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Foreword

Executive summary

In 2015 all UN member states adopted the 2030 Agenda for Sustainable Development. This includes the 17 Sustainable Development Goals (SDGs) which cover a broad range of issues and aim to deliver transformative change for all people in all countries by 2030. If applied together the SDGs address the broad range of factors that shape our health – the social determinants of health.

In 2019, we set out to capture how nursing was currently contributing to the UK's

Recommendations

- The UK government should reaffirm its commitment and take necessary actions for achieving the SDGs by 2030. The SDGs should underpin post-COVID-19 planning and policy development, with investment in strengthening nursing and midwifery recognised as core to this.
- The UK and devolved governments should prioritise resources towards delivering against the SDGs and addressing the social determinants of health, supported by robust strategies to improve population health and reduce health inequalities.
- We call for the return of a Chief Nursing Officer (CNO) for England at the heart of the UK government's Department of Health and Social Care, to drive informed and effective decision making across government.
- All providers of pre- and post-registration nursing and midwifery education, learning and development, in all sectors, should ensure that the Sustainable Development Goals, the social determinants of health and health inequalities are integrated into learning models, content and curriculum.

SDG3 is to 'Ensure healthy lives and promote well-being for all at all ages. However, taken together the SDGs can be viewed as an agenda for addressing the social determinants of health. These are the conditions in which people are born, grow, work, live and age

Nurses and midwives account for nearly half the global health workforce ^{vii} and have a vital role to play in driving global progress on the SDGs. There are many examples of nursing work and innovation around the world that is driving progress on the SDGs, including improving access to health care, addressing poverty, exclusion and inequality, educating populations, improving nutrition, and supporting clean energy and sustainability. ^{viii}

The All-Party Parliamentary Group (APPG) on Global Health in the UK has highlighted that nursing has the ‘triple impact’ of improving health, promoting gender equality and supporting economic growth. The APPG has highlighted examples of enormous innovation and creativity in nursing from around the world which are crucial for countries to ensure that all their citizens have access to health care. Examples include:

- nurse prescribers caring for HIV infected paediatric patients in Botswana
- village ‘wise women’ in central Asia, such as a nurse in Tajikistan who used the knowledge and expertise from her nursing education to become a trusted family health nurse in her village
- nurse-led clinics in Hong Kong where specialist nurses provide care and management for diseases such as chronic obstructive pulmonary disease
- nurse specialists in the UK – such as a registered general nurse, sick children’s nurse and school nurse who coordinated a school nursing service in England to develop and implement a strategic policy for asthma management in 110 schools, adopting a public health approach that resulted in healthier children and probably saved lives. ^{ix}

The need to strengthen and empower nursing to deliver the SDGs was highlighted by the World Health Organization in its 2020 [State of the World’s Nursing Report](#) , which emphasised the opportunities for advanced nursing education and enhanced professional roles, including at the policy level, that can drive improvements in population health. ^x

However, despite their central role in achieving the SDGs there is still very limited literature on the role and opportunities for nursing and midwifery in relation to the SDGs.^{xi} The nursing contribution and role is still too often underestimated and/or poorly understood.

In the UK, nurses are the largest part of the health workforce. ^{xii} Together we comprise around 700,000 individuals ^{xiii} and our work spans all communities and settings, across all parts of the UK. We work with people of all ages, within and alongside a diverse range of employers and organisations - making us important agents for driving change.

As well as delivering direct interventions, nursing has a crucial role to play in identifying and assessing needs and ensuring that the appropriate services are commissioned and delivered equitably, prioritising and meeting the needs of vulnerable people and groups.

The most familiar and visible dimension of nursing work is our role in caring for and treating those who are unwell, and it is this aspect which has been especially prominent within the context of the COVID-19 pandemic. While this remains a core part of nursing work and always will, it is time for greater understanding of the complexity and diversity of nursing work and of our contribution towards preventing illness and promoting health and wellbeing as clinicians, advocates, activists, teachers, researchers, advisers and policymakers.

