NICE Update

NICE public health guidance: what’s new?

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New guidance

NICE has published the following public health guidance during September 2008 to January 2009.

- Identifying and supporting people most at risk of dying prematurely (no 15) www.nice.org.uk/Guidance/PH15
- Mental wellbeing and older people (no 16) www.nice.org.uk/Guidance/PH16
- Promoting physical activity, active play and sport for pre-school, school and community settings. www.nice.org.uk/Guidance/PHPG/Wave12/16

Identifying and supporting people most at risk of dying prematurely

This guidance aims to identify what works in decreasing population mortality rates among disadvantaged groups, with particular reference to proactive case finding, retention and access to services. The recommendations have been developed for smoking cessation services and the provision of statins. These areas were chosen because the methods of identifying and supporting adults and improving their access to services needed to be assessed using interventions, which have already been established as effective and cost effective. Moreover, epidemiological data show a clear socioeconomic gradient for smoking and cardiovascular disease (CVD). Tackling smoking and providing statins should make a significant contribution to reducing health inequalities.

One-off interventions are not adequate. The guidance points out that health inequalities are so deeply entrenched that providing disadvantaged groups or geographical areas with better services, and increased access to services, must be just one element of a broader strategy to address the distribution of the wider determinants of health, and all activities must be sustained on a long-term basis.

Recommendations to service providers and commissioners include ways to identify adults at risk through primary care or community programmes. Improved services should aim to retain contact with at-risk adults by, for example, providing flexible, coordinated, easily accessible services that are culturally sensitive and which meet local needs. Other recommendations to policy makers, planners and commissioners consider system incentives to ensure that activities are supported and sustained. Both planners and service providers need to make certain that relationships are established and maintained on the local and national level to ensure that all parties work together and are able to share learning and evaluation findings on a systematic basis. Much of the success of these recommended actions will depend on the skills of the service providers; therefore, commissioners need to ensure that practitioners are supported by appropriate training and have the capacity to make services responsive to the needs of disadvantaged people.

Mental wellbeing and older people

This guidance focuses on the role of occupational therapy interventions and physical activity interventions to promote the mental wellbeing of older people (65 years and over). The definition of mental wellbeing covers areas such as life satisfaction, optimism, self-esteem and having a sense of belonging and support. It is for all those professionals who have roles in promoting older people’s mental wellbeing. Recommendations include the provision of regular group
and/or individual sessions by occupational therapists and other professionals to encourage older people carry out daily routines and activities that help maintain or improve their health and wellbeing. Tailored exercise and physical activity programmes should be provided in the community, together with a range of walking schemes. It is important that older people are fully involved in the development of interventions and participants should be invited to provide regular feedback to inform further development.

**Promoting physical activity, active play and sport for pre-school, school and community settings**

The guidance refers to opportunities for moderate to vigorous intensity physical activity. Children and young people should undertake a range of activities at this level for at least 60 minutes over the course of a day. The recommendations map out the elements of a comprehensive strategy for promotion of physical activity, operating at national, local, strategic and operational levels. They cover a national campaign and raise awareness of the importance of physical activity and local strategic planning. The role of local organizations in the planning and delivery of different opportunities and activities are specified, including the provision of multi-component physical activity programmes. Ways of supporting adolescent girls, young women and children aged 11 and under are given particular attention. It emphasizes the importance of school travel plans in encouraging children and young people to choose physically active forms of travel throughout their school and college career.

**Methodological issues: evaluating the cost effectiveness of public health interventions**

All NICE public health guidance must have been judged to be both effective and cost effective. Typically, this involves reviews of studies of cost effectiveness and economic modelling of recommended interventions. Traditionally, the approach at NICE is based on a health service perspective and estimating incremental cost effectiveness ratios using quality-adjusted life years (i.e. cost/QALY). As part of this analysis, NICE uses the threshold of £20–30k as the ‘value’ that the National Health Service (NHS) is prepared to pay for an intervention. The approach recognizes that there are opportunity costs involved in determining allocation of resources within the finite NHS budget.

For some individual-based public health interventions (such as smoking cessation), it has proved possible to provide reasonably robust estimates of cost effectiveness from an NHS/PSS (personal social services) perspective. Such interventions can be clearly specified, and have been rigorously evaluated. Effect sizes have been established, and there is an understanding of the relationship between risk factors, mortality, morbidity and the health benefits that will ensue from stopping smoking. For interventions involving considerable uncertainty around the different factors involved in the modelling, threshold analyses may be used. This focuses on determining the minimum level of effectiveness an intervention needs to achieve in order for that intervention to fall below the threshold.

However, many public health interventions are highly complex with costs and benefits being realized in multiple sectors such as education, criminal justice and transport. The standard measure of health benefit currently used by NICE—the QALY—does not have resonance with sectors beyond the NHS. In the absence of a standard agreed measure for valuing public health interventions across different sectors, NICE can draw on other approaches to cost effectiveness including cost-consequence and forms of cost-benefit analyses. For example, the cost-effectiveness analysis for workplace smoking cessation was supplemented with a cost-impact assessment to determine the net financial benefit (arising from reduced sickness absence) to employers investing in smoking cessation programmes. Further methodological development is needed to establish one or more standard measures for valuing public health interventions across different sectors. The application of cost-consequence approaches may be a helpful step forward in this regard as it specifies all the key costs and consequences associated with the interventions and as such allows the decision-maker to apply criteria most relevant to their context to judge the best use of resources.

A key challenge will be to develop approaches that take account of equity. Reducing health inequalities need to recognize that this may require investing in more intensive and costly interventions to ensure those worse-off benefit as much as, or more than, their healthier counterparts (i.e. achieve equity of outcome). Part of this challenge will require careful consideration to be given to the extent of the trade off between equity and efficiency. It is unlikely to be decided by formula and will most likely involve a case-by-case analysis as different sectors will value different outcomes. Its success is likely to depend, in part, on the degree of consensus within and across sectors on how much efficiency can be forgone in order to achieve equity of outcome.

**Future guidance**

NICE has recently received the following referrals for future guidance:
• Prevention of obesity and maintenance of a healthy weight through effective community-based approaches, based on a whole systems perspective.
• Promotion of healthy eating activity through use of the media (including social marketing techniques) and to limit advertising of unhealthy foods.
• Prioritization of walking and cycling within transport policies.
• Increasing provision of fruit and vegetables in deprived communities.
• Identification and management of overweight or obese children by those working in primary care (general practitioners (GPs), health visitors, schools nurses) and educational settings.

• Targeted community-based interventions for management of overweight and obesity among children (such as mind, exercise, nutrition and diet (MEND), traffic lights and camps).
• Improvement of health and reduction of health inequalities through the process of spatial planning, including those tools such as Strategic Environmental Assessment, Health Impact Assessment and Sustainability Appraisal.
• Prevention and reduction of domestic violence (joint NICE and Social Care Institute for Excellence (SCIE)).
• Smoking cessation in pregnancy and following childbirth.
• Prevention of unintentional injury in 15 to 24-year olds through road use.