

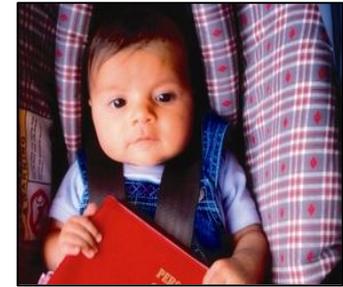
**Unite/CPHVA
Annual
Professional
Conference 2012**

**The Future of
Public Health
Nursing**



**Viv Bennett
DoN DH/Lead Nurse PHE
November 2012**

CELEBRATING 150 YEARS OF PUBLIC HEALTH NURSING PRACTICE



The 'modern public health'

The new public health system in England

The ages of public health?

- 1st wave – public health works, such as clean water, sewers, drains
- 2nd wave – discovery of antibiotics, early vaccines, and the ability to treat and prevent infections
- 3rd wave – development of the welfare state and the NHS, tackling the Beveridge Report's “five giants” – disease, squalor, ignorance, want and idleness [unemployment].
- 4th wave – addressing the perils of tobacco, and then other lifestyle-related non-communicable diseases

5th wave – is the one that we are just entering and have the opportunity to shape includes

- looking behind inequalities and
- greater understanding of the social determinants of health
 - factors such as the rising challenge of the loss of emotional and social wellbeing;
 - the impact of environment on social mobility and life chances;
 - the consequences of global economic and population challenges.

The new public health system



New roles and
responsibilities
Clear priorities

Public health as a clear priority for Government, backed by ring-fenced resources

National public health policy - DH

Leadership role for local authorities

Supported by a new integrated public health service, Public Health England

Working alongside the NHS, with its continuing role promoting health through clinical services

Stronger focus on health outcomes, supported by the Public Health Outcomes Framework



**Developing a culture of compassionate
care - Vision and Strategy for nurses
midwives and care givers**

Vision and strategy for nurses midwives and care-givers





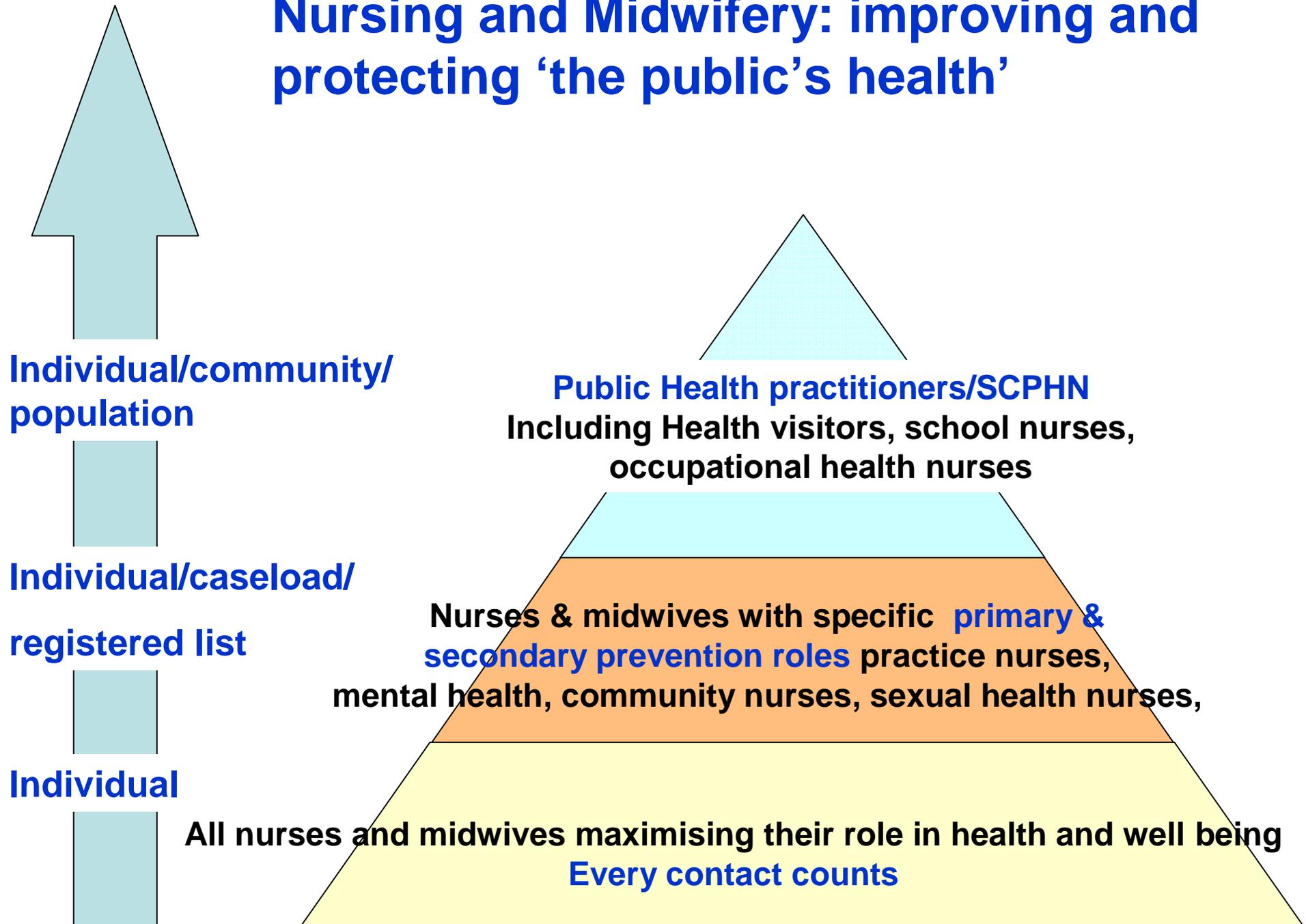
‘Care is our business’ means action at individual, family and population level.

