NICE National Institute for Health and Care Excellence

Tackling the causes of premature mortality (early death)

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Introduction

This briefing summarises NICE's recommendations for local authorities and partner organisations on tackling the more direct causes of premature mortality.

It is particularly relevant to health and wellbeing boards and others with a responsibility for, or interest in, delivering the Department of Health's Public Health Outcomes Framework for England 2013 to 2016 and the government's call for action Living well for longer: a call to action to reduce avoidable premature mortality.

All of the recommendations can be found in NICE's pathways. Some of the recommendations have been used to develop quality standards and links to these can also be found in the pathways.

Local authorities have always been involved in tackling the wider determinants of health and health inequalities. Now they also have a clear role in tackling the direct causes of premature mortality by providing health improvement services and by helping to plan and coordinate health protection services such as infectious disease control.

NICE's local government briefing on health inequalities and population health focuses on overall strategies for identifying and reducing the factors – environmental, socioeconomic, housing, education and general lifestyle – that can cause health inequalities. Often these factors will also contribute to premature mortality.

This briefing focuses on actions that local authorities can take on specific lifestyle issues, access to services and preventing unintentional injuries. It makes explicit the links between the wider determinants and a range of health outcomes linked to premature mortality. In doing so it highlights that investing in health can have benefits for wider social goals and vice versa.

Key messages

One in 3 deaths in England occur among people who are under the age of 75 (see Public Health England's Longer lives). Around two-thirds of deaths among the under 75s (around 103,000 deaths) are caused by diseases and illnesses that are largely avoidable, including cancer, heart disease, stroke, respiratory and liver disease (see the Department of Health's 'Living well for longer: a call to action to reduce avoidable premature mortality'). That's because many of the direct causes, such as cancer and heart disease, are preceded by long periods of ill-health mostly caused by lifestyle related factors.

A wide range of factors can lead to illness and premature death. This includes someone's living and working conditions for example, poor housing, social isolation, and where they live. (Children who live in more deprived areas are at much greater risk of an unintentional injury – a leading cause of death among children and young people.)

These 'wider determinants' of health can adversely affect both physical and mental wellbeing and the health-related lifestyle choices people make (for example, whether to smoke or misuse alcohol).

Often more than 1 of these factors can affect someone during their lifetime. For example, smoking rates tend to be higher among people with lower incomes and those living in poorer housing conditions. Similarly, people who become very ill tend to have a number of chronic health conditions, such as diabetes, obesity and heart disease.

Local authorities are uniquely placed to identify and lead a partnership response to the often complex causes of premature mortality and health inequalities. This includes supporting people to adopt a healthy lifestyle, for example, by ensuring there are health promotion and health protection services such as NHS Health Check[1] (The local authorities [public health functions and entry to premises by local healthwatch representatives] regulations 2013 HM Government).

The National Institute for Health and Care Excellence (NICE) is an independent organisation providing guidance and advice to improve health and social care.

For further information on how to use this briefing and how it was developed, see About this briefing.

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[1] NHS Health Check is a screening and risk management programme that aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia among people aged 40–75. Although branded as NHS Health Check, the programme is now run by local authorities.

What can local authorities achieve by taking action to reduce premature mortality?

Reduce health inequalities

Compared with the least deprived groups, people from economically deprived groups are twice as likely to smoke and almost twice as likely to be obese. People from these groups are also 3–5 times more likely to die of an alcohol-specific cause (Socioeconomic deprivation, urban-rural location and alcohol-related mortality in England and Wales Erskine et al. 2010).

These lifestyle factors can shorten people's lives (Indications of public health in the English regions 8: alcohol Public Health England; Statistics on obesity, physical activity and diet: England 2013 Health and Social Care Information Centre; National child measurement programme: England 2011/12 school year Health and Social Care Information Centre).

Economic deprivation often leads to health inequalities, but it is not the only risk factor. For example, certain groups – whatever their economic status – also have a higher than average risk of dying early. This includes some minority ethnic groups and people with certain disabilities or mental health issues (Tackling health inequalities for minority ethnic groups Race Equality Foundation; Mental health inequalities: measuring what counts Sainsbury Centre for Mental Health).

Using 'proportionate universalism', local authorities can ensure everyone receives a basic level of support, but those with greater need receive support proportional to their need to tackle all

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health inequalities. Policies and plans to reduce social and economic deprivation and provide social support are also likely to reduce the gap in healthy life expectancy.

