

The National Institute for Health and Care Excellence

Living well for longer: preventing premature mortality

Introduction

NICE has been producing evidence-based guidance on cost-effective action to prevent disease and promote good health (public health guidance) since 2005. See [published public health guidance](#).

[NICE pathways](#) bring together all of our recommendations on a given topic, including those aimed at preventing disease and promoting good health.

If implemented effectively, our recommendations will make a significant contribution to reducing premature mortality, that is, death before the age of 75.

This document summarises the actions that local authorities can take.

Preventing non-communicable diseases

Local authorities have a key role to play in preventing and reducing premature deaths from non-communicable diseases such as cancer, heart disease, stroke, respiratory disease and alcohol-related liver conditions. By tackling these diseases they will also help reduce health inequalities, because the more disadvantaged people are, the more likely they are to die before they reach 75.

An approach that combines strategy, action and delivery is key – whether tackling smoking and harmful drinking, encouraging people to be physically active or encouraging them to adopt a healthy, balanced diet.

Smoking cessation

Tobacco use is the single greatest cause of preventable deaths in England – killing over 80,000 people a year. This is greater than the combined total of preventable deaths caused by obesity, alcohol, traffic accidents, illegal drugs and HIV infections.

Smoking is also the primary reason for the gap in healthy life-expectancy between rich and poor.

We have produced [tobacco](#), a local government briefing on how to encourage people to stop smoking – and how to prevent people taking up the habit in the first place. For a brief summary and links to the full recommendations on our ‘Smoking prevention and cessation pathway’, see below.

In addition, for our recommendations on how to cut down using nicotine-replacement products see our [Smoking: tobacco harm-reduction approaches](#) pathway.

Summary highlights from our recommendations

- Smoking cessation advice and support should be available in community, primary and secondary care settings for everyone who smokes. Local policy makers and commissioners should target hard-to-reach and deprived communities, including minority ethnic groups, paying particular attention to their needs. For details see [Helping adults who are disadvantaged to quit smoking](#).

Commissioners of publicly funded smoking cessation services should:

- Determine the characteristics of the local population of people who smoke or use other forms of tobacco.
- Determine the prevalence of all forms of tobacco use locally.
- Ensure stop smoking services target minority ethnic and socioeconomically disadvantaged communities in the local population.

- Ensure stop smoking services provide a good service by maintaining adequate staffing levels, including a full-time coordinator (or the equivalent).
- Set realistic performance targets for both the number of people using the service and the proportion who successfully quit smoking. These targets should reflect the demographics of the local population.

For details see [Planning local, evidence-based stop smoking services](#).

Commissioners and managers of telephone quitline services should:

- Ensure publicly sponsored telephone quitlines offer a rapid, positive and authoritative response. Where possible, callers whose first language is not English should have access to information and support in their chosen language.
- Ensure all staff receive smoking cessation training (at least in brief interventions to help people stop smoking).

For details see [Staff in evidence-based stop-smoking services and quitline advisers](#).

Also see: [How employers can help employees to quit smoking](#), [Providing workplaces with support to help people quit smoking](#) and other recommendations on our [Smoking](#) pathway.

Preventing harmful drinking

Alcohol misuse is the third greatest overall contributor to ill health, after smoking and raised blood pressure. Each year, drinking adversely affects up to 1.3 million children, leads to over 7000 road accident injuries and 17 million lost working days.

Data submitted by the Department of Health to the Health Select Committee estimate that the cost to society of alcohol misuse is about £21 billion per year.

We have produced [alcohol](#), a local government briefing on how to encourage people to stop drinking at a level that damages their health. For a brief summary and links to the full recommendations on our 'Alcohol-use disorders pathway', see below.

Summary highlights from our recommendations

- Chief executives of local authorities should prioritise the prevention of harmful drinking as an 'invest to save' measure.
- Commissioners of alcohol services should ensure their plans include screening and brief interventions for people at risk of an alcohol-related problem and those whose health is being damaged by alcohol. This includes both adults and young people from disadvantaged groups.
- Commissioners should make provision for the likely increase in the number of referrals to services providing tier 2, 3 and 4 structured alcohol treatments as a result of screening. These services should be properly resourced to support the stepped care approach recommended in 'Models of care for alcohol misusers' ([Models of care for alcohol misusers](#)).
- Commissioners should ensure at least 1 in 7 dependent drinkers can get treatment locally.

For details see [Resources for screening and brief interventions](#).