It means prevention, early intervention and health promotion, as well as treatment of ill health.

It means good experience and best possible outcomes

- **Compassion** means supporting people to improve health in circumstances that are often very difficult with respect and empathy
- **High levels of competence** are required to deliver support and advice that effects lifestyle changes which benefit the health and wellbeing of families and communities.
- We know that it takes **skilled communication and courage** to raise difficult health topics with people
- And it needs **real commitment** to provide care where the results may not be fully realised for several years but ultimately improve health outcomes for all.

Nursing and Midwifery: improving and protecting 'the public's health'



HVs told us

Courage is battling on regardless in the face of adversity.

Courage sometimes means challenging the system for the benefit of clients.

Having the courage to make difficult decisions and to stand them in line with professional beliefs & values.

Care is about

The health and well being of children, families and communities

Improving public health outcomes,

Providing personalised care, spending time - providing parents with critical health and development advice,

Connecting families to resources that help them to give their children the best start in life.

Communication: The key is listening so you understand what the issues are for the family and 'match their agenda'.

Communication with families promotes health and wellbeing, prevents ill health and empowers individuals families and communities.

School Nurses told us

Commitment

SN's are committed to public health and to the communities in which they work.

They find solutions through effective partnerships, negotiation and influencing

Care means

Caring about the health & well being of CYP, families & communities.

Improving public health outcomes, providing personalised care, spending time providing older children and young people with critical health & development advice

Connecting CYP & families to resources that help them to give their children to support for their health & wellbeing.

Supporting children with additional or complex health needs.

Competence

requires a strong training and development infrastructure for school nurses includes

access to Healthy Child Programme learning materials, adolescent health e-learning & BCC

Compassion

School nurses have the compassion for children, young people & families in distress or those experiencing difficulty and

Listening and acting on what children and young people say are important to them

Making it happen : action areas for strategy

Helping people to stay independent, maximising well-being and improving health outcomes

Working with people to provide a positive experience of care

Delivering high quality care and measuring impact

Building and strengthening leadership

Ensuring we have the right staff, with the right skills in the right place

Supporting positive staff experience

Helping people to stay independent, maximising well-being and improving health outcomes

To do this we need to:

- Deliver evidence-based care & extend evidence through research
- Explicitly demonstrate our impact on outcomes
- **Make 'every contact count' to promote health & well-being at individual, family & community levels across all care pathways**
- Support people to remain independent
- **Maximise the contribution of specialist community public health nursing**

This work will be supported by:

- Work to promote nursing, midwifery & care-giving roles in prevention/health promotion & to transform these services
- Strong expert leadership from Public Health England
- Developing leaders in well-being
- Relevant initiatives in *Caring for Our Future (WP)*