Whilst progress has been made since the SDGs came into force, advances have been uneven and inequalities within countries are rising. ^{xv} The impacts of the COVID-19 pandemic and the measures enacted by governments around the world to respond will significantly impact global progress towards the SDGs. ^{xvi} As the world focuses on recovery, the SDGs are the appropriate global framework for targeting action and investment, and they will play an essential part in ensuring that recovery and development plans focus on people, the planet and leave no-one behind. ^{xvii}

Furthermore, across key measures of population health progress has stalled, and in some cases it is declining.^{xxiv} Worrying trends in healthy life expectancy and under-five mortality, rising rates of obesity and diet-related illness, alcohol and drug-related illness and death, rising rates of some sexually transmitted diseases, and non-communicable diseases are some examples.

Across all population health measures there are persisting and, in some cases, widening health inequalities.^{xxv} In February 2020, Sir Michael Marmot's second review of health inequities in England highlighted extensive and widening health inequalities. It found that in the poorest and most deprived areas in England, health is poorer, preventable mortality rates are higher and life expectancy and healthy life expectancy is lower than in richer areas. Life expectancy is lower in the north and higher in the south of England: it is now lowest in the north east and highest in London.^{xxvi}

As well as inequalities in life expectancy, health outcomes, health status and the prevalence of diseases, there are also inequalities in access to quality services and people's experience of health and care services.^{xxvii} These inequalities relate to where people live, their level of deprivation, specific characteristics and to socially excluded groups. For example, evidence shows that people experiencing homelessness have high rates of physical and mental ill health^{xxviii} and die much younger: the mean age of death of homeless people was 45.9 years for males and 43.4 years for females in 2019; in the general population of England and Wales, the mean age at death was 76.1 years for men and 80.9 years for women.^{xxix}

Furthermore, the UK's progress towards the goal of achieving healthy lives and wellbeing for all is being undermined by the workforce crisis facing health and care services across the UK, with demand far outstripping supply, and consistently high vacancy rates affecting all services and sectors.^{xxx} Staffing shortages have a devastating impact on patient safety and outcomes^{xxxi} and risk exacerbating inequalities, with parts of the population facing reduced or lack of access to quality services. Severe staff shortages before the pandemic hit affected the ability and capacity of the health and care system to cope and threaten to hinder our ability to recover and rebuild.

Health is determined by much broader factors than health care services. The range of factors that influence and shape health and wellbeing are referred to as the 'social determinants of health'. For example, the socioeconomic status of an individual is directly linked with their health: inadequate income can cause stress; lead to unsafe and

As stated in a recent UN report on progress towards the SDGs “What began as a health crisis has quickly become the worst human and economic crisis of our lifetimes”.^{xxxvi} In the UK, the effects of the pandemic and the measures taken in response will have long lasting impacts on the population’s health and wellbeing; and on health and care staff and systems.^{xxxvii}

The examples in this report highlight the complexity, diversity and depth of nursing and midwifery work, and our contribution to social change. They are evidence of the changing and evolving nature of nursing, and of how nurses and midwives are pushing the boundaries of what is traditionally viewed as nursing work.

Trust and the strong relationships that nursing has with our communities; and of inclusion, and the ability of nursing to reach and support underserved and marginalised groups, are key themes across the case studies in this report. This is, and will be, critical for making significant progress towards the SDGs and achieving the ambition of leaving no-one behind.

These examples help to showcase the power of nurses and midwives as advocates, activists and educators, and the role of nursing in understanding and addressing the range of issues which impact and shape health and wellbeing.

We recognise that the SDGs are a vital mechanism for promoting the essential role of nursing and midwifery in achieving better health outcomes for all and wider social progress. They are also a crucial framework for holding the UK Government and its partners to account on their commitments to implement the SDGs and ensure genuine progress that leaves no-one behind.

Next steps for the RCN

- We will continue to raise awareness amongst nursing and midwifery staff and students about the SDGs, and encourage them to share their knowledge, insight, and reflections to maximise progress. This will include continuing to gather and share examples of how nursing work is contributing to the SDGs.

