

Public Health NICE Guidance

There are 54 public health guidance documents issued by the National Institute of Health and Clinical Excellence (NICE). The following table contains published guidance arranged according to public health topics.

Link to NICE guidance page: <http://www.nice.org.uk/guidance>

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Public health issue	Guidance	Publication reference / date	Recommendations
1. Alcohol	Alcohol-use disorders - Preventing harmful drinking	NICE public health guidance, PH24 (2010)	<p>Changes in policy in these areas is 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 cover;</p> <ul style="list-style-type: none"> • 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 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 <p><u>Delivering the recommendations</u></p> <p>1. Recommendations for policy:</p> <ol style="list-style-type: none"> a. Price: Consider introducing a minimum price per unit; b. Availability: Consider revising legislation on licensing to ensure protection of the public’s health is one of its objectives; Consider reducing personal import allowances to support the introduction of a minimum price per unit of alcohol c. Marketing: Ensure children and young people’s exposure to alcohol advertising is as low as possible by considering a review of the current advertising codes; d. Assess the potential costs and benefits of a complete alcohol advertising ban to protect children and young people from exposure to alcohol marketing <p>2. Recommendations for practice</p> <ol style="list-style-type: none"> a. Licensing: Use local crime and related trauma data to map the extent of alcohol-related problems before developing or reviewing a licensing policy: Ensure sufficient resources are available to prevent under-age sales, sales to people who are intoxicated, proxy sales, non-compliance with any other alcohol licence condition and illegal imports of alcohol; Work in partnership with the appropriate authorities to identify and take action against premises that regularly sell alcohol to people who are under-age, intoxicated or making illegal purchases for others. b. Undertake test purchases (using ‘mystery’ shoppers) to ensure

