When I stepped out of Westminster tube station on the way to the Department of Health (DH) offices in Whitehall, the gothic outlines of Big Ben and the Houses of Parliament looming overhead, I must admit that I found it hard to equate the grand buildings and sense of history with the everyday workload of a busy community nurse. After all, what could the civil servants and government aides rushing around me on their way to work, past the Cenotaph and Downing Street, understand about changing an exudate-sodden wound dressing or inserting a catheter?

But, as soon as I sat opposite Viv Bennett in the glass-walled DH offices and listened to her talking about the government's vision for the future of public health nursing in local communities, I began to understand how she has risen to become both the DH and Public Health England’s (PHE) director of nursing. Far from being an out-of-touch Whitehall mandarin, Bennett has a solid background in nursing and specifically, how nurses can better promote the health of the whole community.

**STARTING OUT**

Bennett’s professional story started in Oxford, where she completed her nurse training in 1979 at the John Radcliffe Hospital. She then became a staff nurse in a children’s ward before moving into health visiting, looking at the wider issues affecting health and the power of research to change practice.

Bennett’s first managerial job was as a locality clinical team leader working with health visitors, school nurses and district nurses in Oxford. Then came senior commissioning jobs in Oxfordshire and Birmingham, before she took up a directorship of nursing when South Warwickshire mental health trust merged with the local community trust.

‘This provided lots of opportunities to think about care pathways and I was working with a great set of staff,’ she says.

After this, Bennett went to Coventry to become Chief Nurse and Corporate Director of Strategy and Redesign, before taking up her post as Deputy Chief Nursing Officer (CNO) at the DH. In 2012 this led to her becoming Director of Nursing for DH, and in September 2012 to the joint role she now holds across DH and PHE.

So, what sustained Bennett through her rise to higher echelons of nursing?

‘One of the constant themes is in providing services for children and young people,’ she says, ‘allied to a real desire to increase nursing and midwifery involvement in helping people be “well”, as well as providing excellent care when people are sick.’

Bennett is keen to stress that rather than any ambition to get to the top, her career has taken shape by responding to openings rather than grand design.

‘I took as many opportunities as I could to make a difference,’ she says simply. ‘And, in respect of my current role, who wouldn’t want to work across policy and services. I’m very privileged to have the opportunity.’

While acknowledging that it has been some time since she has been in clinical practice, she does stress that she tries to keep in touch with the grass-roots.

‘Yes, it has been a long time since I’ve been in clinical practice,’ she agrees, ‘but I do carry out regular clinical-based “back-to-the-floor” visits and voluntary activities, and take part in professional networks and workshops. I also teach community nursing students and that is a great way to stay focused.’

‘I have always spent time with services,’ she adds, ‘and now all DH
My role is to profile the fantastic work that nurses already do

senior civil servants have to at least 20 days “connecting” time, which they are finding invaluable in staying in touch.’

POPULATION HEALTH

Population health is one of the key tenets of Bennett’s job and she is passionate about the role of nurses in improving the public’s health.

“When I talk to staff about public health I start with the public health journey so people can understand what needs to be in place to protect and improve population health,” she says.

To get where we are today, the main four pillars of change have included water and sanitation; biomedical factors, such as vaccination and antimicrobials; the creation of the welfare state; and legislation and campaigns to mitigate against ill-health, such as laws on seat belts and public smoking.

She outlines how there are always new challenges such as antimicrobial resistance and lifestyle diseases like obesity-related diabetes to tackle, before moving onto the fifth area of action.

“As well as maintaining all of the earlier things we need to focus on what Michael Marmot described as the “causes of the causes” of inequality in health,” she says. “What are the factors influencing persistent health inequality and how do we tackle them?”

Community nurses can make a significant contribution in all of the five areas of public health and have particular expertise in understanding the health issues of local communities.

‘Community nurses have the knowledge and skills to achieve personalised care and improvements in population health,’ she says.

PREVENTING DISEASE

So far we had discussed the role of nurses in promoting health across the population, but how does Bennett see her role in helping community practitioners prevent disease?

‘As far as I see it, my role is to raise the profile of the fantastic work that nurses already do in health improvement and protection,’ she says, ‘and to provide the evidence and support that professionals have asked for so that they can deliver high-quality personalised care and improvements in population health.’

The six Cs of nursing — care; compassion; competence; communication; courage; and commitment — set out the values and behaviours of personalised care and Bennett has set-out six areas where these are applied to make a difference to population health.

She also gives some examples of the difference that community nurses can make, for example in health protection, highlighting their role in antimicrobial resistance and immunisations for communicable diseases.