Findings: The role of the nursing profession in achieving the SDGs

This section summarises the findings from our work to capture how nurses and midwives are contributing towards the UK's progress towards the SDGs.

In 2019 the RCN undertook work to explore how nursing staff in the UK are contributing to the UK's progress towards the SDGs. This included a member survey to gather examples of nursing practice and in-depth interviews with members to produce case studies.

In December 2019 we hosted a global policy summit which brought together nursing and midwifery leaders and representatives from different sectors and backgrounds with relevant interest and expertise in this topic. We could not have foreseen, then, that a global pandemic was just around the corner. This forced strategic conversations on achieving SDGs to be put on hold whilst simultaneously creating a context in which the SDGs have never been more important.

The case studies we gathered cover a number of important areas of nursing work; from addressing female genital mutilation to knife crime and are illustrative of the central role of the nursing profession in addressing inequalities. They do not, however, seek to evidence the entire range of ways in which nursing contributes towards the SDGs. We intend for these case studies to contextualise the Goals for nursing professionals, and to encourage our profession and decision makers to understand and support the contribution of nursing to achieving the SDGs.

There were some common themes across this small cohort of nurses and midwives that used.” (Hilda Campbell)

- the nursing role in working within, alongside and leading multi-disciplinary teams and engaging with diverse stakeholders and actors at a range of levels to achieve and advance positive change
- the power of nurses and midwives as advocates, activists and educators, and the diverse range of methods and tools we can use to understand and address diverse and challenging issues. This includes communications work, awareness raising, research and innovation, outreach, campaigning and community engagement
- the vital and unique role of nursing in identifying and addressing the wider determinants of health – this relates to our role in achieving SDG3 but also the wider SDG agenda. They highlight our critical role in raising awareness and educating the public and influencing policymakers about these determinants and leading action to address them.

Case studies: Nursing profession contributions to the SDGs

Below are summarised versions of 12 case studies we collected through this work. These have been selected because of the range of issues that they address, their geographical spread across the UK and the diverse aspects of nursing work they demonstrate. Each case study includes a short description of the work/project and highlights which SDGs it links to.

A nurse-led outreach service to treat hepatitis C in a rural community

Job role/title: Marie Murray, Clinical Nurse Specialist in Infectious Diseases

Location: Dumfries and Galloway, Scotland

SDG3: Good health and wellbeing

SDG10: Reduce inequalities

Helping staff to reduce waste and disposables, and encourage reuse and recycling

Name/Job role/title: Harriet Dean-Orange, Senior Staff Nurse in an operating department

Location: Brighton

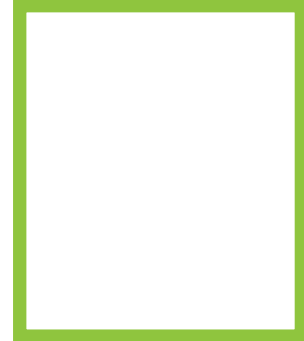
SDG12: Responsible consumption and production

SDG13: Climate action

Health care providers generate large volumes of waste, including excessive water and physical waste such as single-use plastics and other disposable items which end up being incinerated, in landfill or sewage. Harriet has been working to reduce the waste of her own organisation and to encourage reuse and recycling. This has involved raising awareness about hand hygiene guidelines to encourage staff to rethink glove use and consider washing or decontaminating their hands before and after contact with a patient as an alternative. Adopting the use of alcohol preparations and reducing the time for surgical scrubs can significantly reduce water consumption and has in turn had other positive impacts, Harriet describes:

“a lot less electricity being used to warm the water and a lot less water being used.... it’s also better for people’s hands. We found an improvement in the amount of people that we have sent to occupational health due to dry dermatitis from glove use.”

Harriet’s work also included presenting to the Chief Executive and the Board of Directors about the importance of waste reduction, following which the Board approved an external company to prepare a sustainable management plan with the ability to audit and measure improvement across departments. It also set a Trust-wide ambition to reduce waste and carbon emissions.



