



# Health Visiting Services & Public Health Nursing: a consultation document

September 2011

## Foreword

I believe the contribution of Health Visitors and their teams are the bedrock of an efficient public health service for children and families in the UK. The Royal College of Nursing is committed to working with our members to ensure we redefine and rejuvenate health visiting practice so that it achieves the best outcomes for children and their families especially in the early years of life.

**This specific RCN consultation document has been written with a focus on policy in England because of the huge proposed changes to its National Health Service. The consultation questions however, affect health visiting across the four countries.** The NHS across the UK has entered a period of unprecedented financial, quality and public health challenges. The scale of these challenges has been further heightened in England by the current coalition government's plans to radically change the way care is provided. However, amidst all of the uncertainty one of the few service areas in England to gain centre stage and some investment in the NHS is the Health Visiting service. Clearly, due to the increasing workloads of health visitors and the concerns expressed not only by health visitors but also the RCN representing its members, users and service providers, the coalition government has made a pledge to increase health visitor numbers by 4200 by 2014. The RCN welcomes this pledge and supports fully the Government's implementation plan to enable this to happen.

In tandem with the support we are offering the government initiative, the RCN has been acutely aware of the need to redefine and refocus the practice of health visiting and the important service it delivers to children and families. Our members have expressed a need for role clarity and for a move away from the traditional notion that health visitors can cater for all needs in the community. The false perception that the service exists to respond to needs 'from the cradle to the grave' is of concern to members.

Over the last year the RCN published two UK position papers: Pillars of the Community on developing the registered workforce in the community and a principles position paper on health visiting. Whilst these documents offer a perspective of policy developments to date and some essential guiding principles, they do not capture sufficiently the views of our members on the future role and functions of the health visiting service or of wider public health nursing roles and the contributions to meeting the public health agenda from across the family of nursing, including the vital role of practice nurses.

In addition the new thrust for public health interventions to tackle 21<sup>st</sup> century challenges such as obesity, poor mental health and long term conditions means that we as a nursing family need to take a broader look at how all nurses can contribute to achieving better public health.

I am pleased to endorse the vision outlined in the consultation document and the key principles within it. I urge members from across all four countries of the UK to study this document and engage in dialogue with us by responding to the consultation questions.

Together I am convinced we can help develop an efficient and effective system that is truly fit for the future and one that benefits the clients we serve and all our members.

**Dr Peter Carter**  
**Chief executive and General Secretary**

## Executive Summary

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses, midwives, health visitors and health care assistants with around 410,000 members. Nurses and health care assistants make up the majority of those working in our health services and their contribution is vital to delivery of the health policy objectives of all governments across the UK.

The College is committed to supporting all members in promoting the delivery of a comprehensive public health service. Central to this vision is the need to redefine and enhance the provision of Health Visiting services.

The RCN's recent employment survey<sup>1</sup> highlights that there is low morale amongst health visitors, they feel underpaid, undervalued and overworked and are the least satisfied (of all nursing groups) with their banding post Agenda for Change. Half of all HV respondents requested a review, which is more than twice the figure for all NHS nurses, and significantly more than any other job category of NHS nurse. 73% of Health visitors are on band 6, and of this group eight in ten feel their pay band is inappropriate for their role and responsibilities.

Health visitors are the group most likely to report feeling under too much pressure at work (70%), with only 40% of Health Visitors think that activity mix is about right for their job (they feel they should be spending less time on clinical activities and more time on training/educating others and research. The findings from the RCN survey are reinforced by the Health Care Commission<sup>2</sup> 2008, National NHS Staff Survey<sup>3</sup>, March 2009 in which health visitors have the lowest levels of job satisfaction, highest work pressure and are the staff group least likely to recommend their organization as a place to work.

Following wide discussions within the RCN Nursing Practice and Policy Committee (NPPC) and the membership groups, it is clear that there is a need to arrive at a consensus on the core role of the health visiting service and the driving principles to ensure the contribution of all nurses to the new public health agenda.

This consultation seeks the views of all Specialist Community Public Health Nurses (SCPHN), midwives, nurses with a significant role in public health (eg: Travel Health; Sexual Health; Health Promotion) and all nurses in our membership on the definitions and proposed direction of travel to support the delivery of good quality public health nursing interventions.

The document is set out in seven key sections and offers eight key consultation questions for consideration and response.

**Section 1** offers a summary view of developments in health visiting across the four UK countries and sets out the purpose of the consultation

**Section 2** places the issues in context and outlines the developments in health visiting services and new approaches to public health to date in England

**Section 3** offers a overarching definition of the health visiting service and a conceptual framework to demonstrate the remit of core health visiting practice.

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<sup>1</sup> Ball J & Pike G (2009) *Past imperfect, future tense: Nurses employment and morale in 2009* RCN London

<sup>2</sup> Health Care Commission UK (2008) *NHS Staff Survey 2009*

<sup>3</sup> Dept of Health (2009) *National NHS Staff Survey 2009*

**Section 4** presents a preferred view on the main focus of health visiting practice (ie: 0 – 5 years old) in the light of population growth and the need for increased emphasis maternal and child wellbeing by a potentially increased health visitor workforce in England

**Section 5** offers clarity and explains why the achievement of public health goals should be the business of every nurse and be integral to their everyday working practice. An example is offered using one of the current public health challenges, the management of obesity, to demonstrate how nurses working in every field of practice can contribute to the maintenance of good public health.

**Section 6** Utilises the key statements in the RCN document Pillars of the Community (2010) to define the driving principles for health visiting services and public health nursing.

**Section 7** Highlights further ongoing challenges for health visiting services including education and training; location of practice; alignment with partners and teamwork.

