

*RCN response to the*

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

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## Introduction

With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students and health care assistants, 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 and voluntary 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, European and international political institutions, trade unions, professional bodies and voluntary organisations.

Throughout this paper reference to *nurses and nursing* refers to the broadest scope of practice across the family of nursing, midwifery and health visiting.

The RCN welcomed the confirmation included in *Equity and Excellence* that a new Public Health Service would be established with a focus on upstream disease prevention and the use of evidence to determine how best to change behaviour<sup>1</sup>.

The RCN is pleased to have the opportunity to respond to the Public Health White Paper *Healthy lives, healthy people* and to see the government prioritisation of health promotion, protection and prevention.

The RCN has also submitted formal responses to the consultation documents '*Healthy lives, healthy people: transparency in outcomes, proposals for a public health outcomes framework*' and '*Healthy lives, healthy people: consultation on the funding and commissioning routes for public health*'. For further details on RCN's response to these supporting consultations please see the RCN's web site [www.rcn.org.uk](http://www.rcn.org.uk).

<sup>1</sup> Department of Health (2010) *Equity and excellence: liberating the NHS*

# 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 standards<sup>2</sup> 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.

2 [http://www.fph.org.uk/faculty\\_guidance](http://www.fph.org.uk/faculty_guidance) (Accessed 28.2.11)

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 responsibility.<sup>3</sup> 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 £20 billion 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 health, social care and education. It is important that both local

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

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’<sup>4</sup>.

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.

## 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<sup>5</sup> 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.<sup>6</sup> The RCN has concerns that the proposed welfare reforms<sup>7</sup> 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.<sup>8</sup> 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.

5 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)

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

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

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

# RCN response to individual chapters of the Public Health White Paper

The RCN is pleased that the Public Health White Paper confirms that funding from the overall NHS budget will be ring-fenced for spending on public health. However, we seek greater clarity in which of the component parts of public health will be included in the ring-fenced budget. For example, screening programmes are currently funded through a combination of tariff and block contracts. The unpicking of these pricing systems will require clear guidance.

The RCN references its response to the complementary consultation documents on the proposed public health outcomes framework and the funding and commissioning of public health, and will respond to further public health policy documents as these are published.

## Chapter 1 – Seizing opportunities of better health

### Professional leadership

The proposed increase in health visitors will play a significant role in supporting and engaging with mothers who have a mental illness and to child protection. Health visitors will need robust leadership to support them in this challenging role. Health visitors will also need supervision and support in relation to working with women with puerperal illnesses and effective partnership working for the welfare of women and the protection of children.

### Commissioning

The RCN agrees that the most serious threats to health, such as diabetes and obesity, are public health issues. We support the acknowledgement made by the government that it needs to think in more integrated and innovative ways about how it can empower people and communities to make healthier choices throughout their lives.

The NHS spends far more money on the treatment of disease than on preventing it. A significant proportion of chronic disease can be prevented simply through leading a healthy lifestyle. For example, almost £3 billion is spent treating smoking related diseases and just £150 million on smoking cessation.<sup>9</sup>

### Midwifery and maternity care

It is well known that the health and wellbeing of women before, during and after pregnancy is a critical factor in giving children a healthy start in life and laying the groundwork for good health and wellbeing in later life. Whilst there has been substantial progress in reducing infant deaths, it is noted that rates are higher than in the UK than comparable European countries.

Midwives play a crucial role in improving health and reducing health inequalities as they work with women throughout the pregnancy and after birth. They have the opportunity to raise awareness of lifestyle factors

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<sup>9</sup> Department of Health (2010) *Healthy lives, healthy people* p. 11



for mothers themselves, their partners and children which can have a lifelong impact on the health and wellbeing of their family.<sup>10</sup>

Midwives should have a greater role in public health to help reduce inequalities and improve the health of women and their families.<sup>11</sup> Well coordinated, intelligent commissioning is fundamental to achieving the laudable aims and ambitions for improving services to improve health and welfare of mothers and their families.

The RCN supports the importance of tackling maternal obesity, increasing breastfeeding rates, decreasing smoking rates during pregnancy and the aspiration to improve child health and development.

The Family Nurse Partnership Programme<sup>12</sup> plays a significant role in supporting vulnerable pregnant girls from time of booking, through pregnancy and the first two years of a child's life. The impact that this programme has demonstrated includes breaking of inter-generational cycles, improved educational attainment, reduced smoking, and improved breast feeding. There needs to be targeted support for young women in low income areas who are the least likely to initiate and continue breastfeeding. The Healthy Child Programme<sup>13</sup> includes the promotion of social and emotional development and support for parenting which we also support.

## Sexual health

The RCN is concerned about the growing rates of sexually transmitted infections (STIs) in young people, especially Chlamydia. Although the rate of teenage pregnancy is falling, it still remains considerably higher in the UK than in most comparable countries. We also acknowledge the link between alcohol misuse and sexual health risk-taking behaviour.

Sexual health issues are raised throughout the Public Health White Paper, with the inclusion of sexual health in the *Healthy lives, healthy people: transparency in outcomes, proposals for a public health outcomes framework*. However, there is no specific reference to the increase in STIs amongst the older population or the role that international travel plays in this increase, where older single travellers specifically travel to countries to engage in sexual activity where STI rates are high. The Family Planning Association recently launched its first campaign specifically targeting those over 50 years.<sup>14</sup>

## Mental health

The RCN agrees that many premature deaths and illnesses could be avoided by improving lifestyles, particularly stopping smoking, healthier eating, increased physical activity and reduction in alcohol consumption.

The RCN agrees that the prevention of mental ill health also represents a huge opportunity for health improvement. People with mental ill health are much more likely to smoke and to die younger, and a large number of people with mental health problems also have alcohol or drug problems. It is difficult to envisage how mental health services can be engaged with this agenda when activity is targeted at the point at which individuals have become ill.

The key question for the RCN is determining why people become mentally ill and focusing 'up-stream'

10 Midwifery 2020, 4.3, *Developing the midwives role in public health and addressing health inequalities*, published by DH and Health Boards in Wales Scotland and N Ireland (2010)

11 Midwifery 2020 Our Vision of Midwifery in 2020 P5

12 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_118530](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118530) (Accessed 28.2.11)

13 Department of Health (2009) Healthy Child Programme *Pregnancy and the first five years of life*

14 <http://www.fpa.org.uk/campaignsandadvocacy/sexualhealthweek/stisandsafersexover50>

activities on prevention. Most mental health initiatives are ‘down-stream’ (i.e. when someone is ill) so greater emphasis is needed on how we can incentivise ‘up-stream’ awareness whilst retaining and improving investment in Improving Access to Psychological Therapies (IAPT) services.

## Occupational health

The RCN has urged the NHS to go further and faster in the implementation of the Boorman Review. Reducing working-age ill health has the potential to save the UK up to £100 billion a year, around the size of the entire annual NHS budget<sup>15</sup>. Occupational health services need to be adequately resourced to ensure that they are implementing proactive measures and not simply engaged in attendance management and reactive services. There needs to be greater funding and commitment for occupational health nurses to be engaged in research to ensure that interventions are evidence based.

The RCN supports all efforts to promote aging well. The RCN is pleased to read that the Public Health White Paper refers to the crucial role that district nursing teams can play in supporting older people to live well in the community. District nurses also play a crucial role in the prevention of excess winter deaths amongst the older population.

## Quality assurance

Whilst empowerment, ‘nudge’ and social marketing all have a role in encouraging voluntary behaviour change, population approaches and national regulation can be both extremely effective and sometimes necessary (e.g. the banning of smoking in public places and the compulsory use of safety belts). 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<sup>16</sup>.

Assurance is required regarding the mechanism for monitoring the success of proposed localised systems and the indicators that would invoke central intervention through statutory regulation should the softer methods fail.

## Related impacts

The RCN notes the government support for the report by the Marmot Review Team, *Fair society, healthy lives*<sup>17</sup> (2010), the independent review of health inequalities in England. We agree that tackling health inequalities must remain a top priority. The recommendations made in *Fair society, healthy lives* go well beyond the traditional parameters of health care and the health service, and recognise the importance of wider social, environmental and economic policies. Local authorities will be well placed (if appropriately funded) to tackle certain social and environmental factors which contribute to health inequalities. However the RCN believes that the responsible departments within the national government must also ensure that proposed reforms to the labour market and welfare system do not worsen health inequalities.

