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1) The Project Reference Group. The membership is listed in Appendix 1
2) The RCN country and regional directors
3) The Nursing Policy and Practice Committee
4)

Executive Summary

During 2015 the RCN has been leading work to assess the impact and contribution that nurses make to public health (PH). Government policies in all four countries across the UK point to the importance of improving public health to help address increasing population demands and financial pressures. The Royal College of Nursing believes nurses are well placed to pick up this mantle; however, we questioned whether others shared our views, particularly those outside the nursing profession.

The project has had three parts:

1) The first strand of the project has been to draw together case studies to showcase the diversity of nursing's contribution to public health. Examples include work where nurses target specific client groups or conditions as well as other initiatives to improve health and wellbeing across the lifespan.

2) We undertook a web-based survey specifically asking commissioners and designers of public health services their views. We received 219 responses. Commissioners told us that the skills they look for in nurses include local knowledge, project and research skills, communication skills and behavioural characteristics such as compassion and motivation. Challenges to using nurses when designing services include lack of resources, lack of training amongst some nurses, and lack of knowledge amongst some commissioners of where nurses could contribute.

Background

Improving public health is at the forefront of all of the UK governments' policies for health and social care (NHS England 2014, NHS Scotland 2012, Scottish Government 2015, Public Health Agency, NI 2015 and Public Health Wales 2015). Health services currently face the unprecedented challenges of both an increasing

Summary of Case Studies ±national spread

The list below shows the national spread of the case studies. Many of the examples selected showcase public health initiatives which are available in other parts of the country.

- "Weigh-to-Go" – weight loss in 15-18 year olds – Scotland
- Breathing Space Clinic for people with Chronic Obstructive Airways Disease (COPD) – London
- Weight loss advice for parents of overweight 11-year-olds – Northern Ireland
- Self-Management: health literacy and "teach back" – Scotland
- Healthcare for Homeless Adults – East Midlands
- Star Babies – enhancing mental health and parent infant relationships – Northern Ireland
- Alcohol reduction campaign targeted at parents and children – North West
- School nursing app for teenagers – London
- Smoking cessation outreach for hard to reach groups – West Midlands
- Utilising an out-patient department as a Health Promotion Hub for patients and staff in a rural community – Wales
- Cross City approach to TB Contract Tracing – London
- Vitamin D campaign for expectant and breast feeding mums – South East
- Travel Health – nurse-led clinics, training and expedition preparation – South West and London

Phase 2 ±Survey

A national web-based survey of public health practitioners and commissioners of public health services was conducted in May 2015. A full report of this phase was completed by the RCN's Standards, Knowledge and Information Services (SKIS) team and is available upon request from the RCN Lead for Public Health. A PowerPoint slide pack with a summary of the findings is available on the Public Health Forum pages of the RCN website.

Survey Des ign

The survey was limited to 23 questions to ensure ease of responding and a good response rate. The majority of the survey consisted of closed questions to ensure a common understanding of what was being asked and facilitate analysis within the given time and resources. Three questions (excluding questions with an 'other' option) were open ended. An online web tool (Smart Survey™) was used for ease of questionnaire distribution and to enable speed and accuracy of analysis. Respondents were asked to provide answers based on their knowledge of practice which although being based on a retrospective assessment and not limited to a particular point in time did ensure experience-based responses were received. The survey was administered during May 2015 with a one-month timeline for respondents to complete the survey. Generic follow-up emails at the beginning of weeks two and three were sent to help increase response rate. The survey was accompanied by a covering letter from the Royal College of Nursing Professional Lead for Public Health that included details of the project.

The first five questions of the survey elicited demographic data and the standpoint of the respondent, for example, whether they answered from the point of view of their organisation or individual opinion, and whether the respondent was involved in commissioning or designing public health services. The next questions used a Likert scale to gain respondents' opinions of:

- the frequency of nurses actual involvement in public health services
- how much involvement respondents thought nurses should have
- the reasons respondents employed nurses in public health services
- the skills nurses bring to this involvement
- the quality of the nursing contribution
- whether respondents were satisfied with the skills, knowledge and experience of nurses.

advertising the link to the survey in the NHS England weekly Clinical Commissioning

Figure 4: Satisfaction that nurses have required skills, knowledge and experience - top 5 and bottom 5 areas

Strengths and Limitations of the Survey

Overall, the survey appears to have raised a number of interesting points that can guide thinking in relation to the value of public health nursing project and support decision making. By targeting a narrow and defined population, including those within the nursing profession and from other professional groups. The survey has been able to highlight specific areas for discussion, which may not have materialised from elsewhere. This survey provides a baseline snap-shot which could potentially be revisited at later stages to give trends over time.

