

Publication withdrawn

This guidance was withdrawn in August 2025. It has been superseded by the [Healthy child programme schedule of interventions](#).



Department
of Health



Public Health
England

The evidence base of the public health contribution of nurses and midwives

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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.

There are a number of advantages to using evidence based practice, it ensures care is clinically and cost effective, it ensures that high standards are maintained, that care is provided based on the best evidence possible and that the best outcomes for people are achieved.

The point of using evidence as a basis for practice is to foster a learning culture and develop a collaborative working environment which supports learning from experience, understanding of research evidence and its implementation, and appreciation of the importance of research and research participation.

Why use evidence based practice?

Best practice, value for money, high quality care

Sources of evidence

National Institute for Health and Clinical Excellence (NICE)

NICE Guidance supports the delivery of the best possible care based on the best available evidence and supports the delivery of practice that assures good quality and value for money (www.nice.org.uk)

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 can be found at www.gov.uk/phe. Over the coming months we will work with the professions to develop the evidence-base including web interface to access this guidance and support learning and development for health promoting practice.

NHS Evidence

NHS Evidence is a service that provides fast access to authoritative health and social care evidence and best practice through a web-based portal. In one place, you can simultaneously search over 250,000 resources from hundreds of trustworthy and accredited sources including The Cochrane Library, NICE and Royal Colleges (www.nice.org.uk)

Research

Research evidence will provide a knowledge base for public health nursing and midwifery practice and ensures that this is informed by innovation and adoption and sharing of good practice. This will in turn ensure that practice is developed through a broad range of research, information and best practice examples

Good Practice Examples

The Nursing Directorate of the Department of Health & Public Health England will systematically review and collate examples of best practice ensuring that these are peer reviewed and that a contemporary list is maintained.

Innovation

The National Innovation Board continues to drive evidence based practice and spread of new technologies and developments. This will be a critical relationship moving forward.

The domains of public health

The domains of public health are grouped into four areas within the Public Health Outcomes Framework, enabling evidence to be supported by robust outcomes measures to demonstrate the impact of interventions. The four domains are:

- **Improving the wider determinants of health**
Improvements against wider factors that affect health and wellbeing, and health inequalities
- **Health improvement**
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
- **Health protection**
The population's health is protected from major incidents and other threats, while reducing health inequalities
- **Healthcare public health and preventing premature mortality**
Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Why use NICE Guidance as a source of evidence?

NICE Guidance is independently and rigorously tested

Links to summaries of the Public Health Guidance and its relevance to nursing and midwifery are provided below

For the purposes of this guide the evidence sources are grouped by the domains of public health. This ensures that practice, evidence and outcomes can be clearly linked in demonstration of good public health practice.

Domain 1: Improving the wider determinants of ill health

Smoking prevention

- PH14 Preventing the uptake of smoking by children and young people
- PH23 School based interventions to prevent smoking

Social and emotional wellbeing in children

- PH40 Social and emotional wellbeing – early years
- PH12 Social and emotional wellbeing in primary education
- PH20 Social and emotional wellbeing in secondary education

Unintentional injuries in the under-15 age group

- PH29 Strategies to prevent unintentional injuries among under-15's
- PH30 Preventing unintentional injuries among under-15's in the home
- PH31 Preventing unintentional road injuries among under-15's: road design

Work based interventions

- PH19 Management of long-term sickness and incapacity for work
- PH 22 Promoting mental wellbeing at work

Miscellaneous

- PH6 Behaviour change
- PH8 Physical activity and the environment
- PH9 Community engagement
- PH28 Looked after children and young people

Domain 2: Health improvement

Smoking Cessation

- PH1 Brief interventions and referral for smoking cessation
- PH5 Workplace interventions to promote smoking cessation
- PH10 Smoking cessation services
- PH26 Quitting smoking in pregnancy and following childbirth
- PH39 Smokeless tobacco cessation: South Asian communities

