Map of NICE guidance relating to inequalities: A companion guide to *Measuring inequalities 2016*

Measuring inequalities 2016

Trends in mortality and life expectancy in Wales

We would welcome feedback on this report and would be interested to hear how it has been used. To provide feedback, or request further information, please contact us:

Public Health Wales Observatory
14 Cathedral Road
Cardiff
CF11 9LJ

Email: publichealthwalesobservatory@wales.nhs.uk

Map Contents

1. Introduction

Measuring inequalities 2016 has found that people in Wales are living longer and spending more of their lives in good health. However differences in life expectancy, and healthy life expectancy, between areas of Wales having the greatest socioeconomic advantage and those less advantaged persist.

This document is a map of National Institute for Health and Care Excellence (NICE) guidance relating to the primary prevention of disease or risk factors contributing to disease development and NICE guidance relating to the prevention of external causes of harm. The map provides:

- Links to each relevant NICE guidance
- A brief outline of the guidance scope
- Links to local government briefings based on NICE guidance.

NICE guidance represents a key body of knowledge and is considered good practice. It is developed using transparent processes and methods, underpinned by evidence, informed by stakeholder views and experience, and is subject to regular review and update where required.

The purpose of this document is to help people find information easily about actions, identified by NICE, that could be considered to help address behaviours and causes contributing to poor health. In particular it highlights their recommendations that focus on reducing health inequalities associated with socioeconomic disadvantage. The topics include reducing smoking prevalence and harms, tackling obesity, reducing harm from alcohol and drugs, reducing accidents and injuries, increasing physical activity, improving mental wellbeing, cardiovascular disease prevention, and Type 2 diabetes prevention. These topics have been chosen because of the disproportionate effect observed in population groups at socioeconomic disadvantage. For example:

- Smoking is the largest single cause of health inequalities. A socioeconomic gradient is observed for smoking and cardiovascular disease with rates of risk factor and disease both increasing with increasing disadvantage
- Obesity is related to social disadvantage, especially in children, as is weight retention after birth. Physical activity has a complex relationship with socioeconomic status
- Alcohol-related problems have a disproportionate effect on disadvantaged groups
- Children and young people from lower socioeconomic groups are more likely to be affected by unintentional injuries. The social gradient is noted to be particularly steep in relation to deaths caused by household fires, cycling and walking
- Conduct disorders exhibit a steep social class gradient.

This document does not signpost to policy and other documents proposing social reform to address the extent of social gradient arising from income inequality, differences in social status or empowerment of different population groups. One NICE guideline [NG44] does however describe community engagement approaches to involve diverse representation from local communities, specifically those at risk of poor health, in health and wellbeing initiatives. NG44 notes that community engagement is an important way to improve health, address the social determinants of health, and reduce health inequalities. NICE's guideline on *Behaviour change: general approaches* [PH6] acknowledges that patterns of behaviour are deeply

embedded in people's social and material circumstances and their cultural context, and recommends that social, financial and environmental barriers that prevent people from making positive changes in their lives should be identified and attempts made to remove them e.g. tackling local poverty, employment or education issues. Some NICE guidance included in the map have captured possible actions to ameliorate the effects of differences in specific social determinants of health e.g. effecting changes to the environment in which people live, through regulation and enforcement or planning mechanisms.

Many of the guidelines use the principle of proportionate universalism, recommending universal services with additional tailored interventions that are proportionate to the level of need and support required. In general, NICE guidance emphasise the importance of good data to inform needs assessments and characterise local populations and risk factor prevalence. This understanding of the local population alongside mapping of current services, initiatives and resources will help to identify whether, and where, there is a requirement to commission tailored and more intensive and proportionate interventions.

NICE local government briefings are overviews of actions, stemming from NICE recommendations that can influence the context in which people live and that often shape behaviours. There are NICE local government briefings for many of the themes identified in the map, but there are also three overarching briefings which may be of particular interest to those tackling health inequalities namely *Health inequalities and population health* (2012), *Tackling the causes of premature mortality (early death)* (2015) and *Improving access to health and social care services for people who do not routinely use them* (2014).

As well as measuring differences in life expectancy and healthy life expectancy, *Measuring Inequalities 2016* also describes inequalities in specific causes of death. Reducing inequalities in circulatory deaths can be supported by recommendations from [PH25]and [PH15] which are specific to cardiovascular disease prevention, those addressing diabetes [PH35][PH38] and [PH46], *Excess winter deaths and illness and the health risks associated with cold homes* [NG6] and also those which address smoking, obesity, alcohol and physical activity. Reducing inequalities in cancer can be supported by recommendations from the guidelines addressing smoking, obesity, alcohol and physical activity and *Sunlight exposure: risks and benefits* [NG34]. Reducing inequalities in external causes of death can be supported by recommendations from several guidelines addressing unintentional injury and those addressing alcohol.

NICE guidance provides recommendations on what works in health and social care and refer to the need to address the social determinants of health. There are other resources which can provide access to more detail on what can affect change in these areas from some of the 'What Works' centres that have been established in the UK; NICE is one such centre. 'What Works' centres which provide compilations of evidence on effective strategies are:

What Works Centre for Local Economic Growth	Hover over the browse policy areas menu item for evidence summaries
Early Intervention Foundation	Guidebook
Education Endowment Foundation	Teaching and Learning Toolkit Early Years Toolkit
College of Policing	Crime Reduction Toolkit

Other 'What Works' centres include the Public Policy Institute for Wales, the What Works Centre for Wellbeing, and the Centre for Ageing Better.

2. Community engagement

NICE's guidance on community engagement [NG44] provides recommendations on involving representatives from the local community and developing partnerships to provide health and wellbeing initiatives.

NICE note area-based initiatives, working with health and education and supporting urban regeneration and development to tackle social and economic disadvantage, as an example of an effective approach collaborations could use to meet local needs and priorities. The guidance signposts to a document published by Public Health England, namely, *A guide to community-centred approaches for health and well-being* which describes a range of approaches.

This guidance recommends that health inequalities should be addressed by ensuring additional efforts are made to involve local communities at risk of poor health.

Community engagement	
NICE Guidance Title	**Guidance Summary**
Community Engagement: improving health and wellbeing and reducing health inequalities [NG44] March 2016 **Review date:** Not yet reviewed	This guideline covers community engagement approaches to reduce health inequalities, ensure health and wellbeing initiatives are effective and help local authorities and health bodies meet their statutory obligations. This guideline covers recommendations on: • Overarching principles of good practice – what makes engagement more effective? • Developing collaborations and partnership approaches to encourage and support alliances between community members and statutory, community and voluntary organisations to meet local needs and priorities • Involving people in peer and lay roles – how to identify and recruit people to represent local needs and priorities • Making community engagement an integral part of health and wellbeing initiatives • Making it as easy as possible for people to get involved.

3. Behaviour change

Behaviour change: general approaches [PH6] states that effective interventions target specific groups and are tailored to their needs and that this is particularly important when health equity is one of the goals. It also notes that structural improvements should be considered to help people who find it difficult to change e.g. changes to the physical environment or to service delivery, access and provision. Alongside describing parameters for interventions with individuals, PH6 recommends investment in community interventions which identify and build on the strengths of individuals and communities and the relationships within communities.

Both PH6 and *Behaviour change: individual approaches* [PH49] describe the need for evidence-based behaviour change programmes which include population, community, organisational and individual-level behaviour change interventions.

