The News & Information Bulletin highlights news and developments relevant to health and social care and partner professionals. Recent issues can be accessed via the Knowledge Resources website.

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The Health and Social Care system

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5 avoidable health threats every student should know about

Public Health England has published the above public health matters blog. From exam stress to bugs, bumps and bruises, few students go through university without facing a health problem or two. But the last thing you need is an illness that seriously harms your study or social life, so take a look at our list of potential student health problems. And don’t worry – we’ve also suggested the best way of avoiding them.

Activity icons ‘could help healthy living’

A BBC News report has published the above article. People like to have information about their food - but working out how much exercise you’ll need to do to burn off the calories in your favourite treat is not straightforward. In this latest Scrubbing Up feature, Shirley Cramer, chief executive of the Royal Society for Public Health (RSPH), says a simple icon on food packaging could be the answer. The RSPH published a position paper on this same issue in January 2016.

Air Quality

The House of Commons Environment, Food and Rural Affairs Committee has published ‘Air Quality’. This fourth report of Session 2015-16 calls for urgent Government action to stop up to 50,000 people a year dying early from air pollution-related illnesses. The report presses for new Clean Air Zones in dozens of English towns and cities to cut the risk of cardiac, respiratory and other diseases caused by polluted air. Defra plans new Clean Air Zones for five of the most polluted cities but MPs say more is needed to cut the health and environmental impacts of pollutants, including particulates and nitrogen dioxide. The Committee calls on the Government to devolve greater flexibility to all councils on use of development and traffic movement powers to tackle vehicle pollution in and out of Clean Air Zones. Only five cities (Birmingham, Leeds, Derby, Nottingham and Southampton) will have new powers to charge polluting vehicles to enter new clean air zones. There is also a related press release and a response from the LGA. There is also a BBC News report.

Children need to drink more water, urge Councils

The Local Government Association has issued the above press release. Children and teenagers need to drink more water, instead of sugary drinks, to tackle the alarming rise in child obesity and reduce the risk of diabetes. The LGA is calling for water to be made more freely available in schools, nurseries and children’s centres to help make youngsters drink it more. It wants the Government to make hydration in schools a part of its forthcoming child obesity strategy. Children and teenagers get less than a quarter of their recommended daily fluid intake – approximately eight glasses – from water. Council leaders say tap water needs to be “the default option” for young people, rather than squash or fizzy pop that is high in sugar.

Fairness for Children: a league table of inequality in child well-being in rich countries

UNICEF has published the above Innocenti Report Card 13. It raises concerns about the impact of inequality on the most disadvantaged children in high income countries. In 19 out of 41 countries studied, the poorest 10% of children live in households that have less than half the income of the median. In Japan and the United States the poorest children live in homes that have about 40% of the median income. The report ranks 41 countries in the OECD and the European Union according to how far the bottom 10% of children fall below their peers in the middle of the distribution: ‘bottom-end inequality.’ The report measures bottom-end inequality of income, educational achievement, children’s self-reported health and life satisfaction, to create a full portrait of how far children at the bottom are being allowed to fall behind their peers. The report reveals that the UK is lagging behind other rich countries in reducing inequality in child well-being, with concerning gaps in health, education, and income. One of the key areas of concern is the disparity in healthy behaviours among children. Of all the countries studied, the UK has the largest difference in the levels of healthy eating (consumption of fruit and vegetables) between children from low and high socio-economic status, along with one of the largest gaps in the levels of physical activity. Another area of concern is inequality in education, where the UK is ranked 25th out of 37 countries – behind Slovenia, Poland and Romania – in reading, maths and science. One in 10 students’ falls below minimum proficiency levels in all three subjects by the age of 15. There is also a related press release and opinion piece. There is also a BBC News report.
Foodbank Use remains at record high as new data mapping tool gives fresh insight into UK hunger

The Trussell Trust has issued the above press release. Latest figures show that foodbank use remains at record levels, rising 2% on last year. 1,109,309 three day emergency food supplies were provided to people in crisis by the charity’s network of 424 foodbanks in the 2015/16 financial year, compared to 1,084,604 in 2014/15. Of this number, 415,866 went to children. This is a measure of volume rather than unique users, and on average, people needed two foodbank referrals in the last year. For the first time, The Trussell Trust has also partnered with the University of Hull to develop new tools that help us better understand the drivers of foodbank use, and areas of greatest need, by mapping foodbank data against census data. The early findings of this new research reinforce the trends seen by foodbanks related to benefits problems and low income.

#Happiness in the UK

The Office for National Statistics has published the above infographics slide set. We use national, official Well-being statistics to look at Happiness in the UK. Happiness is one of 41 headline measures to monitor Well-being in the UK. Using official statistics, we look at what the happiest person in the UK might look like: five characteristics associated with happiness in the UK. Some of the key (demographic) findings are that:

- People aged 65-74 reported the highest levels of happiness
- The lowest reported rating of happiness was amongst those aged 45 to 59
- People married or civil partnered reported the highest levels of happiness
- People in very good health reported the highest levels of happiness
- People who are employed reported the highest levels of happiness
- People who live in Northern Ireland reported the highest level of happiness
- 3 in 4 children aged 10-15 in the UK reported their happiness as high or very high in 2015

Junior doctors’ row: Both sides ready to fight on

A BBC News report has published the above article. Ministers and doctors have both vowed to fight on as the first all-out doctor strikes in the history of the NHS ended in England without any major problems. The last two days have seen junior doctors walk out of routine and emergency care in protest against the imposition of new working conditions. NHS bosses said hospitals had coped “admirably” during the stoppages. But there looks to be no end in sight to the dispute with doctors’ leaders not ruling out more strikes. Sources at the British Medical Association said they would now spend the coming days and weeks considering their next options. But they were adamant this would not be the end of the protest against the imposition of a new contract. The BBC also has extensive coverage of the overall Junior Doctor dispute. DH also has its own dedicated pages to the Junior Doctors’ contract issue.

Making Life Impossible: How the needs of destitute migrant children are going unmet

The Children’s Society has published the above report. It warns that thousands of the most vulnerable children in the UK could be left facing homelessness and at risk of exploitation and abuse as a result of changes in the Immigration Bill unless the Government acts to guarantee levels of emergency support for migrant families. Reveals that the current system is already failing vulnerable children, and the charity is warning that any moves to further restrict support to migrant families could leave children homeless and put them at risk of exploitation and abuse. Four in ten of those making claims for destitution support are already being rejected for help, but even when claims are successful, many families still experience extreme poverty on a daily basis. Rates of support vary widely across the UK and often fall well below the poverty line, with some families struggling to survive on less than £2 per day per person. The report also sheds light on the desperate situations that drive families to need emergency help, such as experiencing the death of the family breadwinner or escaping domestic violence. Shockingly, British children can also end up in need of this critical support because their parents’ immigration status means they cannot claim benefits such as child benefit or tax credits. There is also a response from the LGA.

More obese people in the world than underweight, says study

A BBC News report has published the above article. There are now more adults in the world classified as obese than underweight, a major study has suggested. The research, led by scientists from Imperial College London and published in The Lancet compared body mass index (BMI) among almost 20 million adult men and women from 1975 to 2014. It found obesity in men has tripled and more than doubled in women. Lead author Prof Majid Ezzat said it was an “epidemic of severe obesity” and urged governments to act. The study, which pooled data from adults in 186 countries, found that the number of obese people worldwide had risen from 105 million in 1975 to 641 million in 2014. Meanwhile the number of underweight people had risen from 330 million to 462 million over the same period.
NHS Improvement launched

NHS Improvement has now replaced Monitor as the main body overseeing NHS Foundation Trusts. NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. We offer the support that these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future. From 01 April 2016, NHS Improvement is the operational name for an organisation that brings together Monitor, the NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change Team and the Intensive Support Teams. NHS Improvement will build on the best of what these organisations did, but with a change of emphasis. Its priority is to offer support to providers and local health systems to help them improve.

Overlooked and left behind: improving the transition from school to work for the majority of young people

The House of Lords Select Committee on Social Mobility has published the above report. The report reveals that 53% of young people do not follow the ‘traditional’ academic route into work. This majority of young people are significantly overlooked in their transition for work by the education system and the focus on apprenticeships is not suitable for everyone. The Committee makes eight recommendations to the Government, which support the development of a more coherent and straightforward system to help young people aged 14 and over through the transition from education to work. These include:

- The national curriculum stopping at the age of 14, rather than 16 and the ages of 14-19 being recognised as a single key transition stage;
- A new gold standard in independent careers advice and guidance, which moves responsibility away from schools and colleges;
- For the Government to act as a facilitator, brokering collaboration between existing local bodies such as colleges, schools, local authorities local enterprise partnerships and employers in order to meet the needs of local labour markets; and
- That a Cabinet-level Minister take responsibility for the transition from school to work for young people (as responsibility currently falls between a number of departments and ministers).

