The Role of The Health Workforce in Tackling Health Inequalities: Action on the social determinants of health

Consultation Questions

Please add your comments to the following boxes and send to matilda.alle

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OVERALL APPROACH

1. Do you agree that practice, education and incentives, monitoring and directives (sections in the following report) are the most important areas for action?

The RCN broadly agrees with the priority areas for action identified in the report. We welcome the intention underlying the report to promote understanding of the importance of health professionals in tackling the social determinants of health, and practical actions which can be taken. We believe that nurses and other health professionals can be a powerful force to improve health inequalities by improving access to health care and working to ensure parity of health outcomes with good practice. We agree also that there is a critical role for nursing in addressing the social determinants of health, for example by ensuring the right services are commissioned; partnership working with other agencies; signposting; and advocacy. Nurses can help support people to take control of their own lives in a myriad of ways, from minimising the impact of illness when it occurs, to promoting positive physical and mental health at every life stage.

However, it is also important to acknowledge the limitations of health professionals. Social inequality lies at the heart of health inequalities and many policies to tackle the root causes of that inequality lie outside the remit and authority of health professionals. We believe however, that health professionals should collectively take a lead in advocating for social equality at the highest levels (for example on welfare/social security policies).
The RCN is committed to working to bring about the awareness, opportunities, skills and knowledge needed for nurses to play the fullest role possible in addressing the social determinants of health. RCN believes every interaction between nurses and the public is an opportunity to deliver messages about healthier living and behaviours. In February 2012, we published a document, *Going upstream: nursing’s contribution to public health*, setting out the value of nursing in preventing poor health and minimising the impact when illness occurs. http://www.rcn.org.uk/__data/assets/pdf_file/0007/433699/004203.pdf

*Going upstream* sets out a framework in which nurses could engage actively in ‘upstream’ public health. It identifies a number of core principles which underpin the contribution of nurses to improved public health outcomes. They are:

- All nurses, regardless of their work environment, know and understand the health needs of their local population
- Identifying defined populations that would enable health care teams to target individuals who would most benefit from upstream approaches
- Working in partnership with other members of health and social care organisations to influence the work on tackling the wider determinants of health
- Engaging local people and groups, including those who are workless, in upstream awareness and action
- Nurses making it their business to be informed, aware and responsive to disease outbreaks and other threats to health
- Nurses utilising public health evidence in everyday practice, and not just evidence for treating illness
- Nurses working to a public health knowledge and skills framework based on the ‘novice to expert’ criteria.

The RCN believes that for the ambitions set out in this document to be met, pre-registration education and training needs to be improved. In order to deliver improved health outcomes, every nurse needs the right training in order to understand and recognise how the social determinants impact on patients; to assess the needs of patients and communities; and crucially, to gain the required confidence and skills e.g. to broach perceived ‘difficult’ issues with patients.

In relation to the NHS and health service as an employer, the RCN also strongly supports the Boorman recommendations and the Living Wage. In addition, we believe that employment contracts should include the provision of a pension and high quality human resource and occupational health services. It is also important that organisations work with staff to develop health promotion activities, rather than those activities being ‘done to’ staff, as this will be more effective.
2. Can you identify any further mechanisms, not identified in the report that could be used to facilitate action on the social determinants of health by the health workforce?

Whilst the RCN and others will seek to promote best practice within the profession, we are acutely aware of the crucial importance of incentives and directives to bring this about. We therefore recommend that the document expands on how these levers should be used to change practice on the ground.

As noted above, whilst the report contains sections on incentives, monitoring and directives, there is a lack of specificity and detail. The report is also not grounded enough in the reality of the current health system or the local and national landscape which is expected as the changes of the Health Act 2012 are implemented. There is a good opportunity to better understand how the various commissioning bodies (Clinical Commissioning Groups, National Commissioning Board, Local Authorities) can and should be influenced in order to plan the right services (for example using Health and Wellbeing Boards or new duties imposed on the organisations in relation to reducing health inequalities).

This will help to ensure that the valuable contributions nurses and health professionals can make to reducing health inequalities is reflected in the plans of service planners and commissioners.

The RCN also suggests that the report could increase its impact if it made reference to the impact of social factors such as race on health inequalities. An understanding of the dynamic interplay of race and health, as well as other protected characteristics, is critical to understanding and acting on the social determinants of health.

3. Are there any activities or themes that feature in the report that you think should not? If so, please state.

N/a.

4. Are there any activities or themes that do not feature in the report? If so, please could you give examples?

The RCN is in broad agreement with the fundamental tenets of the recommendations in this report. However, we believe there is a lack of specificity in what they are ‘asking for’ and also who should be taking the action. Where
recommendations are intended for specific stakeholders, e.g. commissioners, this should be made explicit.