NICE local government briefing 7 behaviour change (published January 2013, updated June 2015)

Behaviour change	
NICE Guidance Title	**Guidance Summary**
Behaviour change: general approaches [PH6] October 2007 **Review date:** August 2014 **Review decision:** Guidance to be partially updated	This guidance provides a set of generic principles that can be used as the basis for planning, delivering and evaluating public health activities aimed at changing health-related behaviours. Identifying effective approaches and strategies that benefit the population as a whole will enable public health practitioners, volunteers and researchers to operate more effectively, and achieve more health benefits with the available resources. The guidance should be read in conjunction with other topic-specific public health guidance issued by NICE. The recommendations include the following advice: - Base interventions on a proper assessment of the target group, where they are located and the behaviour which is to be changed: careful planning is the cornerstone of success - Work with other organisations and the community itself to decide on and develop initiatives - Build on the skills and knowledge that already exists in the community - Take account of – and resolve – problems that prevent people changing their behaviour (such as the costs involved or lack of knowledge) - Base all interventions on evidence - Train staff to help people change their behaviour - Evaluate all interventions.

Behaviour change	
NICE Guidance Title	**Guidance Summary**
[Behaviour change: individual approaches [PH49]](#) January 2014 **Review date:** Not yet reviewed	The guidance aims to help tackle a range of health-damaging behaviours such as alcohol misuse, poor eating patterns, lack of physical activity, unsafe sexual behaviour and smoking. These behaviours are linked to health problems and chronic diseases (such as cardiovascular disease, type 2 diabetes and cancer). Interventions that help people change have considerable potential for improving health and wellbeing. This includes helping them to: • Improve their diet and become more physically active • Lose weight if they are overweight or obese • Stop smoking • Reduce their alcohol intake • Practice safe sex to prevent unwanted pregnancies and a range of infectious diseases such as HIV and chlamydia. This guidance makes recommendations on individual-level behaviour change interventions. It includes a range of approaches for people aged 16 and over, from single interventions delivered as the opportunity arises to planned, high intensity interventions that may take place over a number of sessions. The recommendations are inter-linked and should be implemented together. They cover: policy and strategy, commissioning, planning, delivery, training and evaluation of individual-level behaviour change interventions. They also cover behaviour change techniques, the maintenance of change, and organisational and national support.

4. Reducing smoking prevalence and harms

The map includes nine guidelines in relation to reducing smoking prevalence and consequent harms.

Preventing smoking uptake

Smoking: preventing uptake in children and young people [PH14] makes recommendations in relation to population interventions involving mass-media and point-of-sales measures. The guideline noted a paucity of evidence on how socioeconomic status (and other measures of inequality) might affect children and young people's response to mass-media interventions discouraging tobacco use or the effectiveness of tobacco access restrictions. The recommendation on local mass media campaigns states that strategic research and qualitative pre- and post-testing with target audiences should be conducted.

Smoking prevention in schools [PH23] provides universal recommendations, one of which involves influencing the environment through the development and implementation of a smokefree policy throughout school buildings and grounds. At time of publication it identified little evidence of how socioeconomic status affected the effectiveness of interventions based in schools. The guideline process also identified little evidence of interventions likely to be effective with pupils who are most at risk of starting to smoke.

Smoking cessation

Many of the guidelines refer to the importance of seeking and using opportunities to engage with and influence people who smoke, particularly those who are disadvantaged.

Smoking: acute, maternity and mental health services [PH48] notes that the link between smoking and both physical and mental ill-health means that many users of secondary care services are smokers. It stresses the need for comprehensive smoke free policies in secondary and tertiary care (premises, grounds and vehicles), the communication of key messages on harm, and the identification and referral of smokers who wish to stop. Systems within secondary care should facilitate such efforts, e.g. on-site smoking services and licensed nicotine containing products for sale. Access to smoking cessation support for people with mental health problems is noted in this guideline because of the high prevalence within this group and substantial health gap that arises as a consequence.

Smoking: stopping in pregnancy and after childbirth [PH26] recommends that disadvantaged women who smoke be involved in the planning and development of services and that those services should be flexible and accessible in terms of location and times. This guideline also specifies identifying and interacting with partners or other household members of pregnant women.

Stop smoking services [PH10] notes that services should be easily accessible to minority ethnic or disadvantaged groups and such services should be aiming to treat such groups at least in proportion to their representation in the local population of tobacco users. This guideline also recommends that employers negotiate a smoke free workplace policy.

Smoking: workplace interventions [PH5] identifies the workplace as a setting that can access groups who do not normally consult health professionals such as young men, and includes a recommendation for managers of stop smoking services providing support to workplaces to focus on enterprises where a large proportion of employees are on low pay or from a disadvantaged background when demand for support exceeds available resource.

Harm reduction

The complementary approach to smoking cessation is that of harm reduction. NICE guidance on *harm reduction* [PH45] notes that investment in harm-reduction approaches should not detract from existing stop smoking services, rather such activity should be utilised to augment reach and impact of such services. People from routine and manual employment groups are more likely to cut down first, rather than stop smoking abruptly. The guidance notes that providers of stop-smoking and other behaviour-change services should offer people who do not want, are not ready, or are unable to stop smoking in one step, a harm-reduction approach. This could include cutting down prior to stopping smoking, smoking reduction, temporary abstinence or stopping smoking whilst using licensed nicotine-containing products as long as needed to prevent relapse.

NICE local government briefing 24 tobacco (published January 2015)

Reducing smoking prevalence and harms	
NICE Guidance Title	**Guidance Summary**
Smoking; preventing uptake in children and young people [PH14] July 2008 **Review date:** November 2014 **Review decision:** The guideline will be fully updated including a review of the scope.	This public health guidance provides recommendations on preventing the uptake of smoking by children and young people. The recommendations focus on mass-media and point-of-sales measures. These should be combined with regulation, education, cessation support and other activities as part of a comprehensive strategy. Mass-media campaigns can include TV, newspapers and the internet. Point-of-sales measures take place where tobacco is sold, such as at the shop counter. Mass-media recommendations include the following advice: • Work in partnership with a range of organisations, as well as children and young people, but do not involve the tobacco industry. National campaigns should link to regional and local activities

Reducing smoking prevalence and harms	
NICE Guidance Title	**Guidance Summary**
	• Consider messages that will lead to a strong emotional reaction, by portraying tobacco as a deadly product and including graphic images of its effect.
Smoking prevention in schools [PH23] February 2010 **Review date:** April 2013 **Review decision:** To be partially updated	This is NICE's formal guidance on school-based interventions to prevent smoking among children and young people. The five recommendations include the following advice: • The smoking policy should support both prevention and stop smoking activities and should apply to everyone using the premises (including the grounds) • Information on smoking should be integrated into the curriculum • Anti-smoking activities should be delivered as part of personal, social, health and economic (PHSE) and other activities related to Healthy Schools or Healthy Further Education status • Anti-smoking activities should aim to develop decision-making skills • All staff involved in smoking prevention should be trained to do so • Educational establishments should work in partnership with outside agencies to design, deliver, monitor and evaluate smoking prevention activities.
Smoking: acute, maternity and mental health services [PH48] November 2013 **Review date:** Not yet reviewed	This guidance aims to support smoking cessation, temporary abstinence from smoking, and smoke free policies in all secondary care settings. It recommends: • Strong leadership and management to ensure premises remain smoke free • All hospitals have an on-site Stop Smoking Service • Identifying people who smoke, offering advice and support to stop • Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care • Integrating stop smoking support in secondary care with support provided by community-based services • Ensuring staff are trained to support people to stop smoking while using secondary care services • Supporting staff to stop smoking or to abstain while at work • Ensuring there are no designated smoking areas or staff-facilitated smoking breaks for anyone using secondary care services.
Smoking: stopping in pregnancy and after childbirth [PH26] June 2010 **Review date:** September 2015 **Review decision:** To be partially	This is NICE's formal guidance on how to stop smoking in pregnancy and following childbirth. NICE says all pregnant women who smoke – and all those who are planning a pregnancy or who have an infant aged under 12 months of age – should be referred for help to quit smoking. The eight recommendations include advice on:

