

Royal College of Nursing response to Department for Health and Social Care policy paper on public health reforms survey

With a membership of around 450,000 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.

Introduction

In August 2020, the Government announced reforms to the public health system in England.¹ This included the separation of Public Health England's (PHE) health protection, health improvement and healthcare public health functions.

On 29 March 2021 the Department for Health and Social Care (DHSC) published a policy paper outlining its planned structural reforms to the public health system in England and a corresponding survey: [Transforming the public health system: reforming the public health system for the challenges of our times - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/transforming-the-public-health-system).

This paper sets out our responses to the survey questions².

Responses to survey questions

Securing our Health: The UK Health Security Agency

What do local public health partners most need from the UKHSA?

The pandemic has highlighted the vital and unique role of local public health teams working together with local health and care services. This must be upheld and supported in the new health protection structure, and the UKHSA must work closely and collaboratively with local teams.

Historic underfunding and cuts to local public health budgets have been repeatedly highlighted as having undermined the capacity of local teams to respond to the COVID-19 pandemic. Public health funding must be resolved as part of these reforms. Alongside an increased, long-term funding settlement for local public health which is based on an assessment of population need, the UKHSA must be sufficiently resourced to match the government's ambition to

¹ <https://www.gov.uk/government/speeches/the-future-of-public-health>

² Responses to each survey question were subject to a 300 word limit

build a “world-class health protection capability for the future” and ensure the UK is well prepared to prevent and respond to future pandemics and threats. Public health messages are too often delivered as if one size fits all and nuanced, inclusive and tailored communications are needed from UKHSA with and alongside local partners. Cultural competence is critical and should be developed within strategic planning for UKHSA to support effective public health communications with our multicultural, multi-ethnic population at all levels.

The pandemic has demonstrated the need for effective modelling that is informed by accurate data and evidence - this will be critical for the UKHSA to support local partners. Additionally, it is vital that local partners across the system including health, care, education and wider public health, are able design and deliver their priorities based on the local Joint Strategic Needs Assessment.

How can the UKHSA support its partners to take the most effective action?

The public health functions are interdependent and there is a risk that separating them could exacerbate fragmentation. Therefore, integration, alignment and cohesion must be prioritised in the development of each level of the public health system.

UKHSA must work closely with the Office for Health Promotion, and each must have clear responsibilities for reducing health inequalities and joint working embedded.

It is important that UKHSA supports its partners by effectively communicating overarching national priorities, whilst simultaneously ensuring that the models for local delivery emerging through Integrated Care Systems (ICS) are supported and enabled to focus on local priorities and needs.

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 health protection services. Nursing should be included and represented in all layers of decision-making, including defined nursing leadership roles within UKHSA and across the health protection structure. UKHSA should ensure that these roles build productive relationships with nursing leadership roles in other health and care bodies. This will help to ensure timely sharing of relevant information for the nursing workforce and wider health and care system, allowing for better orientation towards tackling health challenges.

How do you think the health protection capabilities we need in the future should differ from the ones we have had to date?

There must be a constant strengthening of health protection capabilities as new threats are identified and emerge. This must include consistent and sustained investment in the health protection and wider public health workforce (and their

education and training) to facilitate continued professional development and sustainable capabilities.

An example of a particular threat that will require scaled up health protection capacity is climate change. The risks of climate change to health are significant, including for air quality, access to water, shelter and food, as well as the risks associated with physical injury and death from weather-related events and changes to disease patterns.

As new and different ways of working are developed which rely heavily on access to digital technology, it is important to consider the risk posed by unequal access. Any plans focused on digitisation need to be sustainable and equitable, to support the UK in effectively tackling future pandemics, reducing population risk and maintaining safety for all.

Finally, it is important that the development of UKHSA builds on the lessons learnt from the COVID-19 (and other) pandemic responses, including the relevant findings and recommendations of a full review of the COVID-19 pandemic response.

How can UKHSA excel at listening to, understanding and influencing citizens?

Growing cultural competence and greater recognition that one size does not fit all is important for UKHSA to respond, understand and influence citizens effectively. There is a need to value grass root functions that understand the 'heartbeat' of communities. As an example, we can see clearly that the factors underlying vaccine hesitancy often stem from community health beliefs. It is therefore vital to work with and within communities and have a strong understanding of populations – this is the crux of public health nursing.

