



Department
of Health



Public Health
England

Evidence based public health nursing and midwifery

A summary of NICE guidance to underpin practice

Public Health Outcome Domain One:
Improving the wider determinants of health

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Evidence based public health nursing and midwifery

A summary of NICE guidance to underpin nursing and midwifery practice to improve population health and wellbeing

The challenges we face in terms of population health and well-being are huge. We know the impact of lifestyle factors on health, we understand increasingly the 'causes of the causes' and we are learning more about how to support people to make decisions and choices which are positive for their health. We need to now practice in ways which use this knowledge and our nursing and midwifery skills to make a personal and professional impact to improve health and well-being.

Why use evidence based practice?

Best practice, value for money, high quality care

About this summary guide

Nurses and midwives have told us that they are keen to increase their range and reach in improving health and wellbeing and to do so need to have access to the evidence of what works.

This is a professional nursing and midwifery practice summary guide based on original work by the National Institute for Health and Clinical Excellence (NICE) guidance on public health. Information about NICE work on public health is shown on page 11.

We have worked with NICE to review and summarise the relevant guidance to support nurses and midwives in delivering evidence based interventions to improve health. This guide sets out this work for **Public Health Outcome Domain One – Improving the wider determinants of health.**

Over the coming months we will work with the professions to develop the evidence base including web interface to access this summary guidance and support learning and development for 'health promoting practice'.

What is evidence?

Evidence is one part of a process in demonstrating that interventions have been robustly tested and therefore that public health practice is supported by research or tested pathways.

A discussion of use of evidence for practice and validated sources of evidence is set out in our publication “The evidence base of the public health contribution of nurses and midwives”.

Public Health Outcome Domain One – Improving the wider determinants of health

This document shows the summarised NICE guidance for improvements against wider factors that affect health and wellbeing, and health inequalities. It includes:

Physical health and well being

PH37 Tuberculosis: Hard to reach groups

Smoking prevention

PH 45 Tobacco harm reduction

PH 48 Smoking cessation acute, maternity and mental health services

Personal safety

PH50 Domestic violence and abuse - how services can respond effectively

Improving the wider determinants of health by identifying and managing tuberculosis among hard to reach groups

Relevance

NICE guidance in relation to the identification and management of Tuberculosis (TB) among hard-to-reach groups is relevant to all nurses and midwives whatever their role.

Implications for Leadership & Practice

- People are considered to be 'hard-to-reach' if their social circumstances, language, culture or lifestyle (or those of their parents or carers) make it difficult to recognise TB, access services for diagnosis and treatment, self-administer treatment and attend clinical appointments for follow-up
- People diagnosed with TB should be allocated a TB case manager
- Nurses and midwives need the skills and resources necessary to manage people with complex social and clinical needs
- Nurses and midwives in contact with hard-to-reach groups should have access to TB education
- All professionals in contact with hard-to-reach groups should work in partnership as a multi-disciplinary team (MDTB)

Summary of recommendations related to public health nursing and midwifery

- Nurses and midwives should help hard-to-reach groups to understand that TB is curable and treatable
- Nurses and midwives should help hard-to-reach groups understand that TB screening, diagnostic and treatment services are free of charge
- Nurses and midwives should be alert to the signs and symptoms of TB disease
- Nurses and midwives should act promptly to help hard-to-reach groups access diagnostic and treatment services if TB disease is suspected
- Nurses and midwives should reduce the stigma associated with TB by sharing information that is current, culturally and linguistically appropriate for professional, community and voluntary groups
- Nurses and midwives should raise awareness of TB by sharing information with professional, community and voluntary groups using a range of media formats
- Nurses and midwives should understand that lifestyle factors can mask TB and should proactively help hard-to-reach groups to navigate their way into TB services
- Nurses and midwives should encourage and help hard-to-reach groups to complete the treatment
- Nurses and midwives should understand the local referral pathways, including details of who to refer and how to refer

Guidance relevant to this summary

PH6 Behaviour change: the principles for effective interventions

PH9 Community engagement

PH49 Behaviour change: individual approaches

CG117 Clinical diagnosis and management of tuberculosis and measures for its prevention and control

Improving the wider determinants of health through smoking cessation and tobacco harm reduction strategies

Relevance

NICE guidance related to smoking cessation and tobacco harm reduction is relevant to all nurses and midwives whatever their role.

