

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

# PUBLIC HEALTH INTERVENTION GUIDANCE

## DRAFT SCOPE

### 1 Guidance title

Guidance for the NHS on interventions that reduce the rates of premature death in disadvantaged areas: proactive case finding and retention and improving access to services.

#### 1.1 *Short title*

Proactive case finding and retention and improving access to services in disadvantaged areas

### 2 Background

a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop guidance on public health interventions aimed at reducing the rate of premature death in disadvantaged areas. These areas are defined as those covered by the 'spearhead group' of 70 local authorities and 88 primary care trusts (PCTs). They are based on the local authority areas that are in the bottom fifth nationally for three or more of the following five indicators:

- male life expectancy at birth
- female life expectancy at birth
- cancer mortality rate in under 75s
- cardiovascular disease mortality rate in under 75s

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- index of multiple deprivation 2004 (local authority summary) average score.
- b) NICE public health intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support the following NSFs and other government policy documents:
- National service frameworks for CHD (including obesity), cancer, diabetes and children (DH 2000a; DH 2000b; DH 2001; DH 2006a)
  - 'Choosing health: making healthy choices easier' (DH 2004a)
  - 'Tackling health inequalities: a programme for action' (DH 2003)
  - 'National standards, local action' (DH 2004b)
  - 'Strong and prosperous communities: the local government white paper' (DCLG 2006)
  - 'Delivering choosing health: making healthier choices easier' (DH 2005a)
  - 'Wanless report: securing good health for the whole population' (Wanless 2004)
  - Making the connections: final report on transport and social exclusion. (SEU 2003)
  - 'Healthcare Commission strategic plan 2005/2008' (Healthcare Commission 2005).
- This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including

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cost effectiveness. It is aimed at professionals with public health as part of their remit working within the NHS.

### 3 The need for guidance

- a) Despite increased prosperity and reductions in mortality in the UK, inequalities in health are increasing. In the early 1970s, the overall mortality rate was almost twice as high for unskilled workers as it was for professionals. By the early 1990s, it was almost three times higher (Acheson 1998). In 1972–76, men in social class I lived an average 5.5 years longer than those in social class IV. In 1997–99, this disparity had grown to 7.4 years (DH 2003).
- b) The death rate from coronary heart disease (CHD) and lung cancer is three and four times higher respectively among unskilled manual men of working age than among professional men (Acheson 1998). Psychiatric disorders and suicidal attempts are more likely to occur in people facing socioeconomic disadvantage (ONS 2003). People living in more deprived areas are at an increased risk of diabetes.
- c) Forty four per cent of the black and minority ethnic population of England live within the areas covered by the 'spearhead' group of 70 local authorities and 62 primary care trusts (PCTs). These areas have the poorest socioeconomic and health profile in England and Wales. In 2001–03, male and female life expectancy here lagged 2.07 and 1.63 years respectively behind the average for England. (DH 2005b).
- d) Deprivation may partly explain why people with learning disabilities or mental health problems are particularly at risk of poor health (Disability Rights Commission 2006).
- e) Smoking, poor nutrition and physical inactivity are more common among people from lower socioeconomic groups, from certain

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minority ethnic communities and from other at risk groups (DH 2000b; DH 2005b; DH 2006b; National Centre for Social Research et al. 2004).

- f) Government policy encourages PCTs, local authorities and others to take a systematic approach to identifying and targeting groups and neighbourhoods in areas where health and use of health services is worst. The performance management system supports this policy. For example, in 2004, the government set public service agreement (PSA) targets to:
- reduce by at least 10% the gap in infant mortality between routine and manual groups and the population as a whole
  - reduce by at least 10% the gap in life expectancy between the fifth of areas with the lowest life expectancy and the population as a whole
  - reduce in the fifth of areas with the worst health and deprivation indicators and the population as a whole the gap in cardiovascular disease and cancer by 40% and 6% respectively
  - reduce adult smoking prevalence in routine and manual groups to 26% or less.

## 4 The guidance

- a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.
- b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

## **4.1 Populations**

### **4.1.1 Groups that will be covered**

Adults who live in disadvantaged areas who have a higher than average risk of premature death from heart disease, stroke and cancer. The groups may include:

- adults who are poor and/or socially excluded
- adults with low educational achievement
- adults from some black and minority ethnic groups
- those who are unemployed
- adults with mental health problems or a learning disability
- vulnerable older people
- adults who have difficulty accessing services.

### **4.2 Groups that will not be covered**

Groups and individuals with either an average or below average risk of early death from avoidable causes.

