

# NURSING FOR PUBLIC HEALTH



A model for  
putting public  
health into  
practice

APRIL 2005







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## FOREWORD

It is with great pleasure that we present *Nursing for Public Health - Realising the Vision*.

*Realising the Vision* shows how nurses in Northern Ireland and the Republic of Ireland have worked together for a common purpose: to put public health at the heart of every nurse's practice. This document is the outcome of four years of joint working to develop a vision and action plan for strengthening the nursing contribution to public health. The report highlights the practical steps that we have taken to make this a reality by creating a model for putting public health into practice.

An important aspect of this work has been the cross border collaboration and the shared links fostered by the chairmanship of the Chief Nursing Officers in creating an environment that supported the endeavours of the sub-groups on network and leadership, education, practice development and database.

It is our hope that through this project, we are beginning to embed public health thinking into all aspects of nursing. Ultimately, this will help to put nursing at the forefront in leading and contributing to public health practice in order to improve the health of people in Ireland.



*Mary McCarthy*

**Mary McCarthy**  
Chief Nursing Officer  
DoHC



*Francis Rice*

**Francis Rice**  
Acting Chief Nursing  
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## INTRODUCTION

*Nursing for Public Health - Realising the Vision* provides a model for promoting and mainstreaming public health into the practice, education and leadership of a core group of health care practitioners.

While this experience relates to nursing<sup>1</sup>, it has relevance for a wider range of people who contribute to public health. The key lessons and messages from this project may form a useful basis from which other public health promoting initiatives can develop.

This document is the product of a three phase project to strengthen the nursing contribution to public health. A central feature of the work has been cross border collaboration between Northern Ireland and the Republic of Ireland. This is in keeping with, for example, the all Ireland focus of the Institute of Public Health in Ireland, and with the joined up approaches of the Public Health Alliances in the North and South of Ireland. For a professional group such as nursing, this has provided special challenges that may also apply to others.

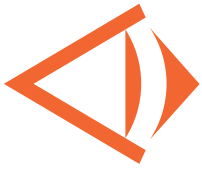
We hope that this initiative will form a foundation from which nursing can look outwards, linking with a variety of organisations and sectors to improve the health of people in Ireland. In this way, the report represents a development from earlier position papers<sup>2,3</sup> to a policy statement for the future.



## R E A L I S I N G   T H E   V I S I O N

- 1 The term nursing is used throughout this report to encompass nursing, midwifery, specialist community public health nursing (in the United Kingdom) and public health nursing (in the Republic of Ireland).
- 2 Mason C. and Clarke J. (2001) **A Nursing Vision of Public Health. All Ireland Statement on Public Health and Nursing.** Department of Health, Social Services & Public Safety (DHSSPS), Belfast and Department of Health and Children (DoHC), Dublin.
- 3 DHSSPS and DoHC (2003) **From Vision to Action – Strengthening the Nursing Contribution to Public Health.** DHSSPS, Belfast and DoHC, Dublin.





## POLICY

Since 2000, health policy at global level, and in Europe and Ireland has actively promoted public health practice in nursing. This has provided an important lever for governments, health service organisations and practitioners to ‘think public health first’.

- The Ministers of Health in the European Region of the World Health Organisation (WHO), in the Munich Declaration 2000<sup>4</sup> stated their commitment to ‘enhancing the roles of nurses and midwives in public health, health promotion and community development’.
- The WHO document Strategic Directions for Strengthening Nursing and Midwifery Services (2002)<sup>5</sup> points clearly to a public health approach that emphasises equitable outcomes, especially in poor and marginalised populations.
- Subsequent health strategies in Northern Ireland<sup>6,7</sup> and Republic of Ireland<sup>8,9,10</sup> include action points to strengthen the nursing contribution to public health.

4 World Health Organisation (2000) **Munich Declaration. Nurses and Midwives: a force for health.** World Health Organisation (WHO), Copenhagen. EUR/00/50193096/6.

5 World Health Organisation (2002) **Strategic Directions for Strengthening Nursing and Midwifery Services.** WHO, Geneva.

6 DHSSPS (2002) **Investing for Health.** DHSSPS, Belfast.

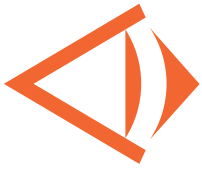
7 DHSSPS (2004) **Caring for People Beyond Tomorrow.** DHSSPS, Belfast.

8 DoHC (2001) **Quality and Fairness. A Health System for You.** Stationery Office, Dublin.

9 DoHC (2001) **Primary Care A New Direction.** Stationery Office, Dublin.

10 DoHC (2000) **The National Health Promotion Strategy 2000-2005.** Stationery Office, Dublin.





## THE ALL IRELAND NURSING AND PUBLIC HEALTH PROJECT

These policies provided the impetus for a major, three phase project that aimed to build a sustainable, creative and effective nursing contribution to public health practice in Ireland.

The intention was to create changes that would:

- Be ongoing rather than 'initiative' driven;
- Be systems based rather than ad hoc;
- Involve a change in thinking – setting service in the context of need; and
- Integrate public health approaches and thinking into ongoing nursing practice<sup>11</sup>.

### PROCESS

#### Phase 1: Leading the project, creating interest and exploring issues

- The Chief Nursing Officers in the North and South of Ireland together made a commitment to leading the work. They sought and gained Ministerial approval for the project in each of the jurisdictions. A Nursing Officer was appointed in the Nursing and Midwifery Advisory Group of the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland with a priority remit for public health. Equally, a Nurse Advisor in the Nursing Policy Division of the Department of Health and Children (DoHC) was specifically assigned to lead and participate in the ongoing work of this project.



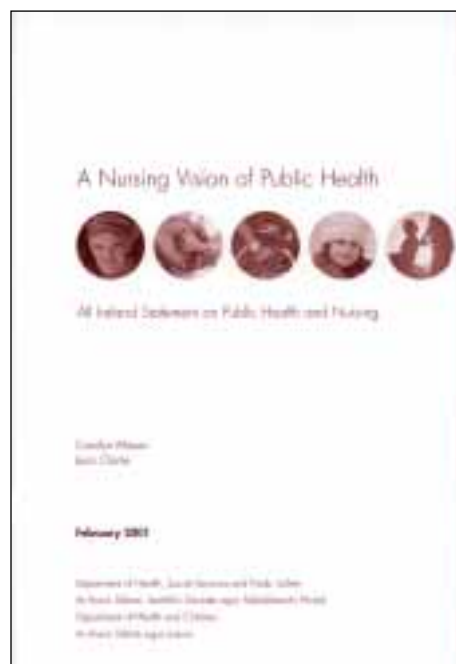
- It was agreed from the outset that all nurses are involved in contributing to public health, therefore nurse representatives from community, primary care and the acute sector were involved from the start, as well as educationalists and nurse managers.
- Three workshops were held in a border location: Newry. The workshops explored issues such as:
  - What do we mean by public health and how do we do it?
  - Promoting a common approach to public health across different health and social care systems; and
  - Achieving an agreed way forward for practice and education, where the regulatory and education systems for nurses are different.

