RCN response to Healthy Lives, Healthy People: Towards a workforce strategy for the public health system

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.

The RCN were pleased to participate as a member of the Public Health Workforce Strategy Group1 in the development of this consultation document, and welcome the opportunity to comment further on the final consultation.

Summary

RCN stated in their consultation responses to the Public Health White Paper Healthy Lives Healthy People2 that 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.

The RCN believes it is crucial that nursing expertise and experience is fully recognised and utilised within the proposed new public health system.

RCN would welcome continued collaboration with DH in refining understanding of public health nursing workforce data and commissioning imperatives.

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1 Healthy Lives, healthy People: Towards a workforce strategy for the public health system. Appendix A.

2 Department of Health (2010) Health lives, healthy people
Career pathways should embrace the multi disciplinary nature of public health to encourage a diverse workforce, and be supported by appropriate education and training opportunities, alongside, funding opportunities to undertake training.

RCN members have expressed concerns regarding the early focus on medical and dental education in HEE and LETBs to the detriment and separation of nursing education. The RCN seeks a clear and detailed commitment to comprehensive nurse representation and public health representation on Boards to and the integration of commissioning of medical and non medical education which will increase confidence in the new system.

A universal framework with appropriate step on and step off points dependent upon the PH practitioners role / aspirations would facilitate shared learning and help make programmes of study more accessible, equitable and cost efficient. This approach would also assist the wider public health practitioner workforce to navigate through the levels of training toward consultant level is they so wished. A common framework would also support consistency in standards of knowledge and practice.

At the early level of the universal framework, equivalent to the ‘practitioners with some public health component to their work’ grouping, the framework would need to match the core skills of the wider professional workforce to ensure transferability.

A universal framework would also encourage parity of pay for professionals who undertake a particular role so, for example, public health consultants or Directors of Public Health would receive a similar salary for this role based on skills and experience rather than professional background.

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 called 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.

However, 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 has sought 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.

RCN have produced a number of papers in response to the previous public health consultations, and also produced public health nursing publications to help define and promote the contribution that nursing makes to the public health agenda (Appendix 1: RCN Key Public Health Documents)

The RCN was pleased to contribute to the DH hosted PH Workforce scoping exercise on 22 May 2012. RCN members reiterated RCN concerns about the confusion over titles and need for a common framework with greater clarity; the lack of equality of access to the Practitioner Registration Programme; the urgent need for review of Part 3 (Public Health) of the NMC Register; and concern that Health Education England (HEE) did not appear to address the education needs of PH nurses. Our members were in agreement that the PH workforce needs to be scoped and that we need to use one inclusive framework.

Consultation Questions

**Question 1 (Para 1.7):** Do you agree that a public health workforce strategy should be reviewed regularly? If so, should this be every three years or every five years?

RCN acknowledges that more work needs to be done to fully articulate the current scope and definitions of the public health workforce, and agrees that the workforce strategy should be regularly reviewed in light of that understanding.

In light of the current lack of robust data sets for the entire public health workforce RCN recommend consideration of an initial 3 yearly review until the new public health system is embedded and then consideration of a five yearly review.

The review should also consider a European as well as a national public health workforce context and should feed into both the EU health workforce action plan\(^3\) and the joint action on horizon scanning for EU health workforce planning which forms part of this.

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**Question 2 (Para 2.5): Are these four groups a useful way of describing the public health workforces?**

RCN support the need to agree and clearly articulate in a consistent way, the different definitions used to describe the various elements of the public health workforce.

RCN fundamentally agree that the four groups articulated in the consultation is a useful way of describing the public health workforce. However, there are some challenges to establishing an understanding and common agreement of role descriptors.

The term “specialist” is used across a range of public health roles and is particularly relevant for the group of nurses defined as Specialist Community Public Health Nurses (SCPHN) by the Nursing and Midwifery Council (NMC). The SCPHN part of the NMC Register (Part 3) includes Health Visitors; Occupational Health Nurses and School Nurses, and also allows entry to Part 3 of the Register for nurses working in Sexual health and health protection.