Nursing has a unique perspective and insight into communities and must have strong representation within UKHSA, including at leadership level. There must be strong links between UKHSA and the public health nursing workforce, with meaningful opportunities for dialogue and engagement. The UKHSA should plan specific engagement opportunities with public health nurses to harness their insights and expertise to inform strategic development, planning and delivery.

Improving our Health

Within the structure outlined, how can we best safeguard the independence of scientific advice to Government?

We support the strengthened role for the CMO and the new Office for Health Promotion (OHP). However, the CMO role should be aligned with an equitable Chief Nursing Officer (CNO) role, situated within DHSC. Nursing must continue to have senior leadership representation in the NHS and social care and must also be in place across the new public health bodies, but an overarching CNO post would act as the leading representative of the nursing profession as a whole, 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.

It is vital that the OHP is led by a strong multidisciplinary team. Nurse leaders are well placed to understand both the health and care needs of their populations and it is essential that nursing is represented, including at senior level, within the OHP.

It is also vital that the OHP is able to provide independent advice to DHSC and across government. It must have autonomy to determine its priorities (informed by local and regional public health teams intelligence and evidence) and publish independent advice, evidence and reviews. All the public health functions, including the OHP, must have strong data and analytical expertise and robust data sharing agreements.

We welcome the commitment within the policy paper for health and prevention to be a cross governmental consideration and priority and would welcome further detail about how the OHP will work with government departments, such as HM Treasury. For example, how the Office's recommendations, advice and expertise will inform future Budgets and Spending Reviews.

Where and how do you think system-wide workforce development can be best delivered?

Nursing plays a vital role in all areas of public health: all nursing roles have public health responsibilities and opportunities to improve health. Public health nurses are the backbone of frontline public health services, yet there are significant and widening gaps in the public health nursing workforce (e.g. since 2015 the number of health visitors has decreased by 35% and school nurses by 25%).

Nurses working in health protection within Public Health England (PHE) have been at the forefront of the pandemic response. Their significant expertise has been an asset for PHE. It is essential that the workforce is developed and grown and has access to nurse leadership within UKSHA and the OHP. Nurse leadership needs to be influential across all public health functions at local authority level and within the OHP.

Increased and sustained investment is needed in growing, strengthening and sustaining the public health nursing workforce to ensure that the workforce better meets population demand. However, workforce planning must be developed for the whole health and care system, based on robust assessment of current and longer-term population demand.

The public health system must be able to provide pay, terms and conditions of employment which are attractive to retain staff. Public health nurses must have

access to equal terms and conditions, training, development and support as their NHS counterparts.

The public health nursing workforce must be enabled and supported to move flexibly within the public health system and structures. Many nursing staff currently working within PHE are on Agenda for Change ring-fenced pay, terms and conditions of service and pensions which allows for recruitment and movement across the NHS and public health. Maintaining this in the new structure is crucial to the success of the new bodies.

How can we best strengthen joined-up working across government on the wider determinants of health?

We strongly welcome that health will be “a core priority for the whole of government” and the creation of the new ministerial board. This must be supported by a cross-departmental prevention and health inequalities strategy, led by the Prime Minister with each department accountable for delivering and reporting progress. This would provide the strategic vision, clarity and coherence needed to drive progress against the government’s own target to improve healthy life expectancy and reduce inequalities³.

Ensuring that health is a core priority across every government department will require knowledge building within departments about the wider determinants of health and their impact on and potential to create the conditions for healthy lives, with health impact assessments informing policy and spending decisions.

How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time?

Ensuring that there is a long-term sustainable funding settlement in place for public health that is based on population need will support greater sustainability and prioritisation for prevention, by enabling public health actors and agencies to plan for the longer term.

It is also important to ensure that action is driven by a long term overarching cross departmental strategy (as stated in earlier response).

Action to grow and strengthen the public health workforce, and to support the wider health and care workforce to deliver effective prevention and public health messages and interventions within their work will support greater sustainability. Workforce planning for the whole health and care workforce based on assessment of future population needs will also be critical for ensuring that prevention and wider public health services can adequately meet demand now and in the future.

Embedding strong senior nursing leadership at all levels of the public health system – including within ICSs - will support greater long-term focus on

³ Dept for Business, Energy and Industrial Strategy Policy Paper ‘The Grand Challenges Missions’ updated January 2021 <https://www.gov.uk/government/publications/industrial-strategy-the-grand-challenges/missions>

prevention. 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.