Tackling the wider determinants of health

The Marmot Review (Fair society healthy lives) recognises that disadvantage starts before birth and 'accumulates' throughout life. It highlights the need to address the wider determinants of health by encouraging people to take control of their own health and by improving their living and working conditions. Local authorities are singled out as having a pivotal role in meeting its 6 policy objectives:

- giving every child the best start in life

- enabling all children, young people and adults to maximise their capabilities and have control over their lives

- creating fair employment and good work for all

- ensuring a healthy standard of living for all

- creating and developing sustainable places and communities

- strengthening the role and impact of ill-health prevention.

A number of other reports and frameworks are regularly used when deciding how to tackle the wider determinants of health. These include the Due North Inquiry Panel on Health Equity for the North of England and generic frameworks such as the Dahlgren and Whitehead social model of health (see NICE's local government briefing on understanding and tackling the wider social determinants of health for an example of how the latter is being used).

By considering the impact of all local and neighbourhood planning decisions on the wider determinants of health, local authorities will meet their responsibilities in relation to the Department of Communities and Local Government Planning practice guidance (2014). This includes helping to support healthy communities and a viable health infrastructure.

It also includes introducing policies to ensure accessible and safe open spaces and leisure facilities are available for everyone, regardless of their social and economic circumstances or disabilities (see Improving access to green spaces UCL Institute of Health Equity).

Boost the local economy

Working with local businesses

Local authorities can make a strong business case for investing in activities to improve people's health and to tackle health inequalities and are well placed to work alongside local businesses to achieve this (Valuing health: developing a business case for health improvement Improvement and Development Agency).

Reducing public sector costs

By encouraging communities to adopt a healthier lifestyle, local authorities can save money. For example:

- Helping people quit smoking in a large city like Manchester will reduce the annual cost of tobacco-related harm, estimated at £176 million (Action on Smoking and Health toolkit). It will also reduce the health risks faced by children and the likelihood they will go on to smoke, reducing smoking-related costs for the next generation (Passive smoking and children Royal College of Physicians).

- Taking action to reduce alcohol misuse will help reduce crime and the resulting costs. For example, it could help save the estimated £11 billion it costs to deal with the million assaults and 125,000 domestic violence incidents in England each year ('Indications of public health in the English regions 8: alcohol'; Statistics on alcohol Alcohol Concern).

- Taking action to reduce smoking and take-away food consumption may reduce the cost of keeping streets clean from rubbish (How clean is England? Keep Britain Tidy).

- Providing support so that older people can remain independent and healthy could reduce the costs of providing social support (An alternative age-friendly handbook The University of Manchester; Global age-friendly cities, a guide WHO).

- Accident prevention work will help reduce the 2 million visits to accident and emergency departments made by children and young people in the UK each year. This will help reduce the £146 million spent by the NHS on these visits and additional costs to other public services (Too high a price: injuries and accidents in London London Health Observatory; Better safe than sorry Audit Commission and Healthcare Commission).

- Tackling under-age drinking will improve the health of the 13,000 children and young people aged under 18 who are admitted to hospital each year as a result of alcohol. It will also help a similar number who use specialist alcohol services each year (Statistics on alcohol: England 2012 Health and Social Care Information Centre; 'Statistics on alcohol').

Reducing sickness absence costs and increasing the number of people who are fit for work

In England, the cost of lost productivity from premature mortality and sickness absence resulting from physical inactivity has been estimated at £6.5 billion per year. Taking action to reduce premature deaths will help stabilise the local economy and also reduce the sickness absences caused by chronic conditions. For example, it is estimated that:

- up to 14 million working days a year are lost in the UK as a result of excessive drinking (Don't mix it. A guide for employers on alcohol at work Health and Safety Executive)

- 16 million are lost as a result of obesity (Labour force survey Health and Safety Executive 2012).

- 5 million are lost as a result of injuries ('Labour force survey').

- 11 million days are lost due to stress, anxiety or depression ('Labour force survey').

Promoting a healthier lifestyle can help curb these absences, for example physically active workers take 27% fewer sick days than inactive workers and work-based physical activity programmes have been found to reduce absenteeism by up to 20%.

In addition, people who have good health are more likely to be employed. For example obese people are less likely to be in employment than people of a healthy weight, with an associated welfare cost estimated at between £1 billion and £6 billion (An update on the government's approach to tackling obesity National Audit Office).

Meet public health responsibilities

Local authorities have a responsibility to prevent, plan for, and coordinate a fast, effective response to health and other threats arising in their communities, such as infectious disease outbreaks.

