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Public health reforms in England

A guide to the changes and the RCN position

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Introduction

The Health and Social Care Act 2012 radically reforms the way that health care is commissioned in England. As part of these reforms, local public health services will move from the NHS into local authorities. A new body – Public Health England – will be set up to provide strategic leadership support and health protection functions.

This fact sheet outlines the major changes, how the new system will work, and what the nursing involvement will be. **Please note that the new system is still being developed so some of the detail in this fact sheet is subject to change.**

What is public health?

The Faculty of Public Health defines the discipline as: “The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society.”¹

Public health looks at the causes of ill health and disease in populations using epidemiology and evidence of what works to change practice. It covers a wide remit, but encompasses three main areas: health improvement (for example health education and smoking cessation services), health protection (for example immunisation and screening), and improving health and social care services (for example, providing evidence about health needs to inform commissioning).

How is public health changing?

The Government’s strategy for public health was laid out in the white paper *Healthy lives, healthy people*², which envisaged moving to a more prevention-focused health system. The white paper proposed changes to the way public health services are commissioned and delivered, which were subsequently formalised in the Health and Social Care Act 2012. The new public health structure will be in place by **April 2013**, along with the wider health care reforms also contained in the Act.³

Around half of the funding for public health activity will move from the NHS to local authorities (LAs) on 1 April. The director of public health (DPH) in each area will move to the LA and will provide leadership for services.

The rationale for the change is to better meet the needs of local populations and to enable integration of public health into local systems and services, acknowledging the importance of local issues and the social determinants of health (for example, housing, education, financial security and the built environment).

¹ See www.fph.org.uk/what_is_public_health

² Department of Health (2010) *Healthy lives, healthy people: our strategy for public health in England*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941

³ See other RCN fact sheets, available at: www.rcn.org.uk/nhsreform

Public Health England will provide strategic oversight at a national level and will support LAs, bringing together the functions currently carried out by a number of separate organisations (see *What will Public Health England do?* section for more details).

Who will commission what?

LAs will commission most of the public health services in their local area. They will have responsibility for a range of services including:

- tobacco control
- alcohol and drug misuse services
- obesity and community nutrition initiatives
- increasing levels of physical activity in the local population
- assessment and lifestyle interventions as part of the NHS Health Check Programme
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health-funded and NHS-delivered services such as immunisation programmes
- sexual health services, including testing and treatment for sexually transmitted infections (but not the treatment of HIV, which will be commissioned by the NHS), contraception outside of the GP contract, termination of pregnancy, and sexual health promotion and prevention
- local initiatives to reduce excess deaths as a result of seasonal mortality
- dealing with health protection incidents and emergencies
- promotion of community safety, violence prevention and response
- local initiatives to tackle social exclusion.⁴

LAs will have the freedom to choose how to run these public health services and what to prioritise, but the following services must be commissioned or carried out by them:

- providing public health advice and data to NHS commissioners
- the National Child Measurement Programme
- NHS Health Check assessments
- Healthy Child Programme from ages 5 to 19, including school nurses.⁴

⁴ Taken from HM Government (2011) *Healthy lives, healthy people: update and way forward*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128120

The NHS Commissioning Board will commission some specific public health services. These are:

- national immunisation programmes
- national screening programmes
- the Healthy Child Programme from pregnancy to age 5, including health visitors (until 2015)
- Child Health Information Systems
- Sexual Assault Referral Centres
- contraception carried out through the GP contract
- public health for those in prison or custody.^{4,5}

Public health does not work in isolation, and the whole NHS has a huge role to play at every stage of health care. The NHS Future Forum advised that every health care professional should “make every contact count”, helping people improve their mental and physical health wherever they work.⁶ LAs, Public Health England and the NHS will need to work together to achieve this and to commission effective services.

What is the role of the directors of public health?

The public health functions in each local authority will be led by a director of public health (DPH). They will be the main advisor on all health matters for the LA, and on public health matters for the local NHS, including responsibility for emergency preparedness for their area. The DPH will be required to produce a report for the local authority’s board annually on the health of their population.

