**RCN consultation response to the European Action Plan for Strengthening Public Health Capacities and Services**

**WHO Regional Office for Europe**

**Introduction**

With a membership of over 410,000 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 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 and European political institutions, trade unions, professional bodies and voluntary organisations.

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. The RCN is greatly encouraged and proud of the contribution to public health by its members who have a specific public health remit within their various roles. The RCN believes nurses have a key role to play in initiating care to prevent people becoming ill in the first place. Nurses also have a key role in minimising the impact of illness, promoting health and function (capabilities), and helping people maintain their roles at home, at work, at leisure and in their communities.

The RCN welcome the opportunity to comment on the WHO European Action Plan (EAP) for Strengthening Public Health Capacities and Services.

**Vital contribution of nursing**

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, health visitors, sexual health or travel health, or may deliver public health messages as part of everyday care provision or at ‘teachable moments’. Nurses carry out unique roles in schools, workplaces, and in health protection and primary health care settings. It is crucial that nursing expertise and experience is fully recognised and utilised within the European Action Plan (EAP).

Nurses engage with patients to build trust and relationships which are helpful for the

---

2. **Royal College of Nursing (2011) The RCN’s position paper on health visiting in the early years.** London: RCN.
3. **Royal College of Nursing (2012) The RCN’s UK position on school nursing.** London: RCN
communication of public health advice. Specific examples of public health nursing are given below. The range of public health nursing is far wider than that described in these examples, however, they provide useful illustrations.

Smoking cessation nurses
One example of the role of smoking cessation nurses is in secondary care. Patients who smoke spend an average of two days longer in hospital and the hospital setting is an excellent opportunity to influence the health behaviour of patients as they may be more receptive to health advice and support while in hospital. Smoking cessation nurses may also work in the community and provide a specialist referral service.

Nurses working with socially excluded people
People with learning disabilities may die from manageable long-term conditions. Nurses provide a quality service to homeless and other socially excluded people to improve patient pathways for homeless people who become ill, thus avoiding unnecessary hospital admissions for this group of patients. People with learning disabilities are over represented in the homeless population.

Occupational health nurses
One example of the role of occupation health nurses is to raise the awareness of musculoskeletal disorders (MSDs) in the workplace and to design interventions to prevent MSDs developing or worsening.

Health check nurses
Nurses engage with individuals in the most deprived communities who typically do not make full use of the health care services available to them. Nurses offer a health check followed by appropriate interventions and services. Patients are invited to attend a consultation which discusses lifestyle, literacy, financial matters, employability, and mental health as well as assessing cardiovascular risk factors. Motivational interviewing techniques are used to facilitate the change of poor lifestyle habits, and partnership working with many other organisations enables effective referral outcomes.

Prison nurses
Offenders tend to have a high level of illness and incidence of risk factors for heart disease, including smoking, poor diet and physical activity. They also have poor levels of contact with health services on release from prison. One example of the role of prison nurses is to offer harm and risk minimisation strategy to reduce the transmission of sexually transmitted infections (STIs) and blood borne viruses (BBVs) among men who have sex with men in prison and/or those who inject drugs or use other skin penetrating equipment (such as in homemade tattoos) in prison.

Travel health nurses
Specialist travel health nurse offer high quality access to advice, vaccinations and medication for the prevention of malaria. Nurses provide a dedicated travel medicine service, offering a range of interventions from off-site services to travel groups with specific needs, through to on-site appointments for individuals. Nurses develop learning such as travel medicine study days or a special expedition and travel medicine study.
module for medical students at medical school.

Domestic violence risk liaison nurse
The role of a domestic violence risk liaison nurse is to act as a coordinator between a local Multi-Agency Risk Assessment Conference (MARAC) and local health care providers. This includes flagging up to clinicians those patients receiving support through the MARAC, so that patients who are considered at risk receive an appropriate and sensitive service. The service is aimed at General Practitioners, health visitors and community health professionals who are taught to use recognised risk identification tools to assess clients who may have a high risk of abuse. Nationally, MARACs have been shown to reduce repeat victimisation from 32 per cent to 10 per cent (Source: Cardiff University, 2003).

Sexual health nurses
On example of an effective sexual health service is a general practice drop-in clinic in an area known for a high number of teenage pregnancies. Nurses in the drop in clinic offer the full range of sexual health services from pregnancy testing and emergency contraception through to the fitting of implants and intra-uterine devices.