The NMC and nurses able to access Part 3 of the Register would define themselves as “specialists” in public health.

It is therefore crucially important that if the definition of “specialist in public health” relates only to consultants in public health who are registered with the Faculty of Public Health or the UK Public Health Register (UKPHR), that this is universally acknowledged and firmly embedded in all documentation, validation and public health communications.

The term “specialist public health practitioner” is a useful way of capturing the specialist public health roles of nursing. However, there may be some confusion when a nurse in this category is employed as a “consultant nurse” in the absence of meeting the requirements for entry to UKPHR.

Whilst we acknowledge that the inclusion of specific roles is not exhaustive in the examples of job function (page 14), we would have expected to see Health Protection nurses and Travel Health nurses included under ‘Specialist Public Health Practitioners’ and Practice Nurses, Learning Disability nurses and Mental Health nurses included under ‘Practitioners with some public health component to their work’.

For example, mental health nurses can promote wellbeing and community resilience, and Modernising Learning Disability Nursing (2012) outlines the public health functions that are essential to the Learning Disability Nursing workforce. The public health workforce strategy will need to consider the commissioning of workforce within the grouping of ‘practitioners with some public health component to their work’ that are likely to be commissioned by the NHSCB as well as those that are likely to be commissioned by Local Authorities.
**Question 3 (Para 2.12):** Do you agree that methods of enumeration of the public health consultant and practitioner workforces should be scoped and piloted at a national level? Or do you think that workforce planning can take place effectively at a more local level eg LETBs working with local partners?

RCN acknowledges that there is good data available about the workforces currently in the organisations whose functions will transfer to Public Health England when it is established in April 2013, but that data is less informative and reliable for most of the practitioner workforce.

We agree that to ensure the new system is able to deliver against the Public Health Outcomes Framework, it will be essential to have better data and a deeper understanding of the shape of the public health workforce to enable workforce planning and development across the new system. The RCN has expressed concern that the pace of change of transition has progressed so far despite a lack of robust workforce data.

RCN believe that there is a need for a combination of data sets at both the national and local levels. The former will provide the overall picture whilst the latter will capture local and regional variations. Such variations may over time, prove valuable sources of intelligence to map against outcomes as part of an evidence base for future workforce commissioning. The RCN notes that workforce planning should be matched to service design so this planning oversight will need to take place both at the national and local level.

At the local level the specific public health profile of particular minority groups including vulnerable people should be scoped and service design and therefore workforce planning should be mapped against this profile. Multidisciplinary education and training is essential as more could be done to ensure the equity of these opportunities to design services for vulnerable people.

**Question 4 (Para 3.7):** Would these values, combined with the features of public health in Box 2, serve to bind together dispersed public health workforces?

RCN support the proposed values as they exert a major influence on the behaviour of individuals if adopted, and can serve as broad guidelines for practice.

However, values may lose strength if there is lack of effective interaction with peers.

Clarity around terminology and a clear career progression across a universal framework will help to bind the public health workforce. Exploration of the meanings of these values with protected patient groups will be essential to ensure equity of service delivery.
**Question 5** (Para 3.14): What further actions would enhance recruitment and retention of truly representative public health workforces?

RCN would welcome greater emphasis within school, further education and higher education curriculum on the importance of health and tackling health inequalities. Early exposure to the potential of public health as a career choice can enthuse young people.

RCN also would welcome greater focus on health promotion and primary prevention in all medical, nursing and health and social care curriculum. Exposure to the importance and benefits of preventative public health practice will encourage more interest as a career option. The RCN would support more opportunities for experience of placements in the community within graduate programmes.

We agree that clinical commissioning groups are the key to enabling local people to develop their own assets and source local solutions to their needs. Harnessing local potential through job experience / secondments to public health roles provides opportunity and encourages diversity.

