

Leaving No-one Behind

The role of the nursing profession in achieving the United Nations Sustainable Development Goals in the UK



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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Foreword

Professor Dame Anne Marie Rafferty CBE FRCN, President of the RCN

2020 was a seismic year for nursing. As the first ever international Year of the Nurse and Midwife, we welcomed the long overdue global focus and attention this brought to our profession. But we have also been thrown in the spotlight in another completely unexpected way: in our role at the forefront of the response to the COVID-19 pandemic. Throughout the pandemic nursing and midwifery staff around the world have risen to unimaginable challenges and demonstrated skill, expertise, professionalism and extraordinary commitment to putting patients first in the most challenging of conditions.

This crisis has affected us as individuals and professionals and is likely to change the way we work and live forever. Yet while the spotlight this pandemic has shone on our profession is not something we sought, it has provided an opportunity to demonstrate the breadth, depth, diversity and complexity of our work, and to articulate the significant contributions nurses and midwives are making to tackling some of the most difficult challenges and injustices facing our communities, including poverty, inequality and climate change. This will show what we are already doing to achieve better health outcomes for all, but also our potential role in achieving wider positive change in the communities we serve.

The pandemic has highlighted far-reaching inequalities in the UK, especially in ethnic minorities and the intersectionality between different groups, and the vulnerability this causes. As we look to rebuild and recover, addressing health inequalities must be a core priority. Nursing has an essential role to play in prevention and enhancing universal health coverage (UHC) through access to quality and cost-effective health care. The Sustainable Development Goals (SDGs) are a global framework aimed at creating a better and more sustainable world for all. Now more than ever, they must guide our efforts to build back better from this crisis.

Five years ago, all UN member states, including the UK, committed to achieving the SDGs by 2030 and to the principles underpinning the 2030 Agenda for Sustainable Development. Whilst there has been much progress, there are significant gaps in implementation and many communities continue to miss out. Health – and wider – inequalities are being exacerbated by the pandemic in the UK and across the world. Concerted and sustained action is needed by governments, stakeholders, and individuals – all of us, to achieve the SDGs – and their ambition to leave no-one behind – within the decade.

This report highlights just some examples of how nurses and midwives are contributing to the SDGs in the UK. You will see the creative, imaginative and innovative ways nurses and midwives are leading the design and optimising of services for patients and populations. The SDGs are a powerful tool for us to advocate for our patients and communities, and a mechanism through which we can demonstrate our impact. We have a clear message: the SDGs provide a framework to guide all our efforts to tackle the challenges facing the UK population, and to build a more equitable, prosperous, and sustainable world. Nurses and midwives have an essential role to play in achieving UHC and the SDGs, to achieve the wider social change we need to see and need to be.

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 implementation of the SDGs. We identified diverse areas where nurses and midwives across the UK are working to address poverty, inequality, violence, and social exclusion and deliver sustainable change. We also learned that whilst some individual nurses have extensive knowledge of the SDGs, there is low awareness and understanding of the Goals and their relevance for our work amongst our profession generally.

As the COVID-19 pandemic hit, our focus was on supporting members and the wider profession. The nursing role at the forefront of the response to COVID-19 has thrust our profession into the spotlight. As the UK considers how to rebuild and recover from this crisis it is an important moment to highlight the breadth and diversity of nursing work – beyond providing treatment and care in hospital settings – as powerful agents for positive change.

The pandemic has been catastrophic for the UK, as a whole, but the impacts have been unequal across the population. Ethnic minorities and deprived communities where health was already poorer have been disproportionately affected, laying bare our population's poor and unequal health and extensive inequalities. The longer-term social and economic impacts including unemployment, job insecurity, economic decline, disruption to livelihoods, gaps in educational attainment, increased food insecurity and poverty will exacerbate these.

The pandemic has underlined the urgency of addressing these issues. This context has significant implications for how the SDGs are understood, including within our own work, as a potentially powerful framework to ensure that the UK, and all countries, take the right actions to create a more equal, prosperous, sustainable, and resilient world. The UK government must accelerate efforts towards achieving the SDGs, not least to improve resilience to future shocks. This must include strengthening the UK's health systems, addressing the social determinants of health and reducing inequalities. As demonstrated throughout this report and the 12 case studies of nursing and midwifery work included here, nursing and midwifery professions have a crucial role to play in achieving this.

It is also important that we build awareness and knowledge of the SDGs so we can use them to advocate for and drive the changes we want to see: stronger health systems, better health outcomes for all, greater equality and a strong, resilient nursing workforce which plays a leading role in delivering and sustaining social change.