Local authorities also have a responsibility to meet the indicators set out in the Department of Health's Public Health Outcomes Framework for England 2013 to 2016. This focuses specifically on: 'increased healthy life expectancy' and 'reduced differences in life expectancy and healthy life expectancy between communities'.

Mortality from causes considered preventable are also core indicators, specifically the under-75 mortality rate from all cardiovascular disease, cancers, respiratory disease, liver disease and communicable disease. In addition, infant mortality, road injuries, deaths among adults under 75 with a serious mental illness and suicide are all highlighted.

Action to reduce and manage the risk of premature death will also affect indicators in 3 out of the 4 public health domains identified by the Department of Health in Improving outcomes and supporting transparency, part 1: A public health outcomes framework for England, 2013–2016. In addition, it will also help local authorities support a range of other government initiatives, policies and white papers including:

- Living well for longer: a call to action to reduce avoidable premature mortality (Department of Health)

- Alcohol strategy (Home Office)

- Drug strategy 2010 (Home Office)

- Healthy lives, healthy people: a tobacco control plan for England (Department of Health)

- Healthy lives, healthy people: a call to action on obesity in England (Department of Health)

- National cancer strategy (Department of Health).

What NICE says

This section highlights the type of activities NICE recommends that may affect premature mortality, including those recommendations used to develop NICE quality standards, published up to February 2015. Following NICE's recommendations will help you make the best and most efficient use of resources to improve the health of people in your area.

People with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks below to our pathways and other local government briefings.

Adopt a population-wide approach to tackling premature mortality

Helping people to reduce their risk of premature mortality is complex. Long-term action is needed and a range of health issues need to be tackled simultaneously. This includes:

- Develop and sustain partnerships with the local community and all local authority departments, as well as a variety of organisations, community services, local businesses and networks operating at a range of levels. See strategies to prevent unintentional injuries among the under-15s and smoking prevention and cessation in schools in NICE's smoking pathway.

- Use Public Health England's Longer lives website, joint strategic needs assessments, local partnership networks (via health and wellbeing boards), effective commissioning and other mechanisms to identify the local causes of premature mortality. Then take action. See NICE's community engagement pathway.

- Support both individuals and communities to adopt healthier lifestyles. Take into account factors such as societal norms, peer influences and language to break down barriers to service use. For details see Services that help adults who are disadvantaged in NICE's local government briefing on improving access to health and social care services for people who do not routinely use them. Also see our pathways on: behaviour change, obesity (language), and preventing type 2 diabetes (conveying healthy lifestyle messages to the local community).

- Introduce integrated population-wide programmes that address local health inequalities and improve access for those who do not routinely use services. These should be underpinned by robust monitoring and evaluation. For details see NICE's local government briefings on encouraging people to have NHS Health Checks and supporting them to reduce risk factors and improving access to health and social care services for people who do not routinely use them. Also NICE's pathways on:

  – smoking (services that help adults who are disadvantaged)

- obesity (specific actions commissioned to meet local needs and priorities, lifestyle weight management services for overweight or obese adults, identifying and supporting local champions)

- preventing type 2 diabetes (using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes).

- Help prevent, detect and manage infectious and chronic clinical conditions that can lead to premature mortality, using, for example, NHS Health Check and routine and opportunistic screening. See NICE's local government briefing 'Encouraging people to have NHS Health Checks and supporting them to reduce risk factors'. Also see NICE's pathways on:

  - smoking (services that help adults who are disadvantaged)

  - preventing type 2 diabetes (identifying those at risk)

  - alcohol-use disorders (screening adults)

  - physical activity (brief advice for adults in primary care)

  - hepatitis B and C testing

  - common mental health disorders in primary care (identification and assessment of common mental health disorders).

- Share learning on innovative local initiatives to reduce health inequalities. For details see NICE's smoking pathway (services that help adults who are disadvantaged).

Develop policies to prevent premature mortality

- Use procurement opportunities to influence healthy lifestyle choices. For example, catering contracts should be used to encourage a healthy balanced diet. Also use existing powers to control the number of take-away and other food outlets in a given area. For details see NICE's diet pathway (standards for take-aways and other food outlets).

- Create, protect and manage safe spaces for physical activity and plan local facilities and services to ensure they are accessible on foot or by bicycle. This includes reviewing local bye laws that may discourage physical activity and using pricing and educational initiatives. For details see public open spaces, children and young people, environment and physical activity and transport provision outside the NHS on NICE's physical activity pathway. Also

see developing cross sector walking and cycling programmes on NICE's walking and cycling pathway.