Reducing smoking prevalence and harms	
NICE Guidance Title	**Guidance Summary**
updated	- How NHS professionals and others working in the public, community and voluntary sectors can identify women (including teenagers) who smoke when they attend an appointment or meeting - How to refer them to NHS Stop Smoking Services (or the equivalent) - How NHS Stop Smoking Services staff (and staff from equivalent, non-NHS services) should contact and support all women who have been referred for help - How to help their partners or 'significant others' who smoke - When and how nicotine replacement therapy and other pharmacological support should be offered - Training for professionals.
Stop smoking services [PH10] February 2008 **Review date:** July 2011 **Review decision:** Updated November 2013	The guidance advises the NHS, local authorities and their partners on the range of services that should be available for everyone who smokes or uses tobacco in any form. In particular, this includes pregnant women, those aged under 20, manual workers and people who are on a low income or income support. It also gives advice on the training and education that managers and staff in Stop Smoking Services need. The recommendations focus on smoking cessation services, pharmacotherapies and other treatments, offering advice to specific groups, education and training and strategies, policies and plans.
Smoking: workplace interventions [PH5] April 2007 **Review date:** September 2014 **Review decision:** Placed on the static list (it will be reviewed every six years, instead of the normal three years)	The recommendations include the following advice: - Develop a smoking cessation policy, provide employees with information on local stop smoking support services, publicise the interventions above and allow staff time off to attend smoking cessation services - Encourage employers to provide staff who smoke with advice, guidance and support on quitting - Employees who want information, advice or support to stop smoking should contact a local service such as the NHS Stop Smoking Services - Smoking cessation services should offer one or more of the recommended services listed above, delivered by trained staff and tailored to the person's needs. They should also offer employers support to help their employees to stop smoking.
Smoking: brief interventions and referrals [PH1] March 2006 **Review date:** July 2013 **Review decision:** Any update will be incorporated in the partial update of PH10 scheduled to start in November 2015.	This guidance only examines brief smoking cessation interventions. The recommendations include the following advice: - Ask people who smoke how interested they are in quitting - If they want to stop, refer them to an intensive support service such as NHS Stop Smoking Services - If they are unwilling or unable to accept a referral, offer a stop smoking aid (pharmacotherapy)

Reducing smoking prevalence and harms	
NICE Guidance Title	**Guidance Summary**
	• A range of NHS agencies should offer advice and support on how to stop smoking • Monitoring systems should be set up so that health professionals know whether or not their patients smoke.
Smokeless tobacco: south Asian communities [PH39] September 2012 **Review date:** Not yet reviewed	This guidance aims to help people of South Asian origin to stop using traditional South Asian varieties of smokeless tobacco. This guidance focuses on cessation, that is, interventions that help people of South Asian origin to stop using smokeless tobacco products. The recommendations should be implemented as part of other activities and services to address the general health needs of South Asian communities. The 6 recommendations cover: • Assessing local need • Working with local South Asian communities • Commissioning smokeless tobacco services • Providing brief advice and referral: dentists, GPs, pharmacists, and other health professionals • Specialist tobacco cessation services (including stop smoking services) • Training for practitioners.
Smoking: harm reduction [PH45] June 2013 **Review date:** Not yet reviewed however it was updated July 2013	In general, stopping smoking in one step (sometimes called 'abrupt quitting') offers the best chance of lasting success. However, there are other ways of reducing the harm from smoking, even though this may involve continued use of nicotine. The recommendations cover awareness-raising, advising on, providing and selling licensed nicotine-containing products; self-help materials; behavioural support; and education and training for practitioners. This guidance recommends harm-reduction approaches which may or may not include temporary or long-term use of licensed nicotine-containing products.

5. Tackling obesity

The map includes six guidelines specific to obesity or weight management and one on maternal and child nutrition [PH11]. Two have greater emphasis on addressing some of the wider determinants of health.

Maternal and Child Nutrition [PH11] focuses on interventions to improve the nutrition of low-income and other disadvantaged groups compared with the general population. It recommends promotion of the Healthy Start scheme which includes vouchers to increase fruit and vegetable intake, the provision of multivitamins for both eligible women and children, and the encouragement of breastfeeding. It notes that particular attention should be given to the needs of women who are least likely to breastfeed including the provision of peer support. Food and drinks available at pre-school and day care settings should reinforce teaching about healthy eating. Local strategic partnerships should provide support to develop and maintain community-based initiatives aiming to make a balanced diet more accessible to people on a low income and work with local retailers to improve the way fresh fruit and vegetables are displayed and promoted.

Obesity: working with local communities [PH42] recommends the development of a sustainable, community wide multiagency approach to address obesity prevention and management and that activities be integrated with broader regeneration and environmental strategies. The guidance discusses factors that may make it easier for people to achieve and maintain a healthy weight including, improving local recreation opportunities, community safety, or access to food that can contribute to a healthier diet. It also recommends community engagement to identify the priorities of local people in relation to weight issues and note that residents may feel that issues such as crime, the siting of hot food takeaways or alcohol outlets, the lack of well-maintained green space, pavement parking, speeding, or the lack of a sense of community are their top priorities. Also noted in this guidance is that local authority establishments and NHS organisations should be exemplars of good practice promoting healthier food choices through influencing caterer contracts, pricing and positioning of products, as well as encouraging and supporting staff to be physically active for example by introducing active travel plans.

Other guidance from NICE in this area include a few comments in relation to changing the context in which people live. The guidelines on weight management programmes recommend that commissioners ensure adequate provision of such services in disadvantaged groups using contract specifications.

NICE local government briefing 9 [preventing obesity and helping people manage their weight](#) (published May 2013)

Tackling obesity	
NICE Guidance Title	**Guidance Summary**
[Maternal and child nutrition [PH11]](#) March 2008 **Review date:** September 2014 **Review decision:** Fully updated in November 2014	This guidance addresses disparities in the nutrition of low-income and other disadvantaged groups compared with the general population. Recommendations for health professionals include: - Provide Healthy Start vitamin supplements (folic acid and vitamin C and D) for eligible pregnant women - NHS commissioners and managers are advised to implement a structured programme to encourage breastfeeding within their organisations - Encourage breastfeeding by providing information, practical advice and ongoing support - Once infants are aged 6 months, encourage and help parents and carers to progressively introduce them to a variety of nutritious foods, in addition to milk. Recommendation 3 has been replaced by *Vitamin D: increasing supplement use among at-risk groups* [PH56].
[Obesity: working with local communities [PH42]](#) November 2012 **Review date:** Not yet reviewed	This guidance aims to support effective, sustainable and community-wide action to prevent overweight and obesity in adults and overweight and obesity in children. It sets out how local communities, with support from local organisations and networks, can achieve this. It does not cover clinical management for people who are already overweight or obese. The 14 recommendations cover: - Developing a sustainable, community-wide approach to obesity - Strategic leadership - Supporting leadership at all levels - Coordinating local action - Communication - Involving the community - Integrated commissioning - Involving local businesses and social enterprises operating in the local area - Local authorities and the NHS as exemplars of good practice - Planning systems for monitoring and evaluation - Implementing monitoring and evaluation functions - Cost effectiveness - Organisational development and training - Scrutiny and accountability.
[Obesity prevention [CG43]](#) December 2006	The management of obesity cannot be viewed in isolation from the environment in which people live. This is the first national guidance on the prevention of overweight and obesity in adults and children in