### **Phase 1 outcomes**

A definition of public health that could work for nurses was agreed as:

*“....organised social and political effort, and health promotion for the benefit of populations, families and individuals...”<sup>12</sup>*

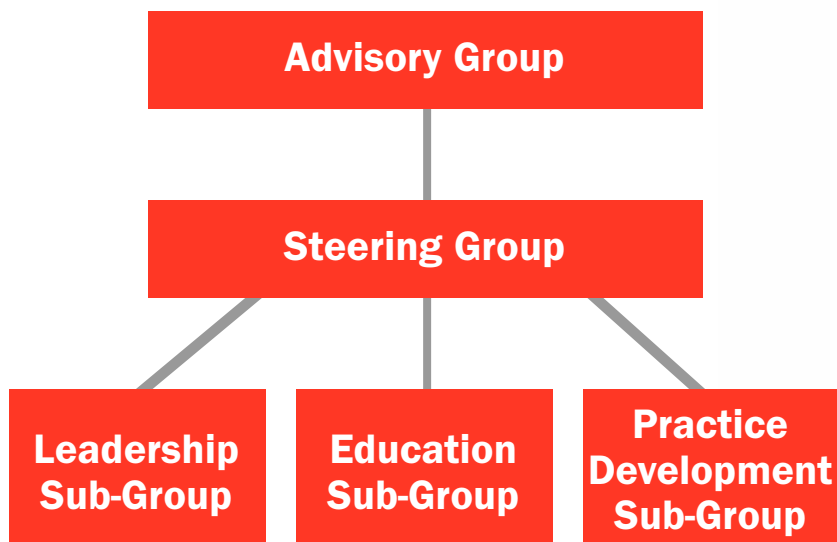
The document *A Nursing Vision of Public Health. All Ireland Statement on Public Health and Nursing*, was published jointly by DHSSPS and DoHC in February 2001 and is available from [http://www.dhsspsni.gov.uk/publications/archived/2001/nurse\\_vision.pdf](http://www.dhsspsni.gov.uk/publications/archived/2001/nurse_vision.pdf) and <http://www.dohc.ie>



## Phase 2: Action plan

The Chief Nursing Officers established and jointly chaired a Steering Group to develop an action plan. Membership included a balance of nurse representatives from the North and South of Ireland, from practice and management, education, statutory and the regulatory bodies. Meetings were held alternately in Belfast and Dublin.

A virtual advisory group of experts on public health, from different sectors, was invited to make comments and suggestions.



**Organisational Structure for the Project**  
*From Vision to Action*





Membership of the Steering Group and the sub-groups is included in annex 6.

Sub-groups were identified to draw up action plans for

- Leadership;
- Education; and
- Practice development.

### **Phase 2 outcomes**

*From Vision to Action – Strengthening the Nursing Contribution to Public Health* was launched by the two Departments at a major conference in Dublin Castle in March 2003. This document contains 18 action points with key stakeholders, measures of success and review dates and is available from [www.dhsspsni.gov.uk/publications/2003/vision/vision.asp](http://www.dhsspsni.gov.uk/publications/2003/vision/vision.asp) and [www.dohc.ie](http://www.dohc.ie).



### Phase 3: Implementing the action plan

The Steering Group took responsibility for implementing the action plan outlined in *From Vision to Action*. After discussion, four sub groups were established to carry out the work, respectively on:

- Networking and leadership;
- Education;
- Practice development; and
- Developing an electronic database to support leadership, practice and education.

### Phase 3 outcomes

*Networking and Leadership*  
(see Annex 1)

- A core leadership network of senior nurses from the North and South of Ireland was established.
- A pilot programme of public health exchange visits has been developed for nurses, between Northern Ireland and the South of Ireland.
- This includes a learning contract for participants. The full learning contract can be found at [www.dhsspsni.gov.uk/pgroups/nursing/index.asp](http://www.dhsspsni.gov.uk/pgroups/nursing/index.asp) and [www.dohc.ie](http://www.dohc.ie)
- The exchange scheme has been agreed by the Management Boards of two of the health service provider organisations involved.
- The scheme is working within existing resources, and therefore is likely to be sustained and grow.
- By championing the pilot exchanges the sub-group linked strategic planning with local operational effort to promote nursing for public health.



- The pilot exchange was an empowering model that has the potential to be a catalyst for change by encouraging partnerships through enhanced networking and open communication systems for public health.

### *Education*

(see Annex 2 and Annex 3)

- A consultation was carried out with education, commissioning and service provider organisations to assess the level of agreement with an adapted version of the Occupational Standards for Public Health (Annex 3)<sup>13</sup> as an appropriate foundation for a public health strand of learning.
- Responses indicated a very high level of support for the Standards amongst the institutions surveyed in Republic of Ireland and a high level of support from those surveyed in Northern Ireland for the integration of public health within nursing and midwifery curriculae.

### *Practice Development*

(see Annex 4)

- Two workshops, supported by CAWT (Co-operating and Working Together), were held where practitioners shared good practice initiatives, experiences and learning.
- Preparatory work was undertaken for the establishment of an All Island Practice development Forum for Public Health.
- The work of this sub-group overlapped with the work undertaken by the other sub-groups in integrating practice development principles into networking and leadership, education and the use of the database.



*Developing an electronic database to support leadership, practice and education*

(see Annex 5)

- An electronic database of nursing practice initiatives, including nursing public health initiatives is being developed, based in the Northern Ireland Practice and Education Council (NIPEC) in Belfast.
- This is expected to link with a similar database being developed in Dublin by the National Council for the Professional Development of Nursing and Midwifery (NCNM).
- These in turn will link with key public health websites, for example the Institute of Public Health in Ireland.
- NIPEC and the NCNM are encouraging nurses to sign onto networking databases such as C.H.A.I.N (Contacts, Help, Advice and Information Network) at <http://chain.ulcc.ac.uk/chain/chain.htm> to connect with others who are involved in public health initiatives.





## **FACTORS THAT CONTRIBUTED TOWARDS ACHIEVING THE PROJECT AIMS**

A number of factors have contributed to the success of this project in raising awareness of public health, and beginning to integrate public health approaches into nursing practice and education. These include:

- Initial policy drivers at European, United Kingdom and Irish levels;
- Leadership by the Chief Nursing Officers who jointly chaired meetings and events;
- A significant amount of time spent initially on awareness raising, exploring issues and bringing together nurses from Northern Ireland and the Republic of Ireland;
- Involvement in the Steering Group and sub-groups of senior people at a high enough level to make changes within their own organisations;
- A clear aim and action plan, with flexibility when some actions proved more achievable than others;
- Commitment from Steering Group and sub-group members to spending time on the project in addition to their ongoing work;
- Synergy between the sub-groups, which had regular joint meetings to discuss overlaps and how these could be accommodated; and
- Involvement of practising nurses, for example in a conference held by the Practice Development sub-group showcasing nurse-led public health initiatives.