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.

Introduction

What are the SDGs?

In 2015, after a period of global consultation, discussion and negotiation in which the UK played a key role,^{1,i} UN member states unanimously adopted the 2030 Agenda for Sustainable Development.ⁱⁱ This includes 17 Sustainable Development Goals (SDGs) and 169 targets to be achieved by all nations and stakeholders by 2030.ⁱⁱⁱ

The SDGs aim to build a better and more sustainable future for all and cover a broad range of issues. These include ending poverty and hunger, good health and education for all, access to clean sustainable water and sanitation, clean energy, economic growth and decent work, reducing inequality and ending violence, empowering women and girls, combatting climate change, and making cities, oceans and forests more sustainable.

The SDGs are indivisible, meaning all countries must ensure progress across each of the SDGs, and universal, meaning they apply equally to every country and everyone. The 2030 Agenda includes the commitment that no-one should be left behind^{iv} and there is a specific SDG on reducing inequality (SDG10).^v

Goal 1 End poverty in all its forms everywhere.

Goal 2 End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

Goal 3 Ensure healthy lives and promote well-being for all at all ages.

Goal 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Goal 5 Achieve gender equality and empower all women and girls.

Goal 6 Ensure availability and sustainable management of water and sanitation for all.

Goal 7 Ensure access to affordable, reliable, sustainable and modern energy for all.

Goal 8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Goal 9 Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation.

Goal 10 Reduce inequality within and among countries.

Goal 11 Make cities and human settlements inclusive, safe, resilient and sustainable.

Goal 12 Ensure sustainable consumption and production patterns.

Goal 13 Take urgent action to combat climate change and its impacts.

Goal 14 Conserve and sustainably use the oceans, seas and marine sources for sustainable development.

Goal 15 Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.

Goal 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Goal 17 Strengthen the means of implementation and revitalize the global partnership for sustainable development.

1 The UK's then Prime Minister David Cameron co-chaired the UN Secretary-General's High-Level Panel of eminent persons on the Post-2015 Development Agenda from July 2012

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 and the factors and systems which shape people's lives and opportunities for health and wellbeing.^{vi}

The SDGs are part of a historic global agreement to tackle the most significant challenges facing humanity and the planet. They are an important tool for holding governments and stakeholders to account for their commitments to achieving the Goals, and an important tool for lobbying policymakers to ensure that policies and actions are informed by the SDGs.

The power of nursing

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.^x

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.

Our insight and connections into communities gives us an understanding of the various underlying factors affecting people’s health and wellbeing. As professionals we are trusted by our patients and communities^{xiv} which helps us to access, understand and support marginalised and underserved communities who are at risk of missing out on efforts to achieve the SDGs. This trust is fostered through our repeated contact in homes, schools and communities, and our sensitivity and professionalism when working with underserved groups and at all stages of life.

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.

Progress towards the SDGs

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}

The UK government is now a third of the way towards the deadline for achieving the SDGs. Given the scale of ambition of the SDGs, the added challenges from COVID-19, and the growing impacts of climate change, achieving the Goals within this timeframe will be a huge challenge. It is important now to take stock of the progress achieved so far, reflect on learnings, and identify where further action is needed. This includes empowering nurses and midwives with knowledge about the importance of the SDGs and the contribution nursing can make.

When reviewing the UK's progress towards the SDGs it is important to consider that health policy is devolved across the four nations of the UK and the approach to the SDGs in the UK respects the devolution settlements in Northern Ireland, Scotland and Wales. This means that each nation is responsible for implementing its own policies in areas of devolved competence, whilst responding to national and local needs.^{xviii}

The 2030 Agenda for Sustainable Development includes mechanisms which encourage member states to “conduct regular and inclusive reviews of progress at the national and sub-national levels, which are country led and country driven”.^{xix} In 2019, the UK Government submitted its first Voluntary National Review outlining four years of progress towards the SDGs.² This publication highlighted the UK's high quality health service, education standards, increasing employment, progress on climate change and strong equality legislation as achievements. It also acknowledged some areas requiring action including climate and environmental issues, access to housing, mental health and supporting a growing and ageing population.^{xx}

However, the publication was criticised by the House of Commons International Development Committee for being “selective and partial, relying on cherry-picked data..., to present a ‘good story’”.^{xxi} Indeed, prior to the Review a network of organisations had assessed the UK's domestic performance against all 17 SDGs and their underlying targets and highlighted that of 143 relevant targets, UK performance against 57% was ‘not adequate’ and for 15% was ‘poor’.^{xxii} Their report also emphasised concern about vulnerable places and people in UK society being left behind.