The DPH will have a seat on the local health and wellbeing board, a group established by the Health and Social Care Act. This board will be hosted by the LA, and brings together the key stakeholders from across its area, including commissioners, NHS and health care provider organisations, social services, and patient and service user groups, with a view to encouraging better provision and integration of services. These boards will also support the LA and NHS commissioners in the development of joint strategic needs assessments and health and wellbeing strategies.⁷

DPHs will be employed by LAs, but the appointment process will be carried out jointly with Public Health England and must be consistent with the Faculty of Public Health’s standards (including the use of appointments advisory committees) to ensure that the role’s job description fits the statutory responsibilities, and that the candidates have the appropriate experience, skills and qualifications.⁸

⁵ NHS Commissioning Board (2012) *Public health commissioning in the NHS from 2013*. Available at: www.commissioningboard.nhs.uk/2012/11/15/public-health/

⁶ NHS Future Forum (2012) *Summary report - second phase*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132026

⁷ See the RCN fact sheet on health and wellbeing boards for more information. Available at: www.rcn.org.uk/nhsreform

⁸ Department of Health (2012) *Directors of public health in local government – ii) Guidance on appointing directors of public health from 1 April 2013*. Available at: www.wp.dh.gov.uk/publications/files/2012/10/DsPH-in-local-government-ii-guidance-on-appointments.pdf

What will Public Health England do?

Public Health England will be a new executive agency of the Department of Health. It will provide strategic leadership at the national level, and expert professional advice and information at the local level.⁹ The Department of Health itself will retain the strategic policy lead for public health.

The new body brings together functions currently carried out by the NHS, Department of Health and several arms-length bodies, including the Health Protection Agency, the National Treatment Agency for Substance Misuse, and Public Health Observatories. It will also develop professional standards with the Faculty of Public Health.

The new organisation will bring in a large number of advanced scientific staff and laboratories to support the wider work of public health. These laboratories are of international renown and cover issues such as vaccine design through to dealing with radiological and chemical incidents.

Its work will include:

- health improvement and protection support for the Government, local authorities, NHS CB and health care organisations. This includes identifying infectious disease and environmental hazards, and supplying advice, intelligence and data
- campaigns to help increase awareness of health risks in the general public and to help people change their behaviour
- co-ordinating outbreak management and contributing to emergency preparedness.

How will budgets be allocated?

The total public health budget for England each year – and how it will be split between Public Health England, LAs and the NHS Commissioning Board – will be decided by the Secretary of State for Health.⁴ It has been announced that for 2013-14 the total budget for local authorities will be just under £2.7 billion, and for 2014-15 just under £2.8 billion.¹⁰

The public health budget for each local authority will be “ring fenced”, which means that it can only be spent on health services or services which have an impact on health. However, LAs will be able to “pool” budgets, i.e. combining ring-fenced public health money with other local authority funds being used for a similar purposes.¹⁰

The amount that each LA gets will be decided based on the population’s needs. The formula to calculate this is based principally on population health, as measured by the standard mortality ratio

⁹ Department of Health (2012) *Structure of Public Health England factsheet*. Available at: <https://www.wp.dh.gov.uk/healthandcare/files/2012/07/PHE-structure.pdf>

¹⁰ Department of Health (2012) *Ring fenced public health grants to local authorities 2013-14 and 2014-15 published*. Available at: www.dh.gov.uk/health/2013/01/ph-grants-las

of those aged under 75. An extra “health premium” payment has been factored in for LAs in deprived areas that are able to show progress in reducing inequalities.¹¹

How will progress be monitored?

The Department of Health has published a public health outcomes framework¹², which lays out the indicators that will be monitored to measure progress on improving the population’s health and wellbeing and reducing inequalities (for example, smoking prevalence, population vaccination coverage and childhood obesity).

Health and wellbeing boards will use this document to support the development of plans to meet local health needs. Local authorities will have to demonstrate improvements to public health outcomes using these indicators.

The NHS Commissioning Board will also have to demonstrate improvements in the indicators that relate to their public health functions.

Public Health England will have a strategic plan that includes improving outcomes, and will be accountable to Government for making progress against it. It will also have a major role in supplying data on the indicator measures, both at a local and national level, as it will be taking over the functions of the Public Health Observatories.

What will the nursing involvement be?

Nursing plays a significant role in public health. Wherever a nurse works, there are opportunities to engage in public health and promote public health messages. Many nurses work in specific public health roles, for example school nurses, health visitors, those working in sexual health and occupational health, and health protection nurses. Many public health specialists are nurses, and as such are employed as consultants in public health as well as DPHs. This will all continue in the new system. The RCN believes that nursing staff should also be involved in planning and implementing public health services because of their holistic approach to planning pathways and patient care.