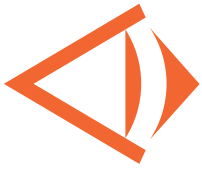
## CHALLENGES AND QUESTIONS

While this final report of the All Ireland Nursing and Public Health Project presents the outcomes of the work of the sub-groups, there are on-going challenges and questions for the future. These include:

- The need to increase public participation and involvement in this project and in public health issues in general;
- It may be a challenge to sustain and further develop some aspects of the work, for example integrating the occupational standards for public health into education programmes;
- There is a challenge for the profession to look outwards and develop links with a variety of organisations and sectors;
- There is a further challenge for the wider nursing community, at all levels, to engage in public health issues;
- Perhaps the greatest challenge is to explore whether this project has had, or will have any measurable effect on public health status.







## THE FUTURE

In conclusion, the work undertaken over the past four years has firstly, in *A Nursing Vision of Public Health*, given a clear, workable definition of public health for nurses. Secondly, *From Vision to Action* proposed a range of measures to build capacity in nursing to contribute to and lead public health initiatives. Finally, in *Realising the Vision* a model is outlined for embedding public health into education and practice across the range of clinical areas and community settings in which nurses work.

Sustaining and building on the model for putting public health into practice in the future means that:

- Contact points for public health need to be publicised and maintained;
- Other professions have already expressed an interest in the exchange visits. There is potential for linking and developing this initiative with a wider range of groups and sectors; and
- There is a need for ongoing monitoring and development, while recognising the demands on people's time.

We hope that, together with wider policy initiatives, this project has begun to create networks and ideas for practice that will continue to grow and develop independently of the Steering Group and the formal structure of the project.





## ANNEX 1

### NETWORK AND LEADERSHIP SUB-GROUP

This sub-group formed a core leadership network to facilitate planned pilot public health exchange visits **‘Getting to know your world of public health’**, as the foundation for the development of leadership skills in nursing and public health within the different levels of practice outlined in *From Vision to Action*<sup>14</sup>. Important aspects of the work included:

- Establishing an all island network of nurse leaders in public health that will link with other public health networks.
- Promoting and encouraging participation in public health initiatives by those nurses who are not traditionally associated with public health.

#### Aim

**To promote North/South public health exchange opportunities for practising nurses, managers, nurse lecturers and researchers**

#### Key Objectives

- To increase confidence by developing nurses’ leadership skills through networking;
- To maximise and complement exiting nursing knowledge by sharing best practice in nursing and public health; and
- To promote communication via networking databases such as C.H.A.I.N at <http://chain.ulcc.ac.uk/chain/chain.htm>

#### Outcome

A pilot exchange programme was established and this will be used as a developmental framework to further strengthen the leadership potential and capacity of nurses in public health, within the different levels of practice identified in *From Vision to Action*<sup>15</sup>.

The sub-group defined an exchange as an opportunity for nurses in the North and South of Ireland to identify public health projects of mutual interest, to meet and share new initiatives with their colleagues for the purpose of leading and developing nursing in public health.

14 DHSSPS and DoHC (2003) *From Vision to Action – Strengthening the Nursing Contribution to Public Health*. DHSSPS, Belfast and DoHC, Dublin.

15 DHSSPS and DoHC (2003) *From Vision to Action – Strengthening the Nursing Contribution to Public Health*. DHSSPS, Belfast and DoHC, Dublin.



- The exchange programme operated as a two way process. This meant that nurses travelled to practice areas in both the North and South of Ireland to meet their colleagues and participate in shared learning opportunities. This involved observing best practice/initiatives in action and sharing knowledge as a process for leading and developing nursing practice in public health.
- It was also envisaged that the exchange programme would provide opportunities for nurses to identify new initiatives in nursing and public health that are in the early stages of development.
- It was suggested that the pilot exchanges should last for one to two days; and
- Nurses participating in the pilot exchange programme were encouraged to join the C.H.A.I.N database to further enhance their networking skills.

The sub-group identified a wide spectrum of ideas, opportunities and project areas where good practice is already happening. There was close collaboration with members of the other three sub-groups, as leadership, practice development, education and the development of a database of public health initiatives are all interrelated.

The details of the framework to guide the Pilot Exchange Programme - 'Getting to know your world of Public Health' together with complete set of aims, objectives outcomes of the programme and the learning contract are available at [www.dhsspsni.gov.uk/pgroups/nursing/index.asp](http://www.dhsspsni.gov.uk/pgroups/nursing/index.asp) and [www.dohc.ie](http://www.dohc.ie).



## Evaluation

The sub-group evaluated the pilot exchange programme to establish how the aims and objectives were met. This will inform future developments in this area to support nursing for public health. The public health exchange opportunities included the following:

- Parenting programmes;
- Mental health crisis nursing services for people who self-harm; and
- Children's nursing services in the community.

The evaluation included two parts:

**Part 1** - Directors of Nursing who facilitated the pilot exchange programme completed an evaluation report. They were very positive about the exchanges and would support this initiative again because:

- It was a valuable opportunity for nurses that offered a rich and motivating learning experience;
- Nurses experienced new ways of learning and sharing best practice to augment service provision while at the same time enhancing the potential to develop within the wider public health agenda;
- A new way of promoting public health emerged; and
- The exchanges reinforced the commitment to preventative services.

*The pilot project demonstrated the value to staff, and the added value to the organisation with regard to sharing information and examples of public health practice. It has provided staff with a network across the island of Ireland.*

**Part 2** – The nurses who participated in the pilot exchange programme attended a focus group interview to discuss and share collectively their experiences of the visits. Additionally, the nurses were requested to complete a short evaluation report. The evaluation demonstrated that the experiential learning from the exchange visits related to practice in a number of ways. The exchanges were found to be:

- A positive, relevant and beneficial experience that promoted professional and personal development by learning in action and sharing best practice;

- The all island approach opened new boundaries and opportunities for networking and communication;
- The exchanges encouraged reflective practice;
- The shared learning experience helped nurses to value their practice by focusing on practical aspects of service development. It generated ideas and stimulated creative thinking about how changes and innovations in practice could be introduced within existing resources;
- Nurses felt empowered by the exchange experience and by the new evidence and innovations they observed during the exchanges;
- The exchanges situated nursing practice in the wider public health agenda for those nurses who participated but traditionally do not associate their practice with public health.

Enhanced networking and open communication systems were seen as essential for success. Arrangements were made to maintain the links and continue communicating to enhance networking. The potential to further develop the learning experience by networking with colleagues in other countries was also identified.

### **Planning Exchanges**

Strengthening the preparation time in advance of the exchanges emerged in the evaluation as necessary to allow adequate time to work through practical issues, for example, time of the year, time between exchanges, length of exchange visit, advance communication and reflection on practice. However, the evaluation highlighted that:

*....the exchange was more than a visit ...it was a two way process. ... it was about sharing during the visit and beyond..... For that reason it was felt that the 'exchange visits' were appropriately named.*



By championing the pilot exchanges the sub-group linked strategic planning with local operational effort to promote nursing for public health. Nurses were encouraged to include this learning in their professional portfolios<sup>16</sup>.