- Use local crime and related trauma data to map the extent of alcohol-related problems before developing or reviewing a licensing policy. If necessary, limit the number of new licensed premises in a given area.
- Ensure sufficient resources are available to prevent under-age sales, non-compliance with any other alcohol licence conditions and illegal imports of alcohol.
- Identify and take action against premises that regularly sell alcohol to people who are underage, intoxicated or making illegal purchases for others.
- Undertake test purchases (using 'mystery' shoppers) to ensure compliance with the law on under-age sales.

- Ensure sanctions are fully applied to businesses that break the law on alcohol sales. This includes fixed penalty and closure notices (the latter should be applied to establishments that persistently sell alcohol to children and young people).

For details see [Licensing](#).

Physical activity

Physical activity is essential for good health, helping to prevent or manage over 20 conditions and diseases. These include heart disease, diabetes, some cancers and obesity. It can also help improve people's mental health and wellbeing.

We have produced [physical activity](#), a local government briefing on how to encourage people to be more physically active. For a brief summary and links to the full recommendations on our 'Physical activity' pathway, see below.

Summary highlights from our recommendations

- Create and manage safe spaces for incidental and planned physical activity, addressing any concerns about safety, crime and inclusion. Audit and amend bye laws that prohibit games. For details see [Public open spaces](#) and [Children and young people](#).
- Plan local facilities and services to ensure they are accessible on foot or by bicycle. For details see [Environment and physical activity](#).
- Ensure leisure services are affordable, culturally acceptable and accessible by public transport or by safe 'active travel' routes. Ensure provision is made for women who wish to breastfeed. For details see: [Local strategy, policy and commissioning for physical activity](#) and [Women before, during and after pregnancy](#).
- Consider pedestrians and cyclists when designing, developing or maintaining streets or roads, for example, by introducing traffic calming measures. For details see: [Developing cross-sector walking and cycling programmes](#) and [Transport provision outside the NHS](#).

- Ensure that the physical environment encourages people to be physically active. This includes developing and implementing public sector workplace travel plans that incorporate physical activity. Encourage and support employers in other sectors to do the same. For details see our local government briefing on [workplace health](#) and our pathway link to [Transport and physical activity](#).

Also see our recommendations on:

- How the environment can be developed to support physical activity: [Non-NHS environments](#), [NHS environment](#) and [NHS workplaces](#).
- How physical activity can be encouraged at work: [Policy and planning](#), [Physical activity programmes including active travel](#) and [Non-NHS workplaces](#).
- How children and young people can be encouraged to be physically active: [Local strategy and policy](#), [Playground design](#), [Planning and leadership in relation to spaces, facilities and programmes to encourage physical activity](#) and [Structure of physical activity programmes](#).

Walking and cycling

Increasing the number of people who regularly walk or cycle as a form of transport or leisure activity can help reduce air pollution and carbon emissions and address congestion, as well as helping people live active, healthy lives.

We have produced [walking and cycling](#), a local government briefing on how to encourage people to walk and cycle. For a brief summary and links to the full recommendations on our 'Walking and cycling' pathway, see below.

Summary highlights from our recommendations

Transport planners and directors of public health should:

- Ensure local, high-level strategic policies and plans support and encourage both walking and cycling and are developed in conjunction with relevant voluntary and community organisations. This includes a commitment to

invest sufficient resources to ensure more walking and cycling. For details see [Ensuring all relevant policies and plans consider walking and cycling](#).

- Develop coordinated, cross-sector programmes to promote walking and cycling for recreation as well as for transport purposes, based on a long-term vision of what is achievable and current best practice. For details see [Developing cross-sector walking and cycling programmes](#).
- Ensure walking routes are integrated with accessible public transport links to support longer journeys. Signage should give details of the distance and/or walking time, in both directions, between public transport facilities and key destinations. For details see [Community-wide walking programmes](#).

Also see our recommendations on: [Personalised travel planning](#), [Town-wide programmes](#) and [Workplaces](#).

Healthy eating

A healthy diet can help prevent a range of conditions including heart disease, diabetes, some cancers and obesity. For a brief summary and links to the full recommendations on our 'Diet pathway', see below.

Summary highlights from our recommendations

- Make people aware of their eligibility for welfare benefits and other schemes that supplement the family food budget.
- Use existing powers to control the number of take-away food shops and other food outlets in a given area, particularly near schools.
- Local authority and NHS commissioners could make a difference by ensuring healthier choices are included in catering contracts and are promoted through pricing and educational initiatives.