Informatics can play an increasingly important role within communication and coordination of care and can enable consumers to self manage and support others. However, the value of face to face engagement at a local level should not be underestimated. This is an important component in overcoming the inequalities inherent in systems which vulnerable people and people with learning disabilities have not been involved in shaping.

The dynamic public health profiles of particular vulnerable groups in society should be considered within workforce plans and education commissioning for future practice. For example, this will entail coordinated opportunities for collaborative work between public health consultants and learning disability nurses to ensure equality of access through strategic leadership.

In addition, practical issues such as flexible employment contracts, child care facilities and transport arrangements all influence recruitment and retention.

The sharing of best practice with other EU member states will also enhance recruitment and retention of the public health workforce. The workforce strategy should identify opportunities within the recruitment and retention element of the EU Health workforce action plan.

**Question 6** (Para 3.25): Are there workforce challenges and opportunities we have not identified? What support could be put in place to help meet these challenges?

RCN support the aspiration to gather intelligence on the workforce at both local and national levels to inform the total picture.
We wonder if there is merit in considering the establishment of a PH Workforce website where examples of good practice can be shared alongside the opportunity to address “frequently asked questions”. It would also be a good opportunity to establish a truly multi disciplinary PH workforce network.

RCN believe that the challenges for the PH workforce will be lack of understanding and promotion of the wider contribution made by nursing to PH and the potential of lack of commissioning of nursing roles other than health visiting and school nursing. The narrow (but useful) definition of a “specialist” in PH may also lead to lack of commissioning if there is insufficient knowledge of the role of the “specialist practitioner” workforce.

A further challenge will be ensuring that the “specialist practitioner” workforce have access to continuing professional development. This is a statutory requirement for nurses as part of their periodic registration, and with enhanced revalidation requirements from 2013, the opportunity to provide CPD and portfolio evidence will be even more important.

RCN have produced several publications outlining the scope and role of the nursing community and their contribution to PH, and these could be valuable resources to help inform LA and LETB’s understanding of the nursing contribution to PH.4 5

A workforce planning challenge is that the community workforce including health visitors and district nurses will be experiencing a retirement bulge in the next 5-10 years.

The RCN has elsewhere highlighted the importance of robust population data to inform and monitor policies. The RCN supports the work of Public Health Observatories and note their key role as a support wing (Information and Intelligence) of the PH workforce. Public Health Observatories require secure funding to continue their good work which will ultimately underpin national and local strategy and service design.

**Question 7 (Para 4.7): How can local people be encouraged to develop their skills for public health in the new system?**

Engagement of local people will be reliant upon good communication and engagement strategies.

Using social marketing, outreach activities and flexible and accessible opportunities to engage with the public health agenda will be important.

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5 RCN: Going Upstream: Nursing’s contribution to public health: Prevent, Promote and Protect. Feb 2012
Engagement of local people may be influenced by the health inequalities in that locality and how much of a stake people feel that they have in their wider society. If the measure of a society is how it treats its most vulnerable, the importance of wider public health skills is most important to reduce avoidable health inequalities.

**Question 8 (Para 4.11): How can the public health element of GP training and continued professional development be enhanced?**

There should be greater emphasis on public health within general medical training, and mandatory clinical placements that expose medical students to public health practice and principles.

As PHE and LAs take responsibility for the new PH system, and their functions develop, GPs should be encouraged to take placements in both settings as part of their CPD requirements.

LETBs should explore the minimum public health component of undergraduate education and ongoing nursing and medical CPD requirements for revalidation.

To enhance the public health element of nursing training and continuing professional development, the NMC will need to work closely with HEE and LETBs.

A universal framework with appropriate step on and step off points dependent upon the PH practitioners role / aspirations would facilitate shared learning and help make programmes of study more accessible, equitable and cost efficient. This would satisfy the medical and nursing requirements of the ‘practitioners with some public health component to their work’ and the ‘wider workforce’ groupings.