Following each of the sections in this consultation document are a selection of key consultation questions which refer to the changes needed to support the future development of the health visiting service and also of all nurses to the public health agenda.

In summary the consultation document sets out the RCNs key proposals to establish a new approach to the practice of health visiting and a renewed focus on public health that is integral to every nurses practice.

The final date for responses is **4<sup>th</sup> November 2011**

Details of how and where to send responses to can be found at the end of this consultation paper

## 1. Purpose: What this consultation is about

- 1.1 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*'<sup>4</sup>. The document was intended to address the needs of the future and ensure reforms across the UK meet health care needs and expectations of our communities effectively, efficiently and safely.
- 1.2 The RCN Nursing Policy and Practice Committee (NPPC) has recently published a principles position statement on Health Visiting (2011)<sup>5</sup> which offers a summary of issues from each nation is intended to give the context of the community nursing reforms at the time of the publication of this paper.
- 1.3 **In England** The current focus is upon addressing implementation issues and increasing the number of health visitors, ensuring education programmes deliver practitioners fit for purpose, looking at innovative ways of preparing nurses for health visiting roles and the critical role Health visitors have in relation to achieving the coalitions vision for a 'Big Society'.
- 1.4 Since the publication of '*Pillars of the Community*', the Department of Health has endorsed the coalition governments pledge to increase Health Visitor numbers in England through the publication of the 'Health Visitor implementation Plan'<sup>6</sup> which sets out a call to action to expand and strengthen health visiting services. More recently the Department of Health has released Health visitor return to practice framework: a guide for education providers<sup>7</sup> and Educating health visitors for a transformed service<sup>8</sup>.
- 1.5 The role of health visitors/visiting services was clearly outlined in the *Healthy Child Programme*<sup>9</sup> and *Healthy lives, brighter futures – the strategy for children and young people's health*.<sup>10</sup> The principles and emphasis on early years, identification and management of risk, as well as universal service provision with targeted and specialist service provision prevail in the early messages from the coalition government, along with the increasing emphasis on health visitors key role with 0-5's.
- 1.6 **In Scotland**, the Modernising Nursing in the Community Board of Scottish Government has developed a range of resources to support Health Boards. The RCN has seats on the MNiC Board and all its sub-groups. The role of health visiting falls largely within the 'children, young people and families' sub-group, with the adult public health role being picked up by the 'nursing for work and health' sub-group. The children young people and families group have developed public health nursing pathways for 0-5 (see below), 5-11, 11-19. They are developing a range of online resources including career pathways for all community nursing groups, including public health nursing and health visiting. These resources will be available online by December 2011 and implementation plans developed.

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<sup>4</sup> RCN (2010) *Pillars of the Community – the RCN's UK position on the development of the registered nursing workforce in the community 2010*

<sup>5</sup> RCN (2011) *The RCN's UK position on health visiting in the year's years*, London: RCN

<sup>6</sup> Department of Health (2011) *Health Visitor Implementation Plan 2011 – 2015 A call to Action Feb 2011*

<sup>7</sup> Department of Health (2011) Health visitor return to practice framework: a guide for education providers  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_129700.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129700.pdf)

<sup>8</sup> Department of Health (2011) Educating health visitors for a transformed service

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_129695.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129695.pdf)

<sup>9</sup> Department of Health / DCSF (2009) *Healthy Child Programme – pregnancy and the first five years of life 2009*

<sup>10</sup> Department of Health / DCSF (2009) *Healthy Lives, brighter futures – the strategy for children and young people's health 2009*

- 1.7 Getting it Right for Every Child (GIRFEC) is the central policy driver for children and families. 'Early years' has been a focus for the SNP Government, which was made clear in Better Health, Better Care (2007)<sup>11</sup>. An 'Early Years Framework' was developed in 2008 as a collaborative initiative between local authorities, and government departments including the children and families division, education, health and social care. This approach is supported by the inequalities strategy 'Equally Well' (2008)<sup>12</sup> which has a strong emphasis on early years. The new SNP majority government has committed to a Rights of Children and Young People Bill in the coming year.
- 1.8 *In Wales* Health visitors are seen as making a vital contribution to public health services and the Minister for Health and Social Services for Wales has made it clear that she recognises health visiting as having the breadth of skills for contributing to such services for populations across the entire age range.
- 1.9 A "scoping" of current health visiting provision across Wales has recently taken place, with a plan to further develop this into a review of service potential for the future. Health visitor commentators have however urged that any suggested expansion of service focus should be supported by an increase in capacity and skills updating where necessary.
- 1.10 *In Northern Ireland*, the DHSSPS published *Healthy Futures 2010-2015 – the contribution of health visitors and school nurses in NI (March 2010)*<sup>13</sup>. Healthy Futures recommends the establishment of teams to be led by health visitors with provision through a single point of access and contact for all children and young people aged 0-19. Within this model health visitors will focus on the 0-5 age group, primary school nurses on 5-11 year olds and post primary school nurses on young people from 12-19 years.
- 1.11 Healthy Futures outlines three key functions for health visiting and school nursing:
- To lead in delivering the child health programme
  - To work at level 2 with most complex & challenging families, through increased intensive home visiting across the 0-19 age range with the implementation of appropriate evidence based parenting programmes
  - To identify and address potential mental health issues relating to parents, infants, children and young people through case managing interventions.
- 1.12 In NI, as elsewhere in the UK, safeguarding children presents a huge challenge for the health visiting service. The Family Nurse Partnership initiative is being piloted in NI and the public Health Agency is driving a major Child Development Project to integrate programmes including Roots of Empathy, Triple P, Incredible Years and Mellow Parents, all supported by ongoing research.
- 1.13 Despite the differences in approaches across the four countries, it is clear that there is a renewed focus and drive to supporting children and their families from antenatal care through to early years across the UK.
- 1.14 The RCN's view as set out in the position paper is that *'there is a set of core values which must guide the development of health visiting across all parts of the UK'*. That therefore, is the key purpose of this consultation paper.