The Committee has also published a companion (14-24 year olds) survey. There is also a BBC News report.

PHE urges parents to vaccinate against measles, mumps and rubella (MMR)

Public Health England has issued the above press release. PHE is calling for all parents to get their children vaccinated against MMR when the vaccine is offered, or for them to take it up now if they didn’t have it at the scheduled time. Vaccine uptake rates in England are currently among the highest in Europe, but an increase is still needed to reach the WHO’s 95% target for MMR vaccination in 2 year olds.

Pneumonia among older adults

Ipsos Mori has published ‘PneuVUE: a new view into pneumonia among older adults’. This survey finds that across Europe there is a generally poor understanding about the risks and prevention of pneumonia. The report shows that: 8 out of 10 adults at risk report they are not vaccinated against pneumonia; nearly 8 out of 10 older adults (78%) do not feel personally concerned about the risk of catching it; only 3 out of 10 older adults are aware that pneumonia vaccines exist; and almost three times as many people report being regularly vaccinated against flu than receiving a vaccine against pneumonia. There is also a related infographic.

Safe sex reminder

Public Health England has issued the above news story reminder to the public of the need to practise safe sex by using a condom with new or casual partners. The call comes as an increase in antibiotic resistant cases of gonorrhoea continues. The total number of cases confirmed in England, between November 2014 and April 2016 is 34. The recent increase indicates the real threat of antibiotic resistance, and the importance of monitoring resistance to maintain treatment options, and promoting safe sex to prevent gonorrhoea. There is also a BBC news report.

Scarlet fever update

Public Health England has reported a continued increase in cases of scarlet fever across England with 1319 new cases between 21 to 27 March, the highest weekly total recorded in recent decades (data available from 1982 onwards). A total of 10,570 cases of scarlet fever have now been reported since the season began in September 2015. Scarlet fever is a seasonal illness which should be treated with antibiotics and cases of the illness usually peak at this time of year.
**Recent Developments**

**Building companionship: how better design can combat loneliness in later life**
The think tank DEMOS in association with McCarthy & Stone (UK retirement housing builders) has published the above report. This report explores the issue of loneliness in later life: the scale and nature of the problem; the impact on health and potential costs to the state; what is most effective in combatting loneliness for older people; and, importantly, why it might be that older people living in specialist age specific housing (retirement housing, extra care, assisted living and so on) tend to feel far less lonely than their counterparts in general housing. Demos is carrying out this work with the support of McCarthy & Stone, the retirement housing provider, to better understand how loneliness can be tackled and what factors of retirement housing contribute to older people feeling less lonely and building better social networks. For this report, Demos reviewed the evidence regarding loneliness in later life, interviewed a small number of McCarthy & Stone homeowners about their social lives before and after moving into retirement housing, and commissioned a survey of the public – the findings of which we directly compared with a survey McCarthy & Stone has recently carried out with their homeowners where some of the key questions related to social networks and companionship. McCarthy & Stone are interested in to what extent, and why, older people are less lonely in retirement housing, and whether lessons might be learnt for wider aspects of policy, such as neighbourhood planning – to help older people become more socially connected and feel less lonely regardless of where they live. The press release with further findings and recommendations can be viewed here.

**Childhood influenza vaccination**
Public Health England has published Childhood influenza vaccination pilot programme, England 2014/15: end of season report. It describes and reports on the cumulative uptake of influenza vaccine during the 2014 to 2015 pilot programme, with a focus on the results from the final end of season data submitted to PHE at school-level between March and April 2015. The school-level data returns presented in this report include additional analysis on consents, refusals, contraindications, and population level ecological predictors of vaccine uptake.

**Crime in England and Wales: Year ending December 2015**
The Office for National Statistics has published the above Statistical Bulletin. Some of the key findings include:

- The Crime Survey for England and Wales (CSEW) for the year ending December 2015 shows there were an estimated 6.4 million incidents of crime against households and resident adults aged 16 and over. This represents a 7% decrease from the estimated 6.9 million incidents in the previous year. The survey also estimated that there were 829,000 incidents of crime against children aged 10 to 15. The decrease shown by the CSEW was largely driven by falls in theft offences (down 7%) and criminal damage (down 14%).
- There were also increases in some of the lower volume but more serious types of police recorded violence, including an 11% rise in homicide (up 56 to 573 offences) and a 9% rise in offences involving knives or sharp instruments (up 2,425 to 28,008 offences).
- The police data also continued to show a rise in reported sexual offences, with the latest figures up 29% on the previous year; equivalent to an additional 23,349 offences and bringing the total to over 100,000 in a single year for the first time (103,614). The numbers of rapes (34,741) and other sexual offences (68,873) were at the highest level recorded since the introduction of the National Crime Recording Standard in the year ending March 2003. As well as improvements in recording, these rises are also thought to reflect a greater willingness of victims to come forward to report such crimes.

Get all the tables for this Bulletin in the data section of this publication. In a separate development, the Home Office has updated its Police recorded crime and outcomes open data tables.

**Destitution: impact on health**
The Joseph Rowntree Foundation has published the above report and findings. This report defines destitution in the UK, looking at how many people are affected, who they are, and the main pathways in and out of destitution. The impact of destitution on people’s health is focused on, both in terms of physical health through poor nutrition and in mental health with social isolation, loneliness and stress. There is also a related blog.

**Diet and nutrition partnerships for the prevention of chronic disease**
The UK Health Forum and the Canadian Institutes of Health Research-Institute of Population and Public Health have published Strengthening the governance of diet and nutrition partnerships for the prevention of chronic diseases. This report focuses on the challenges public-private partnerships and other interactions can present, especially when they involve commercial entities whose high fat, salt and sugar products contribute to obesity and non-communicable diseases. The report summarises key actions identified at a meeting to address governance gaps on conflict of interest safeguards for food and nutrition policy.
Funding Arts and Culture in a time of Austerity
The New Local Government Network has published the above paper. While local authorities are still the biggest funders of arts and culture in England, the report sets out the scale of the funding decline:

- Local authority investment in arts/culture has declined by £236 million, 17% since 2010.
- While English local government still spent £1.2 billion on arts and culture in 2014/15, the cuts remain significant and are likely to continue.
- London boroughs saw the largest cuts in arts and culture spending; 19% between 2010 and 2015.

Global report on diabetes
The World Health Organization has published the first WHO Global report on diabetes. It demonstrates that the number of adults living with diabetes has almost quadrupled since 1980 to 422 million adults. Factors driving this dramatic rise include overweight and obesity. Other key findings include:

- The number of people living with diabetes and its prevalence are growing in all regions of the world. In 2014, 422 million adults (or 8.5% of the population) had diabetes, compared with 108 million (4.7%) in 1980.
- The epidemic of diabetes has major health and socioeconomic impacts, especially in developing countries.
- In 2014, more than 1 in 3 adults aged over 18 years were overweight and more than one in 10 were obese.
- The complications of diabetes can lead to heart attack, stroke, blindness, kidney failure and lower limb amputation. For example, rates of lower limb amputation are 10 to 20 times higher for people with diabetes.
- Diabetes caused 1.5 million deaths in 2012. Higher-than-optimal blood glucose caused an additional 2.2 million deaths by increasing the risks of cardiovascular and other diseases.
- Many of these deaths (43%) occur prematurely, before the age of 70 years, and are largely preventable through adoption of policies to create supportive environments for healthy lifestyles and better detection and treatment of the disease.
- Good management includes use of a small set of generic medicines; interventions to promote healthy lifestyles; patient education to facilitate self-care; and regular screening for early detection and treatment of complications.

There is also an executive summary and press release. There is also a BBC News report.

DH has published the above Government response. The government welcomes the Science and Technology Committee’s report and its focus on the importance of sharing information and expertise and having a coordinated research response. The government continues to work with the World Health Organization and the wider international community to ensure that we have in place the best possible information to be able to assess the onset and spread of diseases such as Ebola and more recently Zika. In addition, in the field of research, the government has set up the £1 billion Ross Fund which will enable us to encourage and coordinate action to tackle malaria and other infectious diseases.

Knowledge of fertility and reproductive health
The Royal College of Obstetricians & Gynaecologists has issued a press release with the results of a survey of young people’s knowledge about their fertility and reproductive health. 1,000 young people across the UK took part in the survey which reveals gaps in their knowledge which experts believe may leave them ill equipped to choose when to have children, prevent unplanned pregnancy or take steps to safeguard their fertility.