			<p>compliance with the law on under-age sales;</p> <p>c. Ensure sanctions are fully applied to businesses that break the law on under-age sales, sales to those who are intoxicated and proxy purchases.</p> <p>3. Resources for screening and brief interventions:</p> <p>a. prioritise alcohol-use disorder prevention as an ‘invest to save’ measure;</p> <p>b. ensure a local joint alcohol needs assessment is carried out;</p> <p>c. ensure plans include screening and brief interventions for people at risk of an alcohol-related problem (hazardous drinkers) and those whose health is being damaged by alcohol (harmful drinkers). This includes people from disadvantaged groups;</p> <p>d. make provision for the likely increase in the number of referrals to services providing tier two, three and four structured alcohol treatments as a result of screening; ensure at least one in seven dependent drinkers can get treatment locally, in line with ‘Signs for improvement’;</p> <p>e. include formal evaluation within the commissioning framework so that alcohol interventions and treatment are routinely evaluated and followed up;</p> <p>f. Commissioned services must ensure an appropriately trained nurse or medical consultant, with dedicated time, is available to provide strategic direction, governance structures and clinical supervision to alcohol specialist nurses and care givers.</p> <p>4. Supporting children and young people aged 10 to 15 years: routinely assess the ability of these children and young people to consent to alcohol-related interventions and treatment.</p> <p>5. Screening young people aged 16 and 17 years Extended brief interventions with young people aged 16 and 17 years</p> <p>6. Screening adults:</p> <p>a. routinely carry out alcohol screening as an integral part of practice;</p> <p>b. Where screening everyone is not feasible or practicable, NHS professionals should focus on groups that may be at an increased risk of harm from alcohol and those with an alcohol-related condition;</p> <p>7. Brief advice for adults Offer a session of structured brief advice on alcohol;</p> <p>8. Extended brief interventions for adults</p> <p>9. Referral: making a referral for specialist treatment</p> <p>This guideline makes recommendations on the diagnosis, assessment and management of harmful drinking and alcohol dependence in adults and in young people aged 10–17 years. In order to diagnose and manage alcohol misuse/</p>
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			<p>dependency more effectively, a range of assessments and interventions (pharmacological/ psychological and environmental) is proposed. The recommendations cover:</p> <ul style="list-style-type: none"> • Assessment for alcohol dependence • Person-centred care • Identification and assessment in a range of settings • Staff competencies • Support for families and carers • General principles for all interventions • Interventions for mild, moderate and severe dependence • Assisted alcohol withdrawal • Pharmacological treatments to prevent relapse • Special consideration for young people and children who misuse alcohol • Interventions for conditions comorbid with alcohol <p><u>Delivering the recommendations</u></p> <p>a) Assessment for alcohol dependence: Brief triage (to determine urgency of treatment) and comprehensive assessments should be utilised by specialist alcohol services. The Severity of Alcohol Dependence Questionnaire (SADQ) should be used to assess severity using mild, moderate and severe categories.</p> <p>b) Person-centred care: Treatment and care should take into account people's needs and preferences. Service users should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals.</p> <p>c) Identification and assessment in a range of settings: All staff that care for people who potentially misuse alcohol should be competent to identify harmful drinking and alcohol dependence. Alcohol specialist services to provide comprehensive assessments which record consumption, history, patterns, physical/ psychological health, readiness to change/ motivation, views of family/ carers and should utilise tools such as the SADQ, Leeds Dependency Questionnaire (LDQ) and Alcohol Problems Questionnaire (APQ)</p> <p>d) Staff competencies: All interventions for people who misuse alcohol should be delivered by appropriately trained and competent staff.</p>
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			<p>h) Assisted alcohol withdrawal: Fixed-dose and symptom triggered dosing regimens can be used in a community or inpatient setting with benzodiazepines being the preferred choice (chlordiazepoxide/diazepam). Service users who need assisted withdrawal should usually be offered a community-based programme, which should vary in intensity according to the severity of the dependence, available social support and the presence of comorbidities. Consider inpatient or residential assisted withdrawal if a service user meets one or more of the following criteria. They:</p> <ul style="list-style-type: none"> i. drink over 30 units of alcohol per day ii. have a score of more than 30 on the SADQ iii. have a history of epilepsy, or experience of withdrawal-related seizures or delirium tremens during previous assisted withdrawal programmes iv. need concurrent withdrawal from alcohol and benzodiazepines <p>regularly drink between 15 and 20 units of alcohol per day and have:</p> <ul style="list-style-type: none"> i. significant psychiatric or physical comorbidities (for example, chronic severe depression, psychosis, malnutrition, congestive cardiac failure, unstable angina, chronic liver disease) or ii. a significant learning disability or cognitive impairment <p>(h) Pharmacological treatments to prevent relapse: After a successful withdrawal for people with moderate and severe alcohol dependence, consider offering acamprosate or oral naltrexone in combination with an individual psychological intervention (cognitive behavioural therapies, behavioural therapies or social network and environment-based therapies) focused specifically on alcohol misuse</p> <p>(i) Special consideration for young people and children who misuse alcohol: In children and young people aged 10–17 years, conduct an initial brief assessment to assess:</p> <ul style="list-style-type: none"> i. the duration and severity of the alcohol misuse (the standard adult threshold on the AUDIT for referral and intervention should be lowered for young people aged 10–16 years because of the more harmful effects of a given level of alcohol consumption in this population) ii. any associated health and social problems iii. the potential need for assisted withdrawal <p>Refer all children and young people aged 10–15 years to a specialist</p>
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			<p>child and adolescent mental health service (CAMHS) for a comprehensive assessment of their needs, if their alcohol misuse is associated with physical, psychological, educational and social problems and/or comorbid drug misuse. A comprehensive assessment for children and young people (supported if possible by additional information from a parent or carer) should assess multiple areas of need, be structured around a clinical interview using a validated clinical tool (such as the Adolescent Diagnostic Interview [ADI] or the Teen Addiction Severity Index [TASI]).</p> <p>(j) Interventions for conditions comorbid with alcohol: For people who misuse alcohol and have comorbid depression or anxiety disorders, treat the alcohol misuse first as this may lead to significant improvement in the depression and anxiety. Refer people who misuse alcohol and have a significant comorbid mental health disorder, and those assessed to be at high risk of suicide, to a psychiatrist to make sure that effective assessment, treatment and risk management plans are in place</p> <p>The care of adults and young people (aged 10 years and older) who have any of the following physical health problems that are completely or partly caused by alcohol use is covered in this guideline:</p> <ul style="list-style-type: none"> • Acute alcohol withdrawal (which occurs if a ‘dependent’ drinker suddenly stops drinking) • Lack of thiamine (also called vitamin B1) in the body, which can cause a condition called Wernicke’s encephalopathy • Liver disease • Inflammation of the pancreas (called pancreatitis). <p><u>Delivering the recommendations</u></p> <p>a) Acute alcohol withdrawal: For people in acute alcohol withdrawal with, or who are assessed to be at high risk of developing, alcohol withdrawal seizures or delirium tremens, offer admission to hospital for medically assisted alcohol withdrawal. Healthcare professionals who care for people in acute alcohol withdrawal should be skilled in the assessment and monitoring of withdrawal symptoms and signs. Follow a symptom-triggered regimen for drug treatment (a benzodiazepine or clomethiazole) for people in acute alcohol withdrawal who are:</p>
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			<p>I. in hospital or</p> <p>II. in other settings where 24-hour assessment and monitoring are available</p> <p>b) Wernicke's encephalopathy: Offer thiamine to people at high risk of developing, or with suspected, Wernicke's encephalopathy. Thiamine should be given in doses toward the upper end of the 'British national formulary' range. It should be given orally or parenterally as described in recommendations. Offer parenteral thiamine to people with suspected Wernicke's encephalopathy. Maintain a high level of suspicion for the possibility of Wernicke's encephalopathy, particularly if the person is intoxicated. Parenteral treatment should be given for a minimum of 5 days, unless Wernicke's encephalopathy is excluded. Oral thiamine treatment should follow parenteral therapy.</p> <p>c) Alcohol-related liver disease: Refer people to a specialist experienced in the management of alcohol-related liver disease to confirm a clinical diagnosis of alcohol-related liver disease. Consider liver biopsy for the investigation of alcohol-related liver disease. Refer patients with decompensated liver disease to be considered for assessment for liver transplantation if they:</p> <p>i. still have decompensated liver disease after best management and 3 months' abstinence from alcohol and;</p> <p>ii. are otherwise suitable candidates for liver transplantation</p> <p>d) Alcohol-related pancreatitis Refer people with pain from chronic alcohol-related pancreatitis to a specialist centre for multidisciplinary assessment. To inform a diagnosis of chronic alcohol-related pancreatitis use a combination of:</p> <p>i. the person's symptoms</p> <p>ii. an imaging modality to determine pancreatic structure and tests of pancreatic exocrine and endocrine function</p> <p>Changes in policy in these areas is 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 cover;</p> <ul style="list-style-type: none"> • 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 alcohol use, discussion and referral to specialist
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			<p>services;</p> <ul style="list-style-type: none"> • Young people aged 16 and 17 years – identification, offering motivational support or referral to specialist services; • Adults – screening, brief advice, motivational support or referral <p><u>Delivering the recommendations</u></p> <p>10. Recommendations for policy:</p> <ol style="list-style-type: none"> a. Price: Consider introducing a minimum price per unit; b. Availability: Consider revising legislation on licensing to ensure protection of the public’s health is one of its objectives; Consider reducing personal import allowances to support the introduction of a minimum price per unit of alcohol c. Marketing: Ensure children and young people’s exposure to alcohol advertising is as low as possible by considering a review of the current advertising codes; d. Assess the potential costs and benefits of a complete alcohol advertising ban to protect children and young people from exposure to alcohol marketing <p>11. Recommendations for practice</p> <ol style="list-style-type: none"> a. Licensing: Use local crime and related trauma data to map the extent of alcohol-related problems before developing or reviewing a licensing policy: Ensure sufficient resources are available to prevent under-age sales, sales to people who are intoxicated, proxy sales, non-compliance with any other alcohol licence condition and illegal imports of alcohol; Work in partnership with the appropriate authorities to identify and take action against premises that regularly sell alcohol to people who are under-age, intoxicated or making illegal purchases for others. b. Undertake test purchases (using ‘mystery’ shoppers) to ensure compliance with the law on under-age sales; c. Ensure sanctions are fully applied to businesses that break the law on under-age sales, sales to those who are intoxicated and proxy purchases. <p>12. Resources for screening and brief interventions:</p> <ol style="list-style-type: none"> a. prioritise alcohol-use disorder prevention as an ‘invest to save’ measure; b. ensure a local joint alcohol needs assessment is carried out; c. ensure plans include screening and brief interventions for people at risk of an alcohol-related problem (hazardous drinkers) and those whose
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			<p>health is being damaged by alcohol (harmful drinkers). This includes people from disadvantaged groups;</p> <ul style="list-style-type: none"> d. make provision for the likely increase in the number of referrals to services providing tier two, three and four structured alcohol treatments as a result of screening; ensure at least one in seven dependent drinkers can get treatment locally, in line with ‘Signs for improvement’; e. include formal evaluation within the commissioning framework so that alcohol interventions and treatment are routinely evaluated and followed up; f. Commissioned services must ensure an appropriately trained nurse or medical consultant, with dedicated time, is available to provide strategic direction, governance structures and clinical supervision to alcohol specialist nurses and care givers. <p>13. Supporting children and young people aged 10 to 15 years: routinely assess the ability of these children and young people to consent to alcohol-related interventions and treatment.</p> <p>14. Screening young people aged 16 and 17 years Extended brief interventions with young people aged 16 and 17 years</p> <p>15. Screening adults:</p> <ul style="list-style-type: none"> a. routinely carry out alcohol screening as an integral part of practice; b. Where screening everyone is not feasible or practicable, NHS professionals should focus on groups that may be at an increased risk of harm from alcohol and those with an alcohol-related condition; <p>16. Brief advice for adults Offer a session of structured brief advice on alcohol;</p> <p>17. Extended brief interventions for adults</p> <p>18. Referral: making a referral for specialist treatment</p>
	Interventions to reduce substance misuse among vulnerable young people	NICE Public health guidance, PH4 (2007)	<ol style="list-style-type: none"> 1. Develop and implement a strategy to reduce substance misuse among vulnerable and disadvantaged people aged under 25 2. Use existing screening and assessment tools to identify vulnerable and disadvantaged children and young people aged under 25 who are misusing or who are at risk of misusing – substances 3. Work with parents or carers, education welfare services, children’s trusts, child and adolescent mental health services, school drug advisers or other specialists to provide support; 4. Offer family-based programme of structured support (over 2yrs or more); 5. Offer more intensive support to families who need it.