The evaluation found that the pilot exchange was an empowering model that has the potential to be a catalyst for change by encouraging partnerships through enhanced networking and open communication systems for public health. The exchanges brought nurses on a journey that situated nursing practice in the wider public health agenda.

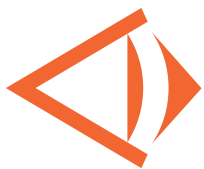
The evaluation shows that ‘public health is everyone’s business’ and particularly for nurses who do not traditionally associate their practice with public health. Enhancing nurses’ leadership skills in this way assists with building capacity in nursing to contribute to and lead public health initiatives. This links with earlier key messages about the integration of public health approaches and thinking into nursing practice in *A Nursing Vision of Public Health*,<sup>17</sup> and in *From Vision to Action*<sup>18</sup>.

16 National Council for the Professional Development of Nursing and Midwifery (2003) **Guidelines for Portfolio Development for Nurses and Midwives**. NCNM, Dublin. [www.ncnm.ie](http://www.ncnm.ie).

17 Mason C. and Clarke J. (2001) **A Nursing Vision of Public Health. All Ireland Statement on Public Health and Nursing**. DHSSPS, Belfast and DoHC, Dublin.

18 DHSSPS and DoHC (2003) **From Vision to Action – Strengthening the Nursing Contribution to Public Health**. DHSSPS, Belfast and DoHC, Dublin.





## ANNEX 2

### EDUCATION SUB-GROUP

#### **Underpinning Principles and Core Components for a Public Health Strand of Learning for Nursing and Midwifery Education Programmes**

##### **Background**

*From Vision to Action*<sup>19</sup> matched levels of public health involvement for nurses and midwives with educational programmes and development opportunities. These levels were identified as:

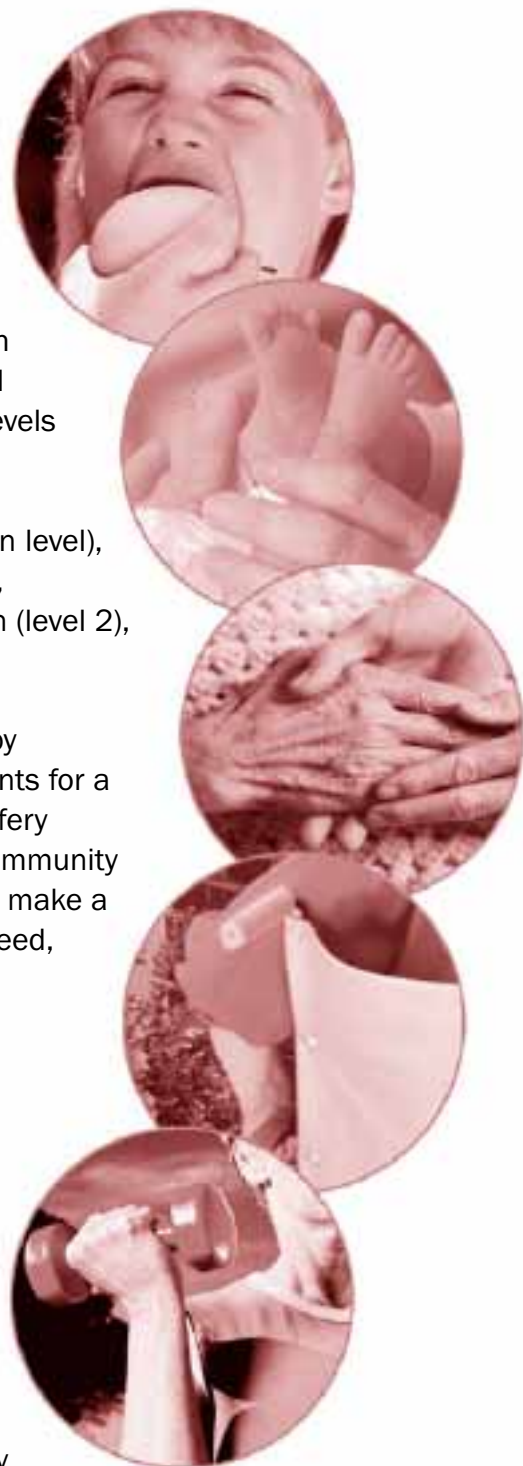
- General public health involvement (pre registration level),
- Involvement with public health initiatives (level 1),
- Specialist public health participation or promotion (level 2),
- Senior level leadership in public health (level 3).

The education sub-group agreed to take this forward by identifying underpinning principles and core components for a public health strand of learning for nursing and midwifery education programmes. Public health is wider than community nursing and all nurses/midwives have the potential to make a valuable contribution to the public health agenda. Indeed, *public health should be a way of thinking for nurses, midwives and others irrespective of setting.*

##### **Aim**

**To develop a framework for education providers to integrate public health within nursing and midwifery curriculae**

The sub-group prepared a paper outlining the proposed approach to public health in nursing and midwifery education, with suggested underpinning principles and core components of a public health strand of learning. The paper explored emerging policy and practice issues that impact on public health and nursing and midwifery in Northern Ireland and the Republic of Ireland,



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<sup>19</sup> DHSSPS and DoHC (2003) *From Vision to Action – Strengthening the Nursing Contribution to Public Health*. DHSSPS, Belfast and DoHC, Dublin.

and adapted the Skills for Health Occupational Standards<sup>20</sup> (annex 3) as key components of a public health learning strand. The paper supported the concept that the principles of practice development should be used to underpin public health practice, and that proposed enhancements in public health in nursing and midwifery curricula should be set within a context of practice development.

Consultation was undertaken with the key stakeholders involved in the provision of education in Republic of Ireland and Northern Ireland. The Chief Nursing Officers circulated the document. In the Republic of Ireland the following were consulted: Higher Education Institutions, Centres for Nurse Education (CNE's), Directors of Nursing and Midwifery, Planning and Development Units (NMPDU's), An Bord Altranais and the NCNM.

There was a very high level of support in the Republic of Ireland for the integration of public health within all nursing and midwifery curriculum at pre-registration and post-registration level. The CNE's were identified as key providers of updates and/or units of study in the development and maintenance of nurses/midwives' competence in the area of public health.

The proposals were also circulated for comment to a wide range of stakeholders in Northern Ireland, including health and social services boards, health and social service trusts, NIPEC, Higher Education Institutions, and In-Service Education Consortia. As was the case in the Republic of Ireland there was, in Northern Ireland, a high level of support for the development of a framework for integrating public health within nursing and midwifery curricula and agreement with the proposed core components of the public health strand of learning. A description of practice development and the principles and core components of the public health strand of learning are presented below.