**RCN Specific Comments on Draft European Action Plan**

The RCN agrees that European Action Plan (EAP)\(^4\) for public health represents a unique opportunity for the member states in the WHO European Region to review their existing public health capacities and services and to define country-specific policies to support them.

The Marmot Review (2010)\(^5\) identified the crucial opportunity to counteract health inequalities by ensuring increased health input throughout life, and ensuring all health and social care professionals have an understanding of health and inequality and are able to offer creative solutions. Given the enormity of the key public health challenges, it is clear we need a more focussed and concerted approach by all health care professionals, across governments and across society as a whole, to work towards reducing the effects of unhealthy behaviours and social deprivation. The RCN supports the aims of the Rio Political Declaration on social determinants of health and encourages the integration of work to reduce health inequalities with the public health agenda.

The RCN supported the acknowledgement made in the UK, Public Health White Paper \(^6\) that addressing the root causes of poor health and wellbeing requires a good leadership and a rigorous, evidence based approach that is both efficient and effective. We have consistently supported the use of social marketing campaigns to support behaviour

\(^4\) Strengthening Public Health Capacities and Services in Europe: A Framework for Action Interim draft WHO March 2011


change, and would welcome mention of this in the EAP. The RCN supports the use of evidence base in public health decision making and supports the recognition of the importance of data surveillance in this EAP. Nurses play an important role in data collection and analysis which informs public health programmes and strategies.

RCN wonder if the role of early years development should have a higher profile in the EAP. 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. 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.

Midwives should have a greater role in public health to help reduce inequalities and improve the health of women and their families.\(^7\)

Public health services should be at the heart of all health care system, crossing the whole political and administrative policy-making spectrum, with public health leaders initiating and informing the health policy debate at the political, professional and public levels, and acting as advocates for policies and action to improve health. To achieve this we strongly support the aspirations outlined in EPHO 7 “Assuring a competent public health and personal care workforce”.\(^8\)

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 EAP references the balance of care from preventative to acute and across care settings. The RCN notes successful public health nursing roles in every domain of public health care prevention, promotion and protection, and in every care setting that contribute to the shared objectives of public health.

The RCN supports the view that all nurses should be enabled to play a role in and assist the delivery of good public health; in particular, proactively supporting self care and self management by focusing on behaviour change. The RCN believes this will have an impact on clinical outcomes and the long-term dependence on health service provision. Leadership, role modelling and specialist advice for all nurses engaged in public health activities can be sought and enabled via nurses in existing public health roles including but not exclusively, occupational health nurses, health visitors, school nurses and sexual health nurses.\(^9\) This whole profession approach should be incorporated into human resources capacity building strategies with recognition of the importance of nurse specialist roles. The RCN supports reference to multi-disciplinary working in this EAP.

---

\(^7\) Midwifery 2020 Our Vision of Midwifery in 2020 P5


\(^9\) Royal College of Nursing (2012) Going upstream: nursing’s contribution to public health Prevent, promote and protect, RCN guidance for nurses, London. RCN.
The RCN\textsuperscript{10} 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. In the UK there are various opportunities for nurses to identify themselves as public health specialists and to enter into competency based registration with professional bodies.

The RCN supports the EAP recommendation that ministries of health should conduct a public health skills audit in order to identify gaps in workforce and strongly recommends that the recommendation regarding governmental advocacy for medical training curricula should be widened to include nursing training curricula. Nurses form a core profession of the public health workforce and the importance of preregistration education and training and ongoing CPD for nurses must not be underestimated.

Public health interventions can often be integrated into routine healthcare contacts but this additional time needs to be funded and clinics managed to allow these interventions to take place\textsuperscript{11}. Nursing is a key profession to integrate primary healthcare with public health.\textsuperscript{12} Specialist nurses are also needed for referral services to manage issues identified in primary care and this whole system approach requires careful workforce planning.

The RCN supports the EAP recommendation that ministries of finance and health should allocate adequate resources to vaccination programmes, including for the purchase and storage of vaccines and the maintenance of effective call and recall systems and note that this particularly relates to “migrants” (health). This is certainly an area that is growing year on year and imported diseases is a big part of that area of practice. For example, we know from data collected on malaria imported to the UK that the non-UK born population carries the greatest burden. Also TB and Hepatitis B are well known within this population group and cases are on the increase. Nurses in travel health are becoming more aware of the group “visiting friends and relatives” (VFRs) and the need to prepare them for overseas travel. For variety of reasons reaching this patient group is often difficult and the RCN would welcome targeted investment to be specified in this EAP.