**Question 9 (Para 4.18): Would it be helpful to describe the potential career pathways open to public health practitioner workforces?**

Access to a comprehensive and understandable descriptor of potential career pathways across a universal framework would help promote the role and function of public health, and engender interest in the discipline as a career choice.

The RCN welcomes the inclusion of the diagram showing flexible nursing careers in family and public health (Figure 4) which details a clear nursing career progression from staff nurse to Director of Public Health. It would be helpful if this diagram could be mapped against the broad groupings of the public health workforce in Table 1.

A universal framework would also encourage parity of pay for professionals who undertake a particular role so, for example, public health consultants or Directors of Public Health would receive a similar salary for this role based on skills and experience rather than professional background.
Any such career pathway should embrace the multi-disciplinary nature of public health to encourage a diverse workforce, and be supported by appropriate education and training opportunities, alongside, funding opportunities to undertake training.

The public health workforce should have regular access to specialist courses and training to ensure progression.

There is an urgent need to build public health capacity within the nursing workforce to help support the vision for a healthier “adult” population. Whilst children and young people are clearly highlighted with the workforce strategy through increased numbers of health visitors and school nursing, there should also be greater emphasis on career pathways that support LA,s to deliver their new responsibilities for health in the workplace and for sexual health.

**Question 10 (Para 5.14): What benefits would multi-disciplinary training bring to the public health workforces?**

Multi-disciplinary training would engender a common knowledge base for public health practice. It would help to establish a common understanding of terminology.

A universal framework with appropriate step on and step off points dependent upon the PH practitioners role / aspirations would facilitate shared learning and help make programmes of study more accessible, equitable and cost efficient.

This approach would also assist the wider public health practitioner workforce to navigate through the levels of training toward consultant level is they so wished.

A common framework would also support consistency in standards of knowledge and practice.

At paragraph 5.12 it would be helpful to commission research to show when nurses in public health choose their specialty.

The RCN notes that at paragraph 5.16, ‘Health Education England’s primary focus will be on the education and training of the clinical health workforces, clinicians working in social care, and multidisciplinary public health.’

At paragraph 5.18 listing the key functions of Health Education England it would be helpful to expand the third bullet point to read ‘This includes responsibility for ensuring effective medical and nursing trainee recruitment’

**Question 11 (Para 5.24): How can LETBs best support flexible careers to build extended capacity in public health?**
LETB’s can support LA’s in their understanding of the wider PH practitioner workforce required to deliver their new PH functions, and encourage LA’s to become members of the local training and provider boards.

LETB’s activities and a section on local education and training needs could form part of the DPH annual report.

LETB’s should be represented on the HWB to ensure education and training needs are taken account of.

LETB’s should liaise with nurse leaders in their locality to discuss the requirements for a sustainable specialist practitioner nursing work force.

RCN members have expressed concerns regarding the early focus on medical and dental education in HEE and LETBs to the detriment and separation of nursing education. The RCN seeks a clear and detailed commitment to comprehensive nurse representation and public health representation on Boards and the integration of commissioning of medical and non medical education which will increase confidence in the new system.

The advantage to a single organisation with oversight of medical and nursing public health education is that the system can have confidence that training and qualifications are independently assessed and quality assured and these can be mapped against the universal framework to ensure parity of access.

Health and Wellbeing Boards need clear guidance that their scoping of population need for public health services and the skills required to meet those needs should inform workforce planning and that one function of this work is to inform future workforce training requirements.

**Question 12** (Para 5.25): *Is the healthcare Education Outcomes Framework appropriate for public health education and training? If not, how could it be adapted?*

RCN would comment that Domain 4 should reflect that public health is far wider than the NHS and the topography of public health will substantially change over the coming years as providers multiply and commissioning moves to local authorities.