For details see: [Services offering dietary advice for children](#), [Standards for take-aways and other food outlets](#) and [Local authorities and the NHS as exemplars of good practice](#).

- Help children and young people to have a healthy diet and lifestyle by ensuring the messages conveyed about food, the food and drink available – and where it is consumed – is conducive to a healthy diet. For details see [Diet in early years education and childcare](#).
- When public money is used to procure food and drink in venues outside the direct control of the public sector, ensure those venues provide a range of affordable healthier options (including from vending machines).
- Encourage venues frequented by children and young people and supported by public money to resist sponsorship or product placement from companies associated with foods high in fat, sugar or salt.
- Organisations in the public sector should avoid sponsorship from companies associated with foods high in fat, sugar or salt.

For details see [Strategy for local authorities and partners in the community](#).

Ensure all food procured by, and provided for, people working in the public sector and all food provided for people who use public services:

- is low in salt and saturated fats
- is nutritionally balanced and varied, in line with recommendations made in the [Eatwell plate](#)
- does not contain industrially produced trans fatty acids (IPTFAs).

For details see [Public sector catering](#) on NICE's 'Diet pathway'.

- Ensure the links between nutrition and health are an integral part of training for catering managers. In particular, they should be made aware of the adverse effect that frying practices and the use of salt, industrial trans fats and saturated fats can have on health.
- Ensure they are aware of the healthy alternatives to frying and to using salt and sugar excessively, based on the Food Standards Agency [Eatwell plate](#).

For details see [Training for public sector catering staff](#) on NICE's 'Diet pathway'.

Obesity

Obesity is a factor in many serious illnesses including type 2 diabetes, heart disease and certain cancers.

In England in 2010, just over a quarter of adults and almost one-sixth of children aged 2–5 years were obese. In addition, over two-fifths of men, nearly one-third of women and over 14% of children aged 2–15 years were overweight.

For details on our recommendations on diet and physical activity see above.

We have also produced [Obesity](#), a local government briefing on how to prevent people becoming overweight and obese and how to help them to manage their weight. For a brief summary of other relevant recommendations and links to the full recommendations on our 'Obesity: working with local communities' pathway, see below.

Summary highlights from our recommendations

- Adopt a coherent multi-agency approach and work with local clinical commissioning groups. Ensure activities on obesity are integrated within the joint health and wellbeing strategy, the joint strategic needs assessment (JSNA) and broader regeneration and environmental strategies.
- Action on obesity prevention and management should be a strategic priority and should be aligned with other disease-specific prevention strategies.

For details on how to develop a sustainable, community-wide approach see: [Integrating action](#), [Joint strategic needs assessments and joint health and wellbeing strategy](#) and [Strategic partnerships](#).

- Ensure the needs and priorities of the local community, as outlined by the JSNA, are understood by all those who may take action on obesity.

- Ensure elected members are briefed on the local picture and help them ensure obesity prevention is integrated within all council strategies and plans.
- Provide opportunities for community, voluntary and faith groups to meet to share learning and to enhance cooperation and joint working.
- Identify and work with ‘champions’ within local authorities, NHS groups and public, private, community and voluntary sector bodies.

For details on how to provide and support leadership see: [Strategic leadership](#), [Identifying and supporting local champions](#) and [Supporting leadership at all levels](#).

- Use community engagement and capacity-building methods to identify networks of local people, champions and advocates who can help.
- Work with local clinical commissioning groups to ensure GP practices are aware of local obesity prevention and treatment initiatives.
- Council leaders and elected members should raise the profile of obesity prevention initiatives through informal and formal meetings with local people.

For details on how to involve the community see: our [Community engagement](#) guidance, [Identifying local issues and actions](#), [Identifying and supporting local champions](#) and [Local advocacy](#).

- Foster an integrated approach to commissioning which supports a long-term (beyond 5 years) health and wellbeing strategy. Focus on the most effective ‘packages’ of interventions to meet local needs.
- Allocate resources to local community engagement activities and to innovative approaches which are likely to be effective and which have the support of the local community.
- Ensure flexibility in contracts to allow programmes or services to be adapted and improved. Consider commissioning effective small-scale projects or prototypes.

For more details see [Integrated commissioning](#).

- Ensure obesity prevention programmes are highly visible and easily recognisable. Address local people's concerns about issues such as the cost of eating more healthily or being more physically active.
- Train lay or peer workers from black and minority ethnic communities and lower socioeconomic groups to promote physical activity and healthy eating.