The RCN has provided targeted briefing and advice to policy makers at the European Parliament on relevant aspects of its report on health inequalities in the European Union. The RCN called for comparable health indicators, including social-economic. The RCN urged that the Commission, in cooperation with the member states, should by means of a system of comparable indicators, based on demographic,

15 Boorman S (2009) *NHS Health and well-being: Final Report* <http://www.nhshealthandwellbeing.org/FinalReport.html> (Accessed 28.2.11)

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

17 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> (Accessed 28.2.11)

environmental, social and economic factors, support the further development of, data collection at EU and national level, as there are significant inequalities in the sector within the member states (e.g. marked differences between the cities and regions)<sup>18</sup>.

Cuts to housing benefit, incapacity benefit and welfare could have an impact on the health and wellbeing of some of the most vulnerable members of society. Whilst it is recognised that some individuals misuse the benefits system, there are many who genuinely depend on it to maintain a minimum standard of life and ensure a minimum standard of health<sup>19</sup>.

Health can only be improved through the reduction of social isolation, improving air quality, reducing unwanted noise, the availability of green space, good transport and housing and access to affordable high quality food. The cancer strategy<sup>20</sup> has highlighted the role of prevention strategies such as healthy eating and exercise, screening (cervical, breast and bowel) and vaccinations i.e. Human Papillomavirus (HPV).

The RCN supports all efforts made to improve the environment, in the knowledge that this will have a positive impact on peoples' health. We agree that unsafe or hostile urban areas that lack green spaces or are dominated by traffic discourage activity and are in themselves obesogenic.

Robust housing and transport strategies will also help to improve health as social isolation and poor housing are key contributory factors to poor health. Becoming depressed and anxious is a natural response when facing issues such as unemployment, poor housing or local crime. Many solutions to poor public health rely upon improved social conditions and community resilience being built.

The RCN welcomes the key messages in the Public Health White Paper around those issues which have an impact on mental health: secure employment (to prevent the social drift that is present in the lives of many clients); harmonious relationships; helpful information; responsive services (including early intervention) and the best possible start in life. Mental health strategies should be linked to safeguarding, youth offending services and looked after children.

The RCN wishes to see directors of public health being supported in applying existing knowledge about community resilience into their plans. Local plans should demonstrate how they will meet the needs of those people with severe and enduring mental illness.

There is also a need to differentiate between those mental health conditions at the mild to moderate end of the spectrum (anxiety or depression) to the severe and enduring (psychoses such as manic-depression and schizophrenia). It is important to consider coping strategies and how people can be encouraged away from self-defeating behaviours such as alcohol or tobacco dependence. Involving families in strategies for the management of chronic mental ill health is also important.

18 <http://www.europarl.europa.eu/oeil/file.jsp?id=5859042>

<http://www.europarl.europa.eu/sides/getDoc.do?type=REPORT&mode=XML&reference=A7-2011-0032&language=EN>

19 <http://www.dwp.gov.uk/docs/lha-faq.rtf> (Accessed 28.2.11)

20 Department of Health (2011) *Improving Outcomes – A Strategy for Cancer*

## Chapter 2 – A radical new approach

RCN notes that a public health outcomes framework will be launched that will sit alongside the proposed NHS and social care outcomes framework. The RCN response to the outcomes framework consultation accompanies this document.

### Economic context

We are pleased to see that there will be greater emphasis on local leadership for public health and an emphasis that wider responsibility across society will improve the population's health and wellbeing. Ensuring that local authorities take responsibility for public health has great potential to tackle the wider determinants of health and to deliver joined up strategies. However, the RCN is concerned that due to the current financial climate and the government's deficit reduction programme, we may not be able to maximise on this potential. Local authorities are facing reduced financial allocations from across the board which will mean that longer term public health approaches may lose out to more immediate and pressing concerns.

The RCN has concerns about the over reliance on localism and private sector involvement in the Public Health White Paper as this may lead to fragmentation and inequalities in public health services across England. We seek assurance on the criteria that the government will use to determine success or failure of such partnerships and how the case for 'moving up' the intervention ladder will be considered.

The RCN agrees that we must support the population to make healthier choices and we know that empowering people with accurate information helps them to change their lifestyle. The UK is dealing with the impact of the global economic recession and a reduction in public spending. It is important that health promotion is now a high priority and that we act decisively to relieve the burden of unhealthy lifestyles on our health service and society. However, the RCN continues to believe that in some circumstances action from national government is the most appropriate way in which to protect and promote public health. Whilst we support the principle of engaging with business to behave in a socially responsible way and recognise that voluntary commitments to living better can work, we believe that sometimes the interests of business and industry and the interests of population health simply do not align.

### Commissioning

The RCN agrees that the government should be accountable for preparing and tackling serious unavoidable threats and emergencies. These demand direct intervention from a range of central government departments. We also agree that some activities are better co-ordinated at a national level, for example, air, food and water that meet appropriate safety standards.

The RCN recommends that staff currently employed by the HPA are considered to be frontline services, as their capacity for resilience and emergency planning in preparation for the Olympics, and in response to terror alerts are of primary importance.

The RCN would like to see mechanisms and incentives in place to assure that the NHS will continue to have a crucial role in:

- preventing ill health
- screening for disease
- supporting people with long-term conditions
- improving access to care for the whole population
- tackling health emergencies.

## Chapter 3 – Health and wellbeing throughout life

### Commissioning

The RCN notes that future strategies may overlap with elements of the long term conditions agenda around tobacco control, obesity and physical activity. The overlap with the vision for adult social care and the impact that this may have must be acknowledged.

The prevention of disease is central to the future wellbeing of the nation. Nursing plays a fundamental role in preventing unhealthy lifestyles by, for example:

- contributing to effective sexual health services
- providing advice on healthy eating and weight management
- smoking cessation
- alcohol reduction
- occupational health
- infection control
- travel health
- offering support and intervention in early years.

### Healthy children

The RCN wholeheartedly supports the Department of Health's commitment to invest in a health visiting four-year transformational programme. However, we would like to see greater acknowledgement of the breadth of public health practice across public health protection. We would also like to see health improvement, for both the working age and older age population, alongside the early year's agenda. This should include the contribution made by nurses and midwives who work in acute settings, the community, general practice and in the workplace. The RCN seeks assurances that investment is made into the recruitment and training of nurses across the lifespan agenda for public health.

The RCN welcomes the intention to develop an integrated local strategy between public health services, children's services and the NHS. We also support the need, at a local level, to increase the numbers of health visitors to work with children's centres and GPs, as well as to deliver the Healthy Child Programme and Family Nurse Partnership Programme.

Local authorities should aim to make children's centres a hub of the local community. They should maintain some universal services so that centres are welcoming, inclusive, socially mixed and non-stigmatising, but aim to target services towards those who can benefit from them most. So that centres can fulfil this delivery co-ordinating function, their ongoing funding must be secured. Midwives and health visitors should work closely with centres and ensure a consistency of service is provided, with continuity between the more medical pre-birth services and increasingly educational post-natal work.

Evidence relating to the importance of pre-school years to children's life chances as adults points strongly to an alternative approach that focuses on directing government policy and spending to developing children's capabilities in the early years<sup>21,22</sup>. A shift of focus is needed towards providing high quality, integrated

21 HM Government (2011) Early Intervention: the next steps, An Independent report to her Majesty's government, Graham Allen MP <http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf> (Accessed 28.2.11)

22 HM Government (2010) The Foundation Years: Preventing poor children becoming poor adults, The report of the independent review into life chances, Frank Field <http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf> (Accessed 28.2.11)

services aimed at supporting parents and improving the abilities of our poorest children during the period when it is most effective to do so.

The Public Health White Paper also indicates that the Department of Health will work to strengthen preventative work within maternity services and that the Department for Education will continue to offer families 15 hours a week of free nursery care for pre-school children. The first phase of single Community Budgets for families with complex needs will enable a focus on health improvement as there will be locally coordinated support. Children's centres will act as hubs for family support and as a base for voluntary and community groups. They will also be alert to children who may be being harmed and can take action to protect and care for them.

The RCN supports the promotion of good mental health and resilience amongst all children, not just those identified with problems. Improving self-esteem and developing positive social norms throughout the school years should be the focus of local strategies, including school-based mental health promotion. The government must increase funding for interventions that promote good mental health for children and adolescents with mental health problems.

## Healthy schools

The school nursing service will manage pupils' health and wellbeing and will develop schools as health-promoting environments. Child protection services will work more closely with public health within local government.

