**Daffodil International University**

Report: White Paper on Healthy life

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Submit to: Ms. Rayhana Zannat

Lecturer

Dept. of Software Engineering

Daffodil International University

Submit by: Md Tanvir Hasan

Id: 171-35-209

Dept. of Software Engineering

Daffodil International University

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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 organization’s.

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 behaviour1 . 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 prioritization of health promotion, protection and prevention.

**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 utilized 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 organized 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 advice 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.

**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.

**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 £20billion 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 organization’s 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 recognize 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.

**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.

**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 5 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 recognize the links between poverty incomes, both amongst the employed and unemployed, and poor physical and mental health. 6 The RCN has concerns that the proposed welfare reforms 7 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 behavior change in the absence of regulation may have only limited success. 8 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 favor 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.

**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 program. 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 centers and GPs, as well as to deliver the Healthy Child Program and Family Nurse Partnership program. 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 nonstigmatising, 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.

**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 Paper23 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 Framework24 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

**Healthy workplaces**

Much of the government’s public health strategy centers 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 Bormann Review25 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 recognize 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.