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<sup>11</sup> Scottish Government (2007) Better Health, Better Care

<sup>12</sup> Scottish Government (2008) Equally Well'

<sup>13</sup> Northern Ireland DHSSPS (March 2010) *Healthy Futures 2010-2015 – the contribution of health visitors and school nurses in NI*

- 1.15 This consultation paper is primarily on the potential development of Health Visiting Services in England and its interface with Public Health outlines current provision patterns and highlights the key challenges faced by Health Visiting Services. However, the paper also offers for consideration and agreement, a conceptual framework to redefine and reinforce the Health Visiting contribution across the UK. The framework allows for flexibility to suit the emerging local needs in each of the four countries. Further, the paper is intended to stimulate thinking and signal the need for all nurses to adopt a new approach to maintaining the concept of building community capacity which ultimately achieves the aims of good public health.
- 1.16 The Royal College of Nursing has a significant number of member Health Visitors (practicing and non-practicing as HVs). The RCN wishes to support the work of the DH by tapping into the rich experiences of its members in helping to shape a vision and strategy for delivering the service more efficiently and effectively.
- 1.17 This paper focusing on a new approach to the delivery of health visiting services is offered for consultation to members of the Royal College of Nursing and key stakeholders essentially to canvass views that would help the development of an overarching RCN strategy for Health Visiting Services and a drive to engage all nurses in achieving health and wellbeing outcomes based public health. The country specific strategy for Health Visiting services in England, when developed, is intended to specifically support and strengthen individual Health Visitor contributions and more generally as a guide for commissioners and providers of Health Visiting Services in England across a range of evolving provider configurations.
- 1.18 The Pillars on the Community document states:

Registered nursing identity and roles must remain visible and consistent within the boundaries of each UK nation, as appropriate to the health context and organisational structure of the separate administrations. Each national health department must develop an agreed framework of broad national nursing roles to meet future need which can be supported by the provision of their national educational organisations. These roles, however they evolve nationally, must be sufficiently consistent with developments elsewhere, and aligned to the UK's Modernising Nursing Careers programme, to enable UK-wide recognition and regulation of community nurses by the Nursing & Midwifery Council, compliance with EU regulations and a flexible nursing labour market.

Therefore whilst this consultation is focused on developments in England, the consultation questions are equally relevant for community nursing in Northern Ireland, Scotland and Wales and the RCN needs to work in partnership across the four nations of the UK.

## **2. Background / Context**

- 2.1 Over the last ten years the policy landscape impacting on Health Visiting Services in each of the four UK countries has shifted considerably. Devolution has impacted on Health Visiting services in each of the four UK countries in different ways as highlighted in section 1 of this consultation paper. However it is important to note that, the key objectives of the service have remained similar.

### *Context in England*

- 2.2 The RCN is cognizant that the scope of Health Visiting Services in England is broadly based on Public Health priorities and Public Health models. However current services, of necessity, focus on a range of activities related to child and family health from the development of physical and mental health through to safeguarding

and improving public health working very much with individuals, parents, groups and communities. Recent child protection cases in the public domain have also led to Health Visitors particularly in deprived areas of England, focusing on safeguarding issues sometimes to the detriment of other key role requirements such as antenatal, new birth visits, immunization programmes and influencing sustainable health in the wider arena.

- 2.3 In England delivery patterns in Health Visiting Services have changed over the last five years. Over that period HVs moved from supporting families to public health based community activities and in more recent times to intensive home visiting, family nurse partnership initiatives through to working in teams to support the Healthy Child Programme with a greater emphasis and focus on safeguarding children.
- 2.4 Over the last two years and since the Government commissioned publication on HV services *Facing the Future* (DH2007)<sup>14</sup>, commissioners of Health Visiting Services in England have supported the development of Family Nurse Partnerships initiatives and also introduced commissioning levers via the CQUINs (Commissioning for Quality and Innovation) initiatives that have set targets attracting revenue for Health Visiting services including targets on increased workforce numbers, better recruitment, increased new birth visits within 14 days of birth, increased involvement in childhood immunization in conjunction with General Practitioner services. However despite these initiatives health visiting services have been unable to deliver a comprehensive service due to national difficulties with recruitment and retention within the services.
- 2.5 The current coalition government has pledged to increase Health Visitor numbers by 4200 and is also spearheading a drive to ensure public health becomes every NHS provider's business. It is the intention of the government Public Health will be part of the NHS Commissioning Board's (NHSCB) mandate, with public health support for commissioning nationally and locally. There will also be stronger incentives for GPs so that they play an active role in public health *Healthy Lives, Healthy People 2010*<sup>15</sup>
- 2.6 The public health stance adopted by the government includes the realization of the benefits of wellbeing by addressing psycho-social determinants and improving community based approaches and co-production. Additionally the NHS Sustainable Development Unit<sup>16</sup> has set out a number of ways for NHS organizations to progress towards a sustainable healthcare system. The RCN endorses these approaches and recognizes the significant contributions nurses can make to public health and sustainable health.
- 2.7 There is increasing evidence of UK public health needs such as obesity, alcohol dependence, domestic violence and mental health problems. In order to meet these clearly identified public health needs all health care professionals should contribute to the public health agenda in a more explicit way than hitherto. This would and should in the RCN's view include the contribution of all nurses not on the Specialist Community Public Health Nursing (SCPHN) part of the NMC register, such as those working in GP practices, Walk-in Centres and Emergency care departments. The RCN believes that Health Visitors are well placed to deliver on intensive home visiting and promote early year's interventions that support better parenting and family life. The proposed increase in Health Visiting workforce numbers should we believe assist in providing a better and more enhanced health visiting service for children and families.