The school nurse functions as health promoter and health educator, and works in collaboration with others such as teachers, youth workers and counsellors. We have repeatedly called for significant investment in school nursing to ensure that every child has access to a school nurse.

The then Department for Education & Skills' Green Paper<sup>23</sup> *Every Child Matters* (2003) set out a vision of the outcomes and commitment to support every child to be healthy; stay safe; enjoy and achieve; make a positive contribution and achieve economic well-being. This set of reforms was supported by the Children's Act 2004. As part of achieving these key outcomes it is becoming increasingly recognised that there is a need to invest in school health services. To ensure that every child has access to a school nurse there is a need to rapidly reverse the decline of the school nursing service with significant investment in school nursing.

Nurses working within school settings have an important role in achieving the key components of the Children's National Service Framework<sup>24</sup> and the aspirations of the Public Health White Paper. Nurses can provide access to confidential advice and guidance on a range of issues, enabling and empowering young people to make healthy life choices which affect them throughout their lives. The wide remit includes providing information about areas including:

- good nutrition
- exercise
- smoking
- mental health
- drugs
- sexual health.

23 *Every Child Matters* (2003) Green Paper <http://education.gov.uk/publications/standard/publicationDetail/Page1/CM5860> (Accessed 28.2.11)

24 Department of Health, Department for Education and Skills (2004) *National service framework for children, young people and maternity services*

Participation in the delivery of the personal, social and health education (PSHE) curriculum is an important aspect of the role of school nurses. They also have a key role in the identification of vulnerable children and young people, implementing early interventions and referring to specialists and other sources of support when required.

## Healthy workplaces

Much of the government's public health strategy centres on enabling more people to work, safeguarding health at work, and supporting people with disabilities to enter or return to work, and stay in work.

Lack of access to specialist occupational health advice is an important factor in avoidable absence due to ill health. The review of the sickness absence system should consider improvements to access to specialist occupational health nursing advice. The RCN will continue to support Dame Carol Black's workplace strategy making the links between health, work and wellbeing. The Interim Report of the Boorman Review<sup>25</sup> recognised the need for regional consultant occupational nursing leadership. With an increasing focus on workplace health, inter-agency working, and improved workplace health and rehabilitation outcomes, this leadership is essential. This important preliminary recommendation should now be taken forward.

It is important that future reports continue to recognise the workplace as an important setting for influencing public health and set out the means to provide, measure, and deliver support to workers. The coming reports should address:

- commissioning effective health support for workers
- outcome measures for workplace interventions
- measures to improve occupational health support for all workers
- creation of a sustainable occupational health nursing workforce.

Fit for Work Service pilots are focusing on early intervention to get workers who are off sick back to work faster and to keep them in work. The NHS will be supported to embed the Fit Note and implement it electronically in GP surgeries as soon as possible. The government, in conjunction with the Faculty of Occupational Medicine, is developing an accreditation process for occupational health service standards. It is also exploring ways to help small and medium-sized enterprises to promote the health of their workforce and to promote better management of chronic conditions in the workplace.

The RCN draws attention to the need to consider the complexities of some cases such as blunt or inflexible return to work programmes for vulnerable groups, such as those with mental health problems.

The RCN firmly believes that in order to be effective, workplace health and wellbeing practices must be carried out in partnership with employees and their representatives. Recognising and valuing the role that trade union safety representatives play, and the importance of worker involvement and participation, is key to success<sup>26,27,28</sup>. Case studies, such as the BT Group's strategy for mental wellbeing, illustrate how partnership initiatives can reduce ill health, promote wellbeing and have successful rehabilitation outcomes<sup>29</sup>. Essentially, strategies to improve workplace health should be carried out in partnership *with* workers not just *for* workers

25 Boorman S (2009) NHS Health and Well-being Review: Interim Report <http://www.nhshealthandwellbeing.org/InterimReport.html> (Accessed 28.2.11)

26 Reilly B, Paci P, and Hall P. *Unions, safety committees and workplace injuries*. British Journal of Industrial Relations, 33.2, June 1995

27 Health and Safety Executive (2007) HSE Better Backs 2006: Worker involvement Evaluation <http://www.hse.gov.uk/research/rrhtm/rr581.htm> (Accessed 28.2.11)

28 Hill D, Lucy D, Tyers C and James L 2007 *What Works at Work?* <http://www.employment-studies.co.uk/pubs/report.php?id=whwe1107> (accessed 28.2.11)

29 Health and Safety Executive (2008) Worker involvement case studies <http://www.hse.gov.uk/involvement/casestudies.htm> (accessed 28.2.11)

The RCN looks forward to seeing all NHS organisations putting in place a local health and wellbeing strategy during 2010/11, which will include proactive improvement in the quality of, and access to, occupational health services. The RCN welcomes efforts aimed at improving the health of all staff who work in health care but would like to see further progress on some aspects of the review including a national framework for fast tracking staff for treatment.

It is rightly recognised that the workplace is an important arena to improve public health. It is notable that the biggest cost of poor public health cited relates to the cost of ill health in workers. There is compelling data showing the contribution that health at work can make to performance and productivity<sup>30</sup>. Nurses are the primary providers of occupational health care for workers and with the correct investment and support are ideally placed to lead health improvement within the workplace.

Work related ill health is a major cause of long term absence and ill health retirement. Whilst we welcome the recommendation that employers have an increased role in health promotion and the lifestyle causes of ill health, work related ill health should continue to be a fundamental focus. Essentially this means good health and safety management and the adherence of employers in meeting their legal requirements to assess and reduce risks to health.

Two major gaps in NHS provision are:

- the universal availability of physiotherapy
- outpatient psychological support (such as counseling or cognitive behavioural therapy).

These form major public health issues and are causes of poor mental health/depression.

The RCN welcomes the encouragement to all employers to provide support from accredited occupational services. However, most workers do not have access to specialist occupational health support, particularly those people working in small organisations. As a result, too many workers and too many employers do not receive the advice and support they need, resulting in unnecessary sickness absence, unnecessary loss of employment, and unnecessary dependency on benefits. Disincentives to the use of accredited services should be removed including Regulation 5 of the Private and Voluntary Healthcare Regulations 2001 that exempt workplace health services from the quality requirements of all other health care provision.

The recent series of guidance documents from the National Institute of Clinical Excellence (NICE) have demonstrated the effectiveness and cost-effectiveness of workplace interventions to reduce obesity and smoking, increase physical activity, improve mental wellbeing, and reduce sickness absence<sup>31</sup>. Measures to encourage the full implementation of NICE's guidance on workplace health will make an important, cost-effective improvement in public health. NICE should continue to produce further workplace guidance that builds on these current successes.

Accreditation, new quality standards, and an improved specification for occupational health services will contribute to a more consistent and more effective occupational health model. The fragmentation of NHS occupational health services is a major obstacle to improved NHS staff health and the reconfiguration to (sub) regional services is essential<sup>32</sup>. Reconfiguration of NHS occupational health services will improve NHS staff health and in the longer term will provide a platform for the improvement in the health of all workers.

30 Black C (2008) Dame Carol Black's Review of the Health of Britain's Working Age Population. Working for a Healthier Tomorrow

31 <http://www.nice.org.uk/Guidance/PHG/Published> (accessed 28.2.11)

32 Kirk H (2010) The Future Configuration of NHS Occupational Health Services

[http://www.nhsplus.nhs.uk/providers/images/library/files/The\\_Future\\_Configuration\\_of\\_NHS\\_Occupational\\_Health\\_Services\\_Final\\_September\\_2010\\_+\\_appendices.pdf](http://www.nhsplus.nhs.uk/providers/images/library/files/The_Future_Configuration_of_NHS_Occupational_Health_Services_Final_September_2010_+_appendices.pdf) (Accessed 28.2.11)



## Healthy communities

The role of general practice nurses in managing long-term conditions, cytology, sexual and travel health, and vaccination and immunisation programmes make them key to meeting the health needs of local populations. We can anticipate that nurses working in general practice will, in the future, work closely with public health teams based in local authorities.

Nurses working in custodial settings also make a significant contribution to public health. Assessing mental health, learning disabilities, drugs and alcohol abuse and poor physical health which may include smoking and blood borne viruses, using care delivery in collaboration with the police, is very much a public health agenda. This will have a combined health and social care impact as well as ultimately cutting imprisonment rates.

Offender health services may become the NHS Commissioning Board's (NHSCB) responsibility yet offenders' health in the community will be the responsibility of local authorities. Co-ordination may become an issue, particularly as community safety partnerships will lead on the reduction of re-offending.