Implications for Leadership and Practice

- Smoking and second hand smoke causes illness and death
- People who smoke can reduce their risk of illness and death by using one or more licensed nicotine-containing products
- Smoking is highly addictive and this makes stopping smoking difficult
- The use of licensed nicotine-containing products increases the chances of stopping smoking in the longer term
- Nicotine replacement therapy is safe to use for at least five years

Summary of recommendations

- Nurse and midwives should identify people who smoke and advise them to stop smoking in one step as the most successful approach
- Nurses and midwives should provide people who smoke with information about how to access licenced nicotine-containing products
- Nurses and midwives should provide self-help materials in a range of formats and languages, tailored to meet the needs of groups where smoking prevalence and tobacco dependency is high including people with a mental illness and people from lower socioeconomic groups who are less likely to access services
- Nurses and midwives should help people to understand that licensed nicotine-containing products make it easier to cut down prior to stopping smoking, or to reduce the amount they smoke
- Nurse and midwives should advise people who smoke that they can use more than one licensed nicotine-containing product at the same time and that using more than one product will help them to succeed, particularly for more dependent smokers
- Nurses and midwives should provide information about where licensed nicotine-containing products can be purchased and who is able to supply or prescribe them
- Nurses and midwives should provide information about where to get further help and support

Guidance relevant to this summary

PH1 Brief interventions and referral for smoking cessation

PH10 Smoking cessation services

PH26 Quitting smoking in pregnancy and following childbirth

QS43 Smoking cessation – supporting people to stop smoking

Improving the wider determinants of health by responding effectively to domestic violence and abuse

Relevance

NICE guidance related to responding effectively to domestic violence and abuse is relevant to all nurses and midwives whatever their role.

Implications for Leadership and Practice

- Working in a multi-agency partnership is the most effective way to approach the issue
- Heterosexual women experience more repeated physical and sexual violence, coercive control, injuries and more fear of their partner than other groups
- Integrated care pathways should help health and social care practitioners to identify, refer and provide interventions to support people who experience domestic violence and abuse, and to manage those who perpetrate it
- Ensure frontline staff know about the services, policies and procedures of relevant local agencies in relation to domestic violence and abuse
- Provide ongoing training and regular supervision for staff who may be asking people about domestic violence and abuse. This should aim to sustain and monitor good practice

Summary of recommendations

- Nurses and midwives should have access to education and training about domestic violence and abuse
- Nurses and midwives should have the knowledge and skill to recognise the indicators of domestic violence and abuse
- Nurses and midwives should ask relevant questions about domestic violence and abuse even when there are no indicators, but as part of good practice in order to help people disclose their past or current experiences of domestic violence and abuse
- Nurses and midwives should ensure people who may be experiencing domestic violence and abuse can be seen on their own to avoid including the perpetrator in such discussions
- Nurses and midwives should assess and manage risk when dealing with situations in which confidential information must be shared in order to protect a person's safety (adult or child)
- Nurses and midwives should recognise that some people may find domestic violence and abuse services inaccessible or difficult to use including those from black and minority ethnic groups, people with disabilities, older people, trans people and lesbian, gay or bisexual people and people with no recourse to public funds

- Nurses and midwives should be able to recognise the indicators of domestic violence and abuse and understand how it affects children and young people

National Institute for Health and Care Excellence (NICE)

NICE's role is to improve outcomes for people using the NHS and other public health and social care services by:

- Producing evidence-based guidance and advice for health, public health and social care practitioners (Public Health Guidance, Quality Standards, Clinical Guidelines)
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services
- Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care

Public Health Guidance

Public health guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health. The guidance may focus on a particular topic (such as smoking), a particular population (such as schoolchildren) or a particular setting (such as the workplace). The NICE website www.nice.org.uk includes the following information:

- [Update on public health topics in development](#)
- [Published public health guidance](#)
- [Public health guidance in development](#)
- [How we develop NICE public health guidance](#)
- [Healthcare-associated infections quality improvement guide](#)
- [Full list of NICE guidance that makes public health recommendations](#)