## **4.3 Areas**

### **4.3.1 Areas that will be covered**

- a) NHS interventions aimed at finding and then supporting adults living in disadvantaged areas who are at a higher than average risk of premature death from heart disease, stroke and cancer. These activities will cover both primary and secondary prevention. (As such, they contribute to the government's inequality target on life expectancy.) Examples will include the use of health trainers, health checks, and outreach initiatives.
- b) NHS interventions aimed at providing – and improving access to – services for adults with a higher than average risk of premature death from heart disease, stroke and cancer. These activities will

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cover both primary and secondary prevention. (As such, they contribute to the government's inequality target on life expectancy.) Examples of such interventions may include walk in and drop in centres, men's health initiatives, translation services and community development initiatives.

#### **4.3.2 Areas that will not be covered**

- a) Interventions and activities not aimed at reducing and/or eliminating premature death from cancer, heart disease and stroke.
- b) The wider determinants of health inequalities such as macro level policies aimed at tackling poverty and economic disadvantage.

#### **4.4 Comparators**

Interventions will be examined, where possible, against relevant comparators and/or no intervention.

#### **4.5 Outcomes**

Outcomes will include measures of service reach, including:

- how services identify the needs of the population subgroups
- service use, accessibility and availability.

#### **4.6 Key questions**

The following questions will be addressed.

- How do PCTs seek out, identify and support adults with a higher than average risk of premature death living in disadvantaged areas? How effective are these interventions, under what circumstances, for whom and when?
- What interventions could PCTs introduce to prevent premature death among adults living in disadvantaged areas? How effective are these

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interventions for different groups and individuals, under what circumstances and when?

- How can PCTs provide – or improve access to – services aimed at adults living in disadvantaged areas with a higher than average risk of premature death? How effective are these interventions, under what circumstances, for whom and when?
- What are the most effective and cost-effective methods for finding and providing primary and secondary prevention support for adults who have a higher than average risk of premature death and who live in disadvantaged areas?

#### **4.7 Target audiences and settings**

The guidance will be aimed at professionals working in the NHS including those with a responsibility for reducing premature death rates among adults and groups who live in disadvantaged areas.

#### **4.8 Status of this document**

This is the draft scope, released for consultation on 29 January 2007, to be discussed at a stakeholder meeting on 8 February 2007. Following consultation, the final version of the scope will be available at the NICE website in March 2007.

### **5 Further information**

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at: [www.nice.org.uk/page.aspx?o=300576](http://www.nice.org.uk/page.aspx?o=300576)

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## 6 NICE related guidance

Much of NICE guidance, both published and in development, is concerned with tackling heart disease, stroke and cancer. For a list of the relevant publications go to: [www.nice.org.uk/guidance](http://www.nice.org.uk/guidance)

## **Appendix A Referral from the Department of Health**

The Department of Health asked the Institute to produce:

‘Guidance for the NHS and other sectors on what works in driving down population mortality rates in disadvantaged areas where risk of early death is higher than average, with particular reference to proactive case finding and retention, and access to services.’

## Appendix B References

Acheson D (1998) Independent inquiry into inequalities in health: the Acheson report. London: Stationery Office.

Department for Communities and Local Government (2006) Strong and prosperous communities: the local government white paper. London: Department for Communities and Local Government.

Department of Health (2000a) National service framework for coronary heart disease. London: Department of Health.

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Department of Health (2003) Tackling health inequalities: a programme for action. London: Department of Health.

Department of Health (2004a) Choosing health: making healthy choices easier. London: Department of Health.

Department of Health (2004b) National standards, local action: health and social care standards and planning framework 2005/06 – 2007/08. London: Department of Health.

Department of Health (2005a) Delivering choosing health: making healthier choices easier. London: Department of Health.

Department of Health (2005b) Choosing a better diet: a food and health action plan. London: Department of Health.

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Department of Health (2006a) National service framework for children, young people and maternity services. London: Department of Health.

Department of Health (2006b) At least 5 a week: evidence on the impact of physical activity and its relationship to health – a report from the Chief Medical Officer. London: Department of Health.

Disability Rights Commission (2006) Equal treatment: closing the gap. Stratford upon Avon: Disability Rights Commission.

Healthcare Commission (2005) Healthcare Commission strategic plan 2005/2008. London: Healthcare Commission.

HM Government (2006) Reaching out: an action plan on social exclusion. London: Cabinet Office.

National Centre for Social Research, Public Health at the Royal Free and University College Medical School (2004) Health survey for England 2003. London: Department of Health.

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