The contribution of nursing has been welcomed by the police, Her Majesty's Inspectorate of Prisons (HMIP) and the Independent Police Complaints Commission (IPCC) in helping to reduce premature deaths in custody, and the appropriate diversion to other services both statutory and voluntary. Custody nurses offer a valuable role in criminal justice services (CJS) as health educators and health promoters. They work collaboratively with non-health services and agencies to ensure the public health of vulnerable people who come into contact with CJS agencies. Nurses also work within and alongside court services.

The RCN has issued a position statement to highlight the need and value of infection prevention nurses within the commissioning process<sup>33</sup>. The position of where community infection control nurses sit is a local decision. However, it is most important that there is provision for this service within commissioning.

The forthcoming Special Educational Needs and Disability Green Paper will set out plans to improve outcomes for children and young people, promote greater choice for families across health, education and social care, and to support transitions. Numerous reports highlight the health inequalities of people who have a learning disability<sup>34</sup>. The current confidential inquiry into premature deaths of people with a learning disability will be crucial in ensuring that inequalities are further reduced.

Learning disability nurses were historically seen as NHS providers of learning disability care but there has been a much greater shift towards social care delivery in recent years. The learning disability nursing contribution to public health will be essential in reducing health inequalities of this vulnerable group by providing expertise to other providers of public health care.

Public health has a major leadership role in prevention strategies, promotion of active ageing and reduction of inequalities. The RCN calls for improved investment in district nursing teams so that they are better equipped, resourced and supported to support older people and those with long term conditions.

The RCN also notes that carers may face an increased burden. Whilst the Public Health White Paper and the Carers Strategy indicate an increase in the availability of respite care, this may be at significant risk as a result of cuts to social care budgets. Nurses have reported increased problems in accessing adequate social care packages for older vulnerable people, which can delay safe hospital discharge.

33 [http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0005/360806/IPS\\_Joint\\_Position\\_Statement.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0005/360806/IPS_Joint_Position_Statement.pdf) (Accessed 28.2.11)

34 Improving Health and Lives: Learning Disability Observatory (2010) *People with Learning Disabilities in England* <http://www.improvinghealthandlives.org.uk/projects/annualreport>

## Quality assurance

The RCN supports government action aimed at reducing tobacco use. We understand that tobacco companies are currently requesting a judicial review of legislation enacted by the previous government banning tobacco vending machines<sup>35</sup>. There has also been speculation that the government may be considering reversing earlier legislation to ban tobacco display advertising, as part of the drive to reduce the burden of regulation<sup>36</sup>. The RCN is concerned about the possibility of any rolling back of these reforms and that the scale of harm caused by smoking justifies regulation by government to reduce the visibility and availability of cigarettes.

Following the government's recent launch of the Public Health Responsibility Deal, in partnership with business and the voluntary sector, five networks have been established on:

- food
- alcohol
- physical activity
- health at work
- behaviour change.

It expects to announce agreements on further salt reduction in food; better consumer information on food; and promotion of more responsible retailing and consumption of alcohol.

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

The RCN welcomes proposals in the Police Reform and Social Responsibility Bill 2011, including granting greater powers to local authorities and police regarding alcohol legislation. In particular, the RCN has called for health bodies to be considered as relevant authorities and the prevention of health harm to be established as a fifth licensing objective. The RCN continues to call for minimum price per unit as an effective measure for tackling the availability of very cheap alcohol and the evidence base to show that greater taxation leads to lower consumption is robust<sup>37</sup>.

The RCN has called for a mandatory code detailing the following: minimum unit pricing, stricter rules on alcohol advertising and promotions, mandatory alcohol unit and health labelling, and a public health objective in the licensing code.

Alcohol specialist nurses (or alcohol liaison nurses) deliver cost-effective interventions to reduce the impact of alcohol misuse. There is also a role for the public health workforce including school nurses and occupational health nurses to work with young people and the adult population.

Injuries due to alcohol related violence<sup>38</sup> remain at high levels and health care workers in Accident and Emergency departments are themselves at risk of assault<sup>39</sup>.

35 [http://business.timesonline.co.uk/tol/business/industry\\_sectors/consumer\\_goods/article7021988.ece](http://business.timesonline.co.uk/tol/business/industry_sectors/consumer_goods/article7021988.ece) (Accessed 28.2.11)

36 <http://www.guardian.co.uk/society/2010/sep/12/cigarette-display-ban> (Accessed 28.2.11)

37 HEALTH ENGLAND, the national reference group for health and wellbeing, Prioritising investments in preventative health, September 2009, <http://help.matrixknowledge.com/page/Full-Report-Listing.aspx> (Accessed 28.2.11)

38 August 2010: Violence in England and Wales: An Accident and Emergency Perspective (Sivarajasingam, et al.) Violence in England and Wales 2008 An Accident and Emergency Perspective, Violence and Society Research Group

39 [http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/2009-10\\_Physical\\_Assaults\\_Against\\_NHS\\_Staff\\_FINAL\\_241110.pdf](http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/2009-10_Physical_Assaults_Against_NHS_Staff_FINAL_241110.pdf) (Accessed 28.2.11)

The RCN supports the multi-professional sharing of anonymised patient data regarding assaults to inform initiatives to reduce injuries as a result of violence<sup>40,41</sup>.

## Related impacts

The RCN questions whether the funding of pupil and health premiums is weighted to address inequalities and whether these premiums will be sufficient to counteract the influence of wider budget cuts. The RCN also questions whether the free schools policy can be easily accessed across the social spectrum and whether lack of access may disadvantage the poorest in society.

The RCN welcomes the reference to the health benefits of green spaces and health impacts of local planning policies in the white paper, but further steps should be taken to address what the *Lancet* describes as *the biggest global health threat of the 21st century*<sup>42</sup>. The Public Health White Paper needs to be joined up with wider government strategy to tackle the underlying causes of climate change such as transport and non-renewable energies. Policies to reduce green house gasses and carbon emissions will have a positive impact on health and could reduce health inequalities, heart disease, cancer, obesity, road deaths and injuries and urban pollution.

Nurses and other health care professionals can play an important role in reducing carbon emissions and the associated impacts on health. The NHS is a major producer of carbon emissions and while some organisations are taking great steps to reduce their footprint, others are lagging behind. It would be an irony for an organisation whose business is protecting health to continue to be one of the biggest contributors to pollution. The NHS Sustainable Development Unit must be equipped to continue its excellent leadership and development work since its establishment in 2008.

Nurses and other health care professionals can also play an important role in encouraging the public and patients to adopt low carbon lifestyles. For example, healthy diets, with less red meat and processed foods, and promoting low carbon travel by walking, cycling and using public transport when it is practical to do so.

The RCN has worked closely with the NHS Sustainable Development Unit on *The 5 to survive for nursing professionals*<sup>43</sup> five steps all nursing can take to reduce carbon pollution and promote healthy living.

40 [http://www.vrg.cf.ac.uk/Files/vrg\\_violence\\_prevention.pdf](http://www.vrg.cf.ac.uk/Files/vrg_violence_prevention.pdf) (Accessed 28.2.11)

41 <http://www.collemergencymed.ac.uk/asp/document.asp?id=4881> (Accessed 28.2.11)

42 <http://www.thelancet.com/climate-change> (Accessed 24.03.11)

43 <http://www.sdu.nhs.uk/publications-resources/13/5-To-Survive-/> (Accessed 24.03.11)

## Chapter 4 – A new public health system with strong, local and national leadership

### Professional leadership

It is important that the voice of nursing is included at all levels of commissioning, and we would expect to see nurses represented at all levels of the commissioning cycle. That is, represented in individual commissioning consortia, on local health and wellbeing boards and on the NHS Commissioning Board. As such, the RCN was pleased to see, following extensive representations, the Secretary of State's announcement on 2 March 2011, stating that the Chief Nursing Officer (CNO) will sit upon the National Commissioning Board.

We note the absence of reference to the CNO in the Public Health White Paper and would wish to see greater emphasis on nurse leadership throughout the strategy. However, we do acknowledge the announcement that a director of nursing to focus upon public health issues will be appointed within the Department of Health.

### Commissioning

The RCN does not wish to see a dilution of services and recognises that needs vary across urban, rural and geographical areas.

Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities. These ring-fenced budgets will fund both improving population health and wellbeing and some non-discretionary services, such as open-access sexual health services and certain immunisations. In order to incentivise action to reduce health inequalities, a new health premium will be introduced, which will apply to the health improvement part of the public health budget. The RCN has concerns that these premiums will benefit those authorities which show the most improvement against outcomes, however, the RCN is aware that there is most resistance to change in deprived areas which would benefit most from the premiums.