The report is also silent on the issue of resources. Whilst the RCN believes that in many instances, health professionals could take certain actions within the confines of their existing roles (subject to the right training), it is also clear that the National Health Service and the professionals who work within it are under increasing pressure as ‘efficiency savings’ are met by cutting staffing budgets. Equally, constricting budgets are impacting on a variety of services offered by local authorities and the third sector. This may have prevent health professionals from addressing inequalities if once problems and concerns are identified, there is no capacity to refer people to the appropriate services for further support.

The issue of integration of services is critical. Health professionals need to know that once needs have been identified, they can signpost or refer people to further services. They need both the understanding and wherewithal to do this, and it must be across sectors e.g. from social services to housing services.

The RCN has acknowledged that shifting responsibility for public health to local authorities could present exciting opportunities for reducing health inequalities. But we believe this can only happen if local authorities are well resourced; if the appropriate public health specialists are in post to provide public health intelligence and analysis; and if public health specialists and Directors of Public Health hold positions of genuine influence within local authority decision making processes.

We suggest also that the report considers the value of a human rights based approach to healthcare. The work stream entitled ‘Human Rights and Healthcare: A Framework for Local Action’, has shown that meaningful user engagement and involvement is often at the heart of implementing rights-based approaches to healthcare delivery. Mersey Care NHS Trust provides a useful example of how the HRA has positively and productively influenced service delivery and empower health care professionals to improve their practice to deliver this rights-based framework in an intensely practical way. Please see: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_088972.pdf

5. Are there specific health professional groups that do not feature adequately in the following report?

Nursing has many strands, and the RCN appreciates that this report cannot adequately reflect the breadths and variety of every nursing role. However, there appear to be some gaps in areas of practice. For example, the RCN believes the occupational health workforce is significantly under-resourced in the UK. Yet, occupational health should be critical, not just to support people already in work but also those people who have not yet found work or become workless to enter and return to work. There is a particular problem with occupational health support at the small and medium business/organisational level.
The report could also usefully take into account the latest policy drivers which will impact on the work of health professionals. For example, the ‘make every contact count’ recommendation by the Future Forum in its January 2012 report.

6. Do you have any examples of work that you do/are aware of on the social determinants of health that we could share with stakeholders (via case studies in the report or our website)? If yes, please include in your consultation response.

A number of case studies, demonstrating how nursing can help to tackle the social determinants of health, can be found in the following RCN publications:

Public Health Nursing upstream document contains a number of case studies. [Link](http://www.rcn.org.uk/__data/assets/pdf_file/0007/433699/004203.pdf)

The RCN’s UK Position on Health Visiting in the Early Years [Link](http://www.rcn.org.uk/__data/assets/pdf_file/0004/391837/004125.pdf)

Community nursing: transforming healthcare [Link](http://www.rcn.org.uk/__data/assets/pdf_file/0010/415918/004165.pdf)

ACTIONS

7. What action are you thinking of taking as a result of this report?

The RCN will be working with the IHE team on an Appendix specifically on the role of nursing tackling health inequalities by taking action on the social determinants of health. This will offer an opportunity to provide a document tailored to the interests and experience of nursing practice.

The RCN can also promote the report and the role of nursing in tackling the social determinants of health through our internal communications functions which allow us to communicate with over 410,000 members.

As a professional organisation, the RCN has also developed a wide range of resources to promote social inclusion and is also working on a resource to encourage nurses and health care support workers to be alert to and report as appropriate incidents of hate crime and targeted violence and hostility.

The RCN has supported work on a human rights based approach to healthcare for its own members with conferences and an e-learning resource on human rights and nursing.

8. What would help you take action after reading this report?

N/a.
9. Do you think you/professional groups would find the appendix illustrative example useful? If no, please state what you think would be more useful.

Yes. The main report is necessarily detailed and long. Shorter, context-specific documents for individual professions would be very useful.

**DISSEMINATION AND IMPLEMENTATION**

10. How can the Report findings be most effectively disseminated and implemented?

It would be useful to ensure communication is tailored for each given audience. For example, the report contains a lot of information and recommendations which combines themes relevant to frontline clinical staff as well as policy makers, commissioners, professional groups.

In particular, front line staff who are being urged to take particular actions in the course of their daily working practise, need to have information which is tailored to give them the practical advice they need.

11. What can the IHE do to improve the likelihood that its proposals will be adopted locally, nationally and internationally?

12. What do you think should be the priority actions the IHE should take following the publication of this report?

The RCN acknowledges that the current financial situation both within NHS health services and other public or third sector services providing health and social support, means that it is a difficult time to embark on new initiatives. We believe that it would be useful to prioritise the following:

- Identifying and disseminating information on how the new commissioning system can be utilised to promote actions by health professionals to reduce health inequalities
- Practical activities which demonstrate to commissioners and providers the value of taking action on the social determinants of health. E.g. how to get the good practice identified in numerous case studies to be picked up comprehensively.
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