Nicotine without smoke: Tobacco harm reduction
The Royal College of Physicians has published the above report. Tobacco smoking is addictive and lethal. Half of all lifelong smokers die early, losing an average of about 3 months of life expectancy for every year smoked after the age of 35, some 10 years of life in total. Although smoking prevalence in the UK has reduced to 18%, 8.7 million people still smoke. Harm reduction provides an additional strategy to protect this group of smokers from disability and early death. This report aims to provide a fresh update on the use of harm reduction in tobacco smoking, in relation to all non-tobacco nicotine products but particularly e-cigarettes. It concludes that, for all the potential risks involved, harm reduction has huge potential to prevent death and disability from tobacco use, and to hasten our progress to a tobacco-free society. There is also a related press release, a response from the RCGP and a BBC News report.
Out of school activities during primary school and KS2 attainment
The Nuffield Foundation has published the above working paper from the Centre for Longitudinal Studies (CLS), an Economic and Social Research Council (ESRC) Resource Centre based at the UCL Institution of Education (IOE). Participating in organised sports and joining after school clubs can help to improve primary school children’s academic performance and social skills. The study from NatCen Social Research, Newcastle University and ASK Research analysed information on more than 6,400 English children born in 2000-01 who are being followed by the Millennium Cohort Study. Children taking part in organised sports and physical activities at the ages of 5, 7 and 11 were almost one and a half times more likely to reach a higher than expected level in their Key Stage 2 (KS2) maths test at age 11. No relationship was found between organised sports and activities and KS2 English and science scores. Among disadvantaged children, those who attended after school clubs also fared better than their peers who did not take part in such groups. They achieved on average, a 2-point higher total score in their KS2 assessments in English, maths and science at the end of primary school. This is equivalent to two-fifths of the ‘attainment gap’ between poorer children who score, on average, a total of 53 points at KS2 and those from more affluent homes, who gain 58 points. There is also a related press release and a BBC News report.

Provisional analysis of 2015 death registrations in England and Wales
The Office for National Statistics has published the above statistical article. Provisional death registration figures for England and Wales in 2015 show an increase of 28,189 deaths (5.6%), from 501,424 deaths in 2014 to 529,613 deaths in 2015. The 2015 provisional figure is the highest since 2003 when there were 539,151 deaths. The increase in 2015 was the largest year-on-year percentage increase seen since the change from 1967 to 1968 (6.3%). This article provides further detail on deaths in 2015 using a provisional extract of 2015 death registrations and 2015 population projections. Final mortality data and mid-year population estimates for 2015 will be released in summer 2016. Get all the tables for this Bulletin in the data section of this publication. There is also a response from the LGA, a public health matters blog and a BBC News report, which focuses on dementia and flu.

A review of evidence for bystander intervention to prevent sexual and domestic violence in universities
Public Health England has published the above evidence review. This literature review is intended to be useful to a range of audiences. The 3 aims of the review are to:
- set out the rationale for using a bystander approach in sexual and domestic violence prevention work at English universities
- verify that all current evidence for best practice has been assimilated in the preparation of ‘The intervention initiative’ toolkit for English universities, commissioned by PHE and developed by the research team undertaking the review
- bring interested parties up to date with the most recent research relating to bystander intervention methods for addressing sexual and domestic violence in university settings.

It builds on the review of bystander approaches in support of preventing violence against women published in 2011 (Powell, 2011) which summarised the evidence-based features for effective bystander approaches in support of preventing violence against women.

Sexual harassment and sexual violence in schools
The House of Commons Women and Equalities Committee has launched the above inquiry. It is the first parliamentary inquiry into the scale and impact of sexual harassment and sexual violence in schools. It comes as new research (Fixers report) shows how young people are being affected by this problem. The closing date for written submissions is 20 May 2016. More information about the scope of the inquiry is available here. There is also a BBC News report.

Toddlers’ eating habits may harm long-term health
University College London (UCL) has issued the above press release. UK toddlers are consuming more calories and protein than recommended, potentially putting them at risk of obesity in later life, according to UCL research. The study, published in the British Journal of Nutrition, shows children’s diets are lacking in fibre, vitamin D and iron but contain too much sodium, which could lead to serious future health problems. There is also a related article from Nutrition Insight and a response from LGA.
Hot Topic 1: Quality in Health & Social Care (A&E, 7-Day NHS, Primary Care, Social Care etc.)

14 questions new parents ask about vaccination
Public Health England has published the above public health matters blog. For European Immunisation Week we asked David Green, Public Health England’s immunisations nurse expert, to give us answers to some of the questions he gets asked the most. There is also an additional blog from Mary Ramsay promoting European Immunisation Week which focuses on MMR.

Administration of Medicines in Care Homes
DH has published the above guidance. It sets out good practice measures for care home providers, managers and staff for the safe management and handling of medicines in care homes (with nursing) for older people by care assistants. The guidance includes:

- the legal framework for the administration of prescribed medicines for a named individual by care assistants
- safety and quality assurance requirements

A&E delays reach new record level
A BBC News report has published the above article. A&E performance in England sank to a new low in February 2016 for the second month in a row, official NHS England figures show. Hospitals are meant to see 95% of patients in four hours, but just 87.8% were, NHS England data revealed. That is a slight drop on the January figures, which were the worst since the target was introduced in 2004. And in another sign of growing A&E pressures, a unit in Lancashire is being forced to close overnight from next week because of a staffing crisis. Bosses running the Chorley A&E said they had to take the step because they did not have the doctors to staff the unit. There are also responses from the King’s Fund, NHS Confederation and Nuffield Trust.

Burden Reduction Plan
DH has published ‘Burden Reduction Plan’. The plan sets out a more collaborative and systematic approach to data collections across the health and social care system. It sets out how data will be collected and what has already been achieved. The aim is to:

- collect proportionate data that has a clear business purpose
- prevent duplication of other data collections
- review the need to collect the data regularly

This work will be done through NHS Digital (the new name coming soon for the Health and Social Care Information Centre) – the national base for all data.

Care in the home innovative new funding
NHS England has announced a £1.75m investment in an innovative family-based initiative designed to help more people to be cared for in a home, not a hospital. The Shared Lives model will support people who have needs which make it hard for them to live on their own, by carefully matching them with a carer to share their family and lives, giving care and support in the community. Some NHS commissioners and providers already commission Shared Lives, but NHS England have now invested £1.75m in start-up and development funding, which will enable 6 – 10 areas to develop new NHS services on a match-funded basis.

The medical journal The Lancet has published the above retrospective analysis article (abstract only). The dataset comprised 101 818 352 consultations and 20 626 297 person-years of observation. The crude annual consultation rate per person increased by 10·51%, from 4·67 in 2007–08, to 5·16 in 2013–14. Consultation rates were highest in infants (age 0–4 years) and elderly people (≥85 years), and were higher for female patients than for male patients of all ages. The greatest increases in age-standardised and sex-standardised rates were in GPs, with a rise of 12.36% per 10 000 person-years, compared with 0-9% for practice nurses. GP telephone consultation rates doubled, compared with a 5-20% rise in surgery consultations, which accounted for 90% of all consultations. The mean duration of GP surgery consultations increased by 6-7%, from 8-65 min (95% CI 8-64–8-65) to 9-22 min (9-22–9-23), and overall workload increased by 16%. There is a related article in Pulse, the magazine for primary care professionals.

Consultation on revised standards of proficiency for social workers in England
The Health and Care Professions Council (HCPC) has published the above consultation. It seeks views on proposed changes to the standards of proficiency for social workers in England. The standards of proficiency are the threshold standards for safe and effective practice in the UK and play a key role in public protection. The proposed changes to the standards include: being able to identify strategies for professional resilience;
understanding the principles of information governance; and understanding the concept of leadership and its application to practice. There is also a related press release. This consultation closes on 24 June 2016.

Cosmetic interventions new guidelines
The General Medical Council (GMC) has published Guidance for doctors who offer cosmetic interventions. The guidance makes clear the ethical obligations doctors have towards patients and the standards of care they need to provide. It comes into force from June, and covers both surgical and non-surgical procedures. The GMC is working closely with the Royal College of Surgeons who have also published Professional standards for Cosmetic Surgery to supplement the guidance.

CQC review of how NHS trusts investigate and learn from deaths
The Care Quality Commission has issued the above press release. CQC is carrying out a review of how NHS trusts identify, report, investigate and learn from deaths of people using their services. This follows a request from the Secretary of State for Health, which was part of the Government’s response to a report into the deaths of people with a learning disability or mental health problem in contact with Southern Health Foundation NHS foundation Trust. CQC’s review will consider the quality of practice in relation to identifying, reporting and investigating the death of any person in contact with a health service managed by an NHS trust; whether the person is in hospital, receiving care in a community setting or living in their own home. The review will pay particular attention to how NHS trusts investigate and learn from deaths of people with a learning disability or mental health problem. There is also a BBC News report.

European Health Information Gateway
The World Health Organization (WHO) has published the above portal. It provides access to curated health data and information from official WHO sources and joint data collections with partner organisations such as the European Commission and OECD. The Gateway also provides an application programming interface for data analysts, programmers and data scientists. There is also a related press release.

General Practice Forward View
See Health and Social Care system below.