The RCN suggests that this premium needs to take into account rural deprivation including the rapid rise in fuel costs as rural councils face severe cut backs in transport and community service budgets. The premium also needs to be refined to account for poverty within 'rich' geographic areas, for example, in 'rich' Southampton, overall 27 per cent of children live in poverty, whilst in some wards this can rise to 50 per cent. Health inequalities are worse in areas with greater disparity in income<sup>44</sup>.

The RCN fully supports the involvement of local communities in determining and delivering public health strategies. However, competition of providers is not the only way in which quality of services could be improved. Social enterprise as a model should not be seen as the only universal approach. It is important that professional public health expertise and leadership is maintained and supported, as they will be essential to underpin and develop the potential in the voluntary and independent sector.

The RCN welcomes the ring fencing of the public health budget and acknowledges that joint commissioning across GP consortia and local government is a potential option. There is, however, potential within this arrangement for public health funds to be transferred to general practice. While general practice plays a huge role in the prevention of disease, the early identification of disease and the

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44 Wilkinson and Pickett (2009) *The Spirit Level: why equality is better for everyone*, Allen Lane

management of long term conditions, it rarely becomes involved in community health improvement programmes. Therefore, the RCN believes that public health funds should be protected from pressure to focus on secondary interventions at the cost of primary prevention.

It is not yet clear how the new funding arrangements will affect non-NHS vaccines, for example those for travel purposes. Under the current GP contract, GP's can opt out of providing a travel health service but must direct travellers to another provider. Yellow Fever vaccine is a private vaccine and Yellow Fever Vaccinating Centres (YFVCs) England, Wales and Northern Ireland are currently administered by The National Travel Health Network and Centre (NaTHNaC) whose budget currently comes from HPA which is being amalgamated into Public Health England. Under International Health Regulations the DH is responsible for overseeing YFVCs but has delegated this to the Health Protection Agency (HPA).

The need for an improved research focus in occupational health was identified in Dame Carol Black's report<sup>45</sup>. There is a need for much better evidence to inform occupational health nursing and the National Institute of Health Research should consider workplace health, particularly the contribution of occupational health nursing, in improving workers' health.

## Quality assurance

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.

Public Health England will be part of the DH, accountable to the Secretary of State for Health. Subject to the passage of the Health and Social Care Bill, it will include the current functions of the HPA and the National Treatment Agency (NTA), which will become functions of the Secretary of State for Health.

We note that primary care trusts and strategic health authorities will cease to operate, and that following a review of arms length bodies, the Health Protection Agency, the National Treatment Agency and the nutrition function of the Food Standards Agency will be amongst the bodies that will integrate into the new Public Health Service. We have concerns about the pace of change, and in particular how the move to Public Health England and Local Authorities will impact upon the coherence of public health services and the terms and conditions for our members.

The RCN seeks further clarity as to the regional function of Public Health England and the relationship between Joint Strategic Needs Assessments and local commissioning.

The 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. In addition, the RCN is concerned that the role the HPA currently performs will become lost in the general view of 'public health'. 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 Service to provide effective long term and emergency planning.

Local health protection units must have representation on newly formed local health and wellbeing boards in order to influence local health protection strategies and agendas. It is also of concern to the RCN that it is not currently possible to identify where TB services will fall. Currently there is a variation in how services are delivered. TB appears in the HPA Business Plan with a goal to reduce incidents and the RCN wishes to see how TB will be factored into future business plans.

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45 Black C (2008) Review of the Health of Britain's Working Age Population. Working for a Healthier Tomorrow

The nursing workforce, of approximately 180 nurses, in the HPA is highly skilled, as reflected in the banding structure and their work across a number of key functions within the agency. Currently there is no lead nurse in the organisation. The HPA carries out a number of public facing functions as it delivers services and generates a substantial amount of income through its varied work streams. This is at odds with the remit of the Department of Health. It is unclear how proposed arrangements will replicate the current system of integration between the HPA and strategic health authorities. The RCN is concerned that the independent voice of the HPA will be lost. We are also concerned that its advice and evidence may at times conflict with the government and that the public and stakeholders must perceive its voice as independent. In order for it to carry out its role effectively it is integral that a lead HPA nurse is in post.

In addition, the FSA has led a number of successful work streams, such as the salt reduction strategy, nutrition signposting and public awareness campaigns. The RCN does not wish to see any of the FSA vigour or independence 'lost in translation' in a move into the new Public Health Service.

## Chapter 5 – Making it happen

This chapter sets out an ambitious timeframe for the transition of current public health arrangements into a new structure.

### Workforce

The RCN is concerned that during the transition period, key public health personnel may leave the service due to restructuring, cut backs and 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.

### Quality assurance

The transition will mean the integration of staff, systems and cultures. The RCN believes that the proposed timetable is too ambitious and urges that appropriate support mechanisms are in place to support staff during the transition and that sufficient time is allowed for the new systems to become embedded.

The RCN also has concern that, due to financial constraints and budget reviews in local authorities, some of the services that GPs would normally refer to are already being dismantled.

### Related impacts

The RCN has already highlighted concern that the reforms to the welfare and social care systems may lead to a negative health impact on the poorest and most disadvantaged sectors of society.

We support the government's commitments 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 White Paper. However, in order to fulfil these commitments the government must recognise the evidenced links between poverty incomes, both amongst the employed and unemployed, and poor physical and mental health<sup>46</sup>.

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<sup>46</sup> The Descent into Negative Welfare, The Zacchaeus 2000 Trust's Response to the Public Health White Paper: "Healthy Lives, Healthy People" February 2011

# RCN response to specific Consultation Questions

## **1. Role of GPs and GP practices in PH: are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?**

While there is an emphasis on the role of GPs, nurses deliver many of the interventions in primary care relating to the prevention of disease and public health. The RCN would like to see the important role of primary care nurses highlighted in initiatives for joint working between GP practices, local authorities and health and wellbeing boards.

Integrating public health expertise with GP consortia and public health teams in local government would enhance public health capacity and capability.

The RCN calls for the 15 per cent of Quality and Outcomes Framework allocated to GPs for public health to be increased in areas where commissioning consortia will service communities with a greater public health need, for example, where immunisation and cytology uptake is poor or where deprivation causes premature death.

Education and training for GPs in public health is planned, and these plans should be expanded to other primary care health professionals. Increased patient choice in GP registration will influence local strategies as patient populations which were representative of geographic communities may instead start to reflect other communities such as the local workforce.

General practices hold a significant amount of information about their registered list of patients. In the past, this information may not have been fully utilised when planning local services and developing public health measures. The implementation of 'Equity and Excellence' will bring new challenges. The relationships between health and wellbeing boards, commissioning consortia and Health Watch will be critical to achieving improved health and reduced health inequalities. GPs are not necessarily public health physicians, but there are a number of GPs with a special interest in public health who could add significant value to the commission and provision of public health initiatives. There is a need to integrate information held by general practice with that held by local government.

The RCN supports the development of more public health professionals (and non-professionals, such as health trainers). We would like to see more nurses with public health expertise working within the new public health teams.

Nurses working in general practice contribute greatly to the public health agenda by (for example) undertaking health checks; smoking cessation clinics; alcohol brief intervention; medication review; weight management programmes; immunisation and travel vaccine programmes.

Mental health issues within service provision are of concern, yet provision of Mental Health outpatient services is weak or lacking. Access to talking therapies and behaviour change is highlighted in the Public Health White Paper, but in reality there is a general lack of access to the talking therapies.

GPs may see a role for Community Psychiatric Nurses (CPNs) at surgeries, but this aligns with mid to down-stream reactive services. There may be capacity for a new worker to promote public health who could take a holistic health promoting role.



HIV services need to be accessible and community based so that those at most risk have access to testing and behaviour changing services. Also care and treatment for people living with HIV should be accessible and new modules around community-based care and management should be developed.

The Outcomes Framework for GPs must include public health outcomes. The largest single cost in the Public Health White Paper is the cost of sickness absence. GP practices are ideally placed to reduce this cost and the associated cost of becoming benefits dependent by recognising the health benefits of work and the opportunities for working with adjustments, and advising their patients accordingly. As the cost of sickness absence and worklessness is so great and there is good evidence that it can be reduced, at least one of the primary outcome measures for both GPs and public health should be for Working Well.