	<p>School-based interventions on alcohol</p>	<p>NICE Public health guidance, PH7 (2007)</p> <p>No further update</p>	<p>There are no national guidelines on what constitutes safe and sensible alcohol consumption for C&YP; Recommendations focus on:</p> <ul style="list-style-type: none"> • encouraging children not to drink; • delaying the age at which young people start drinking; • reducing the harm it can cause among those who do drink. <p>Delivering the recommendations:</p> <ol style="list-style-type: none"> 1. School-based education and advice: <ol style="list-style-type: none"> a. Ensure alcohol education is an integral part of the national science, PSHE and PSHE education curricula; b. Ensure alcohol education is tailored for different age groups and takes different learning needs into account; c. Introduce a 'whole school' approach to alcohol, in line with DCSF guidance; d. Where appropriate, offer parents or carers information about where they can get help to develop their parenting skills 2. School-based education and advice: <ol style="list-style-type: none"> a. Where appropriate, offer brief, one-to-one advice on the harmful effects of alcohol use, how to reduce the risks and where to find sources of support b. Where appropriate, make a direct referral to external services (without providing one-to-one advice) 3. Partnerships <ul style="list-style-type: none"> • Maintain and develop partnerships to support alcohol education in schools; ensure school interventions on alcohol use are integrated with community activities introduced as part of the 'Children and young people's plan'; find ways to consult with families (parents or carers, children and young people) about initiatives to reduce alcohol use; monitor and evaluate partnership working and incorporate good practice into planning
<p>Other related guidance:</p> <ul style="list-style-type: none"> • Alcohol-use disorders in adults and young people: clinical management – Clinical Guidance (CG100); (2010) • Alcohol dependence and harmful use: diagnosis and management in young people and adults – Clinical Guidance (CG115); (2011) • Prevention of sexually transmitted infections and under 18 conceptions – Public Health Guidance (PH3); 2007 			

<p>2. Behaviour Change</p>	<p>Behaviour Change: the principles for effective interventions</p>	<p>NICE Public health guidance, PH6 (2007)</p> <p>Review August 2014 decided there will be a partial update of PH6. (no date given)</p>	<p>This guidance is aimed at those responsible for helping people to change their behaviour to improve their health. This includes policy makers and those working in local authorities and the community and voluntary sectors.</p> <p>It gives advice on how to plan and run relevant initiatives</p> <p>The recommendations include the following initiatives:</p> <ol style="list-style-type: none"> 1. 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 2. Work with other organisations and the community itself to decide on and develop initiatives 3. Build on the skills and knowledge that already exists in the community, for example, by encouraging networks of people who can support each other 4. Take account of - and resolve - problems that prevent people changing their behaviour (for example, the costs involved in taking part in exercise programmes or buying fresh fruit and vegetables, or lack of knowledge about how to make changes) 5. Base all interventions on evidence of what works 6. Train staff to help people change their behaviour <p>Evaluate all interventions.</p>
	<p>Behaviour change: individual approaches</p>	<p>NICE Public Health Guidance PH49 (2014)</p>	<p>This guidance makes recommendations on individual-level behaviour change interventions aimed at changing health-damaging behaviours among people aged 16 or over. It includes a range of approaches, from single interventions delivered as the opportunity arises to planned, high-intensity interventions that may take place over a number of sessions.</p> <p>The behaviours covered relate to: alcohol, diet, physical activity, sex and smoking. However, the recommendations may also apply to behaviour change related to other health issues.</p> <p>The recommendations are inter-linked and should be implemented together using a person-centred approach. They cover: embedding behaviour change in 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, including co-production with local communities.</p> <p>The guidance is for: commissioners, managers, training and education organisations, service providers and practitioners with public health as part of</p>

			<p>their remit. It is particularly aimed at those who commission, design, investigate and deliver interventions to help people change their behaviour – and those who provide the training needed to carry out these activities.</p> <p>How should be co-produced, evidence-based, that maintain change,</p> <p>It builds on the other behaviour change guidance and should also be read in conjunction with other public health guidance related to particular conditions/ health behaviours.</p>
3. Cancer Screening	Skin cancer prevention: information, resources and environmental changes	<p>NICE public health guidance, PH32 (2011)</p> <p>No update</p>	<ol style="list-style-type: none"> 1. Delivery of national mass-media campaigns and local information provision (including verbal advice and printed and visual material); 2. How to develop and evaluate information campaigns and interventions 3. The factual content of information 4. The tone of messages and how to tailor them for specific audiences; 5. The workplace, to help reinforce recommendations 1 and 2, in particular, to protect children, young people and outdoor workers; 6. Provision of shade as part of the design of new buildings
4. Cardiovascular Disease	Identifying and supporting people most at risk of dying prematurely	<p>NICE public health guidance, PH15 (2008)</p> <p>No update – guidance review date is July 2016</p>	<p>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. Statin provision and smoking cessation services were used as the basis of the recommendations</p> <ol style="list-style-type: none"> 1. GPs and other NHS staff working outside hospitals, and local authorities should set up systems to identify people who are disadvantaged and at high risk of heart disease; 2. NHS organisations and local authorities should work together to provide flexible services to improve the health of these people. This might include advice and help offered in drop-in clinics and other places people can get to easily, at times that suit them. Information should be provided in a language people understand; 3. The NHS and local authorities should ensure services aiming to improve the health of people who are disadvantaged are coordinated and that there are enough people trained to run them

	Prevention of cardiovascular disease	NICE public health guidance, PH25 (2010)	<p>Recommendations 1 to 12 outline a national framework for action. They focus on legislative, regulatory and voluntary changes – including further development of existing policies. It includes: reducing consumption of salt, saturated fats and trans fats; food marketing and promotions; Public sector catering guidelines; Food product labelling etc.</p> <p>Recommendations for practice mainly focus on how to plan, develop and run effective regional CVD prevention programmes (recommendations 13–18). It includes: Children and young people, Public sector food provision, Physical activity, Health impact assessments of regional and local plans and policies, Take-away and other food outlets; Nutrition training for catering managers</p>
5. Child health	Maternal and child health	NICE Public health guidance, PH11 (2008)	Described under 'Maternal Health'
	Prevention of sexually transmitted infections and under 18 conceptions	NICE public health guidance, PH3 (2007)	Described under 'Sexual Health'
	Interventions to reduce substance misuse among vulnerable young people	NICE public health guidance, PH4 (2007)	Described under 'Alcohol'
	Promoting physical activity for children and young people	NICE public health guidance, PH17 (2009)	Described under 'Obesity & Diet'
	Behaviour Change	<p>NICE Public health guidance, PH6 (2007) Aug 14 review stated there will be a partial update of PH6 (no date given)</p> <p>Next review date: August 2017</p>	Described under 'Behaviour Change'