Strengthening our local response

How can we strengthen the local authority and Director of Public Health role in addressing the full range of issues that affect the health of local populations?

Public health services commissioned through local authorities play a vital role in preventing ill health and protecting/promoting health of local populations, in turn reducing demands on the NHS and social care. The Government's commitments to prioritise health, prevention and reduce inequalities are welcome. Yet public health grant funding was cut by over £700 million between 2015/16 and 2019/20⁴ and this year's public health grant allocations represent a 24% cut compared with 2015/16.⁵ Furthermore, cuts have been disproportionately higher in the most deprived areas, where health needs are greatest.⁶ Financial pressures and short term funding announcements made late in the cycle have hindered local authorities' capacity to plan and deliver public health services.⁷

Secure, long-term funding for public health is needed, based on assessment of population needs (current and future) and the resources (including workforce) required to improve population health, reduce health inequalities, and respond effectively to COVID-19 and future threats. This will support public health teams to plan/deliver more effective services for the longer term, based on population needs. We support the APPG on Longevity's recent recommendations that Government establish a Health Improvement Fund, in addition to the existing public health grant which should rise in step with increases in NHS funding.⁸

⁴ Local Government Association Health and local public health cuts briefing House of Commons 14 May 2019 <https://www.local.gov.uk/parliament/briefings-and-responses/health-and-local-public-health-cuts-house-commons-14-may-2019>

⁵ Health foundation (2021) Vital that government grasps the scale of the public health challenge ahead Health Foundation response to Health and Social Care Secretary's announcement of new UK Health Security Agency, 24 March 2021

⁶ Local Government Association Health and local public health cuts briefing House of Commons 14 May 2019 <https://www.local.gov.uk/parliament/briefings-and-responses/health-and-local-public-health-cuts-house-commons-14-may-2019>

⁷ Kings Fund (2019) Public health spending: where prevention rhetoric meets reality <https://www.kingsfund.org.uk/blog/2019/07/public-health-spending-blog>

⁸ All Party Parliamentary Group (APPG) Longevity 'Levelling Up Health' April 2021 <https://appg-longevity.org/events-publications>

How do we ensure that future arrangements encourage effective collaboration between national, regional and local actors across the system?

We welcome the focus on collaboration – this will be critical for the system to achieve tangible, sustained improvements in population health. It is crucial that local authorities and local NHS bodies work closely and collaboratively together to achieve shared population health objectives. However, there is variation in the level of engagement and collaboration between NHS bodies and local authorities, and in local authorities' role in ICSs. Furthermore, financial pressures on partners within the developing ICSs can hinder their ability to collaborate. While the recent health and care White Paper addresses some of these issues within NHS partners, there were no equivalent legislative changes for local authorities.

There is an opportunity to make equivalent changes to local authority commissioning and accountability which would better allow them to integrate into ICSs. Without this, there will be different requirements of each body, limiting opportunities for effective collaboration. Planning and funding decisions and commissioning arrangements should support holistic care and foster integration between health, public health and social care.

There are a number of other areas where we think collaboration could be better supported:

- It is vital that equitable funding streams and long-term sustainable funding settlements are in place for the NHS, public health and social care.
- Workforce planning should be undertaken for the whole health and care system based on population demand modelling (current and future needs)
- Communication/dialogue between local, regional and national teams is crucial and this must include the transparent, consistent use of/sharing of data.
- Clear and robust accountability arrangements are needed at all levels of the system and all parts of the system should have clear responsibilities for reducing health inequalities

What additional arrangements might be needed to ensure that regionally focussed public health teams best meet the needs of local government and local NHS partners?

Data sharing is critical to facilitating better decision making at regional and local levels. All health and care partners should have shared expectations about data sharing, reporting and monitoring on a broad range of indicators. This will help inform regional public health teams' decision making, ensuring that it fits local needs. There will also be benefits in terms of additional transparency and opportunity for scrutiny, along with early identification of trends which may require intervention.

Local nursing leadership roles should also be embedded in all local health and care partner organisations. Public health bodies should then regularly engage with local nursing leaders to share information and identify any risks or issues which need to be addressed at regional level.

Public health teams must be represented on the boards and delivery groups for local Integrated Care Systems, with a clear remit to ensure public health and local needs are considered and embedded in all areas of health care policy and development.

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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