The public health workforce should have regular access to specialist courses and training to ensure progression whether they work for the NHS or for another provider.

Whilst the Framework provides a general core, specific standards / outcomes for public health should be expressed.

**Question 13** (Para 5.31): *How can flexible careers for public health specialists best be achieved?*
At paragraph 5.27 it would be helpful to reword to read ‘Specialist health protection includes not only public health consultants and practitioners, including those from a nursing background, but also consultants from other medical disciplines and a large variety of other experts and senior scientists.’

The RCN agrees with the points raised at paragraph 5.30 listing ways in which flexibility can be achieved and that the availability of a range of development activities including secondments, attachments, and cross-boundary project working will be required.

- the facility to move within the organisation to new roles, enhancing core competencies
- encouragement to take on new responsibilities within the organisation to broaden the reach of public health within the organisation
- the ability to move between employers and retain specialist status
- the facility to take secondments to enrich experience and to offer enhanced knowledge to the employer
- the design of joint or honorary appointments to cement local relationships and broaden networks.

It would be helpful to add a bullet point to read ‘open access to appropriately qualified individuals regardless of professional background’

This flexibility would also encourage parity of pay for professionals who undertake a particular role so, for example, public health consultants or Directors of Public Health would receive a similar salary for this role based on skills and experience rather than professional background.

**Question 14 (Para 5.38): What actions would support the development of strong leadership for public health?**

RCN are supportive of the NHS Leadership Academy, announced by the Secretary of State for Health in July 2011 that will provide a national focus on leadership across the NHS, public health and social care.

It will be important for Public Health England to work closely with the Academy to ensure that the appropriate leadership development is available for the public workforce and that the public health workforce is aware of, enable too, and takes advantage of these opportunities.

It will also be important for LETB’s and Local Authorities to encourage develop and support local public health leadership activity across the broad spectrum of the public health workforce and lay community as the work of the Leadership Academy will not be successful in the domain of public health unless it is equally valued by non NHS commissioners.
The Department of Health notes that “HEE will provide national leadership and oversight on strategic planning and development of the health and public health workforce, and allocate education and training resources.” It will be important that this leadership links with the leadership fostered by the Leadership Academy.

It is important that Directors of Public Health retain the professional independence to speak out when they have concerns and that this independence is not compromised by employment by Local Authorities.

**Question 15 (Para 5.43): What actions can be taken, and by whom, to attract high-quality graduates into academic public health?**

High quality graduates will be attracted to academic PH jobs that are fulfilling, rewarding, have clear opportunity for career progression and have good terms and conditions.

Graduates will need to feel supported both professionally and financially to choose academic PH as a career option.

Higher education establishments should be encouraged to include public health across a broad range of undergraduate programmes to expose potential candidates to the opportunities and contribution that public health can make, an highlight career opportunities.

Public health recruitment material could have a much higher profile at education and development and workplace recruitment events across a broad range of institutions and organisations.

Professional and statutory bodies could highlight public health as a career choice and provide links to further information for their members and registrants.

PHE and LA should promote PH as a career choice and provide links and information on PH as a career, and links to job vacancies.

The RCN welcomes the inclusion of the diagram showing flexible nursing careers in family and public health (Figure 4) which details a clear nursing career progression from research assistant to professor. It would be helpful to publicise to nursing undergraduate the value of academic public health specialists from a nursing background.

**Question 16 (Para 5.50): Are these the right actions to develop and strengthen the public health information and intelligence function? Who should be responsible for delivering these actions?**

The RCN agrees that they appear to be the right actions and has elsewhere highlighted the importance of robust population data to inform and monitor policies.
The RCN supports the work of Public Health Observatories and note their key role as a support wing (Information and Intelligence) of the PH workforce. Public Health Observatories require secure funding to continue their good work which will ultimately underpin national and local strategy and service design.