GP tiredness and safe working
A new poster campaign urging family doctors to take regular breaks in order to keep their patients safe has been launched by the Royal College of General Practitioners. Under a banner of ‘Your safety should always come first’ the new poster explains how pilots, train drivers and lorry drivers have limits on the number of hours they can work. It is being sent to every GP practice in the UK to emphasise the need for GPs and other practice staff to take regular breaks in order to prevent over-tiredness and ensure safe care for their patients.

Guidelines for the screening, care and treatment of persons with chronic hepatitis C infection
The World Health Organization has published the above updated guideline. The guidelines take into account the introduction of direct-acting antivirals treatment for this disease and provide recommendations for the use of these new medicines. The objectives of these WHO guidelines are to provide updated evidence-based recommendations for the treatment of persons with hepatitis C infection using, where possible, all direct-acting antivirals (DAA-only) combinations.

Health education funding reform: consultation
DH has launched a consultation on Health education funding reform. The government has proposed that from 01 August 2017, all new nursing, midwifery and allied health professional students on pre-registration undergraduate and postgraduate courses will receive their tuition funding and financial support through the standard student support system, rather than NHS bursaries and tuition funded by Health Education England. This consultation seeks views on how these reforms can be successfully implemented. The consultation closes on 30 June 2016. There is also an RCN press release.

Is the NHS in England stuck with soaring demand?
A BBC News report has published the above article. Nigel Edwards from the Nuffield Trust talks with the BBC’s Adam Brimelow about how the NHS can best manage growing activity in the NHS. Although there has been some initial success with care home vanguards, he argues that other areas have not fared so well. Indeed, he warns that 16,000 more hospital beds may be needed in the next five years if new care models aren’t implemented.
Junior Doctor Contracts in England
The House of Commons library has published the above Commons Briefing Paper. It provides background information on the introduction of a new contract for doctors in training (junior doctors) in England, including a summary of the proposed changes, and background on negotiations between NHS Employers and the BMA. The briefing also provides some brief information on the delivery of seven day services and proposed changes to the consultant contract.

National Survey of Bereaved People (VOICES): 2015
The Office for National Statistics has published the above Statistical Bulletin. The National Survey of Bereaved People (VOICES - Views of Informal Carers – Evaluation of Services) collects information on bereaved people’s views on the quality of care provided to a friend or relative in the last 3 months of life, for England. Some of the key findings include:

- 3 out of 4 bereaved people (75%) rate the overall quality of end of life care for their relative as outstanding, excellent or good; 1 out of 10 (10%) rated care as poor.
- Overall quality of care for females was rated significantly higher than males with 44% of respondents rating the care as outstanding or excellent compared with 39% for males.
- 7 out of 10 people (69%) rated hospital care as outstanding, excellent or good which is significantly lower compared with care homes (82%), hospice care (79%) or care at home (79%).
- Ratings of fair or poor quality of care are significantly higher for those living in the most deprived areas (29%) compared with the least deprived areas (22%).
- 1 out of 3 (33%) reported that the hospital services did not work well together with GP and other services outside the hospital.
- Almost 3 out of 4 (74%) respondents felt hospital was the right place for the patient to die, despite only 3% of all respondents stating patients wanted to die in hospital.

Get all the tables for this Bulletin in the data section of this publication.

NHS benchmarking work programme report
NHS Benchmarking Network has published its Work programme report 2015/16. This report sets out progress and achievements of the NHS Benchmarking Network in 2015/16 in supporting commissioners and providers of NHS services to deliver a sustainable, transformed health service. It also sets out the work programme and developments for 2016/17 based on the nine key priorities in the NHS Shared Planning Guidance.

Older people’s care in acute settings
The NHS Benchmarking Network has published ‘Older people’s care in acute settings’. This report combines financial, workforce, quality and outcome data to provide a picture of current standards in acute hospital care for older people. The report highlights that 46% of older people admitted to a specialist ward have a condition associated with frailty, but that only 42% of hospital trusts currently have a specific frailty unit in place. The report also provides data on the use of acute beds, and the amount of hospital capacity taken up by patients with complex needs.

Patient activation measure: feasibility and rollout
NHS England, in conjunction with the University of Leicester, has published ‘Independent evaluation of the feasibility of using the Patient Activation Measure in the NHS in England: summary interim report’. It focuses on practical lessons and points to consider for organisations who wish to use the Patient Activation Measure (PAM) including the:

- need for clarity and a full understanding of why the PAM tool is being used and what function it is serving; whether using PAM purely as an outcome measure is appropriate;
- value of PAM in starting the conversation about person-centred care and;
- challenges of integrating PAM into existing and new services.

NHS England has agreed a five-year licence to expand the use of the PAM tool with up to 1.8 million people, as a core component of the developing Self-Care programme. There is also a related press release.

A Practical Guide to Healthy Caring
NHS England, in partnership with Carers UK, Carers Trust Age UK, Public Health England, and older carers themselves, has published ‘A Practical Guide to Healthy Caring’. The guide provides information and advice to carers about staying healthy whilst caring and identifies the support available to help carers maintain their health and wellbeing. While it is aimed at carers of any age, it is particularly relevant for carers aged around 65 years and those new to caring. There is also a related article. The new guide is a companion guide to A Practical Guide to Healthy Ageing (available in hard copy from the Resource Centre).
Privatisation and Independent Sector Provision of NHS Healthcare
The British Medical Association (BMA) has published the above report and supporting material. It argues that the independent sector should be subject to the same robust standards as NHS providers and that managers must be wary of the health service becoming fragmented. It calls for government and policy makers to implement a series of recommendations aimed at protecting the NHS from being destabilised. It also urges commissioners and health service managers to consider the possible negative effects of privatisation on training and recruitment. There is also a related press release.

Professional standards for cosmetic surgery
The Royal College of Surgeons has published the above updated guidance with the aim of improving patient safety and standards within the cosmetic surgery industry. It stipulates that only surgeons with the appropriate training and experience should undertake cosmetic surgery and outlines the ethics and behaviour expected of cosmetic surgeons. It supplements new guidance produced by the General Medical Council (see above) for all doctors who carry out cosmetic intervention and is intended to be read alongside this guidance.

Pushing The Call Button On Unsafe Staffing: Who Will Come To Our Aid?
UNISON has published the above report. It presents the results of a UK-wide annual survey of nursing professionals and it finds that almost 63% of respondents said that they felt there were inadequate numbers of staff on the wards to ensure safe, dignified and compassionate care. 67% of those surveyed believed that staffing levels had deteriorated since last year’s survey and 68% had considered leaving their role in the previous year.

Raising concerns (whistleblowing) policy
NHS Improvement and NHS England have published Freedom to speak up: raising concerns (whistleblowing) policy for the NHS. This policy contributes to the need to develop a more open and supportive culture that encourages staff to raise any issues of patient care quality or safety. It is expected that it will be adopted by all NHS organisations in England as a minimum standard to help to normalise the raising of concerns for the benefit of all patients.

Smokers and overweight patients: Soft targets for NHS savings?
The Royal College of Surgeons (RCS) has published the above report. It found that over one in three CCGs in England are denying or delaying routine surgery to patients such as hip and knee replacements until they stop smoking or lose weight, in contravention of national clinical guidance. The RCS found that over a third (34%) of the 200 CCGs that responded to FOI requests have one or more policies on BMI level or smoking status which stop overweight patients or smokers being referred for routine surgery. There is also a related press release and a BBC News report.

Southern Health NHS Foundation Trust still not doing enough to protect people in its care
The Care Quality Commission (CQC) has issued the above press release. The latest CQC report into the Southern Health NHS Foundation Trust details the findings of a team of 22 inspectors, which included several mental health professionals as specialist advisors. The inspection team spoke with patients, carers, staff, the Trust Board and whistle blowers. In addition, they reviewed patient records, serious incident reports, medication charts and procedures including those relating to complaints and governance. They found that:

- The Trust had not put in place robust governance arrangements to investigate incidents, including deaths. As a result, opportunities had been missed to learn from these incidents and to take action to reduce the likelihood of similar events happening in the future.
- Effective arrangements had not been put in place to identify, record or respond to concerns about patient safety raised by patients, their carers, staff or by the CQC. The Trust had also failed to identify, record or respond effectively to staff who expressed concerns about their competence to carry out their roles.
- Inspectors had serious concerns about the safety of patients with mental health problems and learning disabilities in some of the locations inspected. Action had not been taken to address known risks from the physical environment. For example, CQC had identified concerns relating to ligature risks in acute inpatient mental health and learning disabilities services in January 2014, October 2014 and August 2015. During the January 2016 CQC found that the Trust had still failed to make sufficient changes to address these risks with many potential ligature anchor points identified at one location. Immediately following the inspection, CQC issued a warning notice requiring Trust to take immediate action to ensure the safety of patients at Evenlode, Oxfordshire and Kingsley ward at Melbury Lodge.
• Overall, the Trust’s governance arrangements did not facilitate effective, proactive, timely management of risk. Where action was taken by the Trust to mitigate risk, this was delayed and mainly done in response to concerns raised by the CQC.