### 3. Defining the vision and core role of health visiting

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<sup>14</sup> Lowe R (2007) *Facing the Future: A review of the role of Health Visitors*. London, Department of Health. 2007

<sup>15</sup> HM Government (2010) *Healthy Lives, Healthy People: our strategy for public health in England 2010*

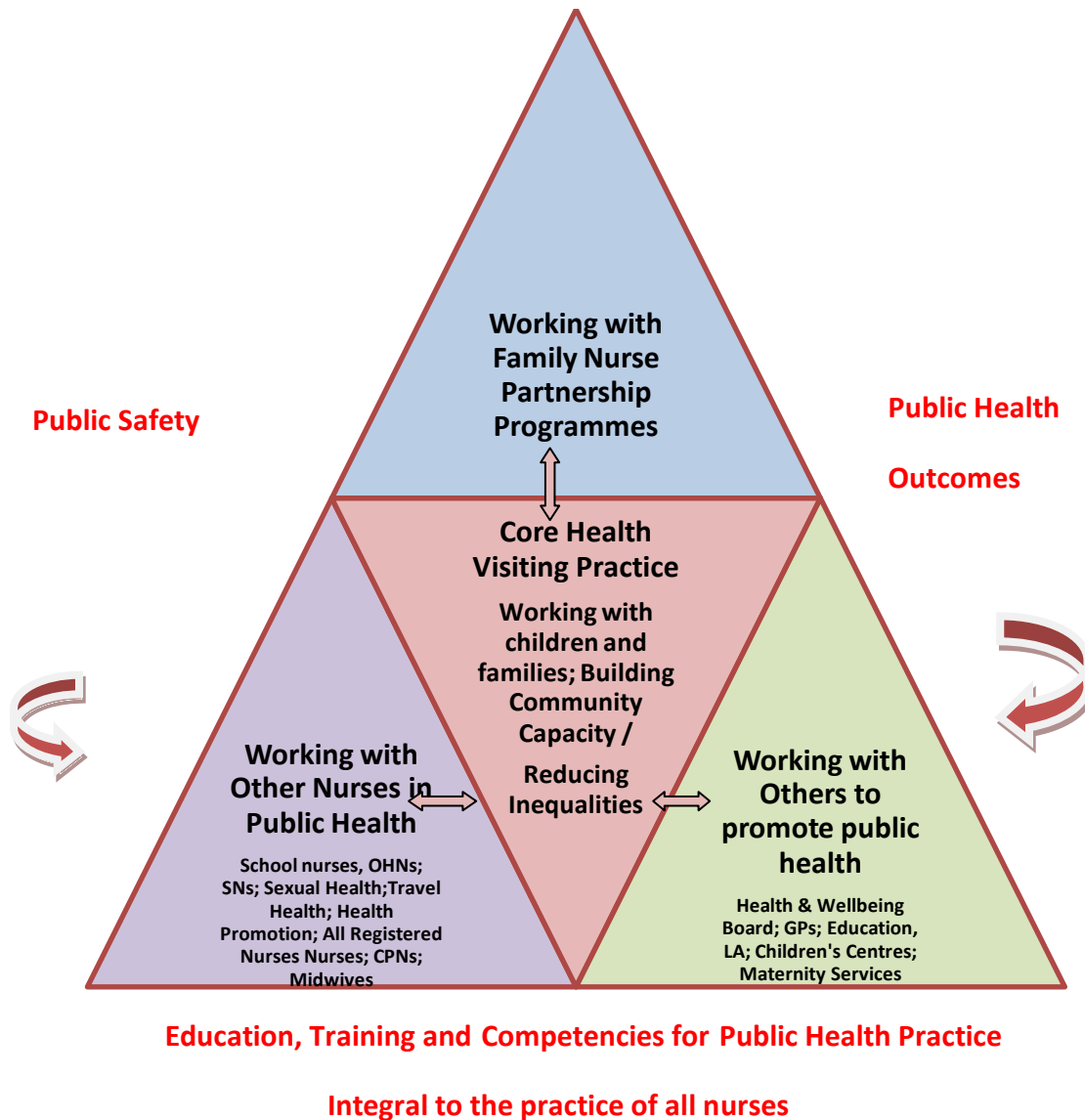
<sup>16</sup> NHS Sustainable Development Unit (2011) *Route Map for Sustainable Health 2011*.

- 3.1 The RCN endorses the four tier model for health visiting services advocated in the Government (England) publication 'A Call to Action' 2011. This model comprises of Community; Universal; Universal Plus and Universal Partnership Plus.
- 3.2 On the 30<sup>th</sup> of March the Department of Health announced the selection of 20 early implementer sites across England. It is expected that these early implementer sites will lead the way in: improving child and family services through the increased numbers of health visitors; mobilize and support health visiting teams to deliver a new service model; demonstrate how local commissioners can implement the service model and strengthen the Healthy Child Programme.
- 3.3 The RCN in its own position paper on Health Visiting (2011) offers a definition of the work of health visitors thus;