There is an interim principal advisor on public health nursing role at Public Health England, which is currently being held by Viv Bennett,¹³ who is also Director of Nursing at the Department of Health.

¹¹ Royal College of Nursing (2012) *RCN response to the Department of Health consultation “Health lives, healthy people: update on public health funding*. Available at:

www.rcn.org.uk/support/consultations/responses/healthy_lives_healthy_people_update_on_public_health_funding

¹² Department of Health (2012) *Healthy lives, healthy people: Improving outcomes and supporting transparency*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

¹³ Calkin S (2012) ‘New public health role a “fantastic opportunity” for nursing’, *Nursing Times*, 10 January 2012. Available at: www.nursingtimes.net/nursing-practice/clinical-zones/public-health/new-public-health-role-a-fantastic-opportunity-for-nursing/5039895.article

What is the RCN doing?

The RCN has been involved in reviewing and influencing the reforms as they have gone through Parliament, and continues to respond to any consultations relating to public health on behalf of members. We are monitoring the nursing involvement in the new system, and are working to make sure that new public health bodies are aware of the value that nursing staff bring.

The reforms have created some complex changes to the public health workforce. The RCN is supporting its affected members as they go through the transition, and negotiating with employers to try to deal with workforce and staffing issues quickly and effectively through partnership.

The RCN position

The role of nursing

Nursing's presence at almost every stage and setting of care means that nurses are engaged across a whole spectrum of public health interventions. Nurses are able to develop strong relationships with families and have in-depth knowledge of local communities. They are confronted daily by the affects of social conditions on the health and well-being of the communities they are caring for. It is because of these skills and qualities that the RCN believes that the unique perspective of nursing expertise must be fully utilised in the new public health system.

The RCN believes that it is crucial that professional leadership, training and development are maintained after the transition to the new system in all areas where nurses are employed, so that all nursing staff continue to be able to offer safe and quality care based on the latest evidence and best practice.

The new system

The RCN agrees in principle with the creation of Public Health England as a dedicated body to oversee health protection and emergency planning across the country, and with the new responsibilities assigned to local authorities. Local authorities have an opportunity to develop public health services in a holistic way, taking into account the multitude of factors which impact on public health which they can influence (for example housing and transport).

Integration of services is key to improving efficiency and to providing better patient care and population outcomes. However, we feel strongly that there is a risk that the changes could instead lead to fragmentation, as health services will now be commissioned by many different organisations (for example LAs, the NHS CB and clinical commissioning groups). There is still a lack of clarity over where responsibilities lie, and it is imperative that no services "fall between the gaps" during the transition period.

Health and wellbeing boards may offer a forum to prevent this, as they bring together representatives from all parts of the health and social care system and have a duty under the

Health and Social Care Act 2012 to encourage integration. Whilst supporting the role of these boards, the RCN has identified a number of key challenges that may prevent them from effectively carrying out this duty, including a lack of clarity around their structure, funding and accountability. We feel that nursing insight is particularly important in any efforts to integrate care pathways, both within health and across care systems. Therefore the RCN believes that the nursing profession must be represented on health and wellbeing boards.

The RCN believes that in order to successfully deliver for the future public health needs of the country, the Government must recognise the links between poverty, poor housing and transport, social isolation, and poor physical and mental health. The health promotion aspect of public health will be crucial to meeting these growing challenges, and this preventative work must be prioritised by local authorities so that inequalities and health needs (and their financial impacts) can be reduced. With demand-led services like sexual health treatment and drugs and alcohol misuse services being funded from the same public health budgets, there is a danger that health promotion could lose out if it is not suitably championed and protected.

The RCN supports the focus on patient outcomes in the new public health system, as part of a national framework that allows for comparisons, bench-marking and for the development of local responses to local problems and needs. This approach should help to ensure that populations across England are not disadvantaged through poor commissioning, poor delivery or inappropriate allocation of resources. We believe that there would be value in including measures that are linked to the health and wellbeing of the public health workforce in the outcome frameworks, as these have been shown to have an impact on the quality of services and care delivered to patients.¹⁴

The role of directors of public health

Directors of public health will have a critical role in the leadership and management of public health services and initiatives. They must have the authority and independence to advise and guide public health decisions. The RCN believes that DPHs should be appointed on an executive level and be accountable to the local authority chief executive. Unfortunately, we are aware that in some localities this is not the case.