Tackling obesity	
NICE Guidance Title	**Guidance Summary**
Review Date: December 2011 **Review decision:** Some elements were updated March 2015	England and Wales. This guidance offers practical recommendations based on the evidence and aims to: • Stem the rising prevalence of obesity and diseases associated with it • Increase the effectiveness of interventions to prevent overweight and obesity • Improve the care provided to adults and children at risk of overweight and obesity The advice on the prevention of overweight and obesity applies in both NHS and non-NHS settings. Public health recommendations have been divided according to their key audiences and the settings they apply to. Recommendations made for the public have been replaced by *Maintaining a healthy weight and preventing excess weight gain among adults and children* [NG7] (2015). Clinical recommendations have been replaced by *Obesity: Identification, assessment and management of overweight and obesity in children, young people and adults* [CG189] (2014).
Weight management before, during and after pregnancy [PH27] July 2010 **Review date:** January 2014 **Review decision:** This guidance will not be updated, the guidance remains current.	This is NICE's formal guidance on dietary interventions and physical activity interventions for weight management before, during and after pregnancy. The recommendations are based on strategies and weight-loss programmes that are proven to be effective for the whole population. They include advice on: • How to help women with a BMI of 30 or more to lose weight before and after pregnancy – and how to help them eat healthily and keep physically active during pregnancy • How to help all pregnant women eat healthily and keep physically active • The role of community-based services • The professional skills needed to achieve the above.
Preventing excess weight gain [NG7] March 2015 **Review date:** Not yet reviewed	This guideline makes recommendations on behaviours that may help people maintain a healthy weight or prevent excess weight gain. The recommendations aim to: • Encourage people to make changes in line with existing advice • Encourage people to develop physical activity and dietary habits that will help them maintain a healthy weight and prevent excess weight gain • Encourage people to monitor their own weight and associated behaviours Promote the clear communication of benefits of maintaining a healthy weight and making gradual changes to physical activity and diet • Ensure messages are tailored to specific groups

Tackling obesity	
NICE Guidance Title	**Guidance Summary**
	• Ensure activities are integrated with the local strategic approach to obesity.
Weight management: lifestyle services for overweight or obese adults [PH53] May 2014 **Review date:** Not yet reviewed	This guideline makes recommendations on the provision of effective multi-component lifestyle weight management services for adults (aged 18 and over) who are overweight or obese. It covers weight management programmes, courses, clubs or groups that aim to change someone's behaviour to reduce their energy intake and encourage them to be physically active. Recommendations highlight the importance of an integrated approach to prevention and management, as well as increasing awareness of available services/programmes between health and care professionals and the public.
Weight management: lifestyle services for overweight or obese children and young people [PH47] October 2013 **Review date:** Not yet reviewed	This guidance aims to provide recommendations on lifestyle weight management services for overweight and obese children and young people aged under 18. These services are just one part of a comprehensive approach to preventing and treating obesity. The recommendations cover: • Planning services • Commissioning programmes • Core components of lifestyle weight management programmes • Developing a tailored programme plan to meet individual needs • Encouraging adherence • Raising awareness of programmes • Formal referrals to programmes • Providing ongoing support • Programme staff: training, knowledge and skills • Training in how to make programme referrals • Supporting programme staff and those making programme referrals • Monitoring and evaluating programmes

6. Reducing harm from alcohol and drugs

The map includes three guidelines related to reducing the harm from alcohol and drugs.

Alcohol-use disorders: prevention [PH24] includes recommendations for population approaches including consideration of a minimum unit price for alcohol, revising legislation on licensing to limit its availability, and ensuring that the exposure of children and young people to alcohol advertising is also limited. Local measures recommended to combat alcohol related harm include addressing underage and proxy sales, sales to people who are intoxicated and using crime and trauma data to support licensing policies.

Alcohol: school-based interventions [PH7] includes universal recommendations that involve the provision of education and advice. The guidance notes it was not possible to determine what impact the recommendations would have on inequalities.

Substance misuse: intervention of vulnerable under25s [PH4] has a focus on vulnerable and disadvantaged groups. References to ameliorating wider determinants of health in [PH4] are limited to the referral of children and young people to services such as social care, housing or employment.

NICE Local government briefing 6 alcohol (published October 2012, no update date)
NICE local government briefing 18 tackling drug use (published May 2014, last update May 2014)

Reducing harm from alcohol and drugs	
NICE Guidance Title	**Guidance Summary**
Alcohol-use disorders: prevention [PH24] June 2010 **Review date:** May 2014 **Review decision:** No update required. Published guidance still current.	This public health guidance advises on the prevention and early identification of alcohol-use disorders among people aged 10 years and older. The guidance identifies how government policies on alcohol pricing, its availability and how it is marketed could be used to combat such harm. Changes to policy in these areas are likely to be more effective in reducing alcohol-related harm among the population as a whole than actions undertaken by local health professionals. The recommendations for practice support, complement – and are reinforced by – these policy options. They cover: - Licensing - Resources for identifying and helping people with alcohol-related problems - Children and young people aged 10 to 15 years – assessing their ability to consent, judging their

Reducing harm from alcohol and drugs	
NICE Guidance Title	**Guidance Summary**
	alcohol use, discussion and referral to specialist services • Young people aged 16 and 17 years – identification, offering motivational support or referral to specialist services • Adults – screening, brief advice, motivational support or referral.
Alcohol: school-based interventions [PH7] November 2007 **Review date:** May 2014 **Review decision:** This guidance will be fully updated	This document constitutes the Institute's formal guidance on interventions in schools to prevent and reduce alcohol use among children and young people. It also looks at how to link these interventions with community initiatives, including those run by children's services. The recommendations focus on encouraging children not to drink, delaying the age at which they start drinking, and reducing the harm it can cause among those who do drink. They include the following: • Alcohol education • A 'whole school' approach • One-to-one advice or referral to an external service as appropriate • Ensure school interventions are integrated with community activities and find ways to consult with families about initiatives to reduce alcohol use.
Substance misuse intervention for vulnerable under 25s [PH4] March 2007 **Review date:** April 2014 **Review decision:** This guidance will be updated	This guidance focuses on community-based activities taking place in, for example, schools and youth services, to reduce substance misuse among vulnerable and disadvantaged children and young people. The recommendations include: • Develop a local strategy • Use existing tools to identify children and young people who are misusing, or at risk of misusing, substances • Work with parents and carers and other organisations involved with children and young people to provide support and, where necessary, to refer them to other services • Offer motivational interviews to those who are misusing substances • Offer group-based behavioural therapy to children aged 10–12 years who are persistently aggressive or disruptive – and deemed at high risk of misusing substances • Offer their parents or carers group-based parent skills training • Offer a family-based programme of structured support to children aged 11–16 years who are disadvantaged and deemed at high risk of substance misuse.

