitment to put clinicians at the heart of decision-making in the NHS, however, the large majority of respondents to our survey expressed concern that the new public health commissioning systems would not include the voice of nursing. The RCN believes that a commitment to the unique perspective of nursing expertise and their involvement in public health leadership and commissioning must be made, not least because nurses are able to provide a holistic view of patients and care pathways.

The RCN noted the absence of reference to the Chief Nursing Officer (CNO) in the Public Health White Paper and since welcomed the announcement on 3 March 2011 that this role will sit on the NHS Commissioning Board. We also welcome the announcement that a director of nursing in the Department of Health, with a focus upon public health will be appointed. The voice of nursing must be represented at all levels of public health commissioning and delivery.

The RCN maintains that there should be sustained and structured nursing involvement during the design, development and delivery of any reforms to health care services and health care commissioning. This must

include designated nursing posts on commissioning consortia boards, Public Health England, and local health and wellbeing boards, due to the pivotal role nurses play in helping to close the gaps between hospital and community and health and social care settings. This will ensure the delivery of integrated and seamless care to patients and will deliver the vision of the government's *Healthy lives, healthy people*.

Location of public health services

The RCN supports in principle the creation of a dedicated public health body to oversee health protection and emergency planning. The Health Protection Agency (HPA) oversees a number of important functions and if the Department of Health is to be streamlined, it is not clear how it would cope with responsibility for these functions, which are largely service driven and customer facing. The expertise that has been developed within the HPA must be retained and careful consideration given to how directors of public health will work with the new Public Health England, who it is proposed will take on the roles of the HPA, to provide effective long term and emergency planning.

We also agree in principle with the new responsibilities assigned to local authorities for health improvement. However we have concerns that during the transition period, key public health personnel may leave the service due to restructuring, cut backs and growing uncertainty about their future in public health. Every effort must be made to retain and develop the public health workforce. Without good leadership there is the potential for fragmentation and the failure of organised efforts.

Directors of public health will have a critical role in the leadership and management of public health services and initiatives and they must retain the authority and independence to advise and guide public health decisions. It is concerning that there remains a lack of clarity regarding the decision making capacity of directors of public health and the RCN recommends that these posts should function at director level within local authorities.

The RCN agrees that the Faculty of Public Health is generally accepted as the 'guiding body' for public health and that the voluntary UK Public Health Register is the Nursing and Midwifery Council (NMC)/General Medical Council (GMC) regulatory equivalent. Public health is a speciality that embraces many disciplines including nursing. Applicants for consultant or director of public health positions (including nurses) must demonstrate that they are registered and that they meet faculty standards. Interviews for these posts must follow the same standards¹ regardless of the discipline of the candidates. The RCN agrees that any candidate that meets these standards is eligible for appointment to consultant or director of public health positions and that these posts should have equity in pay and conditions of employment.

Commissioning

The RCN supports proposals for local authorities to have greater autonomy to develop public health services designed to meet local need. We also support the call for local directors of public health to work across traditional practice boundaries in order to achieve a more integrated approach. However, it is essential that there is national oversight of public health services to prevent fragmentation and inequality of provision. Concern regarding the practical implications of the division of services between health and local authorities has been expressed by respondents to our survey.

Health and Wellbeing Boards (HWB) must retain impartiality and independence from competing commissioners and providers, for example the NHS acute sector, GP Commissioning Consortia, directors of public health and local authority chief executives. However, HWBs do have the potential to offer a central platform for all concerned and if adequately prepared and supported, should facilitate joint commissioning arrangements.

‘Localism’ is a key plank of the government’s approach to public health, yet there appears to be significant and potentially conflicting power and authority vested in Public Health England. As most public health issues are rooted at local level we would envisage that the role of Public Health England is to support the directors of public health.

It is important that joint working arrangements will be in place to work across different commissioning streams and delivery routes to avoid gaps in the system and that effective checks and balances are in place to encourage a level playing field for providers and commissioners. The RCN is concerned that there may be the possibility of fragmentation of commissioning for some services, leading to confusion, poorer access and gaps in service delivery.

The strategy for commissioning sexual health and HIV for England is likely to be commissioned by the National Commissioning Board rather than from Public Health England. However, prevention, behaviour change in all aspects of sexual health, and open access to sexual health services will become a local authority responsibility². It is important that new commissioning arrangements do not fragment access to services and remove them from community settings. Local sexual health services need to be based on a local needs assessment. It is vital that the knowledge and skills of professionals working within these specialities are used to lead and develop services as local authorities will not have this expertise.

The RCN notes that in order to incentivise action to reduce health inequalities, a new health premium will be introduced, allocated from health improvement section of the public health budget. The RCN has concerns that these premiums will benefit those authorities which show the most improvement against outcomes without taking into account the fact that there is most resistance to change in deprived areas. These areas would benefit most from the premiums. Allocation based upon potential for success may favour those who are already more empowered and organised, and disadvantage those who need the greatest support and have the poorest health. Success must be measured by the lifting out from poverty and deprivation the poorest and most vulnerable in society.

Economic context

Whilst we support much of the Public Health White Paper, we are acutely aware that the current economic climate of severe financial cutbacks to local authority budgets and the £20billion efficiency savings sought from the NHS budget, may impact on the effective establishment and leadership of a new system. There are inherent risks associated with wholesale system reform. The RCN has concerns about the pace of change in these times of financial constraint. We have particular concerns as to how the reforms will impact upon the coherence of public health services and the terms and conditions for our members. We are concerned about how Public Health England, health and social care commissioners and provider organisations and regulators will work together to maintain services that are safe, efficient and of high quality.

