

This briefing gives an overview of the UK Government's proposed changes to the public health system in England, the RCN's view and next steps.

### *What's the issue?*

In August 2020, six months into the COVID-19 pandemic, the UK Government announced substantial changes to the public health system in England. As part of this, Public Health England (PHE), the national agency for public health in England, will be merged with NHS Test and Trace and the Joint Biosecurity Centre to form a new organisation called the National Institute for Health Protection (NIHP).<sup>1</sup> The future arrangements for other core functions of PHE, notably health improvement and prevention which are Government priorities, are yet to be decided.

The RCN is concerned that this restructuring risks undermining the vital work that public health and health protection teams have been doing to manage the pandemic. It is critical that any changes to the public health system are informed by appropriate expertise and evidence. Nursing has a crucial role to play in ensuring that the public health system in England is safe and effective, and this must be reflected in the discussions about changes to the system and in their implementation.

### *What is the National Institute for Health Protection?*

A recent [Department for Health and Social Care \(DHSC\) policy paper](#) set out further details about the new body and the consultation process ahead. The NIHP will be focused on health protection, including COVID-19 and other domestic and global health threats. As a national body it will focus on England but work with the

devolved administrations, assuming PHE's existing UK-wide responsibilities and supporting the four Chief Medical Officers with scientific and analytical advice. The NIHP will report directly to the UK Secretary of State for Health and Care (although the exact accountability arrangements are still to be clarified). The NIHP will build on the approach and experience of the existing system. It will work closely with Local Authorities and Directors of Public Health. The three organisations are being merged immediately but the NIHP will not be formalised until the spring in 2021.<sup>2</sup>

### *What about PHE's other functions?*

Currently there are no confirmed plans for where PHE's remaining responsibilities (including health improvement and prevention) will be located. According to the [DHSC policy paper](#), options being considered include:

- devolving functions to a more local level (e.g. local authorities and/or integrated care systems).
- creating a separate national organisation dedicated to driving progress on prevention, health improvement and, potentially, public healthcare services.
- retaining health improvement responsibilities within DHSC and/or other government departments.
- embedding health improvement responsibilities into existing health arm's length bodies (e.g. NHS England and NHS Improvement).
- a combination of the above.

The DHSC has committed to consult widely on these options and has established a Stakeholder Advisory Group which will feed into an options paper to be published in October. They will hold a

<sup>1</sup> DHSC, 18 August 2020, Government creates new National Institute for Health Protection <https://www.gov.uk/government/news/government-creates-new-national-institute-for-health-protection>

<sup>2</sup> DHSC Policy paper The future of public health: the National Institute for Health Protection and other public health functions Published 15

September 2020 <https://www.gov.uk/government/publications/the-future-of-public-health-the-nihp-and-other-public-health-functions/the-future-of-public-health-the-national-institute-for-health-protection-and-other-public-health-functions>

series of roundtables to gather views from across the system<sup>3</sup>.

### *What is the RCN's view?*

The RCN has previously raised concerns about the pressures on the public health system in England, including the impact of drastic funding cuts on local public health services since 2015 and the impact of this on public health services and the workforce<sup>4</sup>. We have also highlighted the impact of the lack of clarity and integration in commissioning and oversight arrangements for public health on services.<sup>5</sup>

The COVID-19 pandemic has further highlighted these issues and areas which require action and improvement. These include resourcing, staffing and capacity; information sharing and integration; and accountability and transparency. The pandemic has also exposed the extensive health inequalities in England<sup>6</sup> and the importance of investing in public health and prevention.<sup>7</sup> In principle therefore, the RCN supports efforts to strengthen and improve public health capacity, governance and leadership in England. However, we have concerns about the way in which these changes have been determined, as well as the timing and the way in which they were announced.

Below are some initial key recommendations which should underpin the design and implementation of the public health system:

### **1) Changes to the public health system in England should be informed and supported by**

**appropriate evidence, expertise and insight.** This includes learning captured from previous restructures, evidence of best practice from other countries (in the UK and internationally), and the insight, expertise and experience of public health staff, experts and stakeholders. The establishment of the new NIHP should be informed by learning captured from the abolition of the previous Health Protection Agency in 2012/13, previous management of infectious disease outbreaks and the response to/management of the COVID-19 pandemic.

### **2) Nursing staff and leaders must be involved in the design of the new public health system and represented at all levels of the public health system, including leadership.** Nursing plays a significant role in all areas of public health. All nursing roles have public health responsibilities and across all nursing work there are opportunities to promote public health and prevention. Many nurses also work in specific public health roles, including as school nurses, health visitors, those working in sexual and reproductive health and occupational health, and health protection nurses. Many public health practitioners and specialists are nurses, and as such are employed as consultants in public health as well as Directors of Public Health. Nursing staff should be involved in planning and

<sup>3</sup> DHSC Policy paper The future of public health: the National Institute for Health Protection and other public health functions Published 15 September 2020 <https://www.gov.uk/government/publications/the-future-of-public-health-the-nihp-and-other-public-health-functions/the-future-of-public-health-the-national-institute-for-health-protection-and-other-public-health-functions>

<sup>4</sup> RCN member briefing on public health funding in England 2019 <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/december/007-997.pdf?la=en>

<sup>5</sup> RCN Sexual and Reproductive Health. RCN report on the impact of funding and service changes in England 2018

<https://www.rcn.org.uk/professional-development/publications/pdf-006962>

<sup>6</sup> PHE 2020 COVID-19: understanding the impact on BAME communities <https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>

<sup>7</sup> The Health Foundation 2020 The pandemic is having an unequal impact on our already unequal society <https://www.health.org.uk/news-and-comment/news/the-pandemic-is-having-an-unequal-impact-on-our-already-unequal-society>

implementing public health services because of their holistic approach to planning pathways and patient care.