While the UK is progressing well in some areas, there are still many outstanding issues and gaps. If we take SDG3 (Ensure healthy lives and promote wellbeing for all at all ages) as an example: the existence of the National Health Service (NHS) means that the UK is progressing well towards achieving universal health coverage - a key underlying target of SDG3. However, the NHS has been reviewed as underperforming compared to other similar countries in preventing deaths from diseases such as cancer and heart attacks, having fewer doctors, nurses, and equipment than other countries and spending a below average proportion of national income on health care.^{xxiii}

2 This represents nearly a third of the timeline for the Goals.

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.

The social determinants of health

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 unhealthy living conditions; and result in greater exposure to risky behaviours, such as smoking, substance abuse and unhealthy eating.^{xxxii} Put simply, poverty is linked to poor health. But despite being the world's fifth largest economy, 4.7 million people in the UK live in persistent poverty^{xxxiii} and it has been estimated that child poverty could hit 40% by 2021.^{xxxiv}

Therefore, achieving SDG3 (Ensure healthy lives and promote wellbeing for all) in the UK will require a holistic approach which addresses the social determinants of health.^{xxxv} This must include action to secure and sustain access to food, incomes and employment, quality education, early childhood development and housing, addressing discrimination and inequality, and promoting the safety and sustainability of the natural and built environment. Progress is therefore needed across all of the SDGs to improve health and wellbeing for all. These are issues which we see every day in our work and communities and do our best to raise and address. But for us to strengthen our role in tackling these complex issues will require mutual learning, innovation, cooperation and above all, strong leadership.

The impacts of the COVID-19 pandemic

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 pandemic has not affected all population groups equally. Age, ethnicity, sex, and geographical area have contributed towards the risk of infection, the severity of symptoms and higher death rates.^{xxxviii} People from Black and South Asian ethnic backgrounds were shown to have increased risks of death involving COVID-19 compared with those of White ethnic background.^{xxxix} Whilst in deprived areas of England and Wales deaths from COVID-19 were more than twice the rate of affluent areas.^{xl} Increasing evidence also highlights the impact of factors such as poor housing and employment and increased vulnerability to infection and higher death rates.^{xli} The pandemic has also impacted on mental health, with some groups and communities being more affected than others.^{xlii}

The long-term impacts of the pandemic will also likely include unemployment and job insecurity, economic decline, disruption to livelihoods, gaps in educational attainment, increased food insecurity and poverty. For example, it is estimated that the economic fallout of the pandemic could leave 1.1 million more people below the pre-COVID poverty line at year end, including a further 200,000 children.^{xliii} Our members have also reported that they have seen an increased use of food banks during the COVID-19 pandemic. All of this will impact on health and wellbeing and increase demand for services.

The SDGs span all these issues and are the appropriate framework to address these challenges and ensure that the UK – and all countries – are taking the right actions to create a more equal, prosperous, sustainable, and resilient world. Nursing has a central role to play in achieving this.

Conclusions

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. Within this, we will continue demonstrating how nursing and midwifery can be better utilised and empowered to lead in this area.
- We will advocate for nursing expertise to be at the centre of policy development and health and care system design to ensure more equitable progress in population health and wellbeing. This will include advocating for nursing and nursing issues to challenge, engage and influence UK implementation of the SDGs and wider public policy.

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 we believe are replicated throughout the wider profession. These are:

- **trust** – and the strong relationships that nursing has with our communities. There is also a consistent focus on inclusion, and the ability of nursing to reach and support underserved and marginalised groups. This is one of the things that makes nursing so unique, and so critical to ensuring progress towards the SDGs and the ambition that no-one is left behind. As reflected by one interviewee:

“Nurses have a unique position...because of the trust that people have in us, they give us an insight into their world, into their families, into their homes, they share things with us that maybe they've never told anyone in their life before, and that information can be 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



Marie Murray leads a multi-disciplinary team delivering an outreach clinic for injecting drug users who struggle to access care in a hospital setting. Her work includes identifying people in need, with input from local drug and alcohol services. Needle exchange workers then visit patients at home and provide them with clean needles and injection paraphernalia. They also retrieve used needles for safe disposal, with the aim of preventing further infection and transmission of blood borne viruses. The team also runs drop-in clinics at the hospital two days a week and a weekly clinic to assist patients with methadone prescriptions and outreach visits to patients.