RCN also agree that there is no comprehensive and common understanding of what constitutes public health and public health services, and we support the development of a clear definition of the role of public health, together with its working concepts, boundaries and interrelationships.

RCN supports the vision of improving the monitoring and evaluation of public health services in European countries that will facilitate appropriate policy-making, resource

\textsuperscript{10} RCN Response to the Public Health White Paper “Healthy Lives, Healthy People, our strategy for Public Health in England” 2011
\textsuperscript{11} Health Foundation (2011) Helping people help themselves: a review of the evidence considering whether it is worthwhile to support self-management, London: THF.
\textsuperscript{12} Royal College of Nursing (2010) Pillars of the community: the RCN’s UK position paper on the development of the registered nursing workforce in the community, London: RCN.
allocation and strategies for reform. We also agree that it is important that essential public health operations (EPHOs) are defined and performance measured.

RCN also recognise that it is not sufficient to integrate public health and health care structures in isolation of wider societal structures. We agree that a good link with social services is essential, particularly to address challenges caused by the ageing and dependent population. The integration of public health principles and services should be systematically instilled into all parts of society and across all political parties.

RCN have also stated\(^\text{13}\) that whilst empowerment 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). We wonder if the EAP should include assurances regarding the mechanism for monitoring the success of proposed voluntary systems and the indicators that would invoke central intervention through statutory regulation should the softer methods fail.

**Conclusion**

The RCN support the ten essential public health operations proposed in the draft, along with the eight avenues for action which have been developed in such a way that their sustained implementation would see the EPHOs fully achieved.

We are cognisant that each Member State will be at different points in their journey towards meeting the full aspirations of the EAP, and that some will require more support than others to achieve progress. Whilst those with more advanced public health systems will need continued encouragement to achieve above and beyond the core “ask” within these proposals.

The RCN recommends that the EAP could be significantly strengthened with respect to cross border collaboration to prevent health emergencies with cross border implications. The current EAP is focussed on the roles and responsibilities of individual member states however, the WHO Regional Office for Europe could take a leading role in encouraging and facilitating cross border work.

The RCN notes that the timelines of the implementation period of the EAP seem truncated and suggests production of an interim report to allow for co-ordinated planning for the period 2016-20.

RCN agree that the EPHOs represent the end points of the overall EAP, and are:

**Ten essential public health operations (EPHOs)**\(^\text{14}\)

---

\(^\text{13}\) Department of Health, Public Health White Paper “Healthy Lives, Healthy People, our strategy got Public Health in England” 2011 P10

\(^\text{14}\) WHO Regional Office for Europe European Action Plan for Strengthening Public Health Capacities and Services (17 February 2012) Table 1 Page 4
1. Surveillance of diseases and assessment of the population’s health and well-being  
2. Identification of priority health problems and health hazards in the community  
3. Preparedness for and planning for public health emergencies  
4. Health protection operations (environment, occupational, food safety and others)  
5. Disease prevention  
6. Health promotion  
7. Assuring a competent public health and personal health care workforce  
8. Core governance, financing and quality assurance for public health  
9. Core communication for public health  
10. Health-related research.

We also agree that the eight avenues for action represent the means by which the end points will be attained, and are:

**European Action Plan: Eight avenues for action**

1. Implementing the Essential Public Health Operations (EPHO’s)
2. Strengthening the regulatory framework for protecting and improving health
3. Improving health outcomes through health protection
4. Improving health outcome through disease prevention
5. Improving health outcome through health promotion
6. Assuring a competent public health workforce
7. Developing research and knowledge for policy and practice
8. Organisational structures for public health services

The EAP provides a clear and signposted way forward for Member States and with the stated support of the WHO Regional Office for Europe and partners, Member States should be able to identify and take forward action plans that will impact on health inequalities and health improvement across the European Union.

---

Royal College of Nursing  
March 2012

---

15 WHO Regional Office for Europe European Action Plan for Strengthening Public Health Capacities and Services (17 February 2012) Pages 6 - 14