There is also a BBC News report.

Supporting patients’ choices to avoid long hospital stays
NHS England and the Local Government Association has published the above Quick Guide. This guidance has been developed in partnership with Healthwatch England and it aims to support local health and social care systems to reduce the time people spend in hospital, when they are ready to depart and no longer need hospital care but are delayed whilst making arrangements for or decisions about ongoing care. There is also a related blog and patient advice leaflet. Other titles in the Quick Guides series are available here.

Hot Topic 2: Mental Health (including Dementia, Learning Disabilities etc.)

ASH survey of people with mental health conditions
Action on Smoking and Health (ASH) has published the above report. This survey examined the attitudes of people with mental health conditions to smoking, stopping smoking and smokefree policies. The survey also includes views from staff working with people with mental health conditions.

Choice in mental health: how it can work for you
NHS Improvement has published the above guidance. It offers practical advice based on four key principles that can make sure that choice in mental health works and helps you to choose a provider that best meets your needs. It explains:

• your right to choose the provider that best meets your individual needs
• how you can choose any provider of the service you need
• when your choice isn’t appropriate for your care needs
• how your commissioners and healthcare professionals should be proactive in facilitating choice

Dementia Advisers Survey: Survey of provision of dementia adviser services
DH has published the above report from Age UK and IpsosMORI. It contains findings from a survey into the provision of dementia adviser services in CCGs and local authorities throughout England. Dementia advisers provide a single identifiable point of contact for people with dementia and their carers following a diagnosis. They have knowledge of and direct access to the whole range of available local services, providing advice, information about where to get care and enabling contact with other services. Having a single point of contact was highlighted as being an essential element of effective post-diagnostic care in the Prime Minister’s challenge on dementia 2020.

Dementia and comorbidities: ensuring parity of care
The International Longevity Centre - UK (ILC-UK) has published the above report. Supported by Pfizer, the report argues that a failure to prevent, diagnose and treat depression, diabetes and urinary tract infections in people with dementia could cost the UK’s health and care system up to nearly £1 billion per year. It highlights a lack of parity in the diagnosis of these conditions in people with dementia and outlines some recommendations including revision of NICE clinical guidelines; greater patient involvement in care plans; and commissioning of a wider range of psychological therapies. There is also a related press release.

Dementia Rarely Travels Alone: living with dementia and other conditions
The All Party Parliamentary Group on Dementia facilitated by the Alzheimer’s Society has published the above report resulting from an inquiry that was held last year in to dementia and comorbidities. This inquiry has brought to light the scale of difficulty faced by people living with dementia and other health conditions. Despite significant progress to deliver integrated care services and support, the health and social system frequently treats conditions in isolation so that people with dementia and other health conditions receive disjointed, substandard care and treatment. Key findings from the report include:

• 7 in 10 people living with dementia are also living with another medical condition. The severity of someone’s dementia can have consequences on their ability to manage their other conditions
• The current health and care system is fragmented and does not have the capacity to manage the complexity of these multiple conditions. Conditions are often treated in isolation from one another which can lead to disjointed care and confusion with medication management. It can also result in avoidable hospital admissions
• The Care Quality Commission (CQC) inspects individual providers rather than care pathways
One of the biggest challenges facing society today is building a health and social care system that can provide holistic, person-centred care for people living with multiple conditions.

Without radical change, the current health and care system will consign thousands of people to substandard care and a poor quality of life, wasting millions of pounds in the process.

The report identifies the changes needed across the healthcare system so that the NHS can meet the challenge of caring for people living with dementia and other conditions, supporting them to live fulfilled lives. The key recommendations are outlined below:

- Public Health England (PHE) should mandate a dementia component in the NHS Health Check for people aged 40 to 65 years old to enable people of all ages to take action to reduce their risk of dementia.
- The Quality Outcomes Framework should be revised by the relevant bodies to ensure people with dementia and comorbidities receive a minimum of one GP-led holistic review of their care and support per year.
- The Royal Pharmaceutical Society should develop new guidelines on polypharmacy for England that address how to treat people with dementia living with multiple long-term conditions.
- PHE should include data on dementia and common comorbidities in the Dementia Intelligence Network to provide health and social care commissioners with the data to commission integrated care pathways.
- CQC inspection regimes should assess the quality of care pathways across health and social care settings alongside the performance of individual providers.

There is also a related press release.

**Depression in adults: recognition and management (CG90 - updated)**

See NICE Guidelines section below.

**Employment of veterans with mental health conditions**

The Centre for Mental Health has published Employment in mind. This report, commissioned by The Poppy Factory and funded by Forces in Mind Trust, explores the barriers to employment faced by ex-Service personnel, and how these can be overcome. The report finds that individual placement and support is more effective than the other main approach of getting people into work: the ‘train then place’ model, which involves training, development and sheltered work before placing the person in paid employment.

**Guidance for commissioners of psychiatric intensive care units (PICU)**

See Commissioning and Service Improvement section below.

**Health Matters – your questions on risk factors for dementia**

Public Health England has published the above public health matters blog. We hope our latest edition of Health Matters – this time covering midlife approaches to reduce dementia risk – will help you and other health professionals by compiling key facts, figures and evidence of effective interventions. Where we can, we’re also committed to answering your questions and taking on your feedback. In this blog we’ve published the answers to a number of Health Matters dementia questions we received from professionals across the UK following the launch teleconference.

**Integrated Care to Address the Physical Health Needs of People with Severe Mental Illness: A Rapid Review**

The National Institute for Health Research has published the above rapid review. People with mental health conditions have a lower life expectancy and poorer physical health outcomes than the general population. Evidence suggests that this discrepancy is driven by a combination of clinical risk factors, socioeconomic factors and health system factors. The objective of this research was to explore current service provision and map the recent evidence on models of integrated care addressing the physical health needs of people with severe mental illness primarily within the mental health service setting. There is also a Scientific Summary.

**Mapping the Global Mental Health Research Funding System**

The RAND Corporation has published the above report. This study maps the global funding of mental health research between 2009 and 2014. It builds from the bottom up a picture of who the major funders are, what kinds of research they support and how their strategies relate to one another. It uses the funding acknowledgements on journal papers as a starting point for this. The study also looks to the future, considering some of the areas of focus, challenges and opportunities which may shape the field in the coming few years. The main report is accompanied by a set of 32 deep dive case-studies of individual research funders, a set of six cross-cutting themes that emerged from the analysis and methodological appendices (all available via first link above).
**Mental Health and Criminal Justice:** Views from Consultations across England and Wales
The Centre for Mental Health has published the [above report](#). With extremely high rates of mental ill-health among the prison population, this report draws on experiences from across England and Wales to determine the way forward for improvement. It finds that few of the prisons represented at the events were able to offer psychological therapies, and that primary mental health care remains the weakest element of mental health support in prisons. One of key recommendations from the report was that clinical commissioning groups need to take more of a lead role in commissioning health services for people leaving custodial settings in their local areas. This would be facilitated through closer working between CCGs and their local probation providers.

**Mental health and well-being of looked-after children**
The House of Commons Education Select Committee has published the [above report](#), the fourth of Session 2015-16. This report on the mental health and well-being of looked-after children notes that a significant number of local authorities and health services are failing to identify mental health issues when children enter care. Looked-after children face significant challenges in getting access to mental health support. The report finds child and adolescent mental health services (CAMHS) are turning away vulnerable young people in care because they have not met high thresholds for treatment or because the children are without a stable placement. This is contrary to statutory guidance which states that looked-after children should never be refused a service on the grounds of their placement. To help tackle this inflexibility, the report recommends looked-after children be given priority access to mental health assessments by specialist practitioners, with subsequent treatment based on clinical need. There is also a related [press release](#) and a response from the Children’s Society and the LGA. There is also a [BBC News report](#).

**Mental health policy in England**
The House of Commons Library has published the [above Commons Briefing Paper](#). This document provides a summary of Government policy introduced under the 2010-2015 Coalition Government, and under the 2015 Conservative Government. It focuses on health policy, and so does not look in detail at wider changes that may affect people with mental health problems, such as welfare reform and social care policy.

**Mental Health Services: preparations for improving access**
The National Audit Office (NAO) has published the [above report](#) on behalf of the DH and NHS England. DH and NHS England are starting to make progress with the actions needed to implement access and waiting time standards for people with mental health conditions, but much remains to be done. The Department and NHS England have made a clear commitment to improve mental health services for people who need them. In 2011, the government set an ambition that mental health would be valued as much as physical health. In October 2014, the Department and NHS England set a first set of standards for the access to mental health services that people should expect and how long they should have to wait for treatment. Improving care for people with mental health problems depends on action by many local organisations working together. However, the full cost of implementing the new access and waiting time standards and meeting longer term ambitions for better services is not well understood. The Department estimated that achieving the commitments made in the first three areas – improving access to psychological therapies (IAPT), early intervention in psychosis and liaison psychiatry services – could be £160 million a year more than the estimated £663 million that clinical commissioning groups spent on these services in 2014-15. Subsequent indicative analysis suggests that the cost of improving access further could be substantially higher, although there is considerable uncertainty around these estimates. The Department and NHS England have made available £120 million of additional funding over the two years 2014-15 and 2015-16. However, most of the cost of implementing the new access and waiting time standards will be met from clinical commissioning groups’ existing budgets, at a time when the NHS is under increasing financial pressure. There is also a [summary report](#) and [press release](#). There is also a response from NHS Clinical Commissioners.