## **Practice development**

Practice development is an approach that seeks to improve patient care through changing the context and culture within which practice takes place. Garbett and McCormack<sup>21</sup> describe practice development as:

*“... a continuous process of improvement towards increased effectiveness in patient-centred care. This is brought about by helping healthcare teams to develop their knowledge and skills and to transform the culture and context of care. It is enabled and supported by facilitators committed to systematic, rigorous continuous processes of emancipatory change that reflects the perspective of service users and service providers”.*

## **Principles and Core Components of the Public Health Strand of Learning**

The proposed principles and core components of a public health learning programme are adapted from previous work by Healthwork UK<sup>22</sup> and the recent work on Occupational Standards by Skills for Health (Annex 3)<sup>23</sup>. The proposed **principles of public health** are:

- To improve the health and well-being of populations, communities, families and individuals;
- To prevent disease and minimise its consequences;
- To prolong valued life; and
- To reduce inequalities in health.

It is envisaged that the principles may be used by education providers, in collaboration with service providers, to inform curriculum development at a level and depth appropriate to that programme.

Underpinning principles and **core components** of a public health strand of learning reflect the ten key occupational standards in the skills for health competence framework.

### **1. Surveillance and assessment for the improvement of the health and well-being of individuals and populations**

Needs assessment is the first element of any public health initiative and involves the collection of health and



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21 Garbett R. and McCormack B. (2000) in Garbett R., McCormack, B. (2002) A concept analysis of practice development. **Nursing Times Research** 7 (2), 87-100.

22 Healthwork UK (2001) **National Standards for Specialist Practice in Public Health**. Healthwork UK (now renamed Skills for Health), London.

23 Skills for Health (2004) **National Occupational Standards for the Practice of Public Health Guide**. Skills for Health, Bristol. [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk).

social data, in collaboration with the target population, for the purpose of prioritising need and planning and evaluating interventions. However, population in this context can refer to a range of groupings, for example community, workplace, school or a client group.

**2. Collaborative working for health and well-being**

Public health is a multiprofessional, multiagency activity therefore effective collaboration and communication between all sectors, including users groups, is essential to fulfilling public health targets.

**3. Promoting and protecting the well-being of individuals and populations**

This area focuses on the whole spectrum of public health practice: health protection, primary, secondary and tertiary prevention, health education, healthy public policy and community empowerment as depicted in Holman's typology<sup>24</sup>.

**4. Influencing policy and strategy development to improve health and well-being**

This area focuses on activities, which contribute to the development, implementation, evaluation and improvement of practice on the basis of best available evidence. It also involves utilising the knowledge of local people and communities to inform strategy development and influencing of policies that affect health and well-being.

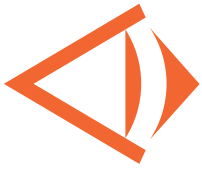
**5. Developing health programmes and services aimed at reducing inequalities**

This includes working with others to tackle inequalities in health by planning and targeting services that promote access to health and healthcare for disadvantaged groups and communities.

**6. Developing leadership skills for public health**

This includes the development of leadership skills which will equip nurses and midwives to lead public health projects whilst helping others in leadership roles through clinical supervision and quality improvement.





## **7. *Ethically managing self and others***

This involves ethically managing self, people and resources to improve health and well-being.

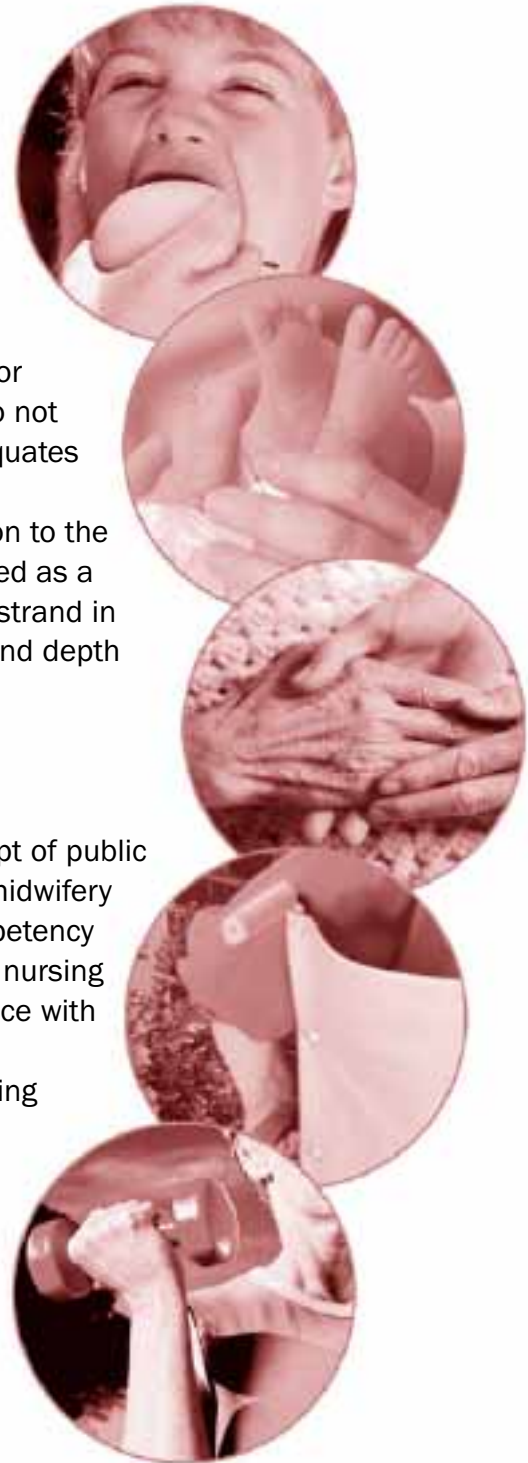
## **8. *Quality and risk management***

This involves developing quality and risk management within an evaluative culture utilising best evidence.

The Occupational Standards, from which these core components are derived, are aimed at professionals for whom public health is a part of their work, but who do not operate at the level of public health specialist. This equates to level 1 in *From Vision to Action*<sup>25</sup> - public health involvement, which is 'making a significant contribution to the public's health'. The components can therefore be used as a framework to develop and implement a public health strand in nursing and midwifery programmes, again at a level and depth appropriate to that specific programme.

### **The Education Sub-group recommends that:**

- Pre-registration programmes introduce the concept of public health as a focus for the provision of nursing or midwifery care. The level and depth of knowledge and competency development provided within post-registration for nursing and midwifery programmes would be in accordance with the programme outcomes (level 1).
- The curriculum for community/public health nursing requires that public health is the central element and must enable students to develop a high level of competency in public health nursing (level 2).
- Programmes addressing senior level leadership in public health would utilise public health theory and practice in great detail and depth (level 3).





## ANNEX 3

### NATIONAL OCCUPATIONAL STANDARDS FOR THE PRACTICE OF PUBLIC HEALTH<sup>26</sup>

The National Occupational Standards were developed by the organisation Skills for Health, on behalf of the four Health Departments of the United Kingdom. They are designed to be used at service, organisational and individual levels across all sectors. This is a developing area and the standards may be modified over time.