Specific programmes within action area

- Developing a public health nursing approach
- **Health Visiting Call to Action/Implementation Programme**
- **School nursing development plan**
- Service transformation - services for children and family/safeguarding/care pathways
- Community nursing/ Producing model for District nursing (in partnership with the Queen's Nursing Institute)
- Supporting the health and wellbeing needs adult and young carers
- Maximising the nursing contribution to the 'dementia challenge'
- Mental health nursing – no health without mental health
- Learning Disability – reducing inequalities



**Health Visiting Call to Action
School Nursing Development Plan
National Update**

HV Plan: challenges and priorities in 2012

Supply side: Attracting nurses into HV training

Expanding the range of placements and increasing numbers of practice teachers /developing mentors

New mandatory data set to monitor progress

Demand side: Securing posts for newly qualified and RtP HVs and gearing up for expansion

Systems: Operating Framework. 'Mandate' and 'section 7a' commissioning

Commissioning approach: NHS & transition through to LA commissioning in 2015

Cross Government: Joining up work on 'Families and Foundation years'

Joint work DfE and partners: Focus area: review of children at 2 to 21/2 years

Service Transformation and Health Improvement: maximising contribution to improved health outcomes

- Outcomes –PHOF and Children's Outcomes Framework Strategy Early Implementer Sites – 'Assessing and Celebrating Success' and EIS 2
- Pathway development e.g. midwifery to health visiting and HV to school nursing
- Leadership
- Telling the story - narratives

Partnerships: nationally and locally

Where we are with the workforce numbers

Staff in post figures: July 2012

- July HVs on ESR = 8076 FTE
- July HVs non ESR = 227 FTE
- July total HVs = 8,303 FTE

Training Figures

- Total number of training commissions in 2010/11 = 545
- Nearly 1,100 Students started training in September 2011 and a further (just over) 500 started in Spring 2012
- **SHAs are planning to commission around 2,500 training commissions in 2012/13**

Transforming services - priorities

Improving access to the HCP, uptake of services and health outcomes for children and families with an early focus on

- **Assessing and responding to local need ('public health')**
- **Transition to parenthood: Pregnancy and the early weeks**
- **Family Nurse Partnership programme**
- **Two to two and half years**
- **Ready for school: (HV to School Nursing Pathway)**

Early Implementer Sites – example of transformation

A journey to parenthood – Antenatal Health Visitor Home Contact

- Aim – HV antenatal home contact at 28-34 weeks gestation to all first time antenatal mothers and all mothers not previously known
- Promotional Interviewing

A countrywide Approach to Multi-Agency Antenatal Education and preparation for parenthood

Aim – provide evidence based multiagency programme for antenatal education

- HV's focus is on the journey to parenthood highlighting baby's brain development
- Multiagency support workers- practical ideas caring for a new born
- Midwife focus on labour and birth
- Breastfeeding is discussed at all three sessions

As a father I felt very involved in the session, and understand how to support my partner and baby.

I really feel that I understand about how my baby is developing, and how I can help their development, it's amazing!

March 2012, 92% of evaluation forms completed by antenatal parents showed an increase in their confidence levels in relation to their knowledge of their baby's brain development

Two to two and half year review



Derbyshire Community Health Services **NHS**
NHS Trust

Improving the 2 year review

Providing a parent-friendly partnership approach

HOW

- Responding to family feedback
- Introduction of the ages and stages questionnaire
- Use of service improvement tools for scheduling appointment

WHY

- Increased engagement with families to increase coverage
- Provide a standard approach to improve quality

IMPACT

- For all families - universal
- Responding to additional needs - universal +, partnership +
- Improve preparation of children for transition to school

OUTCOME

- A meaningful approach for families
- Providing a quality, equitable service

"I know when my child is due for a review"

"I have been able to express the worries I have about my child"



"I feel like I am providing a good service to all families"

"This is a brilliant tool for parents to use and also for teaching students"



Contact person for further details
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Ready for school: HV to School Nursing Pathway

Health Visiting and School Nursing Programmes: supporting implementation of the new service model No. 2: school nursing and health visiting partnership – pathways for supporting children and their families

Context

This pathway is guidance to support professionals to deliver improved outcomes and outlines our aspirations for service delivery. Local services will be at differing points of development and can use the pathway to benchmark their progress. The pathway builds on good practice and evidence drawn from the professions.

This document sets out the rationale for the partnership pathway and outlines the challenges and potential opportunities for development. Key principles and core components required to enhance outcomes, including options for service delivery are detailed together with a comprehensive timeline. Delivery of the pathway requires the skills, knowledge and leadership of a qualified specialist community public health practitioner for both health visiting and school nursing. The delivery should be led by the appropriate Specialist Community Public Health Nurse (SCPHN) and supported by an appropriately determined skill mix based on local need.