The DPH role requires a range of skills, and should remain open to any suitably qualified candidate registered as a specialist public health practitioner, not only to those from a medical background. The RCN believes there must be parity of pay for professionals who undertake a particular role; salary should be based on skills and experience rather than on professional background.

Workforce transition

The RCN has concerns that during the period of transition staff working in public health have faced uncertainty about their future. Staff have faced restructuring, budgetary cut backs and uncertainty over transition arrangements. The RCN believes that every effort must be made to retain and

¹⁴ Boorman S et al. (2009) *NHS health and well-being – Final report November 2009*. Available at: www.nhshealthandwellbeing.org/FinalReport.html

develop the public health workforce and to clarify transition arrangements which are still outstanding to allow the public health community to move forwards within the new system. It is vital for the success of the transfer that staff are adequately engaged with and informed about the transition process.

It is also concerning that some primary care trusts (PCTs) and local authorities have still not shared their plans for the transition of public health services with trade unions. The transfers of public health responsibilities to local authorities is happening alongside wider and more complex health reforms, and it is unfortunately not always clear how these are being managed.

LAs will need to consider wider labour market issues and skills issues in relation to employing public health specialist/practitioner staff, as they will be competing with the NHS and Public Health England in recruiting these staff.

In order to support the transition process and the establishment of wider public health responsibilities within LAs, the National Joint Committee (the NJC has a similar role to the NHS Staff Council) has agreed to set up a staff commission and a public health sub-group. This staff commission will be an independent body established to provide a route to resolve disputes for transferring staff on issues relating to their transfer from PCTs into local authorities. Such a commission would take on cases that thus far have not been resolved through the authority's internal grievance procedure.

The public health sub-group will involve various stakeholders, including, trade unions (BMA, MiP, RCN, UNISON, Unite), LGA, but also DoH and Public Health England as required. The terms of reference will include:

- considering strategic issues affecting public health workforce and delivery
- funding allocations
- PH workforce strategy (including trainees)
- monitoring the PH Staff Commissions outcomes.

It is envisaged the working group would report to the NJC as necessary and can be directed by the NJC to undertake specific pieces of work relating to the PH workforce (for example job evaluations and other guidance development).

Public health funding

The RCN welcomes the Government's commitment to ring-fence public health spending. However, we also recognise that in the current economic climate all public sector bodies have to make significant financial savings. To ensure the development of an effective public health service, it is imperative to have financial protection. The Public Health White Paper noted that "existing functions in local government that contribute to public health will continue to be funded through the local government grant".² The RCN is concerned that in reality this may not be honoured and this must be monitored.

The pooling of money from public health budgets with other local authority funds may be appropriate for some projects, but the RCN seeks assurances that safeguards will be put in place to make sure that ring-fenced public health grants are being used appropriately, and not spent on “everyday” council activities that have little to do with health or to the detriment of core public health activity.

The use of the standard mortality ratio for those aged under 75 years as the main indicator of a population’s health status, and hence need for public health services, has been contentious. The RCN notes that public health need is substantially different to health care need and that prevention interventions can be most usefully targeted at young, pregnant and child populations, and vulnerable and deprived groups. The age profile of a population should therefore be taken into account when allocating ring-fenced public health budgets to local authorities.

The RCN supports the work of the Advisory Committee on Resource Allocation’s (ACRA) expert group in developing the formula for health premium payments so that disadvantaged areas will see a greater incentive if they make progress.¹⁰ This recognises that they face the greatest challenge to attain an increase in outcomes. However, this greater incentive will be of little assistance to those areas that fail to make any progress as a result of the comparative disadvantage of their populace. Such situations can only be remedied by including deprivation in the formula for determining the ring-fenced public health budget, so that areas with greater health inequalities receive more money in the first place.

More information

- The *Navigating the new NHS* section of the RCN website has briefings, fact sheets, updates on workforce issues, and an archive of our work on the reforms: www.rcn.org.uk/nhsreform
- RCN briefing on *Health inequalities and the social determinants of health*: www.rcn.org.uk/data/assets/pdf_file/0007/438838/01.12_Health_inequalities_and_the_social_determinants_of_health.pdf
- The RCN’s resource on clinical governance in public health is a guide to sustaining and improving high standards of patient care: www.rcn.org.uk/development/practice/clinical_governance/public_health
- The Department of Health publishes regular bulletins on transforming public health: <http://phbulletin.dh.gov.uk/>