The introduction of the electronic 'fit note' will provide an excellent opportunity to measure and benchmark practice. It will identify opportunities for intervention from specialist in occupational health to support and develop GP practice.

The health of the working population has been cited as an important target. GPs have a crucial role to play in effective implementation of the fit note. However, most GPs are not trained in occupational health, nor do they have occupational nursing staff in their teams. Given that the small to medium enterprises (SMEs) employ the majority of workers, and that these enterprises are the least likely to have in-house occupational health services, GPs could, with appropriately trained occupational health nurses, have a significant impact on the occupational health of their localities.

Travel Health (TH) responds to imported disease in the migrant population yet TH services are not given priority. Travellers also act as a conduit in the spread of diseases internationally such as Pandemic Flu or SARS. Recently the increase in patients seeking medical procedures abroad has led to the import of antibiotic resistant infections. The NHS also repairs the damage done when medical procedures undertaken abroad lead to complications. More needs to be done to raise awareness in this area of health care. Sexual health in a travel context is also very significant and should be highlighted.

Port Health notifications to PCTs regarding migrants including students from high rate countries with a prevalence of TB greater than 40/100,000 is not fit for purpose. Nurses play a vital role in screening, treating and directly observed therapies (DOT) for TB which is a growing public health problem.

The RCN notes that GPs are not currently sufficiently knowledgeable regarding Learning Disabilities and other vulnerable groups. The RCN believes that nurses can provide education and awareness in this area.

## **2. Public health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?**

Information and data does not automatically lead to improved health, however, accurate interpretation of data and transparent decision making on local service delivery can improve health.

The portfolio of public health guidance prepared has been influential. However, there is a lack of focus on implementation. The Royal College of Physicians' national audit of workplace guidance is an example of good practice in supporting public health improvement by monitoring how recommendations are translated into action and improved patient outcomes. The strategic public health programmes developed by NICE, including workplace health, should be supported with the preparation of further guidance. NICE's recommendations can then inform public health outcomes and implementation can be monitored through national audit such as the RCP Health & Work Development Unit's audit of workplace guidance.

There is a need to raise awareness of entitlement to services and to use a positive rather than a negative way of promoting messages using all media technology available.

Patients should be empowered to discuss their health choices with health professionals. The NHS Choices has produced statistics that the website receives more than 1 million visits per year and that more than a third of visitors then decreased their use of GP services as a result of advice on the website<sup>47</sup>.

It is positive that pharmacists are also becoming more involved but they need support and further training if they are to widen the scope of services and advice that they provide.

Gathering the voices of local people in this debate is essential, but achieving this is notoriously difficult. Some areas have achieved a measure of success<sup>48</sup>. Successful stories should be shared to enable collaboration and learning.

GPs can play a key role by ensuring that funding is allocated in relation to the proposed joint strategic needs assessments in local communities and by assessing the resources required from the wider public health budget.

Interventions applied locally must be evidence based, targeted to the communities 'behavioural' profiles, adequately resourced and cost effective. Achieving local insight into why people behave as they do is costly and must be researched effectively to direct behaviour change strategies.

National trend data including indicators to demonstrate the effectiveness of behaviour change strategies is being lost as the "Place" and "Tell us" surveys are discontinued. The lack of access to this rich data will make strategy design more difficult.

Promoting and supporting public health nursing research could add greatly to our knowledge and understanding of individual and community health behaviour. Nurses are often the first health professional that hard to reach groups encounter.

Directors of public health are to have ring-fenced budgets within local authorities and are to act as strategic leads. Public Health England must ensure that directors of public health have the freedom to act and that structures within local government do not adversely influence strategic plans or divert funding.

### **3. Public health evidence: How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness in PH?**

We now have better understanding of social marketing techniques and the psychology of behavioural change. We need to be aware of what inspires people to live differently and better. Health professionals can positively influence behaviours in children who may be exposed to poor or misdirected health messages in their immediate environment. The Family Nurse Partnership programme provides rich learning which should be translated into effective action throughout the community.

The RCN also believes that more can be done to improve the environment so that people find it easier to make healthier choices. Disease prevention is underpinned by the principle that individuals should be empowered with the necessary information to help them understand the impact that life style has on their health. People often need support to make better choices about how they live.

47 <http://www.nhs.uk/aboutNHSChoices/professionals/developments/Pages/annual-report.aspx> (Accessed 28.2.11)

48 Blackburn with Darwen local involvement network <http://www.blackburn.gov.uk/server.php?show=nav.00100a00q> (Accessed 28.2.11)

Public Health England should closely monitor the level of investment in public health interventions and ensure that priority is given to those identified as effective and cost-effective. NICE has an important role to play here, both in identifying effective and cost-effective interventions and areas for further research. Public Health England should facilitate research to fill evidence gaps. Public Health England has a key role to play in ensuring that stakeholders act in accordance with evidence including acting in settings outside the NHS, such as workplaces.

Public Health England will need to make sure that it has the specialist resources needed to deliver against future challenges, particularly for Working Well, where specialist occupational health nursing skills are urgently needed to deliver improvements in health.

As a consequence of British participation in conflict the numbers of servicemen and women and ex-servicemen and women needing access to health care such as mental health services, physiotherapy and disability support may increase. They may also need occupational health provision to support their future employability in civilian life.

The RCN recommends that public health evidence is easily accessible in user-friendly domain and notes that funding for research and opportunities for clinicians working within the field of public health will be integral to research and information gathering.

The RCN notes that the proposed new National Institute of Health Research (NIHR) could be utilised as a central hub for public health evidence and for the publication of official data.

#### **4. Public health evidence: What can wider partners nationally and locally contribute to improving the use of evidence in PH?**

It is important that stakeholders join together to deliver health improvements. Where organisations exist to unite stakeholders then these should be supported. For example, the Council for Work and Health is an important potential supporter providing joined up action on working well.

There is often a gap between evidence and action. Investment is needed to fill this implementation gap. Public health interventions should be encouraged. The RCP's audit of NICE workplace guidance is an exemplar. This type of audit should receive investment so that all types of public and private sector employers are audited.

The RCN supports the use of cognitive behavioural therapies (CBT) and would encourage the development of this workforce alongside the better use of social marketing techniques. Effective public health requires a well educated and well trained multidisciplinary team.

Employers, voluntary agencies, schools etc could be included in information sharing of good practice in PH/ case studies and be encouraged to adopt evidence-based strategies for any health care related activities.

Wider partners could be engaged in contributing to local strategic plans through appropriate representation on the health and wellbeing boards.

There could be more incentives for partners to take a public health approach e.g. removing taxable status on benefits available in the workplace, such as fast track access to rehabilitation, physiotherapy and CBT.

## **5. Regulation of public health professionals: we would welcome your views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?**

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 NMC/GMC regulatory equivalent. Public health is a specialty 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 and interviews for these posts follow the same standards<sup>49</sup> regardless of the discipline of the candidates. The RCN strongly supports the view 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.

The RCN agrees with the conclusion that without formal regulation there would be a lack of confidence in the competences of public health staff. Regulation should reference the public health core competency framework. However, there are concerns about how a move to a unitary system of statutory regulation would work in practice with such a diverse range of professionals requiring registration and regulation. There is merit in support for a system of voluntary registration that has accountability built in. It should complement existing registration and not weaken professional accountability. The public requires and expects public health support from appropriately trained and qualified practitioners delivering evidence-based interventions.

Whilst many RCN members in the Health Protection Agency have taken up voluntary registration with the Faculty of Public Health, others have not. Members still want to see the RCN and NMC having an influence on their profession. It might be appropriate that working to a suitable set of core competencies in public health, whether you are a nurse, medic or environmental health specialist should be enough to demonstrate professional capability within this area of work. It would also avoid duplication and confusion with existing registration bodies.

Training of registered staff in accountability and appropriate delegation regardless of what discipline they are working in will be essential and should be factored in, as should consideration of the roles that both health care assistants and assistant practitioners could play in the public health agenda.

Finally, RCN suggests that every professional who works with children and young people must have the competences to both assess and ensure that a child's emotional wellbeing and mental health needs are met. There are currently considerable variations in the skills and competences of the children's health care workforce which can be addressed through the development of inter professional training. The government must commit to supporting and funding appropriate training for all health professionals, from universal services, to targeted and specialist children's mental health services. This needs to be prioritised early on in any professional's training.