7. Reducing accidents and injuries

The map includes three guidelines addressing unintentional injuries in children and young people under 15.

PH29 focuses on strategies, regulation, enforcement, surveillance and workforce development in relation to preventing unintentional injuries in the home, on the road and during outdoor play and leisure. The guideline recommends that local and national plans include a commitment to prevent unintentional injuries and in particular aim to do so amongst the most vulnerable groups to reduce inequalities in health. It also recommends that prevention initiatives in public outdoor play and leisure should be based on local data and focused on groups most at risk. Road injury reduction programmes should reflect the increased risks facing children and young people from disadvantaged areas and communities. Child road safety reviews should consult with children and young people, particularly from disadvantaged communities, about their road use and their opinions about the risks involved.

PH31 has a focus on road design and modification and makes recommendations on the introduction of engineering measures to reduce speed, specify types of roads and locations, and includes consideration of injury rates.

PH30 addressing unintentional injuries in the home recommends that households with children and young people aged under 15 at greatest risk should be identified and prioritised for home safety assessments and the supply and installation of home safety equipment.

A local government briefing on preventing unintentional injuries among under 15's is currently in development. No publication date had been given at the time of writing.

Reducing accidents and injuries	
NICE Guidance Title	**Guidance Summary**
Unintentional injuries: prevention strategies for under 15s [PH29] November 2010 **Review date:** September 2014 **Review decision:** No update required. Published guidance still current.	This guidance focuses on strategies, regulation, enforcement, surveillance and workforce development in relation to preventing unintentional injuries in the home, on the road and during outdoor play and leisure. The recommendations cover: • Planning and coordinating local activities • Workforce training and capacity building through national standards and curricula • Injury surveillance and preventive initiatives • Fitting permanent safety equipment and carrying out home safety assessments

Reducing accidents and injuries	
NICE Guidance Title	**Guidance Summary**
	• Outdoor play and leisure, including policies to ensure public play spaces are safe, and education and advice on water and firework safety • Road safety, including strategies to help reduce vehicle speed in areas near where children and young people are present, and managing road safety partnerships.
[Unintentional injuries on the road: interventions for under 15s [PH31]](#) November 2010 **Review date:** September 2014 **Review decision:** No update required. Published guidance still current.	This guidance focuses on road design and modification. The recommendations include advice on: • How health professionals and local highways authorities can coordinate work to make the road environment safer • Introducing engineering measures to reduce vehicle speeds • Making routes commonly used by children and young people safer.
[Unintentional injuries in the home: interventions for under 15s [PH30]](#) November 2010 **Review date:** December 2014 **Review decision:** No update required. Published guidance still current.	This guideline aims to prevent unintentional injuries among all children and young people but in particular, those living in disadvantaged circumstances, as they are at increased risk compared to the general population. The recommendations focus on providing home safety assessments, supplying and installing home safety equipment, and providing education and advice when carrying out these activities. The guidance includes the following advice: • Prioritise households at greatest risk • Establish partnerships with local community organisations • Offer home safety assessments and advice • Offer appropriate safety equipment including door guards, cupboard locks, safety gates, smoke and carbon monoxide alarms, thermostatic mixing valves and window restrictors.

8. Increasing physical activity

The map includes six guidelines related to physical activity.

The guideline on *Physical activity and the environment* [PH8] recommends that changes to the physical environment in a locality should ensure that the potential for physical activity is maximised, but acknowledges a dearth of evidence on how environmental interventions affect the physical activity levels of different groups and what impact the recommendations will have on inequalities. The potential impact on health inequalities should be considered when implementing the recommendations.

Physical activity: walking and cycling [PH41] also recommends that the impact of walking and cycling projects on health inequalities be evaluated but comments that interventions which reduce motor traffic are likely to have a positive impact on health inequalities because people from deprived groups, who are exposed to the greatest risks from air pollution and traffic injuries, are most likely to benefit.

Physical activity for children and young people [PH17] also addresses the built environment. Engagement with the population is another feature in this guidance. It recommends that:

- children and young people and their families be consulted on a regular basis to understand the factors that help or prevent them from being physically active
- children and young people who are likely to be the least active should be identified and involved in the design, planning and delivery of physical activity opportunities
- young people from different socioeconomic and minority ethnic groups and those with a disability should be actively involved in the provision of activities and the information gathered should be used to tackle any inequalities in provision.

Physical activity in the workplace [PH13] includes a recommendation on supporting employers developing organisation-wide policies to support their staff be more physically active. This guideline recommends that where the demand for support exceeds available resources, support should be focussed on enterprises where a high proportion of employees are from a disadvantaged background, those where a high proportion of employees are sedentary and also small and medium-sized enterprises.

NICE local government briefing 3 physical activity (published July 2012)

NICE local government briefing 8 walking and cycling (published January 2013)

Increasing physical activity	
NICE Guidance Title	**Guidance Summary**
Physical activity and the environment [PH8] January 2008 **Review date:** April 2014 **Review decision:** Partial update required.	This guidance offers the first evidence-based recommendations on how to improve the physical environment to encourage physical activity. It demonstrates the importance of such improvements and the need to evaluate how they impact on the public's health. The seven recommendations cover strategy, policy and plans, transport, public open spaces, buildings and schools. They include: • Planning applications for new developments prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life • Pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads • Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity • Public open spaces and public paths that can be reached on foot, by bicycle and using other modes of transport involving physical activity.
Physical activity: walking and cycling [PH41] November 2012 **Review date:** March 2016 **Review decision:** No update required. Published guidance still current.	This guidance aims to set out how people can be encouraged to increase the amount they walk or cycle for travel or recreation purposes. Increasing how much someone walks or cycles may increase their overall level of physical activity, leading to associated health benefits. The recommendations cover: • Policy and planning • Local programmes • Schools, workplaces and the NHS.
Physical activity for children and young people [PH17] January 2009 **Review date:** March 2015 **Review decision:** No update required. Published guidance still current.	The best way to encourage children and young people to be physically active may differ according to their age, developmental stage, culture and gender. The recommendations in this guidance relate to all children and young people up to the age of 18, including those with a medical condition or disability (except where clinical assessment or monitoring is required prior to and/or during physical activity). The recommendations provide advice on: • How to promote the benefits of physical activity and encourage participation • High level strategic planning • The importance of consultation with children and young people and how to set about it • Planning and providing spaces, facilities and opportunities • Training people to run programmes and activities • How to promote physically active travel such as cycling and walking.

Increasing physical activity	
NICE Guidance Title	**Guidance Summary**
Physical activity in the workplace [PH13] May 2008 **Review date:** December 2014 **Review decision:** No update required	These recommendations aim to help employers and workplace health professionals prevent the diseases associated with a lack of physical activity. Efforts made in the workplace, alongside wider strategies to increase physical activity levels, could help improve people's health significantly. Recommendations for employers include: • Develop an organisation-wide plan, introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be more physically active (This could be part of a broader programme to improve health) • Encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work (for example, by developing a travel plan) • Help employees to be physically active during the working day, for example, by encouraging them to take the stairs or walk to external meetings.
Physical activity: brief advice for adults in primary care [PH44] May 2013 **Review date:** March 2016 **Review decision:** No update required. Published guidance still current.	Increasing physical activity has the potential to significantly improve both physical and mental wellbeing, reduce all-cause mortality, and improve life expectancy. This guideline aims to support routine provision of brief advice on physical activity in primary care practice. The recommendations cover: • Identifying adults who are inactive • Delivering and following up on brief advice • Incorporating brief advice in commissioning • Systems to support brief advice • Information and training to support brief advice.
Physical activity: exercise referral schemes [PH54] September 2014 **Review date:** Not yet reviewed	This guideline makes recommendations on exercise referral schemes to promote physical activity for people aged 19 and older. It focuses on exercise referral schemes that try to increase physical activity among people who are inactive or sedentary and are otherwise healthy or who have an existing health condition or other risk factors for disease.