	Behaviour change: individual approaches	NICE Public Health Guidance PH49 (2014)	Described under 'Behaviour Change'
	School-based interventions on alcohol	NICE Public health guidance, PH7 (2007)	Described under 'Alcohol'
	Physical activity and the environment	NICE Public health guidance, PH8 (2008)	Described under 'Obesity & Diet'
	Smoking cessation services	NICE Public health guidance, PH10 (2008)	Described under 'Smoking & Tobacco'
	Social and emotional wellbeing in primary education	NICE Public health guidance, PH12 (2008) Review agreed recommendations still stood but due to additional information the guidance will be updated (no date given).	The guidance is for teachers and school governors, and for staff in local authority children's services, primary care and child and adolescent mental health services i.e. <ol style="list-style-type: none"> 1. Local authorities should ensure primary schools provide an emotionally secure environment that prevents bullying and provides help and support for children (and their families) who may have problems; 2. Schools should have a programme to help develop all children's emotional and social wellbeing
	Social and emotional wellbeing in secondary education	NICE Public health guidance, PH20 (2009) Review in Sept 2012 concluded guidance still current, no update needed Next review date: January 2016	The guidance is for all those who have a responsibility for the social and emotional wellbeing of young people in secondary education incl. teachers, support staff, governors and professionals with public health as part of their remit working in education (including the independent sector), local authorities, the NHS and the wider public, voluntary and community sectors. It focuses on interventions to support all young people aged 11-19 who attend any education establishment. 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.

	Social and emotional wellbeing in the early years	NICE Public Health Guidance PH40 Oct 2012	<p>This guidance defines how the social and emotional wellbeing of vulnerable children aged under 5 years can be supported through home visiting, childcare and early education. The term ‘vulnerable’ is used to describe children who are at risk of, or who are already experiencing, social and emotional problems and need additional support.</p> <p>The guidance is for all those responsible for planning and commissioning children's services in local authorities (including education), the NHS and the community, voluntary and private sectors. It also for: GPs, health visitors, midwives, psychologists and other health practitioners, social workers, teachers and those working in all early years settings (including childminders and those working in children’s centres and nurseries).</p> <p>The recommendations:</p> <ul style="list-style-type: none"> •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 •Should be used in conjunction with local child safeguarding policies. <p>The recommendations cover:</p> <ul style="list-style-type: none"> •Strategy, commissioning and review – ensuring needs are embedded in local strategies and needs assessments, and considers local integrated commissioning arrangements for universal and targeted services for the under 5s. •Identifying vulnerable children and assessing their needs – relevant actions in and structures in place •Ante- and postnatal home visiting for vulnerable children and their families •Early education and childcare – ensuring these are high quality, and enhance social and emotional wellbeing •Delivering services – which are integrated, and both universal and targeted to meet needs.
	Preventing the uptake of smoking by children and young people	NICE Public health guidance, PH14 (2008)	Described under ‘Smoking & Tobacco’

	Reducing differences in the uptake of immunisations	NICE Public health guidance, PH21 (2009) No update	The guidance aims to increase immunisation uptake among those aged under 19 years from groups where uptake is low. It also aims to ensure babies born to mothers infected with hepatitis B are immunised. Recommendations 1 to 5 apply to all childhood vaccinations. Recommendation 6 focuses on the infant hepatitis B vaccination programme. They include advice to: 1. improve access to immunisation services; 2. provide parents and young people with tailored information and support; 3. check children and young people's immunisation status during health appointments and when they join nurseries, playgroups, schools and further education colleges, and offer them vaccinations; 4. ensure babies born to hepatitis B-positive mothers are given all recommended doses of the vaccine on time, a blood test to check for infection and, where appropriate, hepatitis B immunoglobulin
	School-based interventions to prevent smoking	NICE public health guidance, PH23 (2010)	Described under 'Smoking & Tobacco'
	Alcohol-use disorders - preventing harmful drinking	NICE public health guidance, PH24 (2010)	Described under 'Alcohol'
	Quitting smoking in pregnancy and following childbirth	NICE public health guidance, PH26 (2010)	Described under 'Maternal Health'
	Prevention of cardiovascular disease	NICE public health guidance, PH25 (2010) Currently under review (as of May 2014) – anticipated publication date is August 2017. Published guidance still	Described under 'Cardiovascular Disease'

		current	
	Weight management before, during and after pregnancy	NICE public health guidance, PH27 (2010) No update	Described under 'Maternal Health'
	Looked-after children and young people	NICE public health guidance, PH28 (2010) Next update 2017	<p>This joint guidance from NICE and the Social Care Institute for Excellence (SCIE) is for all those who have a role in promoting the quality of life (that is, the physical health, and social, educational and emotional wellbeing) of looked-after children and young people.</p> <p>The focus of the guidance is on how organisations, professionals and carers can work together to help looked-after children and young people reach their full potential and enjoy the same opportunities in life as their peers.</p> <p>The recommendations cover local strategy and commissioning, multi-agency working, care planning and placements, and timely access to appropriate health and mental health services.</p>
	Strategies to prevent unintentional injuries among under-15s	NICE public health guidance, PH29 (2010) Next update July 2015	<p>The recommendations cover:</p> <ol style="list-style-type: none"> 1. Planning and coordinating local activities; 2. Workforce training and capacity building through national standards and curricula; 3. Injury surveillance to monitor the incidence of unintentional injuries among under-15s and plan preventive initiatives; 4. Fitting permanent safety equipment and carrying out home safety assessments; 5. Outdoor play and leisure, including policies to ensure public play spaces are safe, and education and advice on water and firework safety; 6. Road safety, including strategies to help reduce vehicle speed in areas near where children and young people are present and managing road safety partnerships.

	Preventing unintentional road injuries among under-15s: road design	NICE public health guidance, PH31 (2010) Next update July 2017	The guidance covers 20 mph limits, 20mph zones and engineering measures to reduce speed or make routes safer. The recommendations include advice on: <ol style="list-style-type: none"> 1. How health professionals and local highways authorities can coordinate work to make the road environment safer. 2. Introducing engineering measures to reduce vehicle speeds, in line with Department for Transport guidance. 3. Making routes commonly used by children and young people safer; it includes routes to schools and parks.
	Preventing unintentional injuries among under-15s in the home	NICE public health guidance, PH30 (2010) Next update June 2015	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 advice on prioritising households at greatest risk; establishing partnerships with local community organisations; offering home safety assessments and advice; offering appropriate safety equipment including door guards, cupboard locks, safety gates, smoke and carbon monoxide alarms, thermostatic mixing valves and window restrictors.
	Skin cancer prevention: information, resources and environmental changes	NICE public health guidance, PH32 (2011)	Described under 'Cancer Screening'
6. Chronic illness	Management of long-term sickness and incapacity for work	NICE public health guidance, PH19 (2009)	Recommendations aim to help employers and employees work together to ensure the right support is available to help someone on sickness absence return to work as soon as they are able. Recommendations for employers include: <ol style="list-style-type: none"> 1. Identify someone who is suitably trained and impartial to undertake initial enquiries with an employee who is experiencing long-term sickness absence or recurring short- or long-term sickness absence. 2. If necessary, arrange for a more detailed assessment by relevant specialist/s. This could be coordinated by a suitably trained case worker/s. 3. Coordinate and support any health, occupational or rehabilitation interventions or services and any return-to-work plan agreed with the employee.