For details on how to develop community programmes to combat obesity see recommendations featured on a range of NICE pathways as follows:

- [Branding](#) and [Language](#) on NICE's 'Obesity: working with local communities pathway'
- [Conveying healthy lifestyle messages to the local community](#) and [Using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes](#) on NICE's 'Preventing type 2 diabetes pathway'
- [Recommendations for local authorities about community programmes to improve diet](#) on NICE's 'Diet pathway'.

Also read our recommendations on:

- The composition of the public health team needed to coordinate local action on obesity. See: [Public health team](#) on NICE's 'Obesity: working with local communities pathway'.
- Commissioning community weight management programmes. See: [Using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes](#) on NICE's 'Preventing type 2 diabetes pathway'; [Recommendations for health professionals and local authorities about weight management programmes \(including commercial programmes\)](#); and [Leisure and weight management services for women before, during and after pregnancy including commercial services](#) on NICE's 'Diet pathway'.
- Ensuring local authorities are exemplary employers. See: [Local authorities and NHS as exemplars of good practice](#) on NICE's 'Obesity: working with

- local communities pathway'; [Workplaces, including the NHS and local authorities](#) on NICE's 'Diet pathway'; [Non-NHS workplaces](#) on NICE's 'Physical activity pathway' and [Public sector catering](#) on NICE's 'Diet pathway'.
- Involving local businesses and social enterprises. See: [Involving local businesses and social enterprises](#) on NICE's 'Obesity: working with local communities pathway'; and [Promoting a healthy diet – local action](#) on NICE's 'Preventing type 2 diabetes pathway'.
 - Monitoring and evaluation. See: [Planning systems for monitoring and evaluation](#) and [Advocacy](#) and [Scrutiny and accountability](#) on NICE's 'Obesity: working with local communities pathway'.
 - Organisational development and training. See: [Training and development](#) on NICE's 'Obesity: working with local communities pathway' and [Training for public sector catering staff](#) on NICE's 'Diet pathway'.

Type 2 diabetes

Type 2 diabetes is a serious illness which increases the risk of a range of other conditions, including heart disease, and has a particular impact on black and minority ethnic communities.

Prevention involves adopting a healthy, balanced diet and maintaining a healthy weight, being physically active and reducing the time spent being sedentary. See above for our recommendations on physical activity, healthy eating and preventing obesity.

For a brief summary of our other recommendations on how to prevent this condition, and for links to the full recommendations on our 'Preventing type 2 diabetes pathway', see below.

Summary highlights from our recommendations

When developing strategy to target non-communicable diseases with a major link to diet, physical activity and obesity (for example, type 2 diabetes,

cardiovascular disease, certain cancers), local commissioners and providers of public health services should consider:

- Integrating the strategy with other relevant national actions to prevent related non-communicable diseases.
- Addressing the key risk factors (for example, being overweight or obese, a sedentary lifestyle and an unhealthy diet).
- Taking account of variations in different population subgroups (for example, by ethnicity, age or gender).
- Assess the potential health impact of all new policies on the key risk factors for type 2 diabetes and other non-communicable diseases. Ensure they support any national prevention strategy.

For details see [developing a local plan](#) on NICE's 'Preventing type 2 diabetes pathway'.

Type 2 diabetes prevention should be a priority in the joint health and wellbeing strategy. Identify local needs by:

- using anonymised, regional and local health data and routinely collected surveillance data on specific population groups or geographical areas to inform the joint strategic needs assessment
- mapping local diet, weight management and physical activity services and interventions (for example, slimming clubs).

For details see [Needs assessment to prevent type 2 diabetes](#).

Health and wellbeing boards and public health commissioners, working with clinical commissioning groups, should develop a comprehensive and coordinated type 2 diabetes prevention commissioning plan, based on the data collected. They should also ensure the commissioning plan:

- sets out organisational responsibilities for local type 2 diabetes risk assessments

- establishes arrangements to invite people of South Asian and Chinese descent aged 25 and over for a risk assessment at least once every 5 years
- is integrated with the joint health and wellbeing strategy
- is delivered through services operating across the NHS, local authorities and other organisations in the private, community and voluntary sectors.

For details see [Risk identification and intensive lifestyle-change programmes](#).

- Service providers should encourage people in high-risk groups to have a risk assessment. They should explain that those who are eligible can be assessed by the NHS Health Check programme.