3) **Changes to the public health system should be developed within an adequate timeframe and not rushed, to maintain capacity and function.**

Restructuring the national public health system amid the COVID-19 pandemic could distract attention, focus and resources away from the core task of responding to the pandemic and preventing further waves, and further undermine the morale of staff who have worked tirelessly during this crisis. The Government did not consult stakeholders before making this surprise decision which caused further stress and anxiety for the workforce.

4) **Improving population health and wellbeing and reducing health inequalities should be a core priority for the Government, especially in light of the evidence around the increased risk and unequal impacts of COVID-19 on specific population groups and those with underlying health conditions.<sup>8</sup> The Government must introduce a fully-funded cross-governmental national health inequalities strategy and clarify the future arrangements for the oversight, leadership and management of health**

improvement and prevention in England. The absence of a robust plan for what happens to the remaining functions of PHE's work (notably health improvement) risks the health and wellbeing of the population. It also risks undermining progress towards key government commitments including to 'level up' health inequalities; those in the Prevention Green Paper<sup>9</sup>; the Sustainable Development Goals (SDGs)<sup>10</sup> and on obesity<sup>11</sup>.

5) **The public health system must be fully resourced to meet population demand, reduce health inequalities and prioritise prevention.** PHE's effectiveness as an agency was impacted by a 16% funding cut, and a 22% cut to the wider local public health system since 2015.<sup>12</sup> Many nursing staff are employed via public health commissioned contracts, for example in health visiting, school nursing and sexual and reproductive health, services which are under significant pressure due to years of funding cuts and more recently as a result of staff redeployment during the pandemic. These staff play a vital role in improving health, health promotion and health protection. Adequately resourcing public health must include:

- Increasing funding for public health at all levels, based on population need

<sup>8</sup> PHE 2020 Beyond the data: understanding the impact of COVID-19 on BAME groups [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf); NHS 2020 Who's at higher risk from coronavirus <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>  
<sup>9</sup> Cabinet Office, DHSC July 2019 Advancing our health: prevention in the 2020s – consultation document [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/819766/advancing-our-health-prevention-in-the-2020s-accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819766/advancing-our-health-prevention-in-the-2020s-accessible.pdf)

<sup>10</sup> UN Sustainable Development Goals <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

<sup>11</sup> DHSC Policy paper Tackling obesity: empowering adults and children to live healthier lives Published 27 July 2020 <https://www.gov.uk/government/publications/tackling-obesity-government-strategy>

<sup>12</sup> The Health Foundation 2020 PHE reorganisation is highly risky and justification for the change has not been fully set out <https://www.health.org.uk/news-and-comment/news/phe-reorganisation-is-highly-risky-and-justification-has-not-been-fully-set-out>

and modelling of the resources required to effectively prioritise prevention and reduce health inequalities. This includes a long-term, sustainable and increased funding settlement for local authorities to deliver local public health provision.

- Ensuring there are enough suitably educated and trained staff across health protection, health improvement and health care public health to deliver high quality services.

**6) Robust and clear accountability arrangements are essential.** The delivery of strategic public health functions must be the responsibility of publicly accountable bodies and the NIHP should be fully independent. There must be clear, accountable leadership at all levels of the public health system. The national leadership of any public health organisation should include people with relevant qualifications and experience in public health and relevant sciences. While engagement with the private sector will be important, this should not come at the expense of maintaining and developing public sector science capacity and in-house expertise.

**7) Governance and oversight arrangements must support and foster integration, coordination and collaboration.** This includes between the national, regional and local levels of the system, and between the NHS, local government and the independent sector. This must be supported by clear and robust commissioning arrangements which promote

outcomes and integrated care. The separation of health protection from the other areas of public health must not create unhelpful distinctions which exacerbate fragmentation within the system.

**8) Supporting, protecting and enabling the public health workforce must be prioritised.**

The consultation and transition should minimise disruption to staff moving to the NIHP and/or other bodies and there must be a strong focus on retaining staff knowledge, expertise, skills and relationships. Changes to the public health system should promote opportunities for staff learning and development, and support staff mobility between allied sectors - given the importance of mobility for acquiring knowledge, skills and experience as well as for retention of skilled staff at all levels.

*What are the next steps for the RCN?*

The RCN will continue to monitor the Government's policy design, development and implementation in relation to public health in England, and to advocate for engagement with nursing and for meaningful recognition and representation of nursing in the public health structure. We will be supporting our members who are directly affected by the changes, including those working at PHE, throughout the consultation and transition.

In order to develop our policy position, we are seeking the views of our members regarding the proposed changes, and on the priorities for the public health system in England. If you are interested in sharing your views please contact the Policy and Public Affairs Department at [papa.ukintl@rcn.org.uk](mailto:papa.ukintl@rcn.org.uk).

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