NICE Update

NICE Public health guidance: what’s new?

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New public health guidance

NICE has published two pieces of guidance during August to October 2009:

- Reducing the differences in the uptake of immunization (including targeted vaccines) in people younger than 19 years (www.nice.org.uk/nicemedia/pdf/PH21Guidance.pdf).

Promoting young people’s social and emotional wellbeing in secondary education

This guidance is one of a suite of guidance being developed on this topic. The life course approach provides a strong theoretical rationale for the development of guidance on promoting social and emotional wellbeing. This perspective helps explain how experience and circumstances during childhood and adolescence determine health chances and social prospects in later life. In particular good social, emotional and psychological health helps protect children and young people against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol. Critically, it also influences their ability to learn and achieve academically and therefore their opportunities for training and employment.

Schools and other education establishments have an important role in promoting social and emotional wellbeing through both organization-wide approaches and individual-based interventions.

There is comparatively limited UK-based evidence on the effectiveness of organization-wide approaches to promoting social and emotional wellbeing in secondary education. Much of the evidence is US based. The ‘best available evidence’ was derived from a small number of good quality randomized controlled trials, indicating that universal curriculum provision is effective in promoting positive behaviours and preventing bullying and disruptive behaviours. In addition the findings of the pilot evaluation of the national evaluation of the SEAL programme (Social and Emotional Aspects of Learning) in secondary education were considered.

The guidance focuses on what constitutes effective ‘organization-wide’ approaches for promoting the social and emotional wellbeing of all young people, but also for providing specific help for those most at risk (or already showing signs) of problems. The recommendations cover action at a strategic level; principles and key conditions; provision of curriculum approaches; working with parents; partnership working with young people themselves and training and continuing professional development.

Much of the recommendations are concerned with integrating the promotion of social and emotional wellbeing within the organizational systems and processes of secondary education; encompassing issues of culture and management as well as curriculum and extra-curriculum provision.

Leadership by head teachers, governors and teachers is critical, especially through the inclusion of social and emotional wellbeing within improvement plans, policies, systems and activities. The creation of an ethos that promotes mutual respect, learning and successful relationships...
among young people and staff is essential. Planning of activities needs to be underpinned by systematic measurement and assessment of young people's social and emotional wellbeing. The development of social and emotional skills should be integrated within all areas of the curriculum, and reinforced in all aspects of school life.

Evidence on the cost-effectiveness of organization-wide approaches is very limited. Also there is no agreed method for valuing the costs and benefits of interventions that involve different sectors including the NHS, education and the criminal justice system. The cost-effectiveness of these approaches was based on the quality adjusted live year (QALY) as the unit of health benefit. A model was developed based on assumptions about the link between a child's negative behaviour (such as bullying and victimization) and various outcomes in later life, such as their health and employment status. The various assumptions were subject to sensitivity analysis. Such modelling can only provide illustrative findings, given the uncertainties relating to the evidence base. Nevertheless such modelling serves to highlight the need for further methodological development: the adoption of a Social Welfare perspective that can value both the health and wider non-health benefits of such interventions across different sectors.

Reducing the differences in the uptake of immunization

Interest in immunization is now high among professionals and the public. Although immunization rates are rising in England, uptake varies between regions and even within PCTs. It is also an equity issue as children and young people from mobile populations, some ethnic minority groups and more disadvantaged groups have lower rates of immunization.

This is the first NICE guidance on immunization uptake, focusing on children and young people under the age of 19 in groups where coverage is low. It supports current national policy and guidance in the Department of Health's 'Green book' and the updates and other information available on the NHS immunization website (www.immunisation.nhs.uk) by offering evidence-based recommendations to increase timely uptake of vaccinations.

The guidance makes recommendations on all vaccinations for children from birth to 19 years. These include the following:

- Ensuring there is an identified healthcare professional in the PCT and every GP practice who is responsible—and provides leadership—for the local childhood immunization programme.

- Ensuring PCTs and GP practices have a structured and systematic method of recording, maintaining and transferring accurate information on vaccination status.

- Ensuring the Healthy Child team led by health visitors and school nursing teams can work with schools and parents to check children's immunization status when they enter Sure Start, nursery, start primary school or transfer to a new school or college. School nursing teams should offer vaccinations to help them catch up, or refer them to other immunization services.

- Improving access to immunization services for vulnerable children and young people (such as those who have transport, language, physical or learning disabilities) for example, longer appointment times, walk-in vaccination clinics, extended hours and mobile or outreach services.

The guidance includes one recommendation on a targeted vaccination programme, for babies born to mothers who have been screened antenatally and found to be infected with hepatitis B. Babies of hepatitis B-positive mothers are at risk of chronic infection and progressive liver disease. Although coverage of the birth dose appears to be high in England, subsequent hepatitis B vaccinations at 1 month, 2 months and 1 year may be delayed or never received.

The recommendations include a call for an identified person in every PCT responsible for scheduling and follow-up to ensure babies at risk are vaccinated at the right time and for health professionals to record the mother's hepatitis B status in the personal health record as soon as possible after the birth of her baby. Babies should be given their first dose of vaccine promptly, whether they are delivered in hospital or at home. They should receive all other recommended doses promptly, a blood test to check for infection and, where appropriate, hepatitis B immunoglobulin, in line with the 'Green book'.

Not only would efforts to increase the uptake of immunization bring clear health benefits to children, but also would be cost-effective. Economic modelling undertaken as part of the guidance development process demonstrated that the current UK hepatitis B vaccination programme for infants is cost saving and that it would still be cost-effective if considerable additional resources were invested to improve uptake.

At current levels of immunization, programmes to increase uptake of measles vaccination are highly cost-effective in groups with both high and low coverage. Increasing uptake in low-coverage groups was shown by the modelling to be marginally more efficient and would do more to reduce health inequalities. Even home visits, which some may perceive to be an expensive method of targeting children needing vaccination, would be a cost-effective
use of NHS resources. The economic modelling showed that almost any method to increase coverage of measles vaccination coverage would be cost-effective.

**Future guidance**

NICE has recently received the following referrals for future guidance:

- Guidance on the effectiveness and cost-effectiveness of interventions based on active case finding among hard-to-reach groups (find-and-treat model) for reducing transmission of tuberculosis and related mortality and implications for service development.
- Guidance for PCTs and clinicians working in various settings on the most cost-effective methods for offering testing for hepatitis B and C to those at risk of infection.