Reducing sewage waste through better nursing procurement

Job role/title: Clare Nash, Senior Nurse for Clinical Procurement

Location: Wolverhampton and North Midlands

Mobile hepatitis screening of street homeless people in London

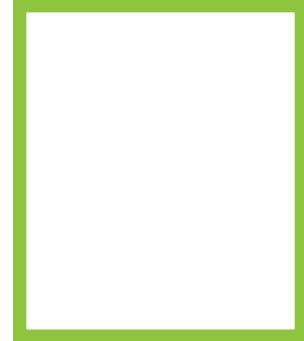
Promoting mental health, wellbeing and resilience in Scotland

Job role/title: Hilda Campbell, Mental Health Nurse and Founder and CEO of COPE Scotland

Location: Scotland

SDG3: Good health and wellbeing

SDG10: Reduce inequalities



Hilda is a mental health nurse who founded and leads the charity COPE Scotland. COPE works with people experiencing mental or emotional distress and who may also face further challenges as a result of inequality and social exclusion. COPE works with a range of stakeholders to deliver integrated care, training workshops and shared learning to support individuals and address issues that can cause distress.

Hilda's experience as a nurse has had an important influence on her role at COPE:

“Nurses have the potential to connect with people in ways that many others can't... for me, the role of a nurse is to care, promote wellbeing, do no harm, and do the best you can for the people in your care...In Scotland, community nurses, for many years have been fighting poverty and inequality and doing their bit, and maybe that's the thing. Maybe more has to be done to celebrate the role that nurses have to play in helping to find some of the solutions that the planet faces today.”

COPE's holistic approach is underpinned by the perspective of people with lived experience of mental health problems and inequalities. Hilda believes that challenging silo working is key to understanding and recognising people's needs and offering effective interventions:

“People are unique individuals and each person's needs must be assessed within the context of their life and circumstances. Offering someone who is homeless techniques to relax when they find themselves sleeping rough isn't responding to what that person needs to help them feel safe; [so it's about] a new way of connecting, communicating, and offering interventions.”

COPE offers a wide range of self-help tools and support for individuals in distress and is currently developing an online resource focused on early intervention, prevention and promotion of good mental health, and developing skills to be more available to someone in distress, for example by giving mental health first aid.

Blood borne viruses in prisoners and tackling prescribed medication misuse

Job role/title: Simon Newman, Head of Prison Healthcare, HMP Berwyn

Nurses tackling homelessness in hospital and community settings

Job role/title: Samantha Dorney-Smith, Nursing Fellow working for Pathway (Healthcare for homeless people) and Florence Cumberbatch, Sister and Clinical Nurse Specialist, University College Hospital, Pathway Homeless Team

Location: England, Northern Ireland and Scotland

SDG1: No poverty

SDG10: Reduced inequalities

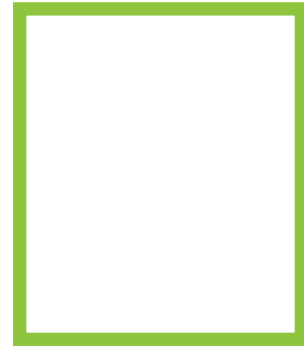
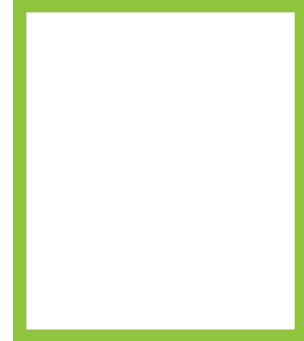
Samantha and Florence work with Pathway, a national charity providing health care and housing support to homeless people to help them find and secure accommodation. Samantha campaigns specifically for better health care for people experiencing homelessness. She has been working closely with 35 nurses across England, Northern Ireland and Scotland and to define specialist practice in this area. Florence is a Sister at University College London Hospital and leads a Pathway team.

Pathway's work aims to support homeless people and resolve their health problems by targeting their housing situation. The charity also sets up homeless teams within hospitals and campaigns on homelessness. The Pathway approach is to treat housing itself as a health outcome, working closely with the NHS to focus on the homeless person's physical and mental health and aim to use hospital admission as a window of opportunity to change outcomes and foster recovery.