- Ensure leisure and other services are affordable, culturally acceptable and accessible to all, including women who wish to breastfeed. For details see recommendations about local strategy, policy and commissioning and women before, during and after pregnancy on NICE's physical activity pathway.

- Encourage local organisations to become exemplars of healthy lifestyles. They should also think about promoting the Public Health Responsibility Deal (Department of Health). For details see NICE's pathways on:

    – obesity (local authorities and the NHS as exemplars of good practice), lifestyle weight management services for overweight or obese adults

    – promoting mental wellbeing at work

    – smoking (workplace interventions to promote smoking cessation).

Commission services to prevent premature mortality

Local authorities (and NHS commissioners) have a vital role in commissioning local health and social care services to reduce premature mortality – health and wellbeing boards also have a particular role in reviewing local commissioning frameworks. For details see NICE's local government briefing on improving access to health and social care services for people who do not routinely use them. Also see links to NICE's pathways below for examples of recommended services.

Stop smoking services

Commission stop smoking services run by trained staff that offer flexible, accessible support tailored for different groups. Services should work with agencies that support pregnant women, people with complex social and emotional needs and employers. For more details see evidence-based stop smoking services and guidelines in NICE's smoking pathway and NICE's quality standard on smoking cessation – supporting people to stop smoking.

Brief advice and referrals for further help on smoking and alcohol

Commission training that encourages all health and community practitioners to provide effective brief interventions on smoking and alcohol use. For details see NICE's pathways on:

- smoking (primary care health practitioners [including community health workers])

- alcohol-use disorders (prevention and screening for alcohol-use disorders).

Also see NICE's quality standards on:

- Smoking cessation – supporting people to stop smoking (identifying people who smoke and referral to smoking cessation services)

- Alcohol dependence and harmful alcohol use.

NHS Health Check

Ensure the NHS Health Check (this is now commissioned by local authorities) for people aged 40–74 are linked to effective services. For details see NICE's local government briefing on encouraging people to have NHS Health Checks and supporting them to reduce risk factors.

Action in the workplace

Encourage employers to publicise stop-smoking services and think about commissioning them for their workplace. For details see smoking cessation in the workplace in NICE's smoking pathway.

Employers should also link with, or run, other programmes likely to reduce premature mortality, such as physical activity initiatives. For details see physical activity in the workplace on NICE's physical activity pathway. Also see the simplified business case for employers and summary of the costing template for employers that accompany NICE's guideline on workplace interventions to promote smoking cessation.

Provide weight management services

Commission lifestyle weight management services from NHS or non-NHS providers to meet the needs of high risk groups. For details see NICE's pathways on:

- lifestyle weight management services for overweight or obese adults

- preventing type 2 diabetes (using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes)

- diet (recommendations for health professionals and local authorities about weight management programmes [including commercial programmes], leisure and weight management services for women before, during and after pregnancy [including commercial services]).

Help people into work

Tackling the wider determinants of health involves a range of actions including helping people into paid employment. Effective interventions often include an initial assessment and elements of education and physical activity (see NICE's pathway on managing long-term sickness and incapacity for work).

Take action in schools

Schools should screen for behaviours that put people's health at risk. They should also provide evidence-based advice and take other action as necessary. For details see NICE's pathways on smoking (smoking prevention and cessation in schools) and alcohol-use disorders (screening young people aged 16 and 17 years).

Schools also provide an ideal opportunity to prevent obesity by helping children and young people to develop healthy eating habits. For details see NICE's obesity pathway (pre-school and school-based interventions to prevent obesity).

Awareness raising to prevent premature mortality

- Make people aware of their eligibility for welfare benefits and other sources of support. For details see NICE's diet pathway (recommendations for local authorities about community programmes to improve diet).

- Conduct awareness-raising and health promotion campaigns on infectious diseases, vaccinations and other preventive measures. In particular, address common misconceptions, for example, about the side effects of vaccination. For details see NICE's pathways on:

immunisation for children and young people, tuberculosis (identifying and managing TB in hard to reach groups) and hepatitis B and C testing.

- Ensure staff in local authority care homes and other community facilities for older or more vulnerable adults are aware of the need to screen for malnutrition. For details see NICE's nutrition support in adults pathway.