Identifying and supporting people most at risk of dying prematurely	NICE public health guidance, PH15 (2008) No update – guidance review date is July 2016	The guidance aims to help NHS and other staff identify and provide services for people who are disadvantaged and most at risk of dying early from heart disease. Recommendations include: <ol style="list-style-type: none"> 1. Setting up systems to identify people who are disadvantaged and at high risk of heart disease 2. provide flexible services to improve the health of disadvantaged people
Needle and syringe programmes	NICE public health guidance, PH18 (2009)	Described under 'Drugs'
Reducing differences in the uptake of immunisations	NICE public health guidance, PH21 (2009) Published guidance still current and no update. Next review in December 2015	The guidance aims to increase immunisation uptake among those aged under 19 years from groups where uptake is low. It also aims to ensure babies born to mothers infected with hepatitis B are immunised. Recommendations 1 to 5 apply to all childhood vaccinations. Recommendation 6 focuses on the infant hepatitis B vaccination programme. They include advice to: <ol style="list-style-type: none"> 1. improve access to immunisation services; 2. provide parents and young people with tailored information and support; 3. check children and young people's immunisation status during health appointments and when they join nurseries, playgroups, schools and further education colleges, and offer them vaccinations; ensure babies born to hepatitis B-positive mothers are given all recommended doses of the vaccine on time, a blood test to check for infection and, where appropriate, hepatitis B immunoglobulin
Alcohol-use disorders - preventing harmful drinking	NICE public health guidance, PH24 (2010)	Described under 'Alcohol'
Prevention of cardiovascular disease	NICE public health guidance, PH25 (2010) No update – guidance review date is July 2016	Described under 'Cardiovascular Disease'

	Skin cancer prevention: information, resources and environmental changes	NICE public health guidance, PH32 (2011)	Described under 'Cancer Screening'
	Increasing the uptake of HIV testing among men who have sex with men	NICE public health guidance, PH34 (2011)	Described under 'Sexual Health'
	Increasing the uptake of HIV testing among black Africans in England	NICE public health guidance, PH33 (2011)	Described under 'Sexual Health'
	Preventing type 2 diabetes - population and community interventions	NICE public health guidance, PH35 (2011) No update – guidance review date Sept 2014	Described under 'Diabetes'
7. Diabetes	Preventing Type 2 diabetes - population and community interventions	NICE public health guidance, PH35 (2011) No update – guidance review date Sept 2014	<p>The aim to help prevent type 2 diabetes among populations and communities of adults who are at high risk. Risk factors include being overweight or obese and whether or not someone is physically active. In addition to these individual risk factors, certain ethnic communities and people from lower socioeconomic groups are particularly at risk.</p> <p>The 11 recommendations advise on:</p> <ul style="list-style-type: none"> • 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; <p>Training for those involved in helping to spread awareness of the risks and how to prevent the condition.</p>

8. Drugs	Prevention of sexually transmitted infections and under 18 conceptions	NICE public health guidance, PH3 (2007)	Described under 'Sexual Health'
	Interventions to reduce substance misuse among vulnerable young people	NICE public health guidance, PH4 (2007)	<p>Described under 'Alcohol'</p> <p>This guidance is for NHS practitioners and others involved in reducing substance misuse among vulnerable and disadvantaged children and young people under the age of 25. They may work in the NHS, local authorities or the education, voluntary, community, social care, youth and criminal justice sectors.</p> <p>The recommendations include:</p> <ul style="list-style-type: none"> • 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.
	Social and emotional wellbeing in secondary education	NICE Public health guidance, PH20 (2009)	Described under 'Child Health'
	Needle and syringe programmes	NICE public health guidance, PH18 (2009)	<p>NICE recommends that local strategic partnerships (LSPs) – including local authorities – and NHS organisations should offer a range of services for people over 18.</p> <p>All programmes should provide advice on safer injecting and ways to get help to stop using drugs or switch to non-injecting methods. More specialist programme services should include advice and services to help them stop injecting; treatment of infections and other health problems; vaccinations and housing and benefits advice (or help to access to such services).</p>

9. Environmental Health	Four commonly used methods to increase physical activity	NICE public health guidance, PH2 (2006)	Described under 'Physical Activity'
	Interventions to reduce substance misuse among vulnerable young people	NICE public health guidance, PH4 (2007)	Described under 'Alcohol'
	Promoting physical activity for children and young people	NICE public health guidance, PH17 (2009)	Described under 'Physical Activity'
	Behaviour Change	NICE public health guidance, PH6 (2007) Review August 2014 decided there will be a partial update of PH6. (no date given) Next review date: August 2017	Described under 'Behavioural Change'

	Behaviour change: individual approaches	NICE Public Health Guidance PH49 (2014)	Described under 'Behaviour Change'
	Physical activity and the environment	NICE public health guidance, PH8 (2008)	<p>This guidance offers the first evidence-based recommendations on how to improve the physical environment to encourage physical activity.</p> <p>The seven recommendations cover strategy, policy and plans, transport, public open spaces, buildings and schools. They include:</p> <ul style="list-style-type: none"> • Ensure planning applications for new developments always prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life. • Ensure 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. • Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity.
	Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care	NICE public health guidance, PH16 (2008) Review decision: No update required - published guidance still current	Described under 'Mental Health'

		Next review date: March 2015	
	Alcohol-use disorders - preventing harmful drinking	NICE public health guidance, PH24 (2010)	Described under 'Alcohol'
	Weight management before, during and after pregnancy	NICE public health guidance, PH27 (2010) No update	The six recommendations are based on approaches that have been proven to be effective for the whole population. They include advice on: <ul style="list-style-type: none"> • 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.
	Strategies to prevent unintentional injuries among under-15s	NICE public health guidance, PH29 (2010)	Described under 'Child Health'
	Preventing unintentional road injuries among under- 15s: road design	NICE public health guidance, PH31 (2010)	Described under 'Child Health'
	Skin cancer prevention: information, resources and environmental changes	NICE public health guidance, PH32 (2011) No update	Described under 'Cancer Screening'
	Increasing the uptake of HIV testing among men who have sex with men	NICE public health guidance, PH34 (2011)	Described under 'Sexual Health'
	Increasing the uptake of HIV testing among black Africans in England	NICE public health guidance, PH33 (2011)	Described under 'Sexual Health'

10. Infectious diseases	Prevention of sexually transmitted infections and under 18 conceptions	NICE public health guidance, PH3 (2007)	Described under 'Sexual Health'
	Interventions to reduce substance misuse among vulnerable young people	NICE public health guidance, PH4 (2007)	Described under 'Alcohol'
	Needle and syringe programmes	NICE public health guidance, PH18 (2009)	Described under 'Drugs'
	Reducing differences in the uptake of immunisations	NICE public health guidance, PH21 (2009) Published guidance still current and no update. Next review in December 2015	Described under 'Child Health'
	Increasing the uptake of HIV testing among men who have sex with men	NICE public health guidance, PH34 (2011)	Described under 'Sexual Health'
	Increasing the uptake of HIV testing among black Africans in England	NICE public health guidance, PH33 (2011)	Described under 'Sexual Health'
11. Maternal Health	Prevention of sexually transmitted infections and under 18 conceptions	NICE public health guidance, PH3 (2007)	Described under 'Sexual Health'