There are ten broad areas within which detailed standards/competences are listed. The ten areas are:

- Ethically managing self, people and resources to improve health and well-being;
- Promoting and protecting the population's health and well-being;
- Developing quality and risk management within an evaluative culture;
- Collaborative working for health and well-being;
- Developing health programmes and services and reducing inequalities;
- Policy and strategy development and implementation to improve health and well-being;
- Working with and for communities to improve health and well-being;
- Strategic leadership for health and well-being;
- Research and development to improve health and well-being; and
- Surveillance and assessment of the population's health and well-being.



## NNEX 4

### PRACTICE DEVELOPMENT SUB-GROUP

The purpose of the practice development sub-group was to put into operation the *Vision to Action*<sup>27</sup> recommendations on promoting practice development principles, incorporating practice development principles into leadership programmes and strategic planning, and to consider the development of an All Island Practice Development Forum. After discussion, Action 18 – the Development of an All Island Practice Development Forum for Public Health – was given priority. The remaining actions overlapped with work undertaken by the other sub-groups, for example, incorporating practice development principles into:

- Education programmes and development;
- Network and leadership opportunities;
- The use of databases as a medium to share examples of good practice.

#### Aim

**The formation of an All Island Practice Development Forum for Public Health was considered to be vital to promoting use of practice development principles.**

Within the island of Ireland practice development activities have been growing steadily, however the exact nature of what practice development entails is varied.

Practice development requires a concerted effort and expert facilitation to transform and create a level of change that is sustainable<sup>28</sup>. The key to appropriate facilitation has been shown to involve matching the purpose, role and skills to the needs of the situation<sup>29</sup>. Within the North of Ireland there has been great movement in promoting the use of



## R E A L I S I N G   T H E   V I S I O N

27 DHSSPS and DoHC (2003) *From Vision to Action – Strengthening the Nursing Contribution to Public Health*. DHSSPS, Belfast and DoHC, Dublin.

28 McCormack B., Manley K., Kitson A., Titchen A. and Garvey G. (1999) Towards practice development – a vision in reality or a reality without vision? *Journal of Nursing Management* 7, 255-264.

29 Rycroft-Malone J., Kitson A., Harvey G., McCormack, B., Seers, K., Titchen A and Estabrooks C. (2002) Ingredients for change: revisiting a conceptual framework. *Quality and Safety in Health Care*, 11, 174 – 180.

facilitation as a supportive means of enhancing the development of local practice. In 2000, the Royal College of Nursing (RCN) Institute in Northern Ireland founded The Practice Development School, 'Fostering an Organisational Culture of Practice Development', and this has grown from strength to strength. The School is designed to develop skills in facilitating, implementing and evaluating changes in clinical practice at clinical, unit, departmental or organisational level.

Interest in practice development in the South of Ireland has been driven to a large degree by changes taking place in nurse education. With the introduction of the pre-registration diploma programme in the mid-nineties a number of practice development coordinators were appointed with both a pre-registration and continuing education remit. The subsequent implementation of recommendations of the Commission on Nursing<sup>30</sup> brought greater emphasis on professional development, a clinical career pathway and role expansion. The establishment of the NMPDU's and the NCNM placed a focus on clinical practice and development of specialist roles.

The recent publication of the Audit of Structures and Functions in the Health System<sup>31</sup> and National Task Force on Medical Staffing<sup>32</sup> respectively have contributed to the Health Service Reform Programme, and subsequently the establishment of the Health Service Executive (HSE) in January 2005 for the administration of the health services ([www.healthreform.ie](http://www.healthreform.ie)). These developments open up opportunities for the formation of a Practice Development Network in the South. Such a network is now in early stages of development and it is anticipated that this, through representation, will lead to an All Island Practice Development Forum for Public Health. The '*Developing Practice Network*' was established in the North and has grown rapidly. This creative and innovative networking allows for on-line discussion, master classes in practice development and telephone seminars from home or the workplace

**The purpose of this All Island Practice Development Forum for Public Health will be to raise public health awareness among nurses in all areas of practice and to enhance networking through use of web-based discussion, research literature, online public health information and shared learning resources.**

30 Government of Ireland (1998) **Report of the Commission on Nursing: a blueprint for the future**. Stationery Office, Dublin.

31 DoHC (2003) **Audit of Structures and Functions in the Health System**, Stationery Office, Dublin.

32 DoHC (2003) **Report of the National Task Force on Medical Staffing**. Stationery Office, Dublin.



It is through this Forum that the recommendations could be implemented more fully.

## **Workshops**

As part of the planning work the sub-group held two workshops supported by CAWT. The workshops sought to disseminate and promote the enhancement of skills required by practitioners whose role it is to develop practice by focusing on the context or environment where change is to take place, while informing ways in which the process is managed.

The workshops provided opportunity for practitioners to learn about and explore the following topics:

- Understand and experience the various means of structured reflection;
- Develop/promote the facilitation and leadership skills of these practitioners through such processes as action learning, clinical supervision etc;
- Prepare facilitators by enabling them to facilitate reflective practice and experiential learning;
- Develop an active network of practitioners in this field;
- Encourage the undertaking of a range of practitioner projects with neighbouring healthcare service providers and evaluate their impact in relation to evidence based patient care, patient satisfaction and professional development; and
- Promote a transformational learning culture evidenced by continuous personal and professional development and improved quality in patient care.

The findings highlighted the need for a greater sharing of information and collaborative projects amongst practitioners.



The importance of pooling together resources on public health practice was highlighted, along with emphasis on promoting opportunity for service collaboration, shared learning activities, practitioner research and practice development innovation. This will be taken forward upon establishment of an All Ireland Practice Development Forum for Public Health.

### **Building on Practice Development**

Differences in funding and organisational structures between the North and South of Ireland have influenced the experience of practice development from the two perspectives, both in nursing and more broadly in health care.

The experiences of the sub-group point to commonalities in approaches to practice development initiatives and in understanding of practice development support needs. Moreover, the workshops highlighted similar type projects taking place throughout the island e.g. prevention of suicide, communicable disease control initiatives and the potential for greater collaboration and networking. However there were also key differences in the organisation of support for practice development.

Nurses engaged in practice development projects in Northern Ireland had support structures in place and were able to network with others across the United Kingdom. Clinical and Social Care Governance requirements in the North provide the framework through which Health and Personal Social Services (HPSS) organisations are accountable for continuously improving by creating an environment in which excellence in clinical care can flourish. The Health Service Reform Programme in the South provides scope for re-defining support for practice development that might immediately address both the need to position public health in nursing practice, and support at local level for a more systematic approach to practice development.

As Revans<sup>33</sup> suggests, ***‘there is no learning without action and no action without learning’***.