Marie's team works in an integrated and flexible way to take account of patients' social problems, lifestyles and other health problems. Working with social workers and other health professionals including a specialist drug and alcohol nurse is essential to addressing these issues, as Marie describes:

“The service and type of care the patients need has to be very holistic. Not only do you have to deal with treatment you often have to deal with social problems, housing benefits, mental health issues and also the chaotic mess of patients, the chaotic lifestyles of people who use drugs and we can be flexible in our clinic...”

The uptake of health services for this group was previously very low due to factors including lack of transport, time, and homelessness. In response to these issues and to increase the uptake and engagement, the team established the outreach service to treat patients directly in the community. Marie uses the Scottish national database for hepatitis C to identify all the patients that have been referred to the team and to track and follow-up with those that have disengaged, particularly those still involved in drug and alcohol services with the aim of re-engaging them in her service.

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

SDG6: Clean water and sanitation

SDG12: Responsible consumption and production



Clare is working to reduce her organisation's waste by implementing sustainable procurement policies. She recognises the importance of involving nurses and other staff in developing the specifications for products and has worked to ensure that environmental sustainability is considered within procurement.

Clare's approach considers the impact on other departments such as Estates which must manage the disposal of increasing volumes of waste. She has also compiled evidence highlighting the extent of the problem of macerator blockages and the economic impact of excessive use of pulp products, specifically the cost of repairs. This has helped her to demonstrate the impact on Estates and the environment, and that savings made in one department can have wider benefits.

"We've all got our budgets, we have to prove that we've saved, but there's a real conflict between what procurement have got to save and the life of that product ... We might say, it's cheaper to use single use plastic than buy some metal gadget that we've got to clean ... But nobody looks at the overall lifetime cost... [and the knock-on effects].

Mobile hepatitis screening of street homeless people in London

Job role/title: Yasmin Appleby, Clinical Nurse Specialist Hepatitis C and B

Location: London

SDG3: Good health and well-being

SDG10: Reduce inequalities



Yasmin and her team deliver a mobile hepatitis screening service to homeless people in London which is essential to ensuring that vulnerable homeless people have access to health care services and health education to address hidden infectious diseases. Most clients are rough sleepers and/or those with no recourse to public funds, including undocumented migrants and asylum seekers.

The unit strategically tours London, screening and treating cases. The full circuit takes around six months and is then repeated so that each location is visited at least twice yearly. The service is equipped to detect symptomless people who would not otherwise attend a screening service. It offers health checks, screening for TB or hepatitis C and health education to address issues related to intravenous drug use. It is open access - the person provides a name and date of birth and it is accepted that these may not be genuine, it is open 24-hours and operates alongside facilities for homeless people such as soup kitchens.

“A lot of the things that I do are way outside my job description ... To fulfil my job properly I can't just look at the pathogen in somebody; ... [I need to understand] what made [them] vulnerable in first place.”

The service also provides ‘Point of care’ testing kits to people to take to their peers who would be unlikely to attend the service, thereby enabling patients to do outreach work within their networks:

“It is like almost having a health advocate to take back to the group I've got [a Hep C positive] woman, [who] thinks [those she's sharing needles] with are Hep C positive too. They won't attend screening... she's got good relationship with them and they trust her, but they just won't access any service.”

Treatment for hepatitis C requires sustained intake of drugs over a period of between 8-12 weeks, which can be a challenge for rough sleepers. The service takes an innovative approach by giving users a phone with unlimited data to enable them to film themselves taking the treatment and forward this to a centralised database which records treatment adherence. This helps ensure the person completes their treatment programme and provides them with 24-hour access to the team.

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

Location: North Wales

SDG3: Good health and wellbeing



Simon and his team's innovative work in one of the largest male prisons in England and Wales covers mental health, primary care, clinical substance misuse and psychosocial substance misuse. Their work includes addressing the disproportionately high levels of blood borne viruses among prisoners combines screening, treatment, and immunisation acting to prevent the spread of viruses once they are released

The Service also works with GPs in the community to inform them of what the integrated prison health care service has done to optimise a prisoner's medication, ensuring there is continuity of care and:

"...there is an opportunity for us to break that cycle. Following our intervention and support, the GP in the community can follow the work that we've done to ensure appropriate medicines are re-prescribed when they go back to the community..."