The RCN welcomes the commitment to ring-fence public health spending. However, we also recognise that all public sector bodies currently have to make financial savings. To ensure the development of an effective public health service, it is imperative to have financial protection. The RCN wishes to see more detail of how the ring-fenced public health budget will operate, including information on the degree of freedom that staff will have to use budgets to meet local health needs. The majority of respondents to our member survey were positive about Public Health England holding and allocating a ring fenced public health budget.

The RCN believes that the ring-fenced budget alone will not be sufficient to undertake all of the prevention and intervention work that falls within the remit of public health. For example, some prevention work may take place in an acute NHS setting. The entirety of the health care workforce should reference relevant public health messages when interacting with patients (at a ‘teachable moment’) regardless of the setting. Other public servants with the ability to make an impact in public health include officers working in housing, planning, environmental

2 Department of Health (2010) *Health lives, healthy people* (p. 58)

health, social care and education. It is important that both local authorities and the NHS also continue their good work in addressing public health issues, disease prevention and health promotion and play a significant ongoing role outside the ring-fenced budget. The Public Health White Paper notes that ‘existing functions in local government that contribute to public health will continue to be funded through the local government grant’³.

The RCN seeks assurances that ring-fencing will be protected and requires clarification on the following issues:

- a) which services are automatically covered by the ring-fence budget?
- b) how can a service access the ring-fence budget if they are not automatically covered but clearly demonstrate that they contribute to the outcomes frameworks?
- c) clarification of the relationship between the health premium and health inequalities.

This lack of clarity regarding the role and protection of the ring-fenced budget and the success of the working relationships between local authorities, the NHS and Public Health England has been expressed by respondents to our survey of members.

Workforce

The RCN has concerns that the proposed division of public health staff between local authorities and Public Health England may lead to fragmented teams and differential pay and conditions. The RCN opposes any move away from national pay arrangements or the undermining of Agenda for Change. Any employer delivering public sector funded services should ensure that all staff have access to fair and reasonable pay, terms and conditions, which align with the principle of equal pay for work of equal value, and NHS pensions must be protected and portable.

Planning must integrate and align the commissioning of public health nurse education and patient services; covering all settings and sectors. Capacity for further growth and development of a sustainable public health workforce must be supported at all levels irrespective of where staff are located. The RCN calls for national oversight and integration between public health medical and non-medical workforce planning and supports the vision that all public health professionals should be well trained and expert in their field. The delivery of this vision will depend not only on the training and development of public health specialists and practitioners, but also on the professional and regulatory standards to which they adhere.

The RCN welcomes that health visiting features strongly in the childhood strategy along with school nursing. We fully support the plan for recruitment of additional numbers of health visitors. The RCN calls for greater acknowledgement of the breadth of public health practice across public health protection and health improvement. This should include the working age and older age population alongside that of the early years’ agenda, and include the public health contribution made by nurses and midwives who work in acute, community and general practice settings. The RCN seeks assurances that investment will be made for the recruitment and training of nurses across the lifespan agenda for public health.

It is critical to the success of the reforms that the nursing profession, along with other public health colleagues, discusses the development of a public health nursing workforce supported by comprehensive workforce planning linked to service planning, which has the support and input of commissioners, providers and professional groups.

3 Healthy Lives, Healthy people, Chapter 4, paragraph 4.6, page 53

Quality assurance

The RCN supports the acknowledgement made in the Public Health White Paper that addressing the root causes of poor health and wellbeing requires a professionally led, rigorous, evidence based approach which is both efficient and effective. We have consistently supported the use of social marketing campaigns to support behaviour change. In order to reduce health inequalities the RCN urges the government to take the recommendations of the Marmot Review ⁴ as its foundation.

Related impacts

The RCN supports the government's commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest fastest, all of which are stated in the Public Health White Paper. However, in order to fulfil these commitments the government must recognise the links between poverty incomes, both amongst the employed and unemployed, and poor physical and mental health. ⁵ The RCN has concerns that the proposed welfare reforms ⁶ may be counterproductive for the health and wellbeing of some vulnerable sectors of the population.

The RCN believes that there must be checks and balance between commercial interests and changes to products in the interest of the populations' health. We want to see criteria applied to ensure that commercial enterprises really move toward healthier products.

The RCN has concern that 'nudges' to encourage individual behaviour change in the absence of regulation may have only limited success. ⁷ The RCN notes that although the focus of the Public Health White Paper is on evidence based practice and service design, the evidence base for 'nudge' is weak.

The period of transition between the current and proposed system may cause low staff morale. The RCN seeks assurances on how health protection and health improvement work will be maintained in the meantime, and how the retention and development of the workforce will be managed. The RCN notes that Department of Health guidance regarding emergency planning will not be released until autumn 2011 which may leave services at considerable risk in the transition period.

The RCN would wish to safeguard a professional culture of collaboration and the sharing of information, knowledge and best practice. There is a risk that current NHS arrangements and expertise may be discarded in favour of tendering from the independent and voluntary sectors. Whilst this may encourage diversity of providers there is also a risk that private sector providers may place business needs over clinical needs.

4 Marmot Review Team (2010) *Fair society, healthy lives*, Strategic review of health inequalities in England post 2010 <http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf> (website checked 28.2.11)

5 The descent into negative welfare, The Zacchaeus 2000 Trust's Response to the Public Health White Paper: Healthy lives, healthy people" February 2011

6 Department for Work and Pensions (2010) *21st Century Welfare*

7 Thaler R, Sunstein C. *Nudge: improving decisions about health, wealth, and happiness*. New Haven, CT: Yale University Press, 2009.



Royal College
of Nursing

The RCN represents nurses and nursing,
promotes excellence in practice and shapes
health policies

March 2011

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 6100

Publication code 004 111