The health of the population is determined by a range of complex and interconnected influences, many of which, such as poverty, inequality, housing, education, employment, mobility, transport and pollution, fall outside a medical remit. In order for nurses and other healthcare professionals to tackle public health, they not only need to engage with individuals, families and communities, but should also have the ability to influence the design and development of services and understand the new relationships with local authorities and other agencies.

**KEYWORDS:**
Public Health ■ Service development ■ Cross-sector working

When the NHS was established in 1948, its primary aim was to provide basic medical care for people who had fallen sick and to tackle communicable diseases such as polio and diphtheria. The latter has largely been achieved through the development of vaccines, advances in research and technology, robust public health campaigns, and an improvement in health information and services.

However, now patients not only live longer, they also have higher expectations, which means healthcare professionals in the 21st century face very different challenges (Linsley et al, 2011).

With the cost of acute care rising dramatically over the past decade, there has been a move to encourage community services to take ‘centre stage’. The White Paper Our Health, Our Care, Our Say: making it happen (Department of Health [DH], 2006), including:
- Reducing damaging determinants of health (smoking, obesity, unemployment)
- Disease prevention
- Early intervention (for example, life checks for the over-40s and increasing self-care of long-term conditions).

**PUBLIC HEALTH**

Public health encompasses far more than purely physical health. From May 2013, local authority health and wellbeing boards have been responsible for protecting and improving the health of the population. These boards enable key opinion leaders from health and care systems to work together (DH, 2012a), and each will have to include a local councillor or elected mayor, a representative of the local health watch organisation, directors of social services, children’s services and public health, and a representative of the NHS Local Commissioning Board.

Historically, the local council and the NHS have worked independently of each other, despite much talk of collaboration. Thus working on these boards together will hopefully enable key opinion leaders to work together on joint strategic planning, enabling them to develop health strategies that encompass all elements of public health and be the ‘voice’ of all groups of the community.

This model is a reflection of the function of primary care groups in the past (PCGs), whose remit was promoting the health of the local population in partnership with other agencies and contributing to a local health improvement programme (Audit Commission, 1999).

As an elected nurse board member of a Walsall PCG in 1997, the author helped to develop national services specifically designed to meet the local needs of patients. This was achieved by coordinated planning and the delivery of services that crossed professional boundaries, encouraging both the NHS and local councils to work together to improve the health of the local population (Table 1).

**Moving forward**

Many of the key figures in this new public health structure are fresh in post and their roles may take months, if not years, to get properly established and developed.

Also, the complexity of the new structure may leave many ‘coal face workers’, such as community nurses, at a loss to know where they fit in and feeling daunted by a healthcare environment that has seen so many changes over the past 30 years (NHS, 2011).

Going forward, Public Health England will work alongside the health and wellbeing boards, the director of public health (employed by the local council) and clinical commissioning groups (CCGs).
to provide expert evidence and intelligence and cost-benefit analyses that will enable local government, the NHS and the voluntary sector to:

- Invest effectively to prevent illness
- Provide a comprehensive range of health protection services
- Commission and deliver safe and effective healthcare services and public health programmes
- Ensure interventions and services are designed and delivered in ways that will meet the needs of all the different groups in society.

COMMUNITY NURSES’ ROLE

A recent NHS Future Forum report suggested that in order to put out effective public health messages healthcare professionals such as community nurses should attempt to ‘make every contact count’ (DH, 2012b). Guidelines and toolkits to help implement this are already in place and aim to (Varley and Murfin, 2013):

- Encourage and help people to make healthier choices
- Build a culture and operating environment that supports continuous health improvements through contacts with individuals
- Systematically promote the benefits of healthy living across organisations
- Respond appropriately to lifestyle issues once they have been raised
- Initiate action, such as giving information or referring individuals to the support they may need to change.

It has been estimated that every day practice nurses and GPs see over 800,000 people; dentists consult over 250,000 NHS patients; opticians undertake 31,000 NHS eye tests; and approximately 1.6 million people visit a pharmacist (DH, 2012b). This equates to well over 2.5 million contacts with the general public per day in surgeries, hospitals, GP practices, homes, schools and a variety of other health-related locations.