The service works to address the illicit use of prescribed medication in the prison and reduce drug-related deaths. Simon explains that most prisoners have been on medication for a significant time without review, so every prisoner who arrives has their medication reviewed by both the pharmacist and GP. There are many challenges in this environment, including that prisoners can often be unwilling to undertake the reviews and risk losing medication as medicines can be viewed as tradable 'currency' between those in custody. There is also often a lack of acceptance by prisoners of what is deemed safe and appropriate medication following the reviews.

Gaining the support of operational prison staff concerning medication reviews, particularly from prison officers, is vital to overcome these challenges. The Service provides prison staff with training and information and ensures that the reviews are conducted face-to-face to ensure transparency with patients about what medicine optimisation is and its importance. Peer mentors have also been recruited and trained to support fellow prisoners. The Service runs a monthly focus group with interested prisoners who help to inform further service developments. There is also a dedicated patient information help line, staffed by peers and supervised by staff.

The team sees the positive benefits of their work in optimising medications for prisoners and the prison, reflecting positively for safety with comparator prisons:

"... men and their families are reporting back to us [and], for the first time in years they are awake, alert and able to engage in work and education, whereas previously they were on large amounts of medication and quite sedated for much of the day."

Nurses tackling homelessness in hospital and community settings

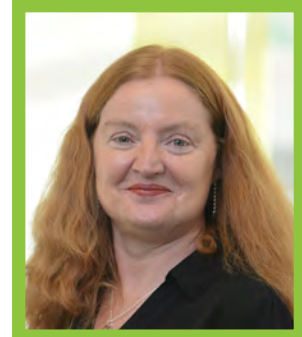
Job role/title: Samantha Dorney-Smith, Nursing Fellow working for Pathway (Healthcare for homeless people) and Florence Cumberbatch, Sister and Clinical Nurse Specialist, University College Hospital, Pathway Homeless Team

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

self-discharge from hospital before their care is completed and support for housing has been provided. Florence describes how she supports people:

“We sometimes ask the hospital if they can fund a bed nearby for [the person] and they’ll most likely agree for a few days and that gives us an opportunity where we can work with housing support and do referrals to housing services.”

Providing advocacy on behalf of patients is also an important part of the work, for example nurses will provide health information to relevant services/agencies to support a case for housing. There is also an opportunity for former patients to work with the charity as Experts by Experience, which allows patients to use their experience to lobby for change in health care services, while developing their own skills and ensuring the patient voice is included in policy making.

Outreach work with vulnerable young people at risk of being exploited and those involved in gangs

Job role/title: Dorcas Gwata, Clinical Nurse Specialist in mental health and public health, Central and Northwest London NHS Trust and Westminster Council multi-agency Integrated Gangs Unit (IGU)



Location: Northwest London and Westminster

SDG1: No poverty

SDG3: Good health and wellbeing

SDG10: Reducing inequalities

SDG16: Peace, justice and strong institutions

Dorcas has worked with the Integrated Gangs Unit (IGU) – a multi-agency service that works with children and young people (particularly young women) aged 12-25 who are involved with gangs and exposed to violence and exploitation. Most are from deprived and diverse communities, and often experiencing a range of mental health problems including psychological trauma, depression and learning difficulties.

In her work with the IGU Dorcas used a public health approach which aims to reduce inequalities and vulnerability to exploitation and provides mental health interventions. The service focuses on gender because many of those affected are single, lone women due to their migratory journeys. The multi-agency team includes nurses, social workers, youth workers and an ex-gang member. Dorcas highlights the unique role of nurses in this type of work:

“... nurses are generally very well trusted in the community, and we have a really good reputation...so the work really capitalises on the role that we have here.”

The IGU strategy is to access young people in their communities, so Dorcas and the team provide an outreach service across parts of London. This involves knocking on doors, visiting youth clubs, cafes, fast-food outlets, prisons, hospitals, and schools. The young people identified for support are screened for mental health issues and for exposure to sexual exploitation. One of the ways young people are identified is if they attend emergency departments. Dorcas explains:

“...if [a young person] is stabbed, they end up in A&E trauma ward, but actually they will discharge themselves very quickly without receiving adequate medical care and certainly not enough mental health input. So, the work that we’re doing is accessing them wherever they are in the community and we’re working towards their lifestyles to improve their mental health outcomes and experiences.”

Dorcas describes a key challenge for engaging this group as stemming from the fact that health services are not designed for them or around their needs. Dorcas and her team work flexibly to address this, using innovative communication methods which suit the target group’s lifestyle. This includes texting and calling to arrange appointments and using social media to reach people. The work also involves supporting young people to undertake apprenticeships to redirect them away from drug dealing or child protection plans.