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49 [http://www.fph.org.uk/faculty\\_guidance](http://www.fph.org.uk/faculty_guidance) (Accessed 28.2.11)

## Appendix 1

# Consultation process and participation

### **The RCN used a number of methods to engage with its members and other stakeholders from a broad coalition of public health bodies on the Public Health White Paper. This included the following.**

A **dedicated section of the RCN website** was established to provide a series of resources for members to engage with the consultation.

As part of the consultation with RCN members, a **factual briefing** of the key themes in the Public Health White Paper was provided.

Members were invited to take part in an **online member survey** on the Public Health White Paper which highlighted some of the key questions for members to consider. The survey was signposted through networks and social media channels and the results of this survey are included throughout this response document and can be found in Appendix 2.

The RCN used the **media and trade press** to outline the RCN's initial response to the Public Health White Paper and to raise awareness of the consultation.

A **Podcast** was made available for RCN members to provide information on the Public Health White Paper proposals. In the podcast, Professor Rod Thomson, Director of Public Health and Chair of RCN Congress discussed the wide ranging and critically important proposals included in the White Paper.

An RCN **key stakeholders evening event** was held to discuss public health forward planning, with representatives from the Faculty of Public Health; the Royal Society of Public Health; C3 Collaborating for Health; the NMC; the UK Public Health Association and also directors of public health.

RCN participated in the **multi-disciplinary public health task force** meetings convened under the Sub Group of the Public Health Medicines Consultative Committee between September 2010 and March 2011. These meetings had representation from the BMA; The Faculty of Public Health; the Royal Society of Public Health; the National Heart Forum; the UK Public Health Association; and the Association of Directors of Public Health.

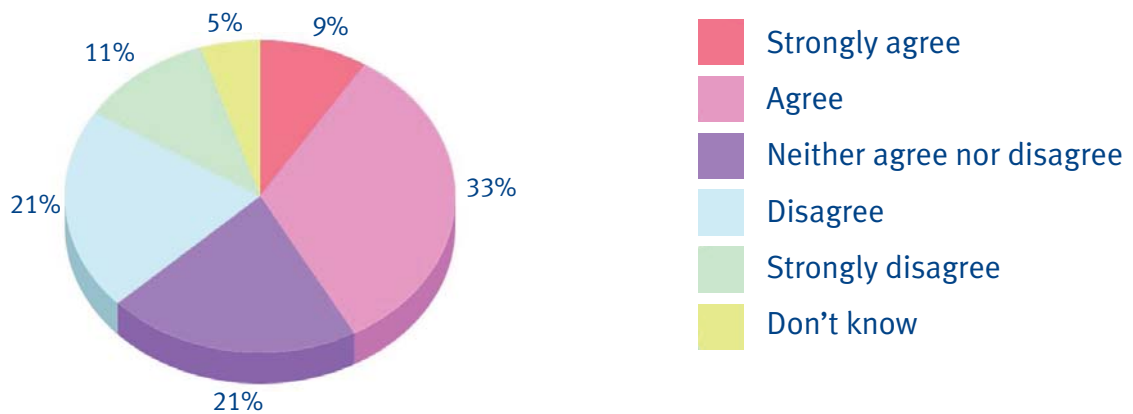
## Appendix 2

# Public Health White Paper Survey

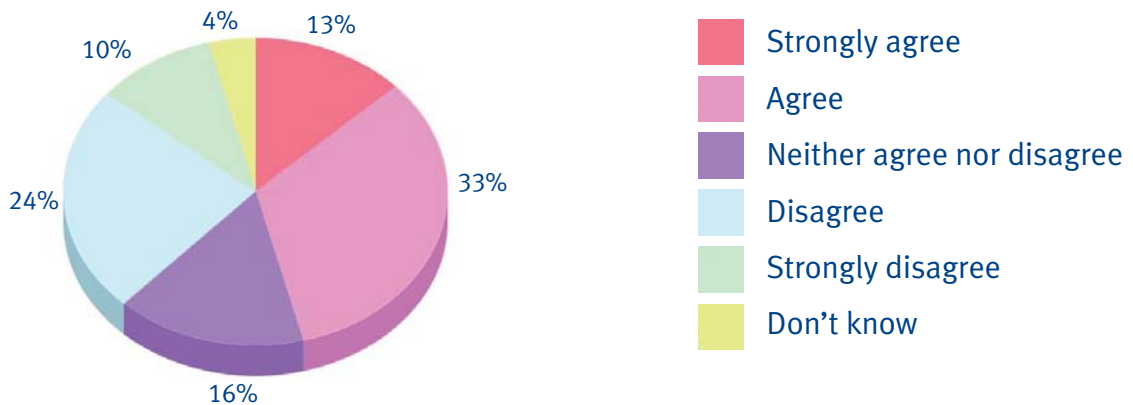
This survey was posted on the RCN website. 353 RCN members submitted their views regarding the main proposals of the Public Health White Paper. Most respondents had an opinion one way or another, with only a minority of respondents answering ‘neither agree nor disagree’ or ‘don’t know’.

### 1. Public health structure

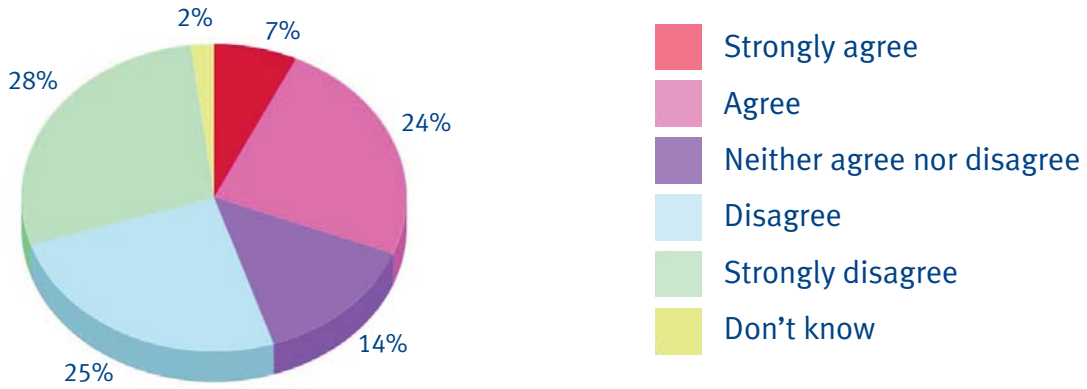
How far do you agree that creating a dedicated body, Public Health England, responsible for public health services, will provide the required improvements in public health?



How far do you agree that health protection and emergency planning should be the responsibility of the proposed Public Health England?

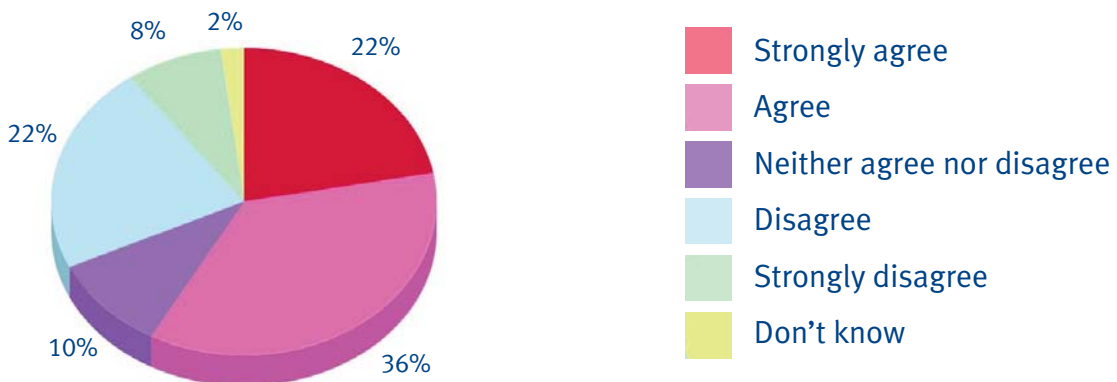


**How far do you agree with the proposal that the majority of public health services should be provided by local authorities?**