	Smoking cessation services	NICE public health guidance, PH10 (2008)	Described under 'Smoking & Tobacco'
	Maternal and child nutrition	<p>Review carried out in March 2011 concluded that no update was required.</p> <p>Next review: To be confirmed</p>	<p>It relates to pregnant women (and those who are planning to become pregnant), mothers and other carers of children aged under 5 and their children; it's particularly aimed at those on a low income or from a disadvantaged group.</p> <ol style="list-style-type: none"> 1. Nutrition advice and support to pregnant women (or who may become pregnant) i.e. advice on benefits of taking vitamin D supplements, provide Healthy Start vitamin supplements during pregnancy and while breastfeeding; 2. Provide support to mothers who are breastfeeding babies up to 6months old: commissioners and managers are advised to implement a structured programme to encourage breastfeeding; it should include training for health professionals; 3. help parents and carers provide a healthy, balanced diet for babies and young children <p>Delivering the recommendations: Ensure there is a written, audited and well publicised breastfeeding policy that includes training and support for staff who may be breastfeeding</p> <ol style="list-style-type: none"> a. Adopt a multifaceted approach across different settings to increase BF rates; b. Implement a structured programme, using the Baby Friendly Initiative (BFI); c. Ensure all staff in maternity and children's services understand the importance of BF and help promote a supportive environment for it; d. Provide local, easily accessible breastfeeding peer-support programmes <p>The guidance complements and supports, but does not replace, NICE clinical guidelines on: antenatal care, diabetes in pregnancy, intrapartum and postnatal care.</p>

	Quitting smoking in pregnancy and following childbirth	NICE public health guidance, PH26 (2010)	NICE says all pregnant women who smoke – and all those who are planning a pregnancy or who have an infant aged under 12 months – should be referred for help to quit smoking; Recommendations include: identifying women (and teenagers) who smoke when they attend appointments; referring to stop smoking services; help for ‘significant others’ who smoke; training for professionals; offering nicotine replacement therapy and other pharmacological support;
	Weight management before, during and after pregnancy	NICE public health guidance, PH27 (2010) No update	The guidance is particularly aimed at: GPs, obstetricians, midwives, health visitors, dieticians, community pharmacists and all those working in antenatal and postnatal services and children’s centres Recommendations are based on approaches that have been proven to be effective for the whole population. They include advice on: <ul style="list-style-type: none"> • 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
12. Mental Health	Social and emotional wellbeing in primary education.	NICE Public health guidance, PH12 (2008) Review agreed recommendations still stood but due to additional information the guidance will be updated (no date given).	Described under ‘Child Health’
	Social and emotional wellbeing in secondary education	NICE Public health guidance, PH20 (2009) Review in Sept 2012 concluded guidance still	Described under ‘Child Health’

		current, no update needed Next review date: January 2016	
	Social and emotional wellbeing in the early years	NICE Public Health Guidance PH40 Oct 2012	Described under 'Child Health'
	Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care	NICE public health guidance, PH16 (2008) Review decision: No update required - published guidance still current Next review date: March 2015	This guidance is for all those involved in promoting older people's mental wellbeing. It focuses on practical support for everyday activities, based on occupational therapy principles and methods. This includes working with older people and their carers to agree what kind of support they need. NICE recommendations include the following: <ul style="list-style-type: none"> •Offer regular sessions that encourage older people to construct daily routines to help maintain or improve their mental wellbeing. The sessions should also increase their knowledge of a range of issues, from nutrition and how to stay active to personal care. •Offer tailored, community-based physical activity programmes. These should include moderate-intensity activities (such as swimming, walking, dancing), strength and resistance training, and toning and stretching exercises. •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. (The 30 minutes can be broken down into 10-minute bursts.) •Promote regular participation in local walking schemes as a way of improving mental wellbeing. Help and support older people to participate fully in these schemes, taking into account their health, mobility and personal preferences. •Involve occupational therapists in the design of training offered to practitioners
	Mental wellbeing and older people	NICE public health guidance, PH16 (2008) Next update March 2015	Described under 'Older People'

	Promoting mental wellbeing at work	NICE public health guidance, PH22 (2009) No update – guidance review date Aug 2017	Mental wellbeing at work is determined by the interaction between the working environment, the nature of the work and the individual. It focuses on interventions to promote mental wellbeing through productive and healthy working conditions. The five recommendations cover: <ul style="list-style-type: none"> • 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.
	Looked-after children and young people	NICE public health guidance, PH28 (2010)	Described under 'Child Health'
13. Non-communicable Disease	Management of long-term sickness and incapacity for work	NICE public health guidance, PH19 (2009) Currently under review (as of May 2014) – anticipated publication date is May 2015	Described under 'Chronic Illness'
	Alcohol-use disorders - preventing harmful drinking	NICE public health guidance, PH24 (2010)	Described under 'Alcohol'

	Prevention of cardiovascular disease	NICE public health guidance, PH25 (2010) No update – guidance review date TBC	Described under ‘Cardiovascular Disease’
	Skin cancer prevention: information, resources and environmental changes	NICE public health guidance, PH32 (2011) No update	Described under ‘Cancer Screening’
	Preventing type 2 diabetes - population and community interventions	NICE public health guidance, PH35 (2011)	Described under ‘Diabetes’
14. Obesity & Diet	Physical activity and the environment	NICE Public health guidance, PH8 (2008)	Guidance covers: strategy, policy and plans, transport, public open spaces, buildings and schools <ol style="list-style-type: none"> 1. planning applications for new developments to prioritise the need for people to be physically active as a routine part of their daily life; 2. priority should be given to pedestrians, cyclists and users of other modes of transport when developing or maintaining streets and roads; 3. Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity; 4. access to public open spaces and public paths
	Maternal and child nutrition	NICE public health guidance, PH11 (2008) New Pathway 2010	Described under ‘Maternal Health’
	Prevention of cardiovascular disease	NICE public health guidance, PH25 (2010) No update – guidance review date TBC	Described under ‘Cardiovascular Disease’

	Preventing type 2 diabetes - population and community interventions	NICE public health guidance, PH35 (2011)	Described under 'Diabetes'
	Weight management before, during and after pregnancy	NICE Public health guidance, PH27 (2010)	Described under 'Maternal Health'
15. Occupational Health	Workplace interventions to promote smoking cessation	NICE Public health guidance, PH5 (2007)	Described under 'Sexual Health'
	Management of long-term sickness and incapacity for work	NICE public health guidance, PH19 (2009) Review decision: No update required - published guidance still current Next review date: August 2017	Described under 'Chronic Illness'
	Behaviour Change	NICE public health guidance, PH6 (2007)	Described under 'Behaviour Change'
	Smoking cessation services	NICE Public health guidance, PH10 (2008)	Described under 'Smoking & Tobacco'
	Promoting physical activity in the workplace	NICE Public health guidance, PH13 (2008)	Described under 'Physical Activity'