Alcohol and Drugs Interventions

- PH4 Interventions to reduce substance misuse among vulnerable young people
- PH7 School based interventions on alcohol
- PH24 Alcohol use disorders

Physical Activity

- PH2 Commonly used methods to increase physical activity
- PH13 Promoting physical activity in the workplace
- PH17 Promoting physical activity for children and young people

Nutrition/Weight Management

- PH11 Maternal and child nutrition
- PH27 Weight management before during and after pregnancy

Domain 3: Health protection

Needle & Syringe Programmes

- PH18 Needle and syringe programmes (PH18)

Childhood Immunisations

- PH21 Reducing differences in the uptake of immunisations (PH21)

HIV

- PH33 Increasing the uptake of HIV testing among black Africans in England (PH33)
- PH34 Increasing the uptake of HIV testing among men who have sex with men (PH34)

HCAI

- PH36 Prevention and control of healthcare-associated infections (PH36)

TB

- PH37 Tuberculosis - hard-to-reach groups (PH37)

Domain 4: Healthcare public health and preventing premature mortality

Preventing premature mortality through targeted programmes

- PH15 Identifying and supporting people most at risk of dying prematurely (PH15)
- PH25 Prevention of cardiovascular disease (PH25)
- PH32 Skin cancer prevention: information, resources and environmental changes (PH32)
- PH35 Preventing type 2 diabetes - population and community interventions (PH35)
- PH38 Preventing type 2 diabetes - risk identification and interventions for individuals at high risk (PH38)

Miscellaneous

- PH3 Prevention of sexually transmitted infections and under 18 conceptions (PH3)
- PH16 Mental wellbeing and older people (PH16)

The National Public Health
professional and nursing associations
often have a wealth of information and
advice

Research

To enable ease of access the Department of Health and Public Health England have reviewed a range of literature and documents related to the public health contribution of nurses and midwives

As part of this a review of a model of Public Health Nursing the Minnesota model has been undertaken. This model of Public Health provides a framework for public health practice for nurses and midwives and a basis for action

Wider Literature review

A wider literature review has been undertaken of a broad range of research articles related to public health practice. A link to the summary of these reviews can be found below and a reference to the full article

Academic Health Science Networks

Academic Health Science Networks are becoming established to drive local innovations and evidence based pathways

National Policy

National policy also provides examples of best practice and evidence based practice which can inform public health programmes and projects. Some examples include:

- The Marmot review
- Working Together to Safeguard Children
- Healthy Child Programme
- The Dilnot commission
- Every Child Matters
- Healthy lives, healthy people

Good practice - dissemination

Good practice examples will provide opportunities and ideas for improving care and clinical practice. They enable practitioners to take account of where practice improvements have resulted in real change for people.

There is further work to be done however early progress has been made in some areas of public health nursing & midwifery practice

Current position for access to best practice examples

- Health Visitor link
- School Nursing link
- District Nursing link and QNI reports
- PHE
- CHiMAT

Access to best practice examples for wider public health interventions for nurses & midwives will require further development and oversight

Innovation

Innovation is becoming commonplace in the NHS with national programmes leading the spread and dissemination of programmes and technologies

Innovation for nursing and midwifery is being led across the national and professional associations; some of these associations are listed below. In addition a mapping exercise and potential opportunities for collating innovation continue to be explored

Current resources

- NHS Institute
- QNI
- Mary Seacole

In addition the national programme of innovation is being driven by the National Commissioning Board and the Department of Health - Innovation Health and Wealth: Accelerating Adoption and Diffusion in the NHS

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_134597.pdf

Local

Joint Strategic Needs Assessment

Joint strategic needs assessment is a process by which the health and wellbeing needs of the local population are identified both now and in the future.

JSNA's inform the priorities for Health and Wellbeing Boards in reducing health inequalities and are built on engagement with multi-agency partnerships and community engagement. They drive improvement in outcomes through commissioning of services based on local needs.

As such JSNA's are a rich source of evidence and information when developing Public Health programmes