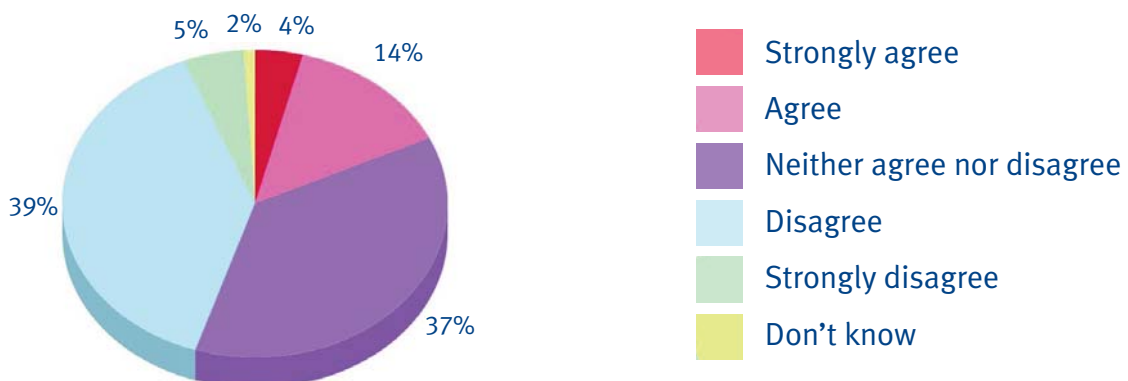


## 2. Public health budget

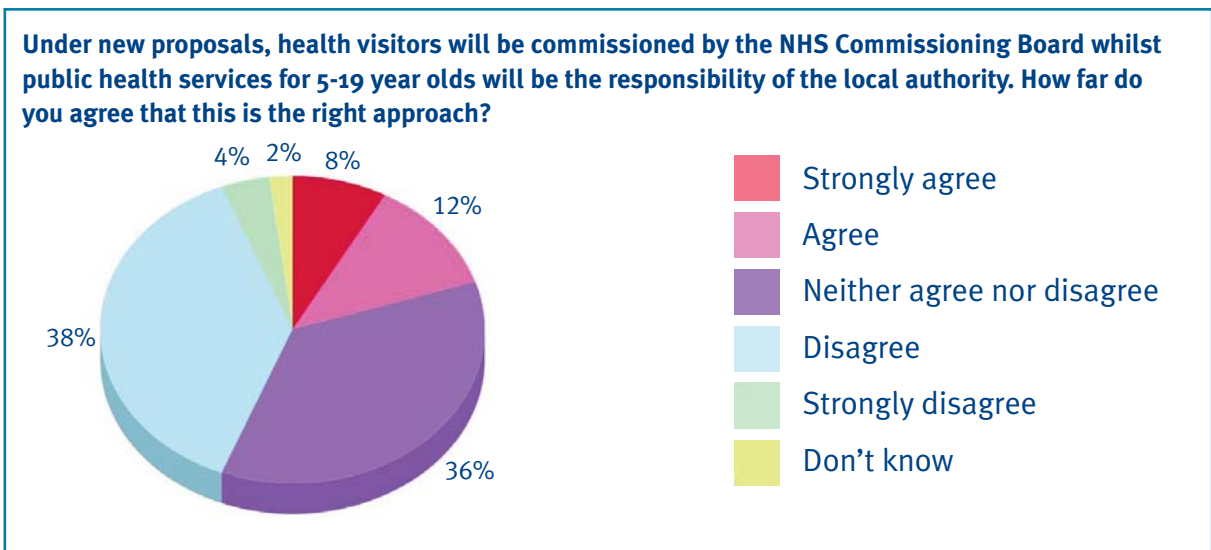
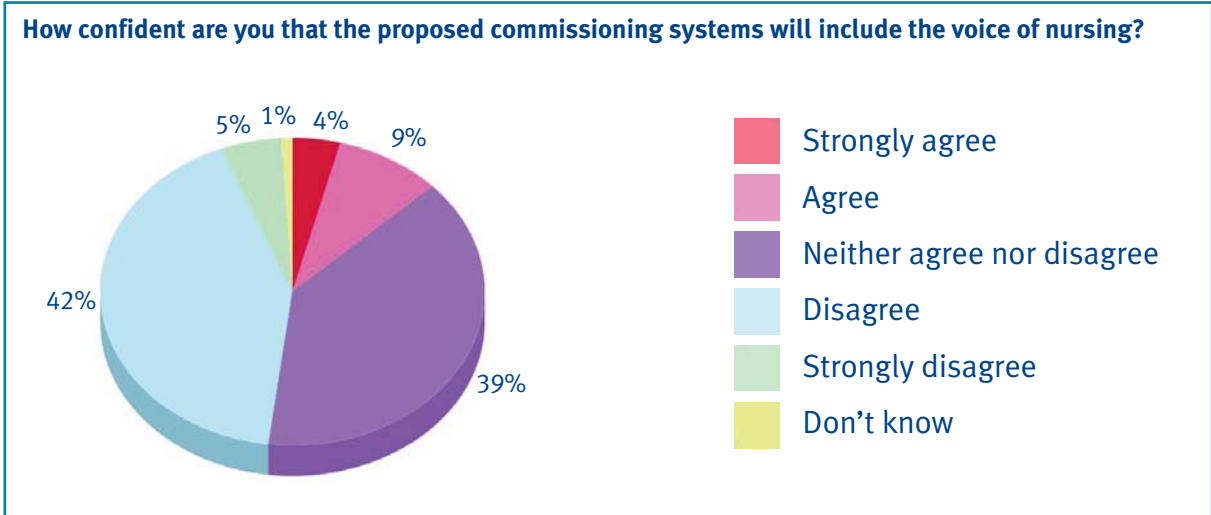
**How far do you agree with the proposal that Public Health England should hold and allocate a ringfenced public health budget?**



**How confident are you that allocated public health grants to local authorities will in reality be ringfenced and protected?**



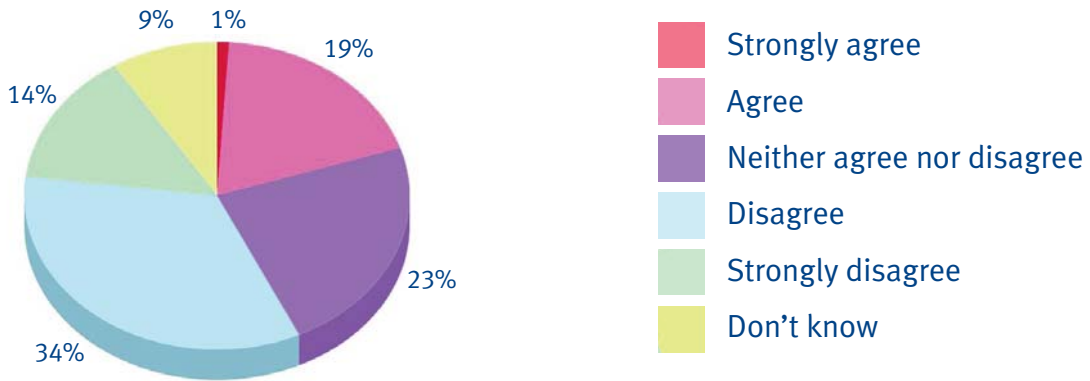
### 3. Public health commissioning



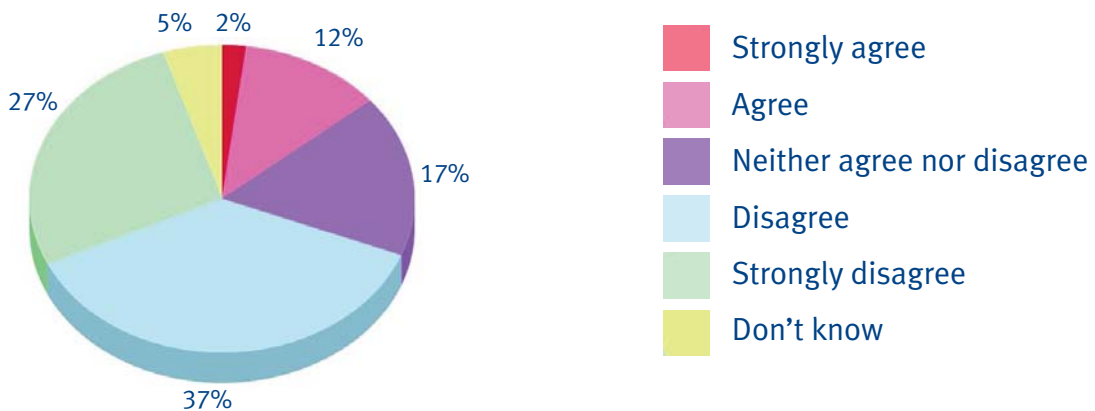


## 4. Public health outcomes framework

How far do you believe that working towards a 'public health outcomes framework', as proposed by the White Paper, will help promote joint working between the health and social care sectors?



How far do you believe that offering incentives to Local Authorities for public health improvements by way of a 'health premium' will help to reduce health inequalities?





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