	Promoting mental wellbeing at work	NICE public health guidance, PH22 (2009)	Described under 'Mental Health'
	Skin cancer prevention	NICE public health guidance, PH32 (2011)	Described under 'Cancer Screening'
16. Older People	<p>Mental wellbeing and older people</p> <p>Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care</p>	<p>NICE public health guidance, PH16 (2008)</p> <p>Next update March 2015</p> <p>Review decision: No update required - published guidance still current</p> <p>Next review date: March 2015</p>	<p>Described under 'Mental Health'</p> <p>The recommendation focuses on practical support for everyday activities, based on occupational therapy principles and methods. This includes working with older people and their carers to agree what kind of support they need.</p> <p>It includes offering tailored and community-based physical activity opportunities; involving occupational therapists in the design of the training offered to practitioners.</p>
17. Physical Activity	<p>Four commonly used methods to increase physical activity</p> <p>Interventions to reduce substance misuse among vulnerable young people</p>	<p>NICE public health guidance, PH2 (2006)</p> <p>NICE public health guidance, PH4 (2007)</p>	<p>Guidance focuses on four methods of getting adults to be physically active:</p> <ol style="list-style-type: none"> 1. Brief interventions – advice delivered by GPs and other non-hospital-based health professionals. 2. Exercise referral schemes – referral to a tailored physical activity programme. 3. Pedometers – use of a device to measure how far you have walked. 4. Walking and cycling schemes <p>Described under 'Alcohol'</p>

	Promoting physical activity for children and young people	NICE public health guidance, PH17 (2009)	<p>The guidance is specifically aimed at the following organisations:</p> <ul style="list-style-type: none"> • Children's trusts and services • Community and voluntary groups (running sports and other organised activities) • Early years providers • Government departments • Local authorities (leisure and related services, transport and planning, regeneration) • Local strategic partnerships • Organisations offering practitioners education and training • The police • Primary care trusts • Private sector providers • Schools and colleges <p>The NICE recommendations give advice on:</p> <ul style="list-style-type: none"> • 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.
	Behaviour Change	<p>NICE Public health guidance, PH6 (2007)</p> <p>Review August 2014 decided there will be a partial update of PH6. (no date given)</p> <p>Next review date: August 2017</p>	Described under 'Behaviour Change'

Physical activity and the environment	NICE public health guidance, PH8 (2008)	Described under 'Environmental Health'
Promoting physical activity in the workplace	NICE Public health guidance, PH13 (2008) No update – guidance review date Sept 2014	Recommendations for employers include: <ul style="list-style-type: none"> • Develop an organisation-wide plan and 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.
Mental wellbeing and older people	NICE public health guidance, PH16 (2008)	Described under 'Older People'
Promoting mental wellbeing at work	NICE public health guidance, PH22 (2009) No update – guidance review date Aug 2017	Described under 'Mental Health'
Alcohol-use disorders - preventing harmful drinking	NICE public health guidance, PH24 (2010)	Described under 'Alcohol'
Prevention of cardiovascular disease	NICE public health guidance, PH25 (2010)	Described under 'Cardiovascular Disease'
Weight management before, during and after pregnancy	NICE public health guidance, PH27 (2010)	Described under 'Maternal Health'

	Strategies to prevent unintentional injuries among under-15s	NICE public health guidance, PH29 (2010)	Described under 'Child Health'
	Skin cancer prevention: information, resources and environmental changes	NICE public health guidance, PH32 (2011)	Described under 'Cancer Screening'
	Increasing the uptake of HIV testing among men who have sex with men	NICE public health guidance, PH34 (2011)	Described under 'Sexual Health'
	Increasing the uptake of HIV testing among black Africans in England	NICE public health guidance, PH33 (2011)	Described under 'Sexual Health'
	Preventing type 2 diabetes - population and community interventions	NICE public health guidance, PH35 (2011)	Described under 'Diabetes'
18. Sexual Health	Prevention of sexually transmitted infections and under 18 conceptions	NICE public health guidance, PH3 (2007)	<p>NICE recommendations include the following advice:</p> <ol style="list-style-type: none"> 1. Assess people's risk of having a sexually transmitted infection (STI), when the opportunity arises; 2. Offer advice to people at high risk of an STI in a structured discussion, or arrange for them to see someone who is trained to give this type of advice; 3. Help people with an STI to get their partners tested and treated <p>Primary care trusts (PCTs) should make sure there are enough sexual health services locally and enough staff trained to run them.</p>
	Interventions to reduce substance misuse among vulnerable young people	NICE Public health guidance, PH4 (2007)	Described under 'Alcohol'

	Increasing the uptake of HIV testing among men who have sex with men	NICE public health guidance, PH34 (2011)	<p>This is one of two pieces of NICE guidance published in March 2011 on how to increase the uptake of HIV testing. A second publication covers HIV testing among the black African community.</p> <p>The focus of the guidance is on increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission.</p> <p>The recommendations include advice on:</p> <ul style="list-style-type: none"> • planning services, including assessing local need and developing a strategy • promoting HIV testing among men who have sex with men, including outreach schemes and providing rapid point-of-care tests • offering and recommending an HIV test in primary care, secondary care and specialist sexual health services • repeat testing • HIV referral pathways
	Increasing the uptake of HIV testing among black Africans in England	NICE public health guidance, PH33 (2011)	<p>The recommendations include advice on:</p> <ul style="list-style-type: none"> • community engagement and involvement • planning services, including assessing local need, developing a strategy and commissioning services in areas of identified need • promoting HIV testing and reducing barriers to testing among black African communities • offering and recommending an HIV test • HIV referral pathways
19. Smoking & Tobacco	Brief interventions and referral for smoking cessation in primary care and other settings	NICE Public health guidance, PH1 (2006)	<p>This guidance is for GPs and other professionals working in local health services – in primary care trusts (PCTs), pharmacies and dental practices – and NHS hospitals.</p> <p>The recommendations include the following advice:</p> <ol style="list-style-type: none"> 1. Ask people who smoke how interested they are in quitting; 2. Refer people to an intensive support service such as NHS Stop Smoking Services; 3. If they are unwilling or unable to accept a referral, offer a stop smoking aid (pharmacotherapy); 4. A range of NHS agencies should offer advice and support on how to stop smoking; 5. Monitoring systems should be set up so that health professionals know whether or not their patients smoke.