‘TB is a large problem in some inner-city areas,’ she says. ‘And the people making a difference are the TB specialist nurses.’

The idea of ‘making every contact count’ is also crucial for Bennett.

‘I have been looking at how nurses can gauge their contribution with regard to making every contact count,’ she says. ‘It is important to consider how nurses see their role in giving people health advice that contributes to improving wider population health.’

Supporting health, wellbeing and independence is also vital, with district nurses key to maintaining patients’ independence and supporting carers, which keeps people at home and ultimately out of hospital.

Bennett also talks about whole life course approach, which means bringing all of the elements together to support people at specific life stages, for example health visitors are key to ‘a healthy start’; school nurses to ‘health in the developing years’, and district nurses to wellbeing in old age and at the end of life.

I asked Bennett for her views about nurses and in particular...
community nurses’ individual contribution to population health. She describes three levels where nurses can have an impact.

‘Nursing is a very big profession,’ she begins, ‘and so getting a real enthusiasm in nursing to promote health has huge potential.

‘For me, the first level is about making every contact count. It means having the knowledge to recognise when people are receptive to advice, and the knowledge to provide that advice or signpost people to other validated sources. For example, people are very receptive at positive times, such as pregnancy and birth of a baby, and also at difficult times such as during a health scare.’

The second level involves nurses who work in both treatment and prevention at individual and caseload or ‘list’ level.

‘This could be the practice nurse who has both a direct role in disease prevention at an individual level,’ Bennett says, ‘and at a population level by giving vaccinations or managing disease registers.’

The third level involves nurses who work in community and public health, such as health visitors and school nurses.

‘Health visitors have a crucial role in major health issues,’ Bennett adds. ‘One example is maternal mental health assessment, early intervention group approaches and providing services through community partnerships such as children’s centres. All vital to supporting mothers and vital early attachment.’

Another example is where public health nurses support resident-led schemes on deprived estates, for example, building community capacity.

‘There is a huge scope for excellent practice,’ Bennett says.

INTEGRATION

Another high profile issue at the moment is integration.

Integration can be considered at all sorts of levels,’ Bennett says. ‘By this I mean, integrating transport, environment and health to improve people’s wellbeing, as well as promoting integration in services to provide joined-up care.’

Integration pilots require community services, acute hospital and social services to work together.

‘In the case of a child with a disability, for example,’ Bennett says, ‘I hear about parents who are frustrated that they are seeing a range of different clinicians and being given different care plans. Or in the case of older people, all they really want is one point of contact. People want more control over the resources that are supposed to centre on their needs.’

Integration should provide the most clinically and economically viable joined-up care for each person, and where possible, duplication should be removed to save money. Bennett cites the thorny issue of IT as a perfect example.

‘Individual nurses say that IT gets in the way and that there is no access to different systems in the same locality,’ she says. ‘Or conversely, they have access to IT that doesn’t provide them with what they need and doesn’t talk to other people’s IT. This is a very common integration problem, which we are working hard to solve.

‘Nurses are strong at relationship building,’ Bennett adds, ‘and managers need to get systems in place that support nurses to capitalise on those positive relationships.’

Finally then, how does Bennett see her role as leader?

‘I’ve talked to a lot of professionals,’ she says, ‘and in June we held our first nursing and midwifery public health conference and asked them what needed to be done.’

As a result, goals were set, including increasing the visibility of the role that nurses have in key areas and thereby improving commissioners’ knowledge.

‘We’ve also been working to strengthen the evidence base of public health nursing,’ she says. ‘We’ve done this by working with academics on a UK model for public health nursing and midwifery, and with NICE around plans to make their guidance frontline-friendly.

‘We also needed to build a body of social movement around nurses’ roles in health protection and improvement as well as helping people that are ill,’ she says. ‘A recent week of action was well-supported, which is starting to build momentum.’

As I left Bennett’s office and headed back out into the hustle and bustle of Whitehall, my head was spinning slightly with the scale of her ambition, but there was one thing I knew for sure. Next time you’re out in your car worrying about visiting a ‘difficult’ patient, or pondering the success of your service’s latest immunisation programme, you can rest assured that you are not actually alone.

She might work in a place far removed from your clinic or practice, but Bennett is someone who cares about where community nursing is headed. JCN

STAYING IN THE KNOW...

To keep up with developments at the office of the Director of Nursing, and to follow Viv Bennett’s tweets, blogs and updates, visit her website at: http://vivbennett.dh.gov.uk