*'Health visitors make a significant contribution to the health and wellbeing of families and local communities across the UK. Often, but not always, working with registered community staff nurse, health care assistant and nursery nursing colleagues, they: support families from the antenatal period with the joys and stresses of a new baby; teach parents how to meet the nutritional needs of their infants and young children, and develop healthy lifestyles; enable parents in the most need to develop parenting skills and confidence and to connect them to further sources of support; monitor and assess the health and well being of all infants and young children, detecting early any issues which require further action; act as the named professional and first point of contact for all health and wellbeing and child protection issues for children under five; working with community groups and social services colleagues to promote health in the early years. Most people in the UK have had their early years and development supported by their local health visiting service.'*

*RCN Position Paper on Health Visiting 2011*

3.4 Using the above description as the core of health visiting practice it is possible to depict key aspects of the role diagrammatically thus:



**Explanation:** This conceptual framework is offered to emphasise the future delivery of care by Health Visiting Services and the need (following the introduction of increased workforce numbers) to work with other public health focused services in a more integrated and collaborative way. The three axis of the triangle serve to highlight the overriding focus and pre requisites to deliver on public health namely ensuring public safety working towards good and effective public health outcome and education and training fit for public health practice.

The internal triangle depicts the remit of core health visiting practice and the necessity for co-production with others. For example working alongside and complimenting the work of FNP nurses, midwives, other SCPHNs and other professionals.

## CONSULTATION QUESTION 1

### Q1. Do you agree with the core role of health visiting as set out in this section? If not, why not?

- Over the last six years the number of Health Visitors employed by the NHS in England fell 16.9%. In September 2004 there were 10,137 WTE Health Visitors and in September 2009 the number of WTE Health Visitors was 8519. Employing Authorities have responded to this shortfall by introducing skill mix in Health Visitor teams. The RCN acknowledges that this increase in the teams has not been commensurate with adequate training for team members working with Health Visitors including Staff Nurses and Nursery Nurses. This could be redressed by ensuring all nurses are prepared in education and training to make every contact with clients / patients a health promoting contact. The unregulated status of Nursery Nurses as part of the workforce has also raised questions about assuring patient / client safety. Some proactive NHS organizations have introduced local codes of conduct for Health Care Assistants and Nursery Nurses to ensure safe care. Whilst we acknowledge that regulation in itself does not ensure safe care, we believe local regulation policies offer Health Visitor team leaders and employers an effective framework for accountability and for auditing care at a local level.
- 4.2 Adverse user views of stretched Health Visiting services has resulted in some poor publicity and highlighted concerns of mothers and families. A recent unpublished review of Health Visiting Services in a London Borough (David 2010)<sup>17</sup> has confirmed the findings of the Netmums Survey (2010)<sup>18</sup> which revealed the low Health Visiting inputs received by mothers and families.
  - 4.3 Despite shortages of qualified Health Visitor posts, there is evidence that the introduction of Early Intervention Health Visitors and the Family Nurse Partnership (FNP) schemes have complimented mainstream Health Visiting services and enhanced the delivery of services to vulnerable children and families. An independent evaluation report on the Family Nurse Partnerships programme published in January 2011<sup>19</sup> shows the initiative has good potential to make significant difference to the life chances of some of the most disadvantaged families. The RCN supports the government's commitment in England to doubling the number of families receiving this service. The FNP programme is not the sole province of Health Visitors, it includes well prepared registered nurses, children's nurses and nursery nurses. Key to the success of this programme is that all nurses working within it are well selected, intensively prepared, well monitored and supported. However as more progress in FNP is made, we believe there must be more emphasis on this service linking with and integrating more with mainstream Health Visitor services if elitism by one or other group is to be avoided.
  - 4.4 In 2009 an Action Plan on Health Visiting by the DH resulted in the 2010 / 2011 NHS operating plan requiring Primary Care Trusts to monitor workforce and caseload figures of Health Visitors to the under 5 population. Anecdotal evidence suggests that caseload figures from across England range from 300 to 800 per Health Visitor. However it is contended that this measure of effectiveness and efficacy of the service is distorted as in reality partly due to stretched resources partly due to differences in local needs, Health Visitors generally focus on the pre-nursery child population with most HV interventions taking place in the first three years of the child's life. This perceived gap in provision raises questions about continuity of care for children and families between the Health Visiting and School Nursing services. With the advent of an increase in the HV workforce, the RCN

<sup>17</sup> David A (2010) Review of Health Visiting caseloads in a London Community Provider Unpublished 2010

<sup>18</sup> Netmums (2010) Netmums parent support service: A public health and family services success. London Netmums 2010

<sup>19</sup> Dept of Health (2011) The Family Nurse Partnership programme England. Waves 1 and 2 Evaluation Report prepared by Barnes J et al at Birkbeck University of London January 2011.

believes that there is therefore, an urgent need now to move away from caseload figures as a measure and move to tangible outcomes for local populations based on their specific public health needs.

- 4.5 Several other recent reports including the Field report on poverty<sup>20</sup> and life chances; the Allen report<sup>21</sup> ; the Tickell review <sup>22</sup>and the Munro report on child protection<sup>23</sup> all present potent arguments for enhancing the contribution of health visitors to children and families at the very start of life and until they are five years old. These reports and dialogue amongst stakeholders advocate the need to ensure that the future education preparation for health visiting roles encompass robust content in relation to child development.
- 4.6 It is the RCN's contention that in improving the delivery of health visiting services the focus of practitioners within the service should be on improving child and family services leading to improved outcomes for children and families, increased job satisfaction and enable stronger local partnerships. In order to achieve this aim the RCN believes health visiting services should be commissioned to deliver effective services solely to families and children from the antenatal period to the age of 5, with clear and smooth transition to school nursing service provision for 5-19 years. (The RCN will be looking to develop a position paper on school nursing in the near future).
- 4.7 There are specialist nurses with a public health focus working in the community on specific topics or with specific groups. For example Occupational Health and workplace health; sexual health and health protection but there may need for a generic public health nurse to work alongside the specialists across a locality to undertake needs assessment and co-ordinate cross-speciality needs and resources.