	Workplace interventions to promote smoking cessation	NICE Public health guidance, PH5 (2007)	Employers should develop a smoking cessation policy to include <ol style="list-style-type: none"> 1. information on local stop smoking support services; 2. publicise stop smoking interventions; 3. allow staff time off to attend smoking cessation services
	Smoking cessation services in primary care	NICE Public health guidance, PH10 (2008) Updated by PH48 (2013) PH45 (2013)	<p>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.</p> <p>It also gives advice on the training and education that managers and staff in stop smoking services need.</p> <p>Recommended treatments that have been proven to be effective include;</p> <ul style="list-style-type: none"> • brief interventions by GP and other practitioners in a GP practice or the community; • individual behavioural counselling • group behaviour therapy • pharmacotherapies (e.g. nicotine replacement therapy (NRT), varenicline or bupropion) • self-help materials • telephone counselling and quit lines • Mass-media campaigns using combination of TV, radio and newspaper advertising. • Harm reduction • Supporting secondary care

	Preventing the uptake of smoking by children and young people	NICE Public health guidance, PH14 (2008)	<p>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.</p> <p>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.</p> <p>Mass-media recommendations include the following advice:</p> <ol style="list-style-type: none"> 1. 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; 2. Consider messages that will lead to a strong emotional reaction, by portraying tobacco as a deadly product and including graphic images of its effect; 3. Two recommendations focus on illegal sales. These are aimed at national government, local authorities and trading standards bodies.
	Identifying and supporting people most at risk of dying prematurely	<p>NICE Public health guidance, PH15 (2008)</p> <p>No update – guidance review date is July 2016</p>	Described under 'Cardiovascular Disease'
	School-based interventions to prevent smoking	NICE Public health guidance, PH23 (2010)	<p>Recommendations include the following:</p> <ol style="list-style-type: none"> 1. Smoking policy to support both prevention and stop smoking activities; 2. Information on smoking should be integrated into the curriculum; 3. Anti-smoking activities should be delivered as part PHSE, Healthy Schools or Healthy Further Education status
	Smokeless tobacco cessation: South Asian communities	NICE Public health guidelines [PH39] Published date: September 2012	<p>This guidance aims to help people of South Asian origin who are living in England to stop using traditional South Asian varieties of smokeless tobacco. The phrase 'of South Asian origin' refers here to people with ancestral links to Bangladesh, India, Nepal, Pakistan or Sri Lanka.</p> <p>The term 'smokeless tobacco', as it is used in this guidance, refers to 3 broad types of products:</p> <ul style="list-style-type: none"> •Tobacco with or without flavourings, for example: misri India tobacco (powdered) and qimam (kiman). •Tobacco with various alkaline modifiers, for example: khaini, naswar (niswar, nass) and gul.

			<ul style="list-style-type: none"> •Tobacco with slaked lime as an alkaline modifier and areca nut, for example: gutkha, zarda, mawa, manipuri and betel quid (with tobacco). <p>Products, like ‘snus’ or similar oral snuff products are not included.</p> <p>The guidance is for commissioners and providers of tobacco cessation services (including stop smoking services), health education and training services, health and wellbeing boards and health and social care practitioners. It is also for all those with public health as part of their remit, in particular, the health of South Asian communities. The guidance may also be of interest to local authority elected members and members of the public.</p> <p>The 6 recommendations cover:</p> <ul style="list-style-type: none"> •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.
	Behaviour change: individual approaches	NICE Public Health Guidance PH49 (2014)	Described under ‘Behaviour Change’
	Quitting smoking in pregnancy and following childbirth	NICE Public health guidance, PH26 (2010)	Described under ‘Maternal Health’
20.	Behaviour Change	<p>NICE Public health guidance, PH6 (2007)</p> <p>Review August 2014 decided there will be a partial update of PH6. (no date given)</p>	Described under ‘Behaviour Change’

		Next review date: August 2017	
21. Transport	Promoting physical activity for children and young people	NICE public health guidance, PH17 (2009)	Described under 'Physical Activity'
	Physical activity and the environment	NICE public health guidance, PH8 (2008)	Described under 'Environmental Health'
	Strategies to prevent unintentional injuries among under-15s	NICE public health guidance, PH29 (2010)	Described under 'Child Health'
	Preventing unintentional road injuries among under-15s: road design	NICE public health guidance, PH31 (2010)	Described under 'Child Health'
22. Vaccine preventable diseases	Needle and syringe programmes	NICE public health guidance, PH18 (2009)	Described under 'Drugs'
	Reducing differences in the uptake of immunisations	NICE public health guidance, PH21 (2009)	Described under 'Child Health'
23. Working with and involving communities	Four commonly used methods to increase physical activity	NICE public health guidance, PH2 (2006)	Described under 'Physical Activity'
	Behaviour Change	NICE Public Health Guidance PH49 (2014)	Described under 'Behaviour Change'
	Physical activity and the environment	NICE public health guidance, PH8 (2008)	Described under 'Environmental Health'

	Community engagement	NICE public health guidance, PH9 (2008) No update since 2008, date for next update TBC	<p>The guidance aims to support those working with and involving communities in decisions on health improvement that affect them.</p> <p>Different levels of community engagement (for example, informing, consulting, delegating power) could directly and indirectly affect health in both the intermediate and longer term. A variety of approaches can contribute to successful community engagement at these different levels. Some approaches used to inform (or consult with) communities – such as a workshop – may have a marginal impact on health. Nevertheless, these activities may have an impact on the appropriateness, accessibility and uptake of services. Approaches that help communities to work as equal partners, or delegate some power to them – or provide them with total control – may lead to more positive health outcomes.</p> <p>The recommendations do not refer to specific populations, but it is important to identify groups that are under-represented and/or at increased risk of poor health.</p>
	Increasing the uptake of HIV testing among men who have sex with men	NICE public health guidance, PH34 (2011)	Described under 'Sexual Health'
	Increasing the uptake of HIV testing among black Africans in England	NICE public health guidance, PH33 (2011)	Described under 'Sexual Health'
24. Dental Health	There are 3 NICE public health guidance documents in development	Forthcoming: October 2014 October 2015 June 2016	<p>This guideline makes 21 recommendations around improving oral health in local communities, centring on undertaking oral health needs assessments, developing a local strategy on oral health and delivering community-based interventions and activities. Recommendations around community-based interventions include, training frontline staff to deliver oral health promotion information and advice tailored to vulnerable populations; supervised tooth brushing and fluoride varnish programmes for nurseries and schools where children are at high risk of poor oral health; whole school approaches to oral health and incorporating oral health within other settings, including workplaces and public service environments.</p> <p>The guidance 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. The</p>

		<p>recommendations aim to:</p> <ul style="list-style-type: none"> • 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[1] • encourage people to go to the dentist regularly • increase access to dental services. • Oral health promotion approaches for dental teams – Expected October 2015 • Oral health in nursing and residential homes – Expected June 2016 <p>Also of relevance, to be read alongside the NICE guidelines are following two documents with evidence based messages and strategies for delivering and commissioning dental/oral health services:</p> <p><i>Public Health England, Delivering better oral health: an evidence-based toolkit for prevention. Third edition. 2014</i></p> <p>The latest edition of this guidance provides evidence based interventions and new advice on how dental health professionals can improve and maintain the oral and general health of their patients. The guidance includes advice on:</p> <ul style="list-style-type: none"> •the use of fluoride •brushing your teeth •how to prevent gum disease •tooth erosion •eating a healthy balanced diet •stopping tobacco use •drinking within the lower risk alcohol guidelines <p><i>Public Health England, Local authorities improving oral health: commissioning better oral health for children and young people. An evidence-informed toolkit for local authorities, 2014</i></p> <p>This document aims:</p> <ul style="list-style-type: none"> •to support local authorities (LAs) to commission oral health improvement programmes for children and young people aged up to 19 years •to enable LAs to review and evaluate existing oral health improvement programmes and consider future commissioning intentions •to provide an evidence-informed approach with examples of good practice.
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