Bringing an end to female genital mutilation (FGM)

Job role/title: Ruth Bailey, Advanced Nurse Practitioner, Sexual Health, RCN Women's Health Forum Committee Member

Location: Peacehaven

SDG3: Good health and wellbeing

SDG5: Gender equality



Female genital mutilation/cutting (FGM/C) is illegal in the UK yet, in 2019, 1,990 individual women and girls were identified as having experienced FGM/C and there were 1,015 newly recorded cases for the same year (NHS Digital, 2019). FGM/C can result in devastating physical, sexual and psychological damage and Ruth explained the central role that nurses and midwives play in raising awareness, preventing FGM/C and supporting survivors. Identifying women who have experienced FGM/C can however be extremely difficult – in the UK most women are only identified when they approach services for other unrelated issues which require attention.

A key part of the Women's Health Forum strategy work is to raise awareness of FGM/C, continue to campaign to end harmful practices, and to ensure that the nursing and midwifery community has access to the most up-to-date resources and guidance to support them in clinical practice.

Vital to eradicating FGM/C is preventing new instances from occurring. As trusted professionals, midwives and nurses are ideally placed to advance this agenda. They have the skills necessary to assess risk, to hold sensitive conversations with women and to work collaboratively as part of the multi-agency approach that is needed to end FGM/C.

As Ruth describes:

“FGM/C is illegal in the UK and it is illegal to take a child overseas to perform it. It is a safeguarding issue and nurses and midwives have a mandatory duty to report it. For the children and women affected, FGM/C only happens once so it's absolutely key to ensure that safeguarding happens. Nurses and midwives must be fully aware of the impact of FGM/C – they need to know who is at risk and they need to how to have a really sensitive and difficult conversation to address it...”

As the Women's Health Forum representative for FGM/C Ruth has also been involved in multi-agency activities to raise the profile and understanding of FGM/C, to promote evidence based resources and to work in partnership with key stakeholders to end FGM/C in the UK and globally.

Mortality and health inequalities among mothers and babies from Black, Asian and ethnic minority groups

Job role/title: Sarah Chitongo, Midwifery Educator and Clinical Skills Manager at Middlesex University

Location: London and national level (England)

SDG3: Good health and wellbeing

SDG10: Reduced inequalities



In 2018, Sarah won the Mary Seacole Award for her work to highlight the disproportionate mortality rates of mothers and babies from Black, Asian and minority ethnic (BAME) groups in the UK. Sarah has worked to raise awareness of this issue through research and teaching, including providing cultural awareness training to students and practitioners with the aim of improving the quality of maternity care.

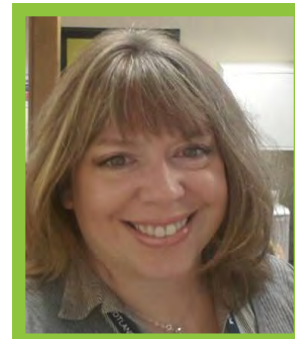
Sarah's research identified systematic and cultural issues that contribute towards the health inequalities experienced by BAME women using maternity services, including: lack of continuity of carer; the existence of cultural bias and stereotyping; poor communication; language barriers; and lack of sensitivity and understanding concerning cultural and linguistic needs of BAME patients (Chitongo, 2019).

A key aspect of Sarah's work centres on ensuring midwives, nurses and other clinicians have appropriate cultural awareness training to overcome 'unconscious bias' towards BAME groups and to prevent preconceptions from having a negative impact on BAME women. Sarah conducts roadshows in and around London to raise awareness of this issue and there has been extensive promotional work to support health care professionals to address these health inequalities and failures.

At a national level, Sarah has been working with NHS England to raise awareness and influence policy. In her report she makes a series of recommendations aimed at increasing access to services for BAME women, including for community hubs to be established to provide easy access to all the services pregnant women might need.

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 improving services for this group. Jess has been working with the Scottish Government as a forensic nurse expert to explore the possibility of nurses becoming principle forensic examiners in Scotland, alongside work with higher education to build an accredited nursing course in this area which is now underway.

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.

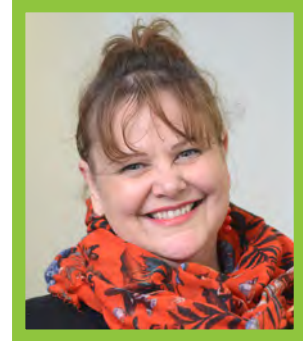
Location: London

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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