Examples of practice

Examples of how NICE's advice on preventing premature mortality has been put into practice can be found in our local practice collection. They include:

- Toxic tobacco truths lesson resource pack (developed for the secondary school programme to reduce the uptake of smoking in young people) 2nd edition

- Improving the quality of care through implementing the NICE 'alcohol-use disorders' guidelines

- 'MUST do better' – our journey, to improving nutrition for everyone – a continuous cyclic, trust wide audit of NICE clinical guideline 32

- Service user-led training in self-injury

- Supporting NICE hypertension guidance

- The HEALTH Passport: helping everyone achieve long term health.

Note that the examples of practice included in this database aim to share learning among local organisations. They do not replace NICE guidelines.

Developing an action plan

When developing an action plan to tackle premature deaths use one of the existing frameworks, for example, Marmot's Fair Society Healthy Lives, Dahlgren and Whitehead's Social Model of Health or the Lifecourse Approach. In addition, a more coordinated response might be achieved by listing short-, medium- and long-term actions – and the departments that might lead each activity.

The table below poses a range of questions that could be asked when extending or revising plans to tackle premature mortality among your local population.

Assessing opportunities to reduce the risk of premature mortality	Links to NICE recommendations, quality standards and other information
1. How do you help employees reduce their risk of premature mortality?	Smoking cessation in the workplace Smoking cessation: supporting people to stop smoking (quality standard) Physical activity in the workplace Workplace interventions to prevent obesity Promoting mental wellbeing in the workplace
2. Do commissioning strategies and local policies support services to reduce premature mortality?	Resources for screening and brief interventions Incorporating unintentional injury prevention in plans and strategies for young people's health and wellbeing Fostering an integrated, community wide approach Recommendations about strategy, policy and commissioning Developing local care pathways for common mental health disorders Commissioning for physical activity Commissioning for diet Alcohol dependence and harmful alcohol use (quality standard)

3. How do measures of population health inform the planning, delivery and evaluation of local health and social care services?	Evaluation Identifying local issues and actions Evaluation and quality assurance Health equity audit (European Portal for Action on Health Inequalities)
4. What indicators relevant to the NHS, social care and public health outcomes frameworks have been identified in the local population?	Health inequality indicators for local authorities and primary care organisations (Public Health England) Services that help adults who are disadvantaged The social determinants of health and the role of local government (Local Government Association)
5. Have prevention strategies been incorporated in local plans and strategies for children and young people's health and wellbeing?	Unintentional injuries among under 15s Standards for take-aways and other food outlets The independent school food plan (School Food Plan)
6. How can prevention (for example, of self-harm and overdose) and early intervention activities, such as Health Checks, be promoted?	Community engagement Services that help adults who are disadvantaged Self-harm
7. How are local communities involved in planning and delivering activities?	Obesity: working with local communities Fostering an integrated, community wide approach Appointing a diversity champion Service users experience of adult mental health services

8. How are you monitoring and evaluating activities?	Evaluation Evaluation and quality assurance Health equity audit (European Portal for Action on Health Inequalities) Alcohol dependence and harmful alcohol use (quality standard) Smoking cessation: supporting people to stop smoking (quality standard)
9. Do efforts to change people's behaviour follow evidence-based principles?	Behaviour change
10. How do you share learning on innovative initiatives to reduce health inequalities?	Services that help adults who are disadvantaged

Costs and savings

Improving people's health to prevent premature mortality can lead to the following costs and savings.

- The costs of lost productivity to the wider economy in England due to physical inactivity have been estimated at around £5.5 billion per year from sickness absence and £1 billion per year from people of working age dying prematurely (Localising the Public Health responsibility deal a toolkit Public Health England and Department of Health).

- In the working-age population of England, illness and disease arising from health inequalities leads to productivity losses of between £31 billion and £33 billion each year.

- Lost taxes and higher welfare payments resulting from health inequalities cost between £28 billion and £32 billion (Estimating the costs of health inequalities: a report prepared for the Marmot review Frontier Economics).

- In 2011 approximately 24% of the adult population in Newcastle-upon-Tyne smoked (total population 57,225). Using the ASH 'Reckoner' toolkit, the resulting costs for that year were estimated at £106 million:

    – £32 million in lost productivity as a result of early deaths

- – £22 million for smoking breaks

- – £21 million for NHS care

- – £19 million for sick days

- – £5.5 million from passive smoking

- – £3.9 million from domestic fires

- – £2.6 million from clearing up smoking litter.

- The cost per quality-adjusted life year (QALY) of intervening to help disadvantaged groups stop smoking (or to discourage them from taking up the habit in the first place) is unlikely to exceed £6000. (NICE guidance generally considers interventions costing below £20,000–£30,000 per QALY to be cost effective.)