**Perinatal and infant mental health**
Health Education England has published [Specialist Health Visitors in Perinatal and Infant Mental Health - What they do and why they matter](#). This guidance concludes that all women and their partners should have access within their local health visiting service to a specialist health visitor in perinatal and infant mental health. According to the National Institute for Health and Care Excellence (NICE), more than one-in-ten women will experience mental health problems during pregnancy and after the child’s birth, which means that some 70,000 families could be affected by mental health issues.
Mental health, smoking and poverty in the UK

Action on Smoking and Health (ASH) has published the above report written by Dr Tessa Langley of the University of Nottingham. It quantifies the extent to which smoking exacerbates poverty in adults with mental health conditions in the UK. The key findings include:

- Smoking exacerbates poverty for a large proportion of adults with a mental disorder.
- The analysis estimates that smoking prevalence is very high in poor adults with a mental disorder compared with adults with a mental disorder overall.
- Based on data from the 2007 Adult Psychiatric Morbidity Survey and the 2013 Health Survey for England, 46% of poor adults with a common mental disorder, 46% of those currently taking psychoactive medication, and 52% of those with a longstanding mental disorder are current smokers.
- An estimated 900,000–1,200,000 people with a common mental disorder are living in poverty and are current smokers.
- A significant number of adults with a mental disorder are officially above the poverty line, but would be defined as living in poverty if their income were assessed after their expenditure on tobacco, including an estimated 135,000 adults with CMD in the UK.
- The average annual expenditure by poor smokers with a mental disorder is estimated to be in the region of £1220; sensitivity analysis which takes into account likely underreporting of cigarette consumption suggests that this figure may be closer to £2200.
- Smokers who have a mental disorder who smoke cheaper types of tobacco, such as hand rolling tobacco, are likely to spend over £700 per year.

Poor Mental Health: The links between child poverty and mental health problems

The Children’s Society has published the above report. There is a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health, including debt, poor housing, and low income. Our research found that only 1 in 10 mental health trusts see children in poverty as a priority group for access to mental health services. This report sets out a number of areas for further exploration, and makes recommendations for Government to better address the mental health needs of children and young people living in poverty. The report, which also finds poorer children are more likely than their richer peers to say that they do not feel useful, highlights the growing body of evidence linking poverty to unhappiness and mental health problems. Analysis of survey data finds that almost a third (29%) of 16–19-year-olds growing up in poverty do not feel optimistic about the future, compared with about one fifth (22%) of their more affluent peers. A similar gap can be found in the proportions of poorer children who say they feel like a failure (20%) compared with wealthier children (14%). A difference is also evident in the proportion of young people who say they “don’t feel useful” – 22% of children in poverty compared with 18% who are not in poverty. There is also a related press release.

Report from the independent mental health taskforce to the NHS in England

The House of Commons Library has published the above report. MPs will debate a report from the independent Mental Health Taskforce to the NHS in England on Wednesday 13 April 2016 from 2.30 to 4.00pm in Westminster Hall. James Morris MP will lead the debate. This House of Commons Library Debate Pack includes a briefing, press and Parliamentary coverage of the report and the issues it contains.

Specialist Health Visitors in Perinatal & Infant Mental Health: What they do and why they matter

Health Education England has published the above guidance report. All women and their partners should have access within their local health visiting service to a specialist health visitor in perinatal and infant mental health (PIMH). According to NICE guidance (CG192) from December 2014, more than one-in-ten women will experience mental health problems during pregnancy and after the child’s birth, which means that some 70,000 families could be affected by mental health issues. New fathers can also experience difficulties. If not addressed promptly by those with additional training, the guidance states that mental ill-health can have a devastating impact on women and their families. The document sets out the important role of specialist health visitors in PIMH and illustrates the value to parents and other health professionals involved in a mother’s care and recommends that every woman should have access to a specialist Health Visitor (PIMH) as part of the multi-disciplinary team caring for them.

The Stolen Years – The Mental Health and Smoking Action report

Action on Smoking and Health (ASH) has published the above report. This report, endorsed by 27 health and mental health organisations, sets out recommendations for how smoking rates for people with a mental health condition could be dramatically reduced. These include improved training of healthcare staff, better access to stop smoking medication and a move towards smokefree mental health settings. There is also a response from the NHS Confederation.
State of the Nation
The think tank CentreForum has published the above report. This report, from its Commission on Children and Young People’s Mental Health, explores the issue of child and adolescent mental health in England. It sets out the latest available data on prevalence and trends over the last five years and in the process highlights the fractured and inconsistent nature of the data available on this issue. This research identifies a significant ‘treatment gap’, where children and young people are unable to get the help they need; have to wait months for treatment; or are treated in the wrong place. The report has revealed the problems young people face when trying to access mental health care. Services turn away, on average, nearly a quarter (23%) of children and teenagers referred to them by their GPs, teachers or others. Our analysis of services’ eligibility criteria shows that this is often because there are high thresholds for access to their services, preventing often the most effective treatment of mental health conditions – early intervention. The report also provides a brief synopsis of recent policy developments to address these issues. There is also a response from the NHS Confederation and a related article from The Guardian.

A two decade dementia incidence comparison from the Cognitive Function and Ageing Studies I and II
The open-access journal nature communications has published the above research article. Dramatic global increases in future numbers of people with dementia have been predicted. No multicentre population-based study powered to detect changes over time has reported dementia incidence. MRC Cognitive Function and Ageing Study (CFAS) undertook baseline interviews in populations aged 65 plus years in England and Wales (1989–1994). Three areas (CFAS I) were selected for new sampling two decades later (2008–2011) with same geographical boundaries, sampling and approach methods (CFAS II). At 2 years CFAS I interviewed 5,156 (76% response) with 5,288 interviewed in CFAS II (74% response). Here we report a 20% drop in incidence (95% CI: 0–40%), driven by a reduction in men across all ages above 65. In the UK we estimate 209,600 new dementia cases per year. This study was uniquely designed to test for differences across geography and time. A reduction of age-specific incidence means that the numbers of people estimated to develop dementia in any year has remained relatively stable. There is also a response from the Alzheimer’s Society and a BBC News report.

Hot Topic 3: Cancer and Cancer Prevention

Cancer support partnership
The RAND Corporation has published ‘Evaluation of the UCLH-Macmillan Partnership to deliver improvements in the care, treatment, support, and information to patients with cancer throughout their individual journeys’. The University College London Hospitals NHS Trust—Macmillan Cancer Support partnership is intended to improve the experiences of carers and patients with cancer by improving the whole journey from diagnosis through to palliation, and to embed this in a system that actively engages patients and carers. The evaluation aims to assess the working of the partnership and its capacity to support the partners’ plans to move forward.

Forthcoming national Be Clear on Cancer respiratory symptoms awareness campaign
DH, NHS England and Public Health England have published the above Dear Colleague letter. It announces that following the recent national Be Clear on Cancer “blood in pee” symptom awareness campaign we are planning to run the next symptom awareness campaign in July and August 2016. This will focus on respiratory symptoms; further details are given in the letter but this will be the first time a national campaign is focused more broadly than cancer. This campaign will focus on the symptoms of a persistent cough and inappropriate breathlessness.

Implementing the Cancer Taskforce Recommendations: Commissioning Person Centred Care for People Affected By Cancer
NHS England has published the above guidance. It is intended to support commissioners and strategic clinical networks to ensure every person affected by cancer will have access to the recovery package and stratified follow-up pathways by 2020, as set out in the cancer strategy. It describes the actions needed to deliver this including checklists for developing service specifications, practical examples and templates to use and adapt locally. Information about the Cancer Taskforce is available via Cancer Research UK.

Nine things you need to know about UV (ultraviolet radiation)
Public Health England has published the above public health matters blog. Ultraviolet radiation, or UV, comes to earth from the sun. The ozone layer protects those of us on the ground from most of it but some does reach the surface. So in this blog John O’Hagan asks what else do you need to know about UV?
Obesity behind big rise in womb cancer
Cancer Research UK has issued the above press release. Rising levels of obesity among UK women have helped fuel a 54% increase in womb cancer rates over the last two decades, according to Cancer Research UK’s latest statistics. In the early 1990s, around 19 women in every 100,000 developed the disease. That figure has now climbed to 29 women in every 100,000 – with obesity being the most likely culprit. Around 9,000 women are diagnosed with womb (uterine) cancer every year in the UK, and around 2,000 women die from the disease. Twenty years ago, there were around 4,800 new cases of womb cancer each year with around 1,500 deaths. There is also a BBC News report.