9. Improving mental wellbeing

The map includes 10 guidelines related to improving mental well-being. Five guidelines relate to children and young people.

Social and emotional wellbeing: *early years* [PH40] recommends that health and wellbeing boards ensure the social and emotional wellbeing of vulnerable children features in the health and wellbeing strategy as one of the most effective ways of addressing health inequalities. The guideline includes recommendations for universal as well as more targeted services. Universal services should identify early vulnerable children at risk or already showing signs of social and emotional problems. Targeted evidence-based structured interventions for vulnerable children should be monitored against outcomes. All vulnerable children should be able to benefit from high quality childcare outside the home on a part-or full-time basis and take up their entitlement to early childhood education where appropriate.

Social and emotional wellbeing in primary education [PH12] addresses and includes universal and targeted approaches within its recommendations. It notes that targeted help should be available to those children showing early signs of emotional and social difficulties and their parents.

Antisocial behaviour and conduct disorders in children and young people [CG158] includes a recommendation for selective prevention through classroom-based emotional learning and problem solving programmes for children, aged typically between 3 and 7 years, in schools where classroom populations have a high proportion of children identified to be at risk of developing oppositional defiant disorder.

Social emotional wellbeing in secondary education [PH20] includes mainly universal interventions. However the recommendation on working with parents and families states that parents, carers and other family members living in disadvantaged circumstances should be given the support they need to participate fully in parenting sessions for example, by offering a range of times for the sessions or providing help with transport and childcare.

There is also a specific guideline [PH28] aiming to improve the quality of life of looked after children and young people who are one of the most vulnerable and disadvantaged groups in society.

Two guidelines relate to mental wellbeing in older people [NG32 and PH16]. *Older people: independence and mental wellbeing* [NG32] recommends a preventative approach to all those at risk, but that older people who are at greatest risk of a decline in their independence. It also recommends mental wellbeing should be targeted because of limited local authority funds and as a way of addressing health inequalities. The guideline committee also noted that the risk of widening inequalities could be avoided by providing

a variety of interventions and help to access services. This guideline used an assets–based approach, taking a broad view of factors or resources that help people, communities and populations to maintain health and wellbeing in reaching its recommendations. PH16 covering occupational therapy and physical activity interventions, including the promotion of walking schemes, also notes that where needs exceed the resources available there should be a focus on the most disadvantaged older people.

NG16 encompasses mid-life approaches to delay or prevent the onset of dementia, disability and frailty in later life. This guideline outlines that stopping smoking, being more physically active, reducing alcohol consumption, adopting a healthy diet and achieving/ maintaining a healthy weight reduce the risk of dementia, disability and frailty in an individual. This guideline links extensively to other public health guidelines in this area and notes that population level initiatives and local regulatory and legal powers should be utilised to enable people to change their behaviour as necessary. The Public Health Advisory Committee for this guideline agreed that individual behaviour change approaches are likely to be more cost-effective and less likely to widen in equalities when supported by population-based approaches.

Two guidelines relate to mental wellbeing at work [PH22 and NG13]. PH22 notes that improvements in the quality of work and working conditions may help to reduce inequalities as people in lower paid jobs are more likely to have a lack of control of their workload, job insecurity and exposure to physical hazards.

NICE local government briefing 19 looked after children and young people (published June 2014)

NICE local government briefing 12 Social and emotional wellbeing for children and young people (published September 2013)

NICE local government briefing 2 workplace health (published July 2012, updated July 2012)

Improving mental wellbeing	
NICE Guidance Title	**Guidance Summary**
Social and emotional wellbeing: early years [PH40] October 2012 **Review date:** Not yet reviewed	This guidance aims to define how the social and emotional wellbeing of vulnerable children aged under 5 years can be supported through home visiting, childcare and early education. The recommendations cover strategy, commissioning and review, identifying vulnerable children and assessing their needs, home visiting for vulnerable children and their families, early education and childcare and delivering services. The recommendations: • Adopt a 'life course perspective' • Focus on social and emotional wellbeing as the foundation for the healthy development of vulnerable children and to offset the risks relating to disadvantage • Aim to ensure universal, as well as more targeted, services provide them with additional support

Improving mental wellbeing	
NICE Guidance Title	**Guidance Summary**
	• Should be used in conjunction with local child safeguarding policies.
[Social and emotional wellbeing in primary education [PH12]](#) March 2008 **Review date:** April 2013 **Review decision:** Guidance to be updated	This document provides guidance on promoting the social and emotional wellbeing of children in primary education. Primary education refers to all educational settings serving children aged 4–11 years. Children's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school. Good social, emotional and psychological health helps protect children against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol. The included recommendations suggest: • Local authorities should ensure primary schools provide an emotionally secure environment • Schools should have a programme to help develop all children's emotional and social wellbeing • Schools should also plan activities to help children develop social and emotional skills and wellbeing • Schools and local authorities should make sure teachers and other staff are trained to identify when children at school show signs of anxiety or social and emotional problems.
[Antisocial behaviour and conduct disorders in children and young people: recognition and management [CG158]](#) March 2013 **Review date:** September 2015 **Review decision:** Not to be updated at this time	Conduct disorders and associated antisocial behaviour are the most common mental and behavioural problems in children and young people. The guideline covers a range of interventions including treatment, indicated prevention and selective prevention (but not universal prevention), and adapting definitions developed by the Institute of Medicine.
[Social and emotional wellbeing in secondary education [PH20]](#) September 2009 **Review date:** January 2013 **Review decision:** No update required – published guidance still current	Social and emotional wellbeing includes being happy, confident and in control, with the ability to solve and cope with problems and have good relationships with other people. The six recommendations cover strategy, the key principles and conditions, working in partnership with parents, families and young people, the curriculum, and training and professional development. They include: • Secondary education establishments should have access to the specialist skills, advice and support they require • Practitioners should have the knowledge, understanding and skills to develop young people's social and emotional wellbeing • Secondary education establishments should provide a safe environment which nurtures and encourages young people's sense of self-worth