### **CONSULTATION QUESTIONS 2 & 3: Clarity on focus of the health visiting service**

**Q2: Do you agree that the service should focus solely on the 0-5 year group and not purport to be a 'cradle to grave' service? If not, why not?**

**Q3 If you agree to Question 2 above, do you agree that there should be a new 'generic' public health nurse that focuses on the adult age population?**

## **5. Contribution to Public Health: every nurses business**

- 5.1 A focus on good public health outcomes can only be achieved if Health Visiting services work closely with other agencies (eg: via Health and Well Being Boards in England) and importantly with other nurses, midwives and doctors to improve health building on the assets of individuals and communities not only by treating people's deficits and diseases.
- 5.2 Several reports on health inequalities in the UK including the Marmot Review<sup>24</sup> have repeatedly identified the crucial opportunity to 'nip in the bud' health inequalities by ensuring increased HV input in the early years and

<sup>20</sup> Field F (2010) *The report of the Independent Review on Poverty & Life Chances*. HM Government Dec 2010.

<sup>21</sup> Allen G (2011) *Early Intervention – The next steps*. Independent Report to HM Government Jan 2011.

<sup>22</sup> Tickell C Dame (2011) *Independent Review of the Early Years Foundation Stage*. March 2011.

<sup>23</sup> Munro E (2010) *The Munro Review of Child Protection. Part One: a systems analysis*. 2010

<sup>24</sup> Marmot M (2010) *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*.

ensuring all health and social care professionals have an understanding of health and inequality and are able to offer creative solutions

- 5.3 The new English public health white paper *Healthy Lives, Healthy People*<sup>25</sup> published for consultation, responds to the Marmot Report and outlines a new approach that will aim to build self esteem, confidence and resilience from infancy. The RCN welcomes the commitment to increase Sure Start and Children's Centre based Health Visitors to make this aim possible and has responded fully to the Governments consultation which ended in March 2011.
- 5.4 The challenge in the white paper on public health for England includes improving maternal health, giving children a better start, reducing the risk of mental illness, unhealthy lifestyles, better work place health, changing adult's behavior to reduce premature deaths and preventing the excess winter deaths. This is a tall order if only SCPHNs are to help deliver. Neither can it simply be addressed by increasing Health Visitor numbers nor does the doubling of FNP programmes. However developing the skills of all nurses to contribute to meeting the key public health challenges through life (ie: Starting well; Developing well; Living well; Working well and Ageing well) is a way forward worthy of consideration and action.
- 5.5 It is the RCNs contention that a new approach should be adopted across the nursing family to ensure all nurses have an increased and more explicit role in public health and sustainable health not only those on the SCPHN register. Health Visitors and other SCPHNs with their specific and discrete public health nursing knowledge and skills are in an opportune position to act as the unifying force to engage and ensure all nurses take public health as an integral part of their role.
- 5.6 The RCN in its response to the English public health white paper consultation supports the Government's commitment to put clinicians at the heart of decision-making in the NHS and states 'we must ensure that the public health nursing workforce is sustainable and fit for purpose. This should include a mechanism for national oversight and integration between medical and non-medical workforce planning. Alongside the commitment to increasing the numbers of Health Visitors (HV) there needs to be assurance that investment into the recruitment and training of nurses across the lifespan agenda for public health is also made. This needs to be supported by comprehensive workforce plans linked to service plans, which have the support and input of commissioners, providers and professional groups'.
- 5.7 Over the years there has been much debate on the overlap between nursing and health visiting. The RCN supports the view that whilst there is overlap in knowledge and skills, Health Visitors have a unique body of knowledge that assists them to deliver on the key principles of the profession. With the vision outlined in the Public health white paper, the RCN supports the view that all nurses should be enabled to play a role and deliver on the governments vision of a Big Society.
- 5.8 A recent report published by the Royal College of Psychiatrists (October 2010) on public health and its interface with mental health was entitled 'No Health without Public Mental Health'<sup>26</sup> in similar vein the white paper on Public Health 2010 clearly heralds a new era and new approaches to public health for all health and social care professionals. All nurses have a key part to play in all three domains within the white paper: Health Improvement; Health Protection and Improving Health Services. To paraphrase the RCP report we would endorse a focus and action on 'No Nursing without Public Health Nursing'

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<sup>25</sup> HM Government (2010) *Healthy Lives, Healthy People : our strategy for public health in England 2010*.