**Question 17** (para 6.3): *Do you have any evidence or information that would help analyse the impact of these proposals?*

Please see Appendix 1.

Should you require further information on this response to the consultation document please contact Emily Pollinger at Emily.pollinger@rcn.org.uk

Royal College of Nursing
June, 2012

**Appendix 1**

**RCN Key Public Health Documents**

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

RCN response to the Public Health White Paper The full response of the RCN to the Public Health White Paper includes an executive summary, responses to individual chapters and specific consultations questions within the white paper and the results of the consultation survey carried out by the RCN.

**Published:** 2011-03-31

**Publication code:** 004 110

**Nurses as partners in delivering public health**

Authors: Amicus, Community Practitioners and Health Visitors Association, Nursing and Midwifery Council, Royal College of Nursing, The Queens Nursing Institute, UK Public Health Association. This publication has been produced by an alliance of organisations and supports the nursing contribution to public health, as well as highlighting how nurses can strengthen their positions so that they can better influence the health of communities. It contains a number of examples of innovative work already taking place, for example, how in Wrexham, school nurses are working collaboratively across organisations to deliver a targeted preventative service to help young people stop smoking. The publication also lists a number of organisations and websites that can provide further help and inspiration.

**Published:** 2007-05

**Publication code:** 003 114 | **ISBN:** 978-1-904114-47-5
Going upstream: nursing's contribution to public health. Prevent. promote and protect. RCN guidance for nurses

Since the 1850s, the promotion of good health and prevention of disease has been a feature of public health care. Over the last 30 years, the UK governments have signalled a commitment to address the underlying causes of ill health such as social inequalities and unhealthy lifestyles. Given the significant public health challenges that prevail in the UK, there is now a need to make nursing’s contribution more visible and increase the profile of all nurses in tackling the root causes of ill health. The RCN believes nurses have a key role to play in ‘going upstream’ and initiating care to prevent people becoming ill in the first place. This publication aims to help RCN members and other health professionals navigate their way upstream, particularly service planners and commissioners of health services, tasked with finding cost effective solutions to the problems caused by unhealthy lifestyles and behaviours. The use of case studies contained in this publication can help service planners and commissioners exploit the power of nursing to help shift the overall performance in the NHS in moving away from episodic acute care towards prevention and self-care.

Published: 2012-02-17
Publication code: 004 203 | ISBN: 978-1-906633-95-0

The RCN's UK position on school nursing

In a time of such shifting political and economic priorities, the community health and social care landscape is changing rapidly in each of the four UK countries. Whilst each government is mandated to respond individually to the health needs of its population and structure its health services appropriately, the RCN’s position is that there is a set of common core values in relation to the future of school nursing across all parts of the UK. This publication details the RCN’s position for school nursing across the UK and provides details on the context for reform throughout all four nations. It also provides information on the College’s position on the development of the school nursing workforce.

Published: 2012-02-16
Publication code: 004209

The RCN's UK position on health visiting in the early years

In August 2010 the RCN published Pillars of the community: the RCN UK position on the development of the registered nursing workforce in the community. This position statement builds on that document describing in more detail what this might mean for the future of health visiting in the early years across the UK. Case studies are encompassed in the publication showing exemplars of innovative practice. It is
aimed at all RCN members and key stakeholders as well as policy and decision makers.

**Published**: 2011-07-20  
**Publication code**: 004 125

The role of school nurses in providing emergency contraception services in educational settings
The role of school nurses has extended to provide emergency contraception and advice on sexual health to school-age students in education settings, following OFSTED’s report on sex and relationship education in schools (2006). This updated RCN position statement aims to clarify the responsibilities of school nurses when they are providing emergency contraception to students in education settings. It also highlights the importance of appropriate training, experience and working together with education providers and looks at the laws around providing emergency contraception to under 16s and the duty of confidentiality.

**Publication date**: 12 April 2012  
**Publication code**: 002 772

Additional helpful documents