Improving mental wellbeing	
NICE Guidance Title	**Guidance Summary**
	• Social and emotional skills education should be tailored to the developmental needs of young people.
Looked-after children and young people [PH28] October 2010 **Last Updated:** May 2015 **Review decision:** The guideline was refreshed May 2015	Early experiences may have long-term consequences for the health and social development of children and young people. Entering care is strongly associated with poverty and deprivation. This guideline aims to improve quality of life (that is, the physical health, and social, educational and emotional wellbeing) of looked-after children and young people. The focus is on ensuring that organisations, professionals and carers work together to deliver high quality care, stable placements and nurturing relationships for looked-after children and young people. It also aims to encourage educational achievement, support the transition into independent living and places looked-after children and young people at the heart of decision making.
Older people: independence and mental wellbeing [NG32] December 2015 **Review Date:** Not yet reviewed	This guideline covers interventions to maintain and improve the mental wellbeing and independence of people aged 65 or older and how to identify those most at risk of a decline. The guideline includes recommendations on: • Principles of good practice • Group-based activities • One-to-one activities • Volunteering • Identifying people most at risk of a decline.
Mental wellbeing in over 65s: occupational therapy and physical activity interventions [PH16] October 2008 **Review date:** March 2015 **Review decision:** No update required – published guidance still current	This guidance focuses on the role of occupational therapy interventions and physical activity interventions in the promotion of mental wellbeing for older people. NICE recommendations include the following: • Offer regular sessions that encourage older people to construct daily routines to help maintain or improve their mental wellbeing • Offer tailored, community-based physical activity programmes • Advise older people and their carers how to exercise safely for 30 minutes a day on 5 or more days a week, using examples of everyday activities such as shopping, housework and gardening • Promote regular participation in local walking schemes as a way of improving mental wellbeing Involve occupational therapists in the design of training offered to practitioners.
Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset [NG16] October 2015	This guideline covers mid-life approaches to delay or prevent the onset of dementia, disability and frailty in later life. The risk of dementia, disability and frailty will sometimes be determined by factors that cannot be changed, such as inherited conditions or injury. But changing specific risk factors and behaviours can reduce the risk of dementia, disability and frailty for many people. The guideline includes

Improving mental wellbeing	
NICE Guidance Title	**Guidance Summary**
Review date: Not yet reviewed	recommendations on promoting a healthy lifestyle to reduce the risk of or delay the onset of disability, dementia and frailty by helping people to: • Stop smoking • Be more active • Reduce their alcohol consumption • Improve their diet and • Lose weight and maintain a healthy weight if necessary.
Mental wellbeing at work [PH22] November 2009 **Review date:** July 2014 **Review decision:** No update required. Published guidance still current.	Mental wellbeing at work is determined by the interaction between the working environment, the nature of the work and the individual. The five recommendations cover strategy, assessing opportunities for promoting mental wellbeing and managing risk, flexible working, the role of line managers, and supporting micro, small and medium-sized businesses. They include: • Promoting a culture of participation, equality and fairness that is based on open communication and inclusion • Using frameworks such as Health and Safety Executive management standards for work-related stress to promote and protect employee mental wellbeing • Consider particular models of flexible working that recognise the distinct characteristics of micro, small and medium-sized businesses and organisations.
Workplace health: management practices [NG13] June 2015 **Review date: not yet reviewed** **Last updated:** In March 2016, NICE added recommendations about older employees, aged over 50 in paid or unpaid work.	This guideline makes recommendations on improving the health and wellbeing of employees, with a particular focus on organisational culture and context, and the role of line managers. The aim is to: • Promote leadership that supports the health and wellbeing of employees • Help line managers to achieve this • Explore the positive and negative effect an organisation's culture can have on people's health and wellbeing • Provide a business case and economic modelling for strengthening the role of line managers in ensuring the health and wellbeing of employees.

10. Cardiovascular disease prevention

The map includes two guidelines specific to the prevention of cardiovascular disease.

Cardiovascular disease prevention [PH25] includes a number of recommendations for population based approaches, with an emphasis on changing policies, systems, regulations, the physical environment and other 'upstream factors' and notes that such measures are likely to reduce rather than increase health inequalities. This includes recommendations for action to:

- Lower salt and saturated fat intake and eliminate the use of trans fats
- Protect children from marketing, advertising and promotions which encourage an unhealthy diet
- Improve transparency in dealing between the commercial sector and government/ government agencies
- Achieve clearer product labelling
- Embed health impact assessment for cardiovascular disease into public policy
- Influence the Common Agricultural Policy such that it takes account of public health issues
- Support physically active travel
- Ensure publically funded catering departments meet approved Food Standards Agency approved dietary guidelines
- Restrict take-aways and other food retail outlets in specific areas using planning mechanisms.

Recommendations on the development and delivery of regional cardiovascular disease (CVD) prevention programmes within this guideline note that groups of the population who are disproportionately affected by CVD should be identified and their needs addressed.

PH15 which deals with the identification and support of people most at risk of dying early has a particular focus on disadvantaged groups and notes that supporting smoking cessation and providing statins, as recommended, should make a significant contribution to reducing health inequalities. This guideline also stresses the identification of disadvantaged adults at risk of CVD and their involvement in planning and developing flexible, accessible and coordinated services. When this guideline was published in 2008 there was a paucity of evidence on how to support people who are disadvantaged and the advisory group noted that innovation should be encouraged and evaluated to build an evidence base on how best to reach, engage and improve the health of people who are disadvantaged.

Cardiovascular disease prevention	
NICE Guidance Title	**Guidance Summary**
Cardiovascular disease prevention [PH25] June 2010 **Review date:** March 2014 **Review decision:** This guidance will be fully updated	This is NICE's formal guidance on preventing CVD at population level. CVD includes coronary heart disease (CHD), stroke and peripheral arterial disease. The guidance comprises two sets of recommendations aimed at national policy makers and local practitioners respectively. The initial recommendations outline a national framework for action. They break new ground for NICE by focusing on legislative, regulatory and voluntary changes – including further development of existing policies. The remaining recommendations for practice mainly focus on how to plan, develop and run effective regional CVD prevention programmes.
Cardiovascular disease: identifying and supporting people most at risk of dying early [PH15] September 2008 **Review date:** October 2011 **Review decision:** Guidance will not be updated at this time.	This guidance aims to help NHS and other staff identify and provide services for disadvantaged people and those most at risk of dying early from heart disease. Disadvantaged people include those who are living on a low income, those who are homeless and people with disabilities. The risk of dying early could be reduced by providing services to help people stop smoking and treatment for high cholesterol and other conditions that increase the risk of heart disease. The recommendations focus on system and structural changes to ensure effective clinical and public health practice can take place. This requires a comprehensive approach at all levels of the health system (for example, involving both practitioners and commissioners) and in partnership with others in the wider public, community and voluntary sectors. The recommendations are not aimed at clinical practice itself as the relevant advice is found in other NICE guidance. The recommendations have been developed for smoking cessation services and the provision of statins. Although the referral specified a focus on people in disadvantaged areas, the recommendations are relevant for all those who are disadvantaged, regardless of where they live.

11.   Type 2 diabetes prevention

The map includes three guidelines related to the prevention of diabetes.

Implementation of *Type 2 diabetes prevention: population and community-level interventions* [PH35] should decrease health inequalities; the guidance notes that the health of black and minority groups and lower socioeconomic groups will particularly benefit. It recommends that local joint strategic needs assessments should identify communities at high risk of developing diabetes, assess their knowledge, awareness, attitudes and beliefs about risk factors and map successful local interventions, resources and community groups promoting healthy eating, physical activity and weight management. It also recommends that effective, accessible and relevant weight management programs should be commissioned and provided in community settings in areas where populations at high risk of type 2 diabetes live. Further recommendations involve the use of local authority planning mechanisms to support accessibility to healthy diets and to provide environments which enable physical activity as a routine part of daily life.

PH46 highlights that people from black, Asian and other minority ethnic groups are at an equivalent risk of diabetes at a lower body mass index than white populations and stipulates BMI thresholds of 23 Kg/m^2 to indicate increased risk and 27.5 kg/m^2 to indicate high risk being used to trigger action.