Pharmaceutical pricing of new medicines
The Centre for Health Economics at the University of York has published Pharmaceutical pricing: early access, the cancer drugs fund and the role of NICE. This briefing paper examines the issues that NHS patients face in accessing new medicines and the discrepancy between the price charged and how much the NHS can afford to pay for the benefits they offer.

Prostate cancer awareness survey
Prostate Cancer UK has issued a press release containing details of a survey which reveals a shocking lack of awareness among men about their own bodies and their risk of prostate cancer, leading to thousands of needless deaths each year. The surveys showed that 88% of men from higher risk groups those over 50, black or with a family history of the disease were unaware of their increased danger. An alarming 11% of them believed they were actually at lower risk of developing prostate cancer, and 86% of black men didn’t know they were twice as likely as any other racial group in the UK. There is also a BBC news report.

Hot Topic 4: Alcohol and Drugs
Deaths involving legal highs in England and Wales: between 2004 and 2013
The Office for National Statistics has published the above article. It provides an analysis of drug-related deaths involving legal highs (new psychoactive substances not controlled under the Misuse of Drugs Act 1971) in England and Wales between 2004 and 2013, broken down by sex, age and substances involved. Between 2004 and 2013, there were 76 deaths involving legal highs in England and Wales. Specifically, these are drug-related deaths where the death certificate mentioned a legal high. The death certificate may also mention other drugs or alcohol, so the legal high may not have been the primary cause of death in all of these 76 cases. To put this in context – over the same 10 year period there were more than 100 times as many deaths involving heroin or morphine (7,748) and more than 20 times as many deaths involving cocaine (1,752) than legal highs. See also the ONS visual article on deaths from legal highs.

Interventions for reducing alcohol consumption among general hospital inpatient heavy alcohol users: A systematic review
Alcohol Research UK has published the above systematic review in a Findings paper. There is growing interest in pro-active detection and provision of interventions for heavy alcohol use in the general hospital inpatient population. We aimed to determine, from the available evidence, the effectiveness of interventions in reducing alcohol consumption among general hospital inpatient heavy alcohol users. The review concluded that brief interventions of more than one session could be beneficial on reducing alcohol consumption among hospital inpatients, especially for non-dependent patients. However, additional evidence is still needed before more definitive conclusions can be reached.

A manifesto for a healthier, safer, fairer Scotland
Alcohol Focus Scotland (AFS) has published the above manifesto. It has three broad themes:
1. Prevent chronic diseases
   - Implement a 50p minimum unit price.
   - Increase alcohol taxes, particularly on high strength cider and spirits.
   - Introduce mandatory unit, calorie and ingredient labelling and prominent health warnings on all alcohol products.
2. Protect children and young people
   - Remove alcohol advertising in public places including billboards and public transport.
   - Remove alcohol adverts from cinemas for non-18 certificate films and before 9pm on television.
   - Phased removal of alcohol sponsorship of sports, music and cultural events.
   - Establish an independent body to regulate alcohol marketing.
3. Create healthier, safer neighbourhoods
• Make the licensing system more transparent, accessible and accountable to local people, starting with user-friendly reporting.
• Develop a national policy on reducing the availability of alcohol, including the role of licensing.
• Introduce a social responsibility levy so alcohol retailers contribute to the wider cost of their activities on the community.
• Create health promoting communities and encourage alternative business models that rely less on the sale of health-damaging products.

New psychoactive substances (NPS) in prisons: A toolkit for prison staff
Public Health England has published the above toolkit. The increasing use of NPS within secure environments is presenting prison-based staff with a significant set of new challenges. This toolkit supports custodial, healthcare and substance misuse staff by providing information about the extent of NPS use as we currently understand it and about the properties of the various categories of NPS, and by providing advice on how to manage the problem from a clinical, psychosocial and regime perspective.

A new approach to measuring drinking cultures in Britain
Alcohol Research UK has published the above study from the Sheffield Alcohol Research Group at the University of Sheffield which aimed to develop a typology of drinking culture in Britain. The study identified that drinking occurs at increasing and high risk levels in a diverse range of occasions including drinking in the home and at other people’s houses, and extends well beyond caricatures of youth binge drinking in urban centres. High risk occasions are found across all age, sex and socioeconomic groups but the majority occur within those aged over 35 and of high socioeconomic status. The key findings included:

• A typology of British drinking occasions can be constructed which identifies eight distinct occasion types. This typology has face validity with focus groups of drinkers.
• Drinking at increasing and high risk levels occurs in a diverse range of drinking occasions including drinking in the home and at other people’s houses, and extends well beyond caricatures of youth binge drinking in urban centres.
• Our study does not support a representation of the British drinking culture as one which is characterised by excessive consumption and drinking to intoxication, although this is one aspect of the culture.
• High risk occasions are found across all age, sex and socioeconomic groups but the majority occur within those aged over 35 and of high socioeconomic status.
• Drinkers of lower socioeconomic status have fewer occasions but consume more per occasion, which may partly account for the paradox that drinkers of lower socioeconomic status have higher alcohol-related mortality rates despite being less likely to drink and having lower average weekly consumption if they do so.
• Policy-relevant factors such as price and health considerations influenced participants’ drinking occasions, but these intersected with and were filtered through drinkers’ own experiences and circumstances.

There is also a summary (Alcohol Insight 133) from Alcohol Research UK.

Researching Alcohol Harm: 30 years of Impact
Alcohol Research UK has published the above evaluation report. It is based on an impact study undertaken by Professor Richard Velleman and his team which assesses all grant awards funded by Alcohol Research UK and its predecessor body, the Alcohol Education and Research Council (AERC) between 1982 and 2014.

Public Health England has published the above statistical trends report, which presents year-by-year data on drug misuse deaths in England from 1999 to 2014. The Office for National Statistics (ONS) reported a 17% increase in drug misuse deaths registered in England in 2014, following an increase of 21% in 2013. PHE, DrugScope and the Local Government Association held a national summit on drug-related deaths in January 2015, leading to a published report on the main points of the discussion at the summit and the publication of the first trends report by PHE using ONS data in July 2015. This latest report is an update to incorporate the most recent ONS data. Presented by year of death, the updated analysis suggests that there was an increase of at least 17% in the number of drug misuse deaths between 2012 and 2013. Data for 2013 is assumed to be an undercount of the actual number occurring in that year as not all deaths in 2013 will yet have been registered. Provisional data for 2014, which will be significantly incomplete, suggests a further increase.
UK Adults experience of [alcohol] and views on cutting down
Drinkaware has published the above Drinkaware Monitor 2015 produced by Ipsos Mori. Ipsos MORI conducted a quota survey of 2,303 UK adults aged 18-75, using an online panel. Quotas were set and the final data were weighted to reflect the known population of UK adults aged 18-75. Where possible, findings are situated within the context of Ipsos MORI research conducted in previous years on behalf of Drinkaware. The key findings provide an overview of drinking in the UK, alcohol consumption patterns, perceptions around drinking, experiences of cutting down and opportunities for cutting down and moderating. There is also a related press release.

The Health and Social Care System (including key policy proposals)

All Together Now: Whole Systems Commissioning for Councils and the Voluntary Sector
The New Local Government Network in association with the Lankelly Chase Foundation has published the above report. Raising the scoring for social value in the commissioning process could have a profound effect on how local government works with its partners and on the outcomes it is able to deliver for citizens. Smaller charities tend to have closer links to communities and specialist knowledge based on their close relationships with users. However, they are in danger of being left behind with the current commissioning process as they do not have the bid-writing capabilities of larger organisations. If smaller charities cannot access council funding, the biggest consequence is on people and communities as specialist, grass roots services may cease to operate. Valuing more than just price will level the playing field for those bidding for the tender. While in the current economic climate, price will inevitably remain an essential part of the criteria for any commissioning process, elevating the weighting of social value will allow commissioners to look beyond short-term cost and to a longer-term view of value for money and quality of services for people. This is part of a wider raft of measures designed to put the needs and ambitions of people at the heart of commissioning. This report takes a “whole systems” approach to ensure services are working in an integrated way wrapped around people. Getting this right will require greater collaboration between commissioners and providers, and between all shapes and sizes of VCS organisations to put people first.

Briefing for local enterprise partnerships on health and work, worklessness and economic growth
Public Health England has published the above LEP briefing paper. This briefing is for decision-makers in local enterprise partnerships (LEP) developing local economic strategies. It explains how health is related to employment and economic growth, and proposes some effective actions.

Care Act factsheets updated
DH has updated the above Care Act factsheets. They accompany Part 1 of the Care Act and reflect changes made to the Care Act statutory guidance in March 2016, again updated in April 2016.