In addition to clinical support on physical and mental health, Pathway nurses provide a range of support including help with benefits claims, immigration advice, housing applications, and signposting to legal advice to help prevent evictions. They also provide subsistence support, for example, money for travel expenses to attend appointments, befriending and advocacy. Nurses also assist with obtaining formal documentation such as birth certificates to support registration with a GP, and support to access health and other support services in the community. Samantha explains:

“There's something very different in our nursing ... it's about treating people as equals; we accept that it is a partnership. We call people clients rather than patients because ... they have to be an active partner and ... it's got to be a long-term thing to help people recover.”

Nurses are also there to deliver culture change and raise awareness about why people become homeless. A key challenge is that many patients feel compelled to



Bringing an end to female genital mutilation (FGM)

Nursing support for vulnerable people entering police custody – tackling gender inequality and modern slavery

Job role/title: Jessica Davidson, Senior Clinical Forensic Charge Nurse, SE Scotland Police Custody Healthcare and Forensic Examinations Service, NHS Lothian, and Programme Lead for Advanced Forensic Practice at QMU, Edinburgh

Location: South East Scotland

SDG3: Good health and wellbeing

SDG5: Gender equality

SDG10: Reduced inequalities

Jess is part of a team of 34 nurses that deliver health care to people in police custody and conduct forensic examinations following a sexual assault. They work with inclusion health groups who present with a complex set of health and social needs, such as mental health problems, homelessness and drug addiction. For Jess:

“Poverty seems to be the greatest driver of inequality ... there is family after family exposed to drug misuse, alcohol misuse, and all the misery that comes with it. People talk about the gaps [which] aren't just left fallow, they are filled with by organised crime groups, always looking to exploit people's vulnerabilities yet further. There is a whole other system with its own internal market forces that comes in and mops those people up and further drives people into global inequalities, exploitation and leaving people without dignity or hope.”

The nurse-led service was established in 2012 and includes public protection in a secure setting. The nurse role is crucial in this setting in order to establish trust to disclose personal situations: “...what it means is vulnerable people will come and make disclosures to us [nurses] because we've got good relationships with people. We've got to be available to the personhood of the patient and work in a trauma informed way... we need to be able to look at the intelligence in front of us from someone's behaviour.”

Another core part of the work concerns writing standards for victims of rape or sexual assault and imavi4

Transforming nurse training – empowering students to think and act on wider societal issues

Job role/title: Nicky Lambert, Associate Professor and
Director of Teaching and Learning for Mental Health and
Social Work.

Location: London

SDG3: Good health and wellbeing

SDG4: Quality education

SDG16: Peace, justice and strong institutions

SDG10: Reduce inequalities

Nicky and her colleagues have developed the ‘Expansive Learning’ curriculum which seeks to encourage and empower nursing students to see the world from a different perspective and break down traditional ideas about what it means to be a nurse. The course aims to equip nursing students with the skills to tackle the wider social and economic issues which cause poor health, including poverty and poor housing.

Nicky teaches students from diverse ethnic backgrounds, many of whom live in communities affected by poverty and deprivation. Her teaching module enables students to think broadly about the role of nurses and the wider contribution of nursing, over and above its traditional remit. This includes the potential for nurses to be advocates and activists. There is a focus on teaching practical skills such as listening and negotiation, problem-solving, critical thinking and team working skills, and the ability to articulate themselves as professionals and express what they consider important about the world they live in.

The curriculum also emphasises the potential broader public health advocacy role for nursing, and the opportunities for nurses to lead initiatives. This involves discussing and critically thinking about a range of issues, often difficult topics of conversation around the human experience.

It is about nurses asking questions about a person’s situation and encouraging people to think differently about their circumstances. As Nicky explains:

“If you’re working with a little kid [who has asthma], and you’re sending him back to a house with black mould in, then giving him another inhaler is not the answer. The answer is, when you’re doing a home visit to be able to identify black mould, be able to support that family to challenge the landlord to sort it out; [also for nurses] to know the law, be able to advocate, to complain effectively...to be able to motivate people to change their circumstances.”

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