PH38 describes a process for identifying and intervening to prevent diabetes in those at high risk. The guidance includes detail on which sections of the population should be offered risk assessment and links extensively to parameters used by the NHS Health Check Programme available in England. The NHS Health Check programme does not operate in Wales; there is a separate online self-assessment program with links to sources supporting healthy lifestyles. The guideline has some specific recommendations for defined vulnerable groups. It also notes that risk assessment can take place in a setting outside of primary care as long as the information is subsequently shared. This was included as the guideline advisory group was aware that people from lower socioeconomic groups were less likely to attend primary care settings for risk assessment.

NICE local government briefing 13 on Body mass index thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups (published January 2014)

Type 2 diabetes prevention	
NICE Guidance Title	**Guidance Summary**
Type 2 diabetes prevention: population and community-level interventions [PH35] May 2011 **Review date:** October 2014 **Review decision:** Guidance to be refreshed	NICE's recommendations aim to help prevent type 2 diabetes among populations and communities of adults who are at high risk. Risk factors include weight, waist circumference, age, physical activity and whether or not they have a previous history of gestational diabetes or a family history of type 2 diabetes. In addition to these individual risk factors, certain ethnic communities and people from lower socioeconomic groups are particularly at risk. The recommendations advise on: • Integrating national strategy on type 2 diabetes with national activities to prevent other non-communicable diseases (such as cardiovascular disease and certain cancers) • National action to promote a healthy diet and physical activity • Local needs assessments and strategies, including local action to promote a healthy diet and physical activity among communities at high risk • Training for those involved in helping to spread awareness of the risks and how to prevent the condition.
BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups [PH46] July 2013 **Next review:** Not yet reviewed	This guidance assesses how body mass index (BMI) and waist circumference among adults from black, Asian and other minority ethnic groups in the UK links to the risk of a range of non-communicable diseases. Included recommendations are: • Extend the use of lower BMI thresholds to trigger action to prevent type 2 diabetes among black African and African-Caribbean populations • Raise awareness of the need for lifestyle interventions at a lower BMI threshold for these groups to prevent type 2 diabetes • General awareness raising in both practitioners and black, Asian and other minority ethnic groups.
Type 2 diabetes: prevention in people at high risk [PH38] July 2012 **Review date:** August 2015 **Review decision:** Guidance to be partially updated	This guidance focuses on identifying people at high risk of type 2 diabetes and the provision of effective, cost effective and appropriate interventions for them. The recommendations can be used alongside the NHS Health Check programme. The recommendations focus on two major activities: • Identifying people at risk of developing type 2 diabetes using a staged (or stepped) approach. This involves a validated risk-assessment score and a blood test – either the fasting blood glucose or the HbA1c test to confirm high risk • Providing those at high risk with a quality-assured, evidence-based, intensive lifestyle-change programme to prevent or delay the onset of type 2 diabetes.

12. Other preventative guidelines

Excess winter deaths and illness and the health risks associated with cold homes [NG6] includes recommendations for year-round planning and actions in preparation for normal winter temperatures which aim to improve health and wellbeing among vulnerable groups including people with cardiovascular, respiratory or mental health conditions, those with disabilities, those aged 65 or older, households with young children, pregnant women and people on a low income.

Oral health: local authorities and partners [PH55] includes both universal and tailored interventions which include local pathways to encourage people to use dental services. Poor oral health exhibits a social gradient in children, young people and adults. The guideline recommends that contract specifications for early years services should include a requirement to promote oral health and train staff in oral health promotion and include services providing tailored information and advice for groups at high risk of poor oral health. Tooth brushing schemes and fluoride varnish programmes could be considered for nurseries in areas where children are at high risk of poor oral health. Similarly alongside whole-school approaches to raise awareness of the importance of oral health, specific schemes should be introduced to improve and protect oral health in primary schools in areas where children are at high risk of poor oral health.

PH19 on long term sickness absence and incapacity to work notes that helping people who are off sick and on incapacity benefit to resume work and draw a full salary will help reduce health inequalities and child poverty.

The recently published guideline on the risks and benefits of sunlight exposure [NG34] notes that tailored advice is required to back up universal messages as universal intervention could result in adverse effects for some groups and so increase health inequalities. Campaigns should take into account cultural, religious and social norms regarding sunlight exposure and outline what different groups should do to minimise their risks and maximise their benefits.

PH56 is focused on increasing vitamin D supplement use in at-risk groups.

Other preventative guidelines

NICE Guidance Title	Guidance Summary
Excess winter deaths and illness and the health risks associated with cold homes [NG6] March 2015 **Review date:** Not yet reviewed	This guideline makes recommendations on how to reduce the risk of death and ill health associated with living in a cold home. The aim is to help meet a range of public health and other goals. These include: • Reducing preventable excess winter death rates • Improving health and wellbeing among vulnerable groups • Reducing pressure on health and social care services • Reducing 'fuel poverty' and the risk of fuel debt or being disconnected from gas and electricity supplies (including self-disconnection) • Improving the energy efficiency of homes.
Oral health: local authorities and partners [PH55] October 2014 **Review date:** Not yet reviewed	This guideline makes recommendations on undertaking oral health needs assessments, developing a local strategy on oral health and delivering community-based interventions and activities. Many of the risk factors – diet, oral hygiene, smoking, alcohol, stress and trauma – are the same for many chronic conditions, such as cancer, diabetes and heart disease. As a result, interventions that aim to tackle these risk factors (taking a 'common risk factor approach') will improve general health as well as oral health. The recommendations in this guideline aim to: • Promote and protect oral health by improving diet and reducing consumption of sugary food and drinks, alcohol and tobacco (and so improve general health too) • Improve oral hygiene • Increase the availability of fluoride • Encourage people to go to the dentist regularly • Increase access to dental services. This guideline focuses, in particular, on people whose economic, social, environmental circumstances or lifestyle place them at high risk of poor oral health or make it difficult for them to access dental services.
Workplace health: Long term sickness absence and incapacity to work [PH19] March 2009 **Review date:** September 2014 **Review decision:** No update required as the published guidance is still current	The guidance presents recommendations for interventions that aim to: • Prevent or reduce the number of employees moving from short-term to long-term sickness absence (including the prevention of recurring short-term sickness absence) • Help employees on long-term sickness absence return to work • Reduce the number of employees who take long-term sickness absence on a recurring basis • Help people receiving incapacity benefit or similar benefits return to employment (paid and unpaid). The guidance does not cover prevention of sickness absence before it occurs (primary prevention) or

Other preventative guidelines	
NICE Guidance Title	**Guidance Summary**
	treatment of conditions that cause sickness absence and incapacity.
Sunlight exposure: risks and benefits [NG34] February 2016 **Review date:** Not yet reviewed	The guideline covers how to communicate the risks and benefits of natural sunlight exposure (specifically, the ultraviolet rays UVA and UVB) to help people understand why they may need to modify their behaviours to reduce the risk of skin cancer and vitamin D deficiency. This guideline replaces recommendations 1-5 in the NICE guidance on *Skin Cancer Prevention* [PH32] (2011).
Vitamin D: increasing supplement use in at-risk groups [PH56] November 2014 **Review date:** Not yet reviewed	This guideline aims to increase supplement use to prevent vitamin D deficiency among at-risk groups including: • Infants and children aged under 5 • Pregnant and breastfeeding women, particularly teenagers and young women • People over 65 • People who have low or no exposure to the sun • People with darker skin, for example, people of African, African-Caribbean or South Asian family origin.