Why do we need a pathway?

The pathway provides a structured approach to addressing the common issues identified by both professionals associated with the transition of a family and child from health visiting to school nursing services. The pathway builds on good practice and provides a systematic solution focused approach on which to base future local practice.

The partnership pathway will focus on addressing the support required for children primarily aged between 3 and 6 yrs, whilst recognising that each child and family may have differing needs.

Rationale

The overarching rationale for the partnership pathway is to achieve consistent, seamless support and care. Enhanced partnership working will ensure the delivery of the Healthy Child Programme 5-18 and achieve quality outcomes for children and parents. Underpinning this is:

Examples of anticipated outcomes

Your Community

- Improved health outcomes and a reduction in health inequalities.
- Improved access to and influence over the wider community, allowing the promotion of healthy lifestyles and social cohesion.
- Improved planning of local services to reduce health inequalities.

Universal Services

- Improved user satisfaction.
- Improved outcomes through the delivery of the Healthy Child Programme.
- Supported and empowered children, young people and families resulting in the ability to make positive changes to their health and wellbeing.

Universal Plus

- Supported children, young people and families resulting in the ability to address specific concerns on health issues.
- Services tailored to the needs of families through evidence-based programmes.
- Improved early identification of child and family need allowing timely and appropriate responses.

Universal Partnership Plus

- Improved seamless multi-agency support for pupils with complex health and/or additional need.
- Early and ongoing help for vulnerable children and families.
- Consistent approach to meeting the needs of children and families with complex needs and / or additional health needs.
- Appropriate safeguarding referrals.

Opportunities: Setting out an agreed framework can help to ide

School Nursing - progress

Underpinning professional pathways which include:

- supporting children with complex needs in school settings;
- sexual health
- young carers
- emotional health and wellbeing.

Suite of fact sheets

- Elected members
- Parents – including a focus on fathers

Raising the profile

- 'modernising' SN as a career
- Working with the profession to promote school nursing as a career and support and refresh/extend the skills of current practitioners including new programmes for continuing professional education for school nurses

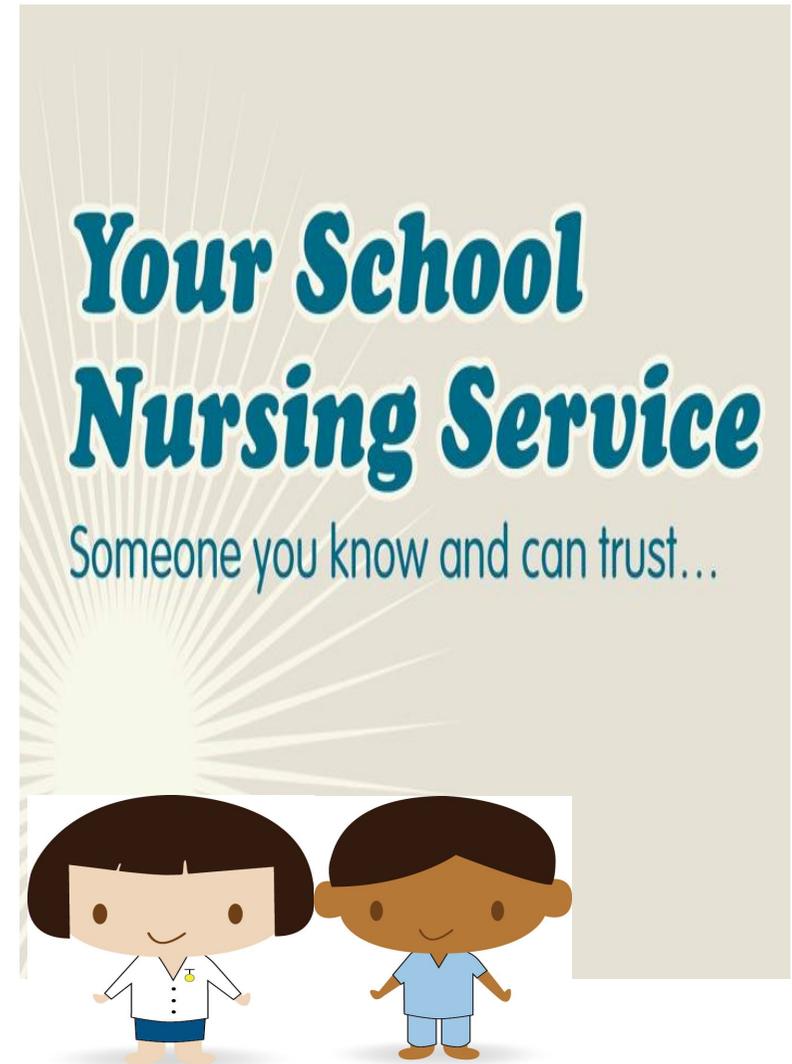
School Nursing - new today!