## ANNEX 5

### DATABASE SUB-GROUP

#### Introduction

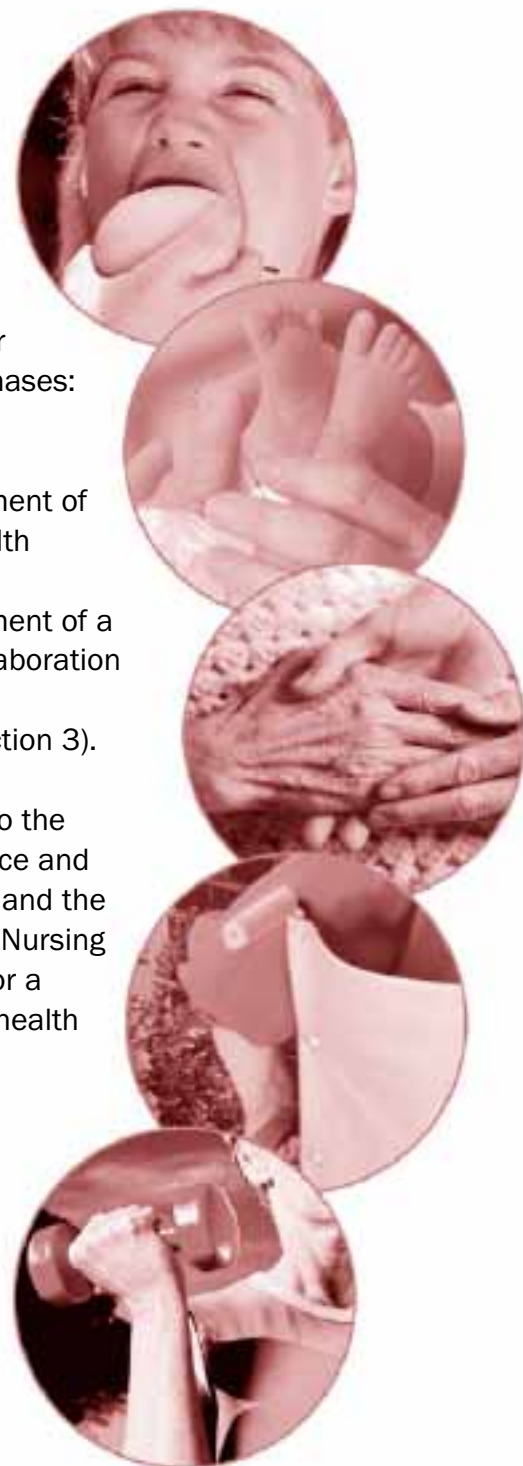
The Database sub-group was originally tasked with addressing Actions 1, 2 and 3 contained within the document *From Vision to Action*<sup>34</sup>. The sub-group met on four occasions between September and December 2003 and divided the work into the following three phases:

- Phase 1: Produce a Business Case for the development of a database for evidence based public health practice (Action 1).
- Phase 2: Produce a Business Case for the development of a database of Public Health Leaders, in collaboration with the Leadership sub-group (Action 2).
- Phase 3: Development of an interactive web-site (Action 3).

**Phase 1** - The sub-group submitted a business case to the Steering Group identifying the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), and the National Council for the Professional Development of Nursing and Midwifery (NCNM) as the preferred host agents for a database of practice initiatives, which include public health and nursing.

#### Aim

**The database is to serve as a medium to disseminate and share examples of good practice, acknowledge innovation and creativity and support networking.**



The database was developed as part of the work under NIPEC's Corporate Area "Development of Practice" to serve as a medium to disseminate and share good practice. The database was quality assured by the NIPEC Links Network during November 2004 and made available live in January 2005.

The database has been developed in five main sections:

- User registration
- Add a project
- Update a project
- Search the database
- Managing the database.

The Flow Chart right, illustrates the structure and functioning of the database.

NIPEC is now promoting the database via its networks to encourage submissions to populate the resource. This includes profiling the database at local conference events and establishing links with other development of practice initiatives. When a reasonable number of projects (approximately 100-150) have been submitted, NIPEC plans to formally launch the database. The database is accessible via the NIPEC web-site as a main menu option [www.nipec.n-i.nhs.uk](http://www.nipec.n-i.nhs.uk)

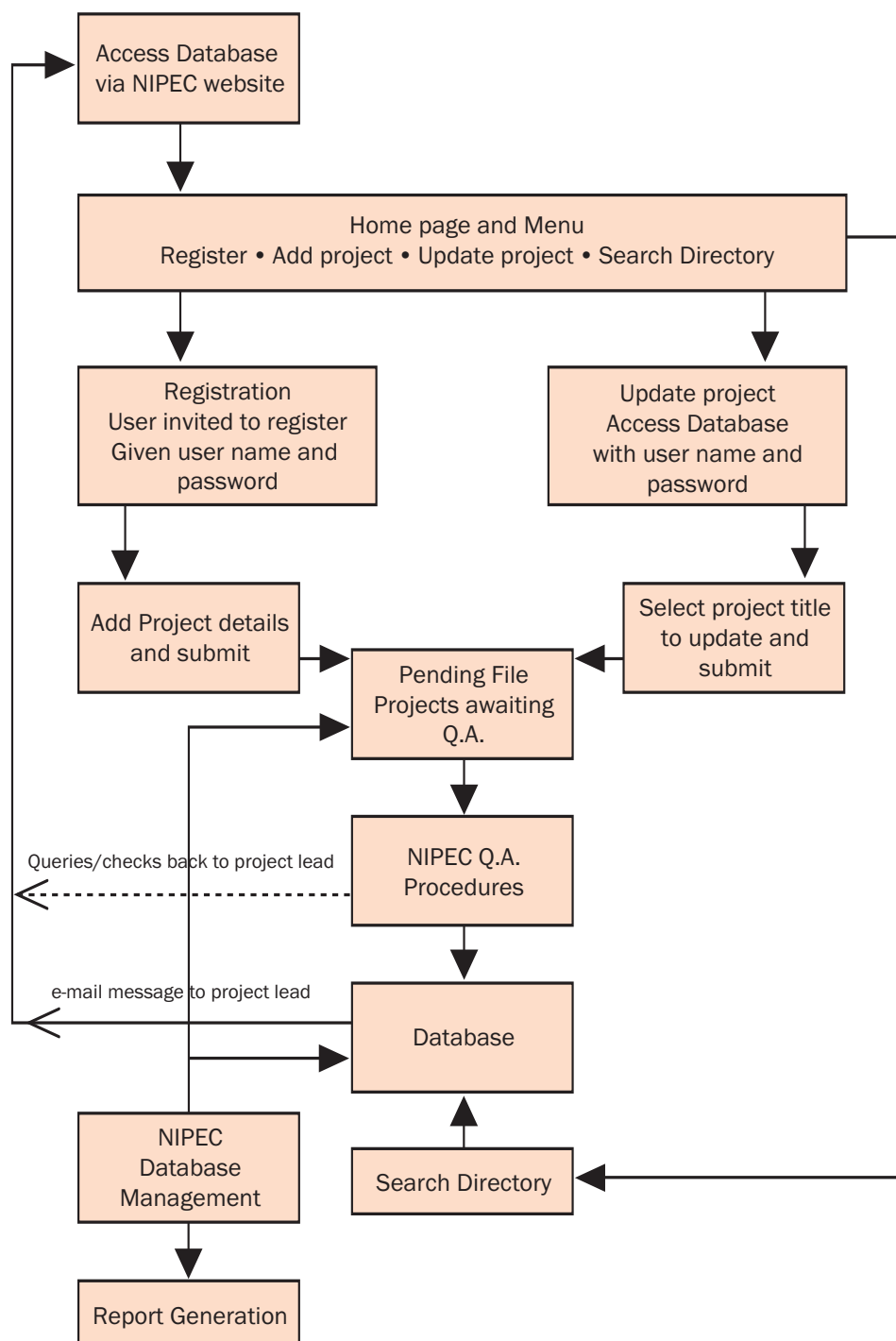
A collaborative agreement has been developed between NIPEC and the NCNM to govern the sharing of projects and initiatives. The database is an example of this type of collaboration and will be adapted by the NCNM to reflect the structure of the service in the Republic of Ireland. The NCNM database will be accessible via their website. Links will be established to both databases via the respective web-sites. Ongoing submissions to the databases will be promoted and encouraged through existing networks and communication channels.