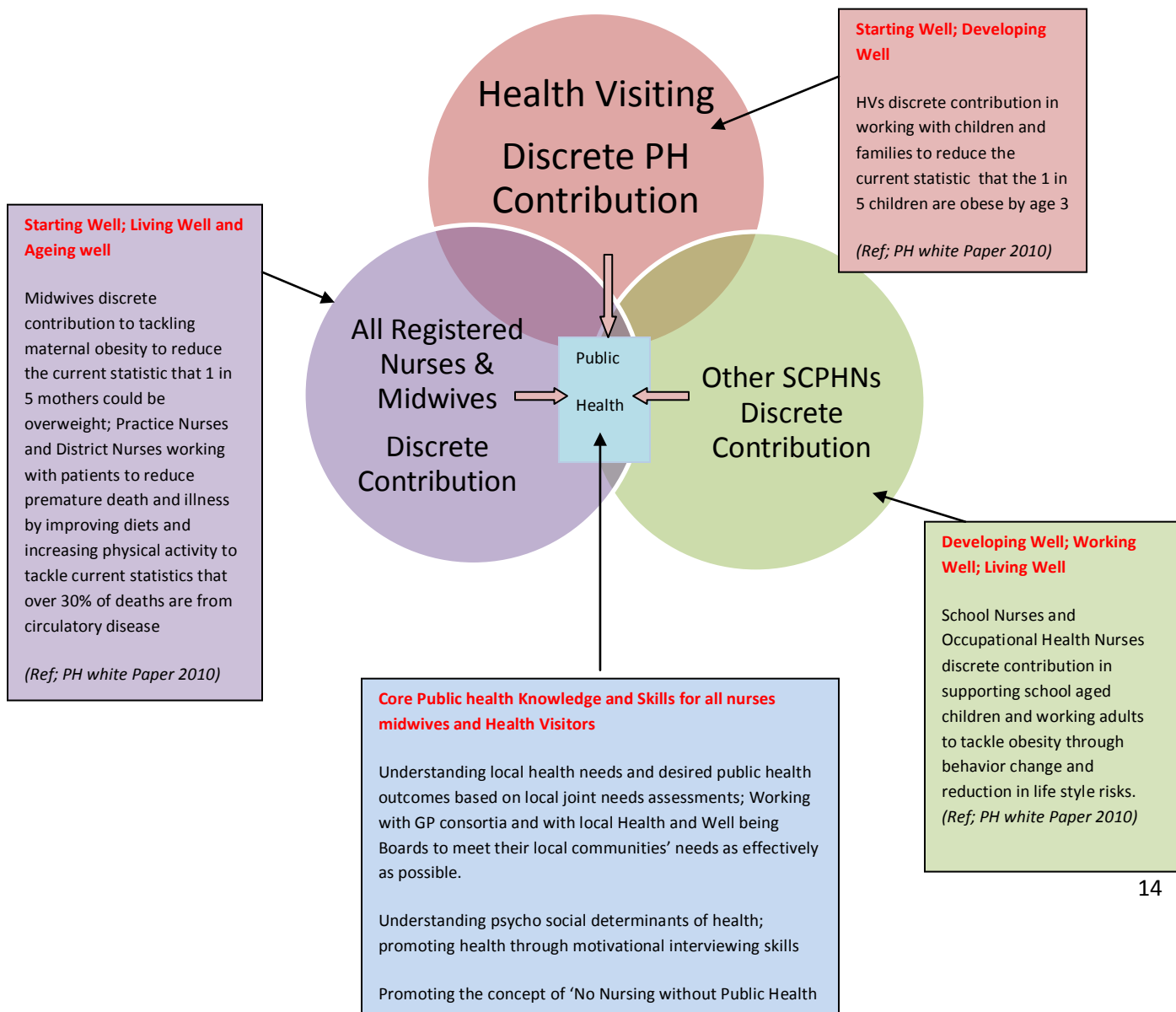
<sup>26</sup> Royal College of Psychiatrists (2010) *No Health Without Public Mental Health October 2010*.

5.9 The challenge for nursing generally and specifically for Community Nursing in England is to ensure engagement with the new local Health and Wellbeing Boards; understand the key principles of public health; the strategic needs assessments in each of their local areas and work in new ways to respond to psycho social determinants of health in addition to disease and disability. Any such change will of necessity the development of a nursing workforce capable of delivering equitable and sustainable health and well being for all.

5.10 The work of the NHS Sustainable Development Unit in England should also inform and influence the development of the nursing curriculum to demonstrate the complimentary roles of public health and sustainable health. The RCN believes that nurses can make a significant contribution to achieving the balance required between financial, social and environmental factors to ensure future generations do not suffer because of the way we live today.

5.11 The RCN offers this diagrammatic view to help visualize how Health Visitors, other Specialist Community Public Health Nurses and all other nurses and midwives can contribute to improving public health.

The example taken is *tackling obesity* across the life span. Each example case study depicts the discrete contribution of each nursing group to achieving reduction in population overweight as a public health outcome. Each example is offered under the Public Health White paper life span domains: Starting well; Developing Well; Living Well; Working well and Ageing well.



## CONSULTATION QUESTIONS 4 & 5: Nurses contribution to public health

**Q4: Do you agree that Public Health should be part of every nurses business? If not, why not?**

**Q5: If we are to make Public Health every nurses business how should it be enabled?**

### 6. Key actions

6.1 In developing this consultation paper and redefining the future of Health Visiting Services in England together with the parallel development of nursing to support the public health agenda, the RCN offers the following driving principles for action. These are linked to the key statements in the RCN document Pillars of the Community 2010

Pillars of the Community: Key Statements	Actions to develop Health Visiting Services and Public Health Nursing in England
1. Recognise the importance of the nursing voice	Public Health – Every Nurses business Nurses influencing Public Health Improvement in all areas of practice. Commissioner support for this to happen
2. Define local England Responsibilities	Increased collaboration with health sector partners and other agencies through Health and Well Being Boards and an understanding of local joint needs assessments
3. Support a person centered approach	Search for and support person and family centered approaches that respond to psycho social determinants of health and not just disease and disability
4. Embed Nursing Expertise	Enhanced provision, education and training further to assist all HV practitioners to build community capacity and focus on the 0 – 5 age group. Develop public health and sustainable health awareness and skills for all nurses
5. Develop Leadership Capacity	Develop leadership skills at all levels and career pathways for Health Visiting services SCPHNs to act as unifying leadership force in ensuring 'No Nursing without Public Health Nursing'
6. Improve Services	Utilisation of HV public health skills along with the other SCPHN skills to support and signpost other nurses to deliver public health nursing based on local population needs Improve services in all three Public Health domains
7. Create a positive career choice for nurses	Ensure a clear career pathway into SCPHN in line with forthcoming NMC review
8. Ensure appropriate resources	Promote the effective utilization of finite resources human and material to deliver on the Public Health Agenda by spreading the expertise of nurses across the lifespan. Commissioner support for this to happen

