**2. Prevention and health promotion**

There is a longstanding aspiration for the NHS to focus as much on promoting wellness as managing poor health and the NHS has a major contribution to make to the prevention of disease and the promotion of health across populations, working in partnership with local public health services through Health and Wellbeing Boards.

England has persistent inequalities in life expectancy and healthy life expectancy between communities and groups. It is estimated that the cost of illness resulting from health inequality costs the NHS well in [excess of £5.5 billion per year and between £20 and £32 million in terms of lost taxes and higher welfare payments](http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review).

The NHS mandate sets out the need for collaborative and partnership working between NHS England, Public Health England, National and local government, the NHS and the CCGs. The following section is about population level interventions that the NHS and public health teams in local authorities could take joint action on which are aimed at preventing illness and better management of existing chronic illness.

* [2.1  Improving general practice – a call to action](https://www.england.nhs.uk/ourwork/sop/red-prem-mort/php/#two-one)
* [2.2  Supporting the NHS to tackle health inequalities](https://www.england.nhs.uk/ourwork/sop/red-prem-mort/php/#two-two)
* [2.3  Supporting behaviour change ‘Making Every Contact Count’](https://www.england.nhs.uk/ourwork/sop/red-prem-mort/php/#two-three)
* [2.4  Commissioning effective smoking cessation referral services](https://www.england.nhs.uk/ourwork/sop/red-prem-mort/php/#two-four)
* [2.5  Management of excess alcohol consumption](https://www.england.nhs.uk/ourwork/sop/red-prem-mort/php/#two-five)
* [2.6  Improved detection and management of hypertension](https://www.england.nhs.uk/ourwork/sop/red-prem-mort/php/#two-six)

**2.1  Improving general practice – a call to action**

**Issue:** General practice, and primary care more generally, have a strong contribution to make to reducing premature mortality through:

* Promoting lifestyle changes;
* Outreach to communities which are less likely to access services;
* Ensuring patients are engaged and make an informed decision about participation in screening, and ensuring appropriate follow through;
* Treating patients holistically in terms of mental and physical illness;
* Promoting effective self-management for people with long-term conditions; and
* Improving the management of comorbidities.

**Commitment:**Through the development of a primary care strategy NHS England will seek to maximise the contribution that general practice can make to reducing premature mortality.

**2.2  Supporting the NHS to tackle health inequalities**

**Issue:** There is a pronounced socio-economic gradient in the prevalence of all major long-term conditions, in life expectancy and in healthy-life expectancy and it is estimated that healthcare is responsible for 15-20 percent of inequalities-related mortality.

**Commitment:**  NHS England is working with the Commissioning Assembly Health Inequalities working group to produce a ‘Commissioning to Reduce Health Inequalities Toolkit’ planned for April 2014, which will provide a practical resource to CCGs with evidence, implementation guidance and links to successful models of commissioning.

[Factsheet on supporting the NHS to tackle health inequalities](https://www.england.nhs.uk/wp-content/uploads/2014/02/pm-fs-2-2.pdf)

**2.3  Supporting behaviour change ‘Making Every Contact Count’**

**Issue:** Opportunities exist to promote the benefits of healthy lifestyles through routine contacts that people have with health services, by engaging individuals in conversations which support them in the steps they wish to take towards a healthier lifestyle. This includes provision of information, signposting or referral for individual support, and encouragement for behaviour change.

**Suggested action:**  Implement a programme to train staff to deliver evidence-based very brief and brief interventions to support behaviour change (including stopping smoking, increasing physical activity, improving diet, reducing alcohol consumption and improving mental wellbeing), with support in place from behaviour change specialists and others to provide extended brief interventions for people who are high risk.

[NICE guidance on individual behaviour change](http://www.nice.org.uk/guidance/ph49) recommends that behaviour change interventions are integrated within clinical pathways and sets out how this can be commissioned effectively.

At a national level the role of NHS England is to provide clinical leadership, and support the use of commissioning levers for the integration of behaviour change into clinical pathways.

NHS England’s Medical and Nursing Directorates are working to promote commissioning of behaviour change interventions, both in NHS England’s direct commissioning and in support of other NHS commissioning organisations. We are working in close partnership with Public Health England, Health Education England and the Local Government Association, to ensure that communities and individuals, including our own staff, have the support they need to live longer and maintain their health, wellbeing and independence. These organisations have signaled their commitment to Making Every Contact Count through the publication of the[Making Every Contact Count Consensus Statement](https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf).

The national Making Every Contact Count advisory group has [published a series of practical resources to support local implementation](https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources).

Information about resources developed by regional and area teams on ‘Making Every Contact Count’ are available on the [‘Local initiatives’ section](https://www.england.nhs.uk/ourwork/sop/red-prem-mort/ex/) of these web pages**.**

**2.4  Commissioning effective smoking cessation referral services**

**Issue:** NHS stop smoking services provide clinically cost-effective ways for people to stop smoking. Initiation of attempts to support smoking cessation within secondary care settings do not always get followed through with adequate support on discharge.

**Suggested Action:**CCGs, area teams and local authorities to work together to ensure that referral to and support for stop smoking services are fundamental parts of pathways in and out of secondary care. CCGs could consider commissioning a national referral system.

[Factsheet on commissioning effective smoking cessation services](https://www.england.nhs.uk/wp-content/uploads/2014/02/pm-fs-2-4.pdf)

**2.5   Management of excess alcohol consumption**

Further details are provided in the [section on liver disease](https://www.england.nhs.uk/ourwork/sop/red-prem-mort/ld/).

**2.6   Improved detection and management of hypertension**

**Issue:** High blood pressure is the second biggest risk factor of disease leading to premature mortality in the UK. About 30 percent of adults in England have high blood pressure, of whom an estimated 5 million are undiagnosed. Of those in treatment, almost 40 percent have not reduced their blood pressure enough to be deemed controlled. Hypertension prevalence is highest in the most deprived groups in society.

**Suggested Action:**  Consider promoting early diagnosis and following the principle of making every contact count. In addition, commissioners may wish to support audits of GP performance on hypertension and work with local public health services to address the known risk factors for hypertension (as per NICE clinical guidance 127 on hypertension, these are primarily addressing diet, physical activity, alcohol consumption and smoking).