## **Phase 2 - Database of Public Health Leaders**

The original vision of the Database of Public Health Leaders was to promote networking. The sub-group considered that this action would replicate an existing United Kingdom wide resource called C.H.A.I.N., which is also available to practitioners in the Republic of Ireland.



## Flow Chart illustrating NIPEC's Development of Practice Database



C.H.A.I.N. is an informal network of people primarily from organisations that form or support the NHS in the United Kingdom. The network's main function is to enable people to identify and make contact with each other, show 'who is doing what' and provide a conduit for the sharing of experience and enthusiasm in research and evidence based practice. Members give details of their interests, activities and aspirations in the context of research and implementation. This information is contained within the C.H.A.I.N. directory, which is updated monthly and provided free to all members. This directory can be searched in a variety of ways, including geographical patch (region or local area), profession, specialty, research interest or teaching capability.

C.H.A.I.N. was established as a feasibility/pilot project in the London Region as part of the NHS Research and Development programme, but now has members from all parts of the United Kingdom and beyond. C.H.A.I.N. is breaking down the barriers between research, education and training, clinical practice and the management of services, and facilitating the building of important national and international alliances across the health care professions and between primary, secondary and tertiary sectors.

At present, membership of C.H.A.I.N. is free of charge. Practitioners can register online at <http://chain.ulcc.ac.uk/chain/chain.htm> at their own discretion.

Links have been established from the web-sites of both NIPEC and the NCNM to the C.H.A.I.N. database.

### **Phase 3 - Development of an interactive web-site**

The sub-group acknowledged that the existing web-sites of both NIPEC and the NCNM are subject to ongoing developments. The sub-group proposed that:

- The existing web-sites would be sufficient to develop the above databases into an interactive website for nurses, on public health, that links with other relevant organisations and sectors.

- In order to enhance access to public health literature, links should be established from the host agent's web-sites, by agreement, to a range of public health web-sites including:
  - o The Institute of Public Health in Ireland
  - o Public Health Electronic Library (PheL)
  - o The United Kingdom Health Development Agency (HDA).

Links will be established to other websites, as considered appropriate by the host agents.





## ANNEX 6

### MEMBERSHIP OF STEERING GROUP AND SUB-GROUPS

#### Steering Group

Ms Judith Hill	Department of Health, Social Services and Public Safety
Ms Mary McCarthy	Department of Health and Children
Ms Margaret Daly	Irish Association of Directors of Nursing and Midwifery
Mr Patrick Glackin	Health Service Executive, Midland Area
Mrs Margaret Gordon	Causeway Health and Social Services Trust
Mrs Mary Hinds	Mater Health and Social Services Trust
Dr Carolyn Mason	Department of Health, Social Services and Public Safety
Mr Brendan McGrath	Northern Ireland Practice and Education Council
Ms Sylvia McShane	University College Dublin
Ms Mary O'Neill	Department of Health and Children
Professor Brenda Poulton	University of Ulster
Ms Ann Marie Ryan	An Bord Altranais
Mr Cormac Walsh	Health Service Executive, Eastern Region

#### Sub-groups

##### Network and Leadership

Mrs Margaret Gordon	Causeway Health and Social Services Trust
Ms Mary O'Neill	Department of Health and Children
Ms Brenda Crowley	Health Service Executive, Southern Area
Mr Patrick Glackin	Health Service Executive, Midland Area
Mrs Mary Hinds	Mater Health and Social Services Trust
Ms Aileen Lynch	St James's Hospital, Dublin

##### Education

Professor Brenda Poulton	University of Ulster
Ms Margaret McCarthy	An Bord Altranais
Ms Lesley Barrowman	Northern Ireland Practice and Education Council



Dr Kathleen MacLellan	National Council for the Professional Development of Nursing and Midwifery
Miss Frances E McMurray	Queen's University Belfast
Ms Sylvia McShane	University College Dublin
Dr Kathleen Murphy	University College Galway

### **Practice Development**

Mr Bob Brown	Newry and Mourne Health and Social Services Trust
Ms Jacqueline Clarke	Newry and Mourne Health and Social Services Trust
Mr Cormac Walsh	Health Service Executive, Eastern Region
Mrs Moira Davren	Royal College of Nursing
Mrs Maura Devlin	Down Lisburn Health and Social Services Trust
Ms Geralyn Hynes	Royal College of Surgeons in Ireland
Ms Eileen Kelly	Health Service Executive, Eastern Region
Ms Hannah Kent	Health Service Executive, Western Area
Dr Tanya McCance	Northern Ireland Practice and Education Council

### **Database**

Ms Sarah Condell	National Council for the Professional Development of Nursing and Midwifery and Health Research Board
Mr Brendan McGrath	Northern Ireland Practice and Education Council
Ms Pamela Henry	Dublin City University
Ms Paula Kavanagh	Health Service Executive, North Western Area
Mr Phelim Quinn	Southern Health and Social Services Board





## ANNEX 7

### GLOSSARY

CAWT	Co-operating and Working Together
C.H.A.I.N.	Contacts, Help, Advice and Information Network
DHSSPS	Department of Health, Social Services and Public Safety
DoHC	Department of Health and Children
HDA	Health Development Agency
HRB	Health Research Board
HSE	Health Service Executive
NCNM	National Council for the Professional Development of Nursing and Midwifery
NIPEC	Northern Ireland Practice and Education Council for Nursing and Midwifery
NMPDU	Nursing and Midwifery, Planning and Development Unit
PheL	Public Health Electronic Library
QA	Quality Assurance
WHO	World Health Organisation







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