One of the strengths of this survey was the balance between closed questions, which guided respondents to answer on specified issues, and open questions which allowed respondents to answer freely on key topics. This balance resulted in interesting comparisons.

The quantitative analysis focused on descriptive statistics with tests for statistical significance and confidence intervals not undertaken, so it is not possible to ascertain the statistical generalisability of the results. This was appropriate for the data and the purpose of the project, and the usefulness of any further analysis is not guaranteed, with results expected to be comparable.

The survey attempted to be as specific as possible in defining the study population and targeting those with commissioning and service design roles. To that end it used a definition of the ‘relevant participant’ that may not have been understood in the same way by all likely respondents who received an invitation to participate

- to reveal the direction of change within public health in the context of wider health service reform, change and reorganisation to help shape recommendations so nurses in public health are able to work with change rather than against it
- to help set direction so nurses do not embark on public health initiatives that are likely to fail for reasons beyond their control
- to ensure recommendations and direction are not unduly influenced by unconscious assumptions based on traditional approaches to care helping the development of an objective view of the public health landscape.

Sampling Framework for the interviews

The sampling approach used in this phase of the project is shown in Figure 6 below.

Figure 6: Interview sampling approach

This method used a purposive sampling approach (Patton, 1990) with maximum variation sampling to ensure t

generalisability of findings. In adopting this methodology an informed pragmatic approach to sample size was taken (Sandelowski, 1995) with a plan to recruit 15 participants.

Initial contact was made by email with 17 potential interviewees drawn from respondents to the earlier survey who had expressed a willingness to participate. Eight people agreed to be interviewed; three people stated they were currently unavailable but expressed willingness to potentially participate at a later date and six did not respond to the request. Following the initial analysis of the interviews, targeted recruitment was undertaken with two people to ensure all cells in the selection matrix were filled to make sure the sample was as representative as possible. A total of ten in-depth interviews were therefore undertaken (See Table 3). These interviews were supplemented with a further six shorter focussed interviews with RCN professional leads and advisors to further illuminate and validate the emerging themes.

Table 3: Characteristics of interviewees (frequencies)

Gender	Age	Ethnicity *	Profession	

grounded in the data.

- Another concern related to local knowledge was the potential for fragmentation especially when services were organised functionally rather than around the client group or patient.

> ³%DVLQJ SHRSOH LQ ODUJH KXEV ZLWK KRW GHVNLQ
> VHUYLFH WR ORFDO FRPPXQLWLHV LW LVQ¶W VR EHQ
> ORFDO HQRXJK LW GRHVQ¶W ,I \RX¶UH EDVHG LQ D
> KHDOWK FHQWUH ZKLFK LV QRZ VHYHQ PLOHV « >IUR the population they
> work with, along a road that seven miles can take you 25 minutes
> WKDW¶V D ORQJ WLPH « 7KH\¶UH QRW WKHUH RU YL

- PH nurses' local knowledge of the impact of social-cultural changes was highlighted in relation to changing attitudes and behaviours amongst people with intellectual disabilities:

> ³6XSSRUWLQJ IDPLOLHV ZKR KDYH OHDUQLQJ GLIILF
> Down¶V 6\QGURPH \RX GLGQ¶W H[SHFW WKHP WR EH KD
> WKH\ DUH ´

-

and school nurses do without needing to have the expensive

perceive

> ³:H¶YH JRW WR VWRS FDOOLQJ visitors and school RXUVHOYHV KHDOW
> QXUVLQJ « , WKLQN ZH UHDOO\ KDYH WR HPSKDVLV
> FRPPXQLW\ SXEOLF KHDOWK QXUVH « KHDOWK YLV
> IOXII\ ´

However, this is in contrast to later in the interview where this interviewee stated specifically that she believed the loss of 'health visiting' from the nursing regulators title (i.e. the move from the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, to the NMC) was detrimental.

The invisibility of the public health role of nurses was also highlighted from a strategic perspective in relation to workforce decisions as "only specialist PH nurses can be counted" with a variety of job titles used by nurses in public health roles.

