“Nurses have a major role in Making Every Contact Count”

The NHS Mandate between the government and NHS England sets out ambitions for the health service. It focuses on areas identified as being of greatest importance to delivering high-quality care to improve health outcomes for individuals, communities and, ultimately, society. The mandate aims to provide services that help people to live longer in the best of health. We need to focus on prevention and health improvement, as well as providing care when people are ill.

Maximising the contribution of nurses and midwives has become increasingly important to the delivery of key aims such as giving children the best start in life, promoting their health and resilience as they grow up, preventing ill-health and providing better early diagnosis and treatment of conditions such as cancer and heart disease, as well as managing ongoing physical and mental health conditions so individuals, families and carers can experience a better quality of life.

The chief medical officer has said society needs to develop a culture of health. By addressing determinants of health, supporting communities and helping people to make healthy choices, we can improve outcomes and reduce inequalities.

To support professionals in developing their roles as health-promoting practitioners, Public Health England and the Department of Health have published a Framework for Personalised Care and Population Health, which sets out six activities on the domains of the Public Health Outcomes Framework. It allows easy access to evidence-based research, guidance, standards, good practice and outcome measures, thus supporting practice and linking the nursing and midwifery contribution to outcomes. This work is vital – and we need to make it visible. Through a range of activities and social media we aim to be part of the social movement to build a culture of health.

Making Every Contact Count, where timely and opportunistic advice is given in a healthcare or a community setting, is a key part of health promotion. These interventions include, for example, improving nutrition, quitting smoking, reducing alcohol intake or helping to reduce social isolation. MECC can include suggesting more active interventions.

There are some great examples of MECC but also a lot of missed opportunities. Nurses and midwives, while enthusiastic about health-promoting practice, have expressed concerns about having the right skills and developing the confidence to make MECC integral to their job. As well as the resources within the framework, the Royal College of Nursing has set up an online resource to help staff support people to change their lifestyle.

Universities are increasing the focus in undergraduate training on prevention, while NHS organisations – including those in the acute sector – are working for health gain in communities. Much has been achieved but there is still much to do and nurses and midwives have vital roles in improving health and reduce inequality.

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