For details see [Promoting risk assessment](#).

Heart disease and stroke

Lack of physical activity, obesity, smoking, excessive alcohol consumption, and type 2 diabetes all contribute to, and are risk factors for, cardiovascular disease (heart disease and stroke). As well as the actions identified above relating to each of these risks, a strategic approach at local level is also needed. For a summary of our recommendation on this see below.

Summary highlights from our recommendation on local strategy

- Health and wellbeing boards should link their heart disease prevention activities to existing strategies for targeting people at particularly high risk of CVD, for example, the NHS Health Check programme.
- Ensure the CVD prevention programme comprises multi-component interventions aimed at the whole population (such as local policy and regulatory initiatives) and which incorporate intense interventions for individuals at high risk of CVD.
- Ensure the programme is sustainable for a minimum of 5 years and appropriate time and resources are allocated for all stages, including planning and evaluation.

- Use a variety of methods to assess the potential impact (positive and negative) that all local and regional policies and plans may have on rates of CVD and related chronic diseases. Take account of any potential impact on health inequalities. For details see [Local and regional health impact assessments and evaluation](#) on NICE's 'Diet pathway'.

For details see [Developing a regional cardiovascular disease prevention programme](#) on NICE's 'Diet pathway'.

Preventing communicable diseases: hepatitis B and C

Chronic hepatitis B and C are the leading cause of liver disease worldwide ([The contribution of hepatitis B virus and hepatitis C virus infections to cirrhosis and primary liver cancer worldwide](#)), and the second most common cause of liver disease in the UK, after alcohol.

For a brief summary of our recommendations on how to prevent this condition and for links to the full recommendations on our 'Hepatitis B and C testing pathway' see below.

Summary highlights from our recommendations on testing for hepatitis B and C

Local authorities should assess information on the local prevalence of chronic hepatitis B and C and groups at increased risk, including by country of origin or risk behaviour. For details see [Commissioning locally appropriate integrated services for hepatitis B and C testing and treatment](#).

Local commissioners and providers of public health services, including local authorities and health and wellbeing boards should:

- Conduct awareness-raising campaigns, using campaign material and resources on hepatitis B and C.
- Ensure awareness-raising campaigns address common misconceptions about the risk of hepatitis B and C that can act as a barrier to testing. This includes the belief that treatments are not effective, or that treatment is not

needed until the illness is advanced. Campaigns should also make it clear that testing and treatment are confidential and address the stigma surrounding these infections.

For details see [Awareness-raising among the general population](#).

Local authorities should ensure education programmes address the following core topics and are designed to meet the needs of the target group:

- overcoming social and cultural barriers and improving access to testing and treatment for people at increased risk of hepatitis B and C infection
- reducing morbidity and mortality associated with hepatitis B and C through early detection and diagnosis.

For details see [Education for healthcare professionals and others providing services for people at increased risk of hepatitis B or C infection](#).

Local community services serving migrant populations should work in partnership with primary care practitioners to promote testing of adults and children at increased risk of infection. This should include raising awareness of hepatitis B and C, promoting the availability of primary care testing facilities and providing support to access these services. For details see [Testing in primary care](#).

Communicable diseases: tuberculosis

TB is influenced by levels of deprivation in terms of poverty, housing, nutrition and access to healthcare. For a brief summary of our recommendations on how to prevent and manage this condition among groups that are difficult to reach (such as rough sleepers and homeless people), see below. Also see below for links to the full recommendations on our 'Tuberculosis pathway'.

Summary highlights from our recommendations on TB for hard-to-reach groups

Commissioners should ensure the TB prevention and control programme targets all ages, including children. In addition, it should cover all aspects of TB prevention and control. This includes:

- active case-finding (contact investigations and screening of high-risk groups)
- awareness-raising activities
- diagnostic and treatment services
- standard and enhanced case management (including the provision of directly observed therapy)
- finding those lost to follow-up and encouraging them back into treatment
- identification and management of latent infection
- immunisation
- incident and outbreak control
- cohort review
- monitoring and evaluation
- the gathering of surveillance and outcome data.

For details see [Adopting a national, strategic approach](#).

New NICE guidance

Since June 2013, NICE has published the following guidance:

- [Managing overweight and obesity among children and young people](#). NICE public health guidance 47 (2013)
- [BMI and waist circumference - black, Asian and minority ethnic groups](#). NICE public health guidance 46 (2013)