5) Diminishing leadership

Diminishing nursing leadership particularly at a local level was noted as an emergent theme.

> ³7KHUH LV OHVV QXUVLQJ OHDGHUVKLS QRZ WKDQ LQ ...health visitors
> WR EH PRUH SURPLQHQW QXUVHV. There are no QRZ LW¶V DOO
> nursing posts locally above a band 7 ±LW¶V and GPs being
> the leaders.´(Interview 6)

The comment was echoed elsewhere where it was felt that:

> ³QXUVHV were making headway in the previously medically
> dominated world of public health with new programmes of study but
> VLQFH FKDQJHV DQG IXQGLQJ DQG LQWHJUDWLRQ WK

Other concerns about leadership were linked to moves to local authority management of public health with fears that decisions would be made about cuts to health and wellbeing budgets without the nursing contribution being understood.

National leadership in public health was recognised in all UK countries which it was felt helped raise the profile and strengthened nursing in practice. However locally a

Discussion

There are a number of positive messages for nursing from this project. Firstly, nurses' roles in clinical governance and clinical effectiveness featured strongly and nursing input into improving services was valued and the belief from commissioners that nursing should be involved in these areas is encouraging. However, public health nursing scored poorer in 'health protection' specifically in relation to working in chemicals and radiation. Nurses were perceived to rarely or never be involved in radiation protection, chemicals and poisons and environmental health hazards. This suggests that this is potentially an area for greater investment. It is also important to note it is just one part of health protection, Nurses are widely involved in health protection teams, infection prevention control, immunisation and screening. Employment, housing and homelessness, and commissioning also had low ratings in relation to nursing involvement. The desire that nursing should be involved in these areas was relatively high suggesting either a gap in demand and supply, or an unrealistic expectation for nurses to be involved in areas outside their traditional preparation and scope. We know that nurses are in fact working in many of these areas so there is a need for further debate and discussion to understand the needs more and which practitioners best fulfil the needs of commissioners in these areas. As well as to showcase examples where this is happening and working well.

For knowledge and skills, it appears that respondents had mixed satisfaction in some sector-specific areas. Further exploration is needed to clarify how best to fill the gaps in knowledge and skills whilst recognising the acknowledged added value public health nurses bring for employers in terms of transferrable skills such as local knowledge and communication skills. This may signify the level of importance and centrality of the nursing contribution to public health and the necessity to match this with increased investment in knowledge and skills in targeted areas.

Against the backdrop of recent changes to commissioning and on-going change in terms of the organisation of PH service this survey highlights the value that nurses can offer. However, the choice of nurses (or other practitioner) is sometimes based on convenience and on financial implications.

The strong theme of local knowledge being important is evident, and this suggests that all practitioners need to hone their skills in assessing, evaluating and understanding their communities, and that engagement with communities needs to be considered systematically. Given the diversity and complexity of nursing, with the inherent reach across all sectors of the community or locality, the findings here suggest that nurses can make well informed distinct public health offerings with local

References

Bennett V (2012) Every nursing contact counts for improving public health Nursing Times 108(1-2): 7.

Cowley S, Whittaker K, Malone M, Donetto S, Grigulis A and Maben J (2015) Why health visiting? Examining the potential public health benefits from health visiting practice within a

Appendix 2: Case Study Template

Case studies template to demonstrate service initiatives
or projects to improve Public Health

Please use the following to provide details of the initiative or project you are involved in. This template is intended as a guide so please adapt it to suit your particular project is necessary. Please try to avoid abbreviations and explain any acronyms.

Name	
Job-title	
Contact details (email preferably)	
Employer/organisation and Where are you based?	

Appendix 3: Case Study Scoring Criteria

The following criteria were used to determine which case studies were included and promoted.