However, the opportunities for improving people’s health and wellbeing relies on a fundamental shift in the way the typical consultation is viewed. For example, in the past, a community nurse might have regarded a visit to change a patient’s leg ulcer dressing as a purely ‘wound care’ task.

However, the new way of providing health care means that this scenario would also provide an opportunity to talk about healthy eating or smoking cessation, for example. It is important for community nurses to take the opportunity to maintain or improve mental and physical health and wellbeing wherever possible.

In practice

One example of how this is working in practice is in NHS Portsmouth, where, in a bid to improve local health, pharmacists have begun promoting healthy living by providing wellbeing advice and supporting people to self-care and manage their long-term conditions. Pharmacists throughout Portsmouth provide smoking cessation services, weight loss clinics and advice on contraception and sexual health, and alcohol intake. The initiative has seen significant improvements in local health outcomes — for example, twice the amount of people stopped smoking between April and September 2010 compared to the previous period in 2009 (NHS Portsmouth, 2010).

If community nurses are indeed to ‘make every contact count’ they need to ensure they have the skills required to discuss health issues that may be outside their usual expertise. It is also important to strengthen communication skills so that they are able to bring up subjects that patients may be reluctant to discuss, such as poor eating habits, smoking in the house, excessive drinking or lack of physical activity.

To be effective in the delivery of health messages, community nurses will need to understand the different attitudes and behaviours...
that underpin the beliefs and values of people from different cultural backgrounds, all of which make them behave in a certain way.

Community nurses visiting people’s homes are not only able to talk to the patient, they are also well-placed to influence the rest of the family. For example, is there someone in the household who requires help with losing weight, stopping smoking or substance misuse? Having the professional skills to bring the subject up in the first place is crucial, but it is also important that community nurses have a comprehensive knowledge of relevant local services.

CASE IN POINT

Over the past few years many community nurses have become so overwhelmed by their caseloads that it has become difficult for them to do anything other than focus on the task in hand — a situation illustrated by a case recently reported to the author.

The woman in question was 84 years old, lived alone and was discharged four days after surgery for a fractured femur. Six days later, the district nurse called to remove the stitches (she was the first professional to visit since the patient’s discharge). During the visit the patient asked the district nurse if she could take her stitches (she was the first professional to visit since the patient’s discharge). The district nurse called to remove the stitches (she was the first professional to visit since the patient’s discharge). During the visit the patient asked the district nurse if she could take her stitches (she was the first professional to visit since the patient’s discharge).

Naturally, the patient was anxious to get her pain-killing medication, but was unable to get through to the pharmacy on the phone so attempted to walk to the surgery — a journey of two miles. Subsequently, she was readmitted back into hospital. This example illustrates perfectly how just a few minutes of time from the nurse might have meant a completely different outcome.

CONCLUSION

Improving the public’s health and wellbeing remains a key role for all healthcare professionals, including community nurses. This is not just about policy, processes, integrating services, engagement and management—speak it is about going back to core values where the patient’s health is key and where a nurse must see beyond the particular health issue they are seeing the patient for.

Improving people’s health and wellbeing is about building and developing relationships that help individuals to make the right health choices. If a particular community nurse cannot help with the problem, it is up to them to point the patient in the direction of someone else who can.

REFERENCES


KEY POINTS

- The NHS was established in 1948 to provide basic medical care for people who had fallen sick and to tackle communicable diseases such as polio and diphtheria.
- Now patients not only live longer, they also have higher expectations, which means healthcare professionals in the 21st century face very different challenges.
- Improving the public’s health and wellbeing remains a key role for all healthcare professionals, including community nurses.
- This is not just about policy, processes, integrating services, engagement and management—speak it is about going back to core values where the patient’s health is key.
- Improving health and wellbeing is about building and developing relationships that help individuals to make the right health choices.

Read more here...
Check the following articles for further insight into the changes affecting in the NHS:

- Department of Health (2013) Equity and Excellence: Liberating the NHS.