Delivering public health to young people in:

- youth justice system
- safeguarding

Suite of fact sheets and publicity materials

- Young people – developed by young people **for** young people
- Health & Social Care Professionals
- Head teachers



Work in progress

ChiMat

- Developing a school aged health portal

Good practice guide

- Collating and reviewing good practice from the field

Attributes

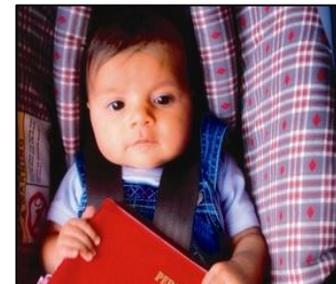
- Developing a set of attributes for nurses considering careers with children and young people in the school years.

Young people champions

- Ongoing work with children and young people as advisors to the programme and champions for improving local services and health outcomes.
- Piloting 'champion' programme for YP

National network

Success?



Every contact counts for:

- 'Healthy behavioural changes' and improved self-esteem
- Promoting healthy choices
- Building environments to support healthier lives

Public Health Outcomes improve across

- Wider determinants of health
- Health improvement
- Health protection
- Health care public health and preventing premature mortality

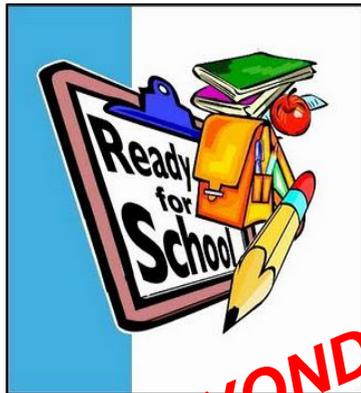


Maximises and values our contribution to

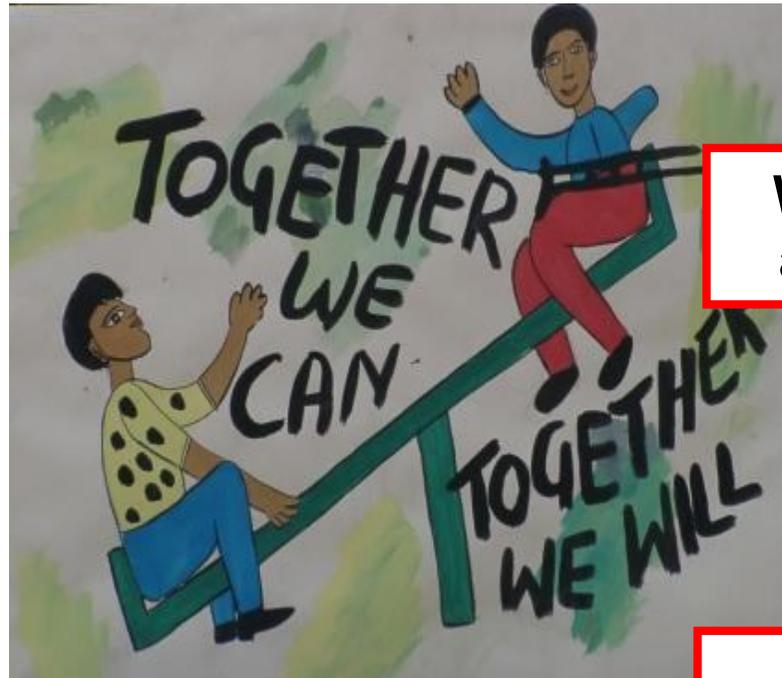
**Helping people to stay independent,
maximising well-being
and improving health outcomes**

What would success look like?

**HEALTHY
START**



AND BEYOND



**Working together
and with families**

**Resilient
communities and
reduced inequalities**



**Improved outcomes
for children and
young people**