	Score					
	Poor				Excellent	
Criteria contributing to the assessment score:	1	2	3	4	5	Comments
Case Study Narrative x Clear description of the innovation or project. x Explanation of the implementation including barriers and challenges encountered. x Relevant organisational and financial factors explored.						
Nursing Contribution clearly identified Includes evidence of: x Leadership of innovation or project by nurses x Involvement of a team rather than an individual x Evidence of inter-professional collaboration						
Outcomes Clearly addresses and provides outcome data related to one or more of the Public Health Outcomes Framework domains: x Improving the wider determinants of health x Health improvement x Health protection x Healthcare public health and preventing premature mortality.						
Impact Includes evidence of the impact on: x The nursing profession (such as impact on peers, spread to other areas, publication, conference presentation, replicated elsewhere) x Patients and the public (for example evidence of impact at a person or population level, endorsement from individuals or groups) x Evidence of sustainability (in place for appropriate period of time).						
Total Score range 4 (minimum) – 20 (maximum)						Overall assessment: … Exclude … Further details required … Borderline (if required) … Include

Appendix 4: Interview Topic Guide

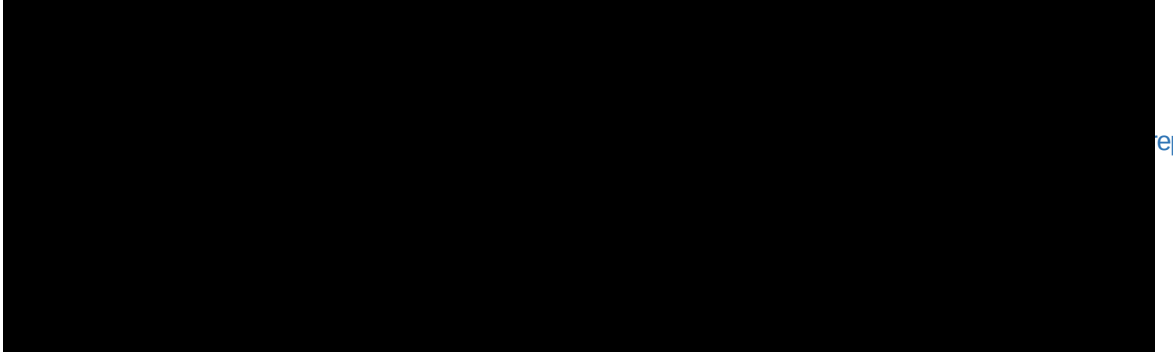
Promoting the Value of Public Health Nursing

In-depth interviews with purposive sample of stakeholders

(PESTLE) influences on public health nursing. This approach is believed to be appropriate for the following reasons:

- to help identify multi-professional and health system opportunities giving advanced warning of any significant threats;
- to reveal the direction of change within public health in the context of wider health service reform, change and reorganisation. This will help shape

- What areas of public health should nurses avoid becoming involved in?
-



that impact on public health nursing. I would like to explore some of these a little more specifically your views from a professional or organisational perspective, and perhaps the role the RCN might play or what they should consider.

5) What political factors do you think should be considered in relation to nursing and public health?

Probes ±Political Context

- x Have recent government elections changed policy in any way either nationally, regionally or locally?
- x Who are the most likely ‘contenders’ for influence or power? Do you know what their views are in relation to nursing and public health?

x

x

BDC BT /F8 9.96 Tf 1 0 0 1 199.34

- What employment patterns, job market trends, and attitudes toward work can you observe? Are these different for different age groups?
- What social attitudes and social taboos could affect public health provision in the future? Have there been recent socio-cultural changes that might affect this? How does this affect nursing?
- How do religious beliefs and lifestyle choices affect nursing's input to future public health provision?
- Are any other socio-cultural factors likely to drive change?

8) Can you identify any technological changes we should consider in relation to public health nursing?

Probes - Technological Factors

- Are there any new technologies available now or on the horizon specifically related to public health in your area of practice?
- Are you aware of any specific foci in innovation, research or education that may impact on public health nursing?
- How have infrastructure changes affected work patterns (for example, levels of remote working)?
- Are there any other technological factors that you should consider?

9) Are there any legal or environmental factors affecting public health nursing?

Probes ±Legal Factors

- Have there been any changes in the law which have affected PHN?
- Are there any changes which the RCN should promote (lobby for) which would improve public health provision?
- Are there any other legal factors that you should consider?

10) Are there any environmental factors affecting public health nursing?

Probes ±Environmental Factors

- Are changes to the environment affecting public health provision?
- Ask for specific examples - such as climate change; air pollution impacts on PHN.
- Are there any other environmental factors that you should consider?

C. Biographical details/Demographics

Remind that anonymity will be maintained but the following information is needed to aid analysis and ensure responses from a representative group/ sample. This will be obtained from a short self-completed questionnaire.