Charting progress on the health devolution journey: Early lessons from Greater Manchester
The Local Government Association has published the above early lessons report. Senior leaders in Greater Manchester share with the Local Government Association (LGA), Greater Manchester Combined Authority, NHS Greater Manchester and the Public Sector Transformation Network a strong commitment to sharing their experience of health devolution to support other areas who may be considering developing their own proposals. The characteristics of each devolution area are unique and each area will require a unique set of proposals for health devolution. However, there are broad lessons that can be learned from Greater Manchester’s experience.

The commissioning of specialised services in the NHS
The National Audit Office has published the above report. It reveals that against a backdrop of increasing pressure on NHS finances, NHS England has not controlled the rising cost of specialised services. NHS England’s spending on specialised services has increased at a much greater rate than other parts of the NHS. Although NHS England took responsibility for commissioning these services three years ago, it still does not have an agreed overarching service strategy, consistent information from all providers on costs, access to services and outcomes or how efficiently services are being delivered. Specialised services are provided to patients who have rare conditions or who need a specialised team working together at a centre. There are currently 146 specialised services covering a diverse range of conditions including renal (kidney), specific mental health problems and rare cancers. There is also a summary report and press release.
The community pharmacy offer for improving the public’s health: a briefing for local government and health and wellbeing boards

The Local Government Association, in collaboration with Public Health England, has published the above report. This briefing for councillors, senior council officers and commissioners describes the increasing role of community pharmacy in public health and explains councils’ role and duties. A number of case studies are included to illustrate a variety of collaborative approaches by community pharmacies working with councils and other community partners.

Department for Communities and Local Government’s consultation on national planning policy

The House of Commons Communities and Local Government (CLG) Committee has published the above report, the third of session 2015-16. The Committee’s inquiry into the DCLG’s Consultation on proposed changes to national planning policy found that there has not been sufficient robust, objective and evidence-based monitoring, evaluation or review of the National Planning Policy Framework since its publication in 2012. The Committee calls for an overall review of the operation of national planning policy to pull together the various significant pieces of work in this area, including the Local Plans Expert Group report, the Housing and Planning Bill, and the technical consultation on the implementation planning changes.

Devolution of power in the NHS

The Health Foundation has published ‘Catalyst or distraction? The evolution of devolution in the English NHS’. Focusing primarily on devolution in the NHS, this report considers the potential implications for health and care outcomes in England and how policy could best evolve. It draws on analysis of the Devolution Deals agreed to date, relevant literature, and international experience with a focus on four European decentralised health systems. Some of the key points identified include:

- There are three drivers behind recent interest in devolution in England: economic growth considerations; ‘Mancunian exceptionalism’; and the NHS Five year forward view.
- Exactly how the devolution of health care within England will work to improve health and care outcomes is yet to be articulated.
- Devolution Deals must be aligned with other initiatives seeking to achieve similar aims. There must be a clear vision, process and framework for the powers available for areas seeking a Devolution Deal, and significant investment in leadership capacity and capability across health care must be made, particularly at a local level.

There is also a related blog.

Devolution to local government in England

The House of Commons Library has published the above Standard Note. It summarises the main developments regarding the process of devolution of powers to local government. It covers the devolution deals agreed to date between the Government and local areas, including the powers to be devolved, the procedures required for devolution to take place, and reactions to the policy from the local government and policy-making worlds.

Digital requirements for new primary care models

The Nuffield Trust has published the above briefing which looks at emerging changes in primary care, and how digital technology can help managers and clinicians to deliver them. General practice faces historic demands and pressures: tight funding, a medical workforce shortage, more complex patients and the demand for seven day access. This briefing examines how technology can underpin a series of changes enabling primary care to meet these challenges. We look towards a possible future in which general practice operates at scale; functions as one with other organisations; and delivers care through a diverse range of professionals. Drawing on six case-study sites using new technologies, we lay out how innovations such as shared health records, patient portals for booking, remote consultation and telehealth are supporting these changes. Finally, we highlight the local and national barriers to realising this vision, and discuss how they can be overcome. There is also a related blog.

Emergency general surgery

The Nuffield Trust has published ‘Emergency general surgery: challenges and opportunities’. Commissioned by the Royal College of Surgeons, this report focuses on the challenges faced by emergency general surgery include variation in outcomes, workforce, organisational and operational issues and underlying demographic and epidemiological trends. The report suggests various potential solutions to the problems facing emergency general surgery.
English Devolution Deals
The National Audit Office (NAO) has published the above report on behalf of the DCLG and HM Treasury. Devolution deals to devolve power from central government to local areas in England offer opportunities to stimulate economic growth and reform public services for local users, but the arrangements are untested and government could do more to provide confidence that these deals will achieve the benefits intended. There is also a summary report and press release and a response from the LGA.

The force begins to awaken: A third review of the state of health and wellbeing boards
The Local Government Association has published the above HWB evaluation report. The report from Shared Intelligence reveals a significant number of health and wellbeing boards (HWBs) are now beginning to play a genuine leadership role across local health and care systems. This is an important development and is the core conclusion of this our third state of the nation report on HWBs commissioned by the LGA. Our work suggests that these boards are considerably more effective than they were a year ago and a number of other boards are on the cusp of making that shift. Most boards are doing useful work, but their potential remains unfulfilled. Ironically this step change in the performance of some HWBs has coincided with the emergence of a more muscular top down approach by NHS England. This is reflected in the introduction of sustainability and transformation plans (STPs) which introduce an alternative focus for system leadership across a larger geographical footprint. In this report we explore the current position of HWBs in more detail, seeking to understand the features of the more effective boards and to identify the factors that are influencing whether or not a board makes significant progress. The report was launched at an LGA HWB event held in March and the other presentations are available here.

The future of general practice
The think tank Reform has published ‘Who cares? The future of general practice’. This report presents a blueprint for change which proposes general practice should play a more expanded role in a new healthcare model. Many GP providers go beyond focusing on reactive care, by proactively monitoring and tending to the needs of all people under their care. Such a ‘population-health’ approach goes beyond traditional health and care services, to focus on wider determinants of people’s wellbeing. It therefore emphasises prevention for the healthy majority of patients, and joined-up care for those who need it. There is also an RCGP press release.

General Practice Forward View
NHS England has published the above report. Developed in partnership with Health Education England and the RCGP, the report is introduced by Simon Stevens who says the NHS would now earmark an extra £2.4 billion a year for general practice services by 2020/21. This means spending will rise from £9.6 billion in 2016/17 to over £12 billion by 2021 – a 14% real terms increase. This investment will be supplemented by a £500 million national ‘turnaround’ package to support GP practices, and additional funds from local clinical commissioning groups (CCGs). The plan also contains specific, practical and funded steps to strengthen workforce, drive efficiencies in workload, modernise infrastructure and technology, and redesign the way modern primary care is offered to patients. There is also an RCGP press release and a response from the Nuffield Trust. There is also a BBC News report and another by Hugh Pym, BBC Health editor.

GP perspectives on CCGs
The King’s Fund and the Nuffield Trust has produced a set of slides which present the results of their fourth annual online survey of GPs and practice managers with their’ views of their clinical commissioning group and its role in primary care. The slides track the development of six CCGs that are broadly representative of CCGs across the country. The focus of the slides is the relationships between CCGs and their members, and how involved the CCG members are in the activities of the CCG and what relationships are being developed between them and CCG leaders. Only one fifth of GPs without a formal role in the CCG felt they could influence decisions - a substantial decrease in the last two years. There is also a related joint report and blog. There is a separate blog from the Nuffield Trust, which analyses why some GPs are growing weary with commissioning.

Health and wellbeing system bulletins
The Local Government Association (LGA) has published ‘Health and wellbeing system Bulletin, April 2016’. The LGA, with its national partners, wants to play its part in supporting and celebrating local delivery on improving health outcomes, and to assist it to move faster and further. Locally there is already an energy and desire to transform the way services are delivered and to put consumers and carers at the heart of all we do. We want to create an effective way of sharing and learning from each other and to create an effective local voice communicating with the national on the work that is being done and how we collectively can take this further. These bulletins are just one of the ways that we’ll be sharing information about the programme, and sharing the learning that comes from the programme. Previous issues are available here.
Health Foundation Newsletter
The Health Foundation has published its ‘Newsletter, April 2016’. This contains news, updates and the latest publications from the Health Foundation. How ready is your organisation to really improve quality at all levels? Do you have the right culture, skills and infrastructure in place? For improvement activity to develop successfully, organisations need the freedom to focus on what matters most to them and the people who use their services. This month we look at how to build the foundations for improvement within NHS organisations.

Health Devolution and the Cities and Devolution Act 2016: Briefing session for the NHS and community and voluntary sector
NHS Clinical Commissioners, the Local Government Association and the NHS Confederation have jointly published the above slide set, following a joint briefing event on health devolution held on 01 March 2016. These slides capture the key points of discussion and provide useful information on current ‘devolution