## CONSULTATION QUESTION 6:

**Q6: Are these the priority actions for the way forward in England? If not, why not?**

## 7. Addressing further challenges for the Health Visiting Service

- 7.1 The Health Visiting services in England over the last decade have experienced many challenges which need to be addressed as part of a new approach to delivery and these are mirrored in the other three countries. Some of these challenges are highlighted in this section.
- 7.2 In the past six years there has been a shift from General Practitioner based HV services to a greater collaboration with Local Authority Children's services via children's centres and Sure Start schemes. This has resulted in widespread GP discontent and disillusion in the loss of 'their' Health Visitor. As GP commissioning of services take off a balance will need to be achieved in working closely with GPs and focusing on collaboration with local authority services. GPs have also reported that as a result of the diminished number of local Health Visitors their workload has increased, with mothers often making appointments with them for 'health visiting' advice and support. However, the RCN is aware of several examples of good health visiting practice demonstrating excellent team working between health visitors, general practitioners, social workers and midwives. It is our contention that lessons learnt from these interdisciplinary working examples should be spread more widely across the UK.
- 7.3 In England, the move to Children's Centres is also cited as the reason for a loss of close liaison between Health Visitors and Midwives. In tackling maternal health issues from a public health perspective the need for closer liaison between health visiting and maternity services is now paramount and must be enabled by all provider organizations.
- 7.4 In recent years partly due to the shortage of qualified Health Visitors and productivity / value for money schemes, many HV services have introduced staff nurse and nursery nurse roles within health Visiting teams to undertake tasks within the service. Critics of this evolution in skill mix have raised concerns that there is little infrastructure in place to support this necessary development. The RCN would support initiatives that address these concerns including clarity on new roles, supervision arrangements and delegation / reporting back protocols. However, on a positive note, the RCN is aware of examples where in addition to investment in new posts a team approach to the provision of health visiting services has evolved as a result of effective professional leadership and close collaboration with local commissioners
- 7.5 The RCN is cognisant of the NMC SCPHN review scheduled to take place in the near future. Key issues to be considered as part of the review include:
- whether there should be core SCPHN knowledge, skills and competences for all practitioners on part 3 of the register and then specialist for individual roles such as health visiting (primarily 0-5), school nursing (5-19), sexual health, occupational health
  - The need for consistency in titles, an issue that the NMC has already identified as being of concern from the public's perspective.

- 7.6 The RCN believes that health visitor education and practice should be recognised as a higher level of practice and in keeping with the current NMC regulation continue to be a registered qualification with the NMC. However, we recognise the forthcoming review of Part 3 of the NMC register and support a review of the current curriculum to ensure that future HV graduates are prepared at a higher level of practice that is fit for purpose.
- 7.7 Any revised programme for SCPHNS has to also address the need for training in public health and sustainable health for all nurses.
- 7.8 The RCN is currently working collaboratively with the Department of Health as part of the implementation plan to increase the number of Health Visitors ensuring the increased HV workforce is fit for practice and that there is a clear plan to recruit to the service including developing existing HV team members.
- 7.9 The most significant organizational challenge to impact on Health Visiting services in England is yet to be seen. The introduction of the coalition government's Any Willing Qualified Provider (AWQP) Procurement Framework<sup>24</sup>, seen as the key tool under 'Liberating the NHS' for widening and increasing patient choice, will result in significant changes to the organizations that Health Visitors and Community Nurses work for in the future. These will range from partnerships with the acute sector / mental health sectors, social enterprise units, and private providers. The RCN firmly believes that whatever the organizational configuration across England Health Visiting services must continue to be developed and supported by a focus on national standards and core competencies

In its document Pillars of the Community the RCN stated

Community nursing careers, and the teams in which community nurses work, should broadly evolve within two fields - one focused on children, young people and families, the other focused on adults and older adults.

**CONSULTATION QUESTIONS 7 & 8:**

**Q7: In your opinion, what would an effective public health nursing team look like for children young people and families, and for adults and older adults?**

**Q8: Briefly describe how such a team could enhance quality of care to individuals and communities, job satisfaction and service provision.**

## 8. Summary of Consultation Questions

- Q1. Do you agree with the core role of health visiting as set out in this section? If not, why not?
- Q2: Do you agree that the service should focus solely on the 0-5 year group and not purport to be a 'cradle to grave' service? If not, why not?
- Q3 If you agree to Question 2 above would you agree that there should be a new / additional public health nurse role developed to cover the adult age population working alongside health visitors and school nurses?
- Q4: Do you agree that Public Health should be part of every nurses business? If not, why not?
- Q5: If we are to make Public Health every nurses business how should it be enabled?
- Q6: Are these the right priority actions for the way forward in England? If not, why not?
- Q7: In your opinion what would an effective public health nursing team look like for children, young people and families and then for adults and older adults?
- Q8: **Briefly describe how such a team could enhance quality of care to individuals and communities, job satisfaction and service provision.**

**A consultation response template can be found attached.**

Please send your response via email to: [cypadmin@rcn.org.uk](mailto:cypadmin@rcn.org.uk)

Or via post to: **CYP admin, Nursing Department, Royal College of Nursing, 20 Cavendish Square, London**

Comments should be received by **4<sup>th</sup> November 2011.**