- Implementing 20 mph zones, with priority given to protecting children and young people in disadvantaged areas who face the greatest risk, could lead to a 100% return on investment in the first 12 months. (See preventing unintentional road injuries among under-15s: road design on NICE's preventing unintentional injuries in under-15s pathway)

- NICE's workplace interventions to promote smoking cessation: costing template (summary version for employers) provides information on the costs and benefits of investing in smoking cessation in the workplace. We also publish cost impact reports for each published guideline.

Facts and figures

Below are other facts and figures on the effect of activities to prevent premature mortality.

- All major causes of premature mortality, including heart and circulatory disease, cancer, respiratory disease and liver disease, and the chronic and debilitating conditions that often accompany these causes, are more prevalent among the poorer sectors of society. The same is true of external causes (for example, accidental and self-inflicted injuries) (Fair society healthy lives The Marmot Review). In England, people who die prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life ('Fair society healthy lives').

- In 2012, more than three-quarters of all deaths among people aged under 75 in England were due to the 5 'big killers': 60,000 people died of cancer (excluding liver cancer); 37,000 died of heart diseases and stroke; 14,000 died of respiratory diseases; and 8000 died of liver disease (Living well for longer: a call to action to reduce avoidable premature mortality Department of Health).

- In 2013, 71% of carers surveyed reported they were doing less physical exercise than before they took up this role, 61% reported experiencing depression and 92% felt more stressed. Nearly half (45%) had given up work to care for someone (Prepared to care? Exploring the impact of caring on people's lives Carers Trust).

- A Public Health England review (NHS Health Check implementation review and action plan) confirmed that checking the blood pressure of people aged 40–74, as well as cholesterol, weight and lifestyle, could prevent 650 deaths, 1600 heart attacks and 4000 diagnoses of diabetes a year.

- Annually there around 25,000 excess winter deaths and 21% of those can be attributed to living in a cold house (The health impact of cold homes and fuel poverty The Marmot Review Team).

- Around 4400 people end their own lives in England annually, at an estimated cost of around £1.45 million per person (Suicide Mental Health Foundation; Economic and social cost of suicide and attempted suicide North of England Mental Health Development Unit).

Support for planning, review and scrutiny

Local authority scrutiny activities can add value to strategies and actions to improve the public's health. Effective scrutiny can help identify local health needs and check whether local authorities are working in partnership with other organisations to tackle the wider determinants of health. NICE guidelines, quality standards and briefings provide a useful starting point, by suggesting useful 'questions to ask' during the scrutiny process.

A range of other support tools are available from the Centre for Public Scrutiny and in NICE's local practice collection.

Other useful resources and advice

The following resources produced by other organisations may also be useful:

- Tools to map and compare health inequalities and premature mortality include: the Longer Lives map, the Health Inequalities Gap Measurement Tool, Health profiles from Public Health England; and the European Portal for Action on Health Inequalities.

- Resources to tackle local tobacco use include: Public Health England's smoking in England and local tobacco profiles; ASH's health and cost impact toolkit; and local action plans developed by the NHS (Tackling health inequalities: targeting routine and manual smokers in support of the Public Service Agreement smoking prevalence and health inequality targets).

- Resources on:

    - children's health and wellbeing (Public Health England's Child health profiles); groups with low awareness or use of health and safety legislation and services (Health and Safety Executive's Successful interventions with hard to reach groups)

    - a healthy diet (Sustain's Policies affecting local action and the UK Faculty of Public Health's healthy weight strategies); Healthy places

    - environments that support older people (An alternative age-friendly handbook The University of Manchester).

- Toolkits are available from the Department of Health to help local authorities fulfil the Public Health Responsibility Deal and to increase local business involvement in the public health agenda.

About this briefing

This briefing is based on NICE guidance published up to February 2015 about preventing premature mortality (see our advice list for details of published briefings and briefings in development and our quality standards list for quality standards in development). It was written with advice from NICE's Local Government Reference Group and using feedback from local authority officers, councillors and directors of public health.

It is for local authority officers and elected members and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes directors of public health and commissioners and directors of adult social care and children's services. It will also be relevant to local authority scrutiny activities.

This briefing may be used alongside the local joint strategic needs assessment to review or update the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

About NICE guidance and quality standards

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes

- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines

- an assessment of the effectiveness and cost effectiveness of public health interventions.

NICE quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE. They are developed independently by NICE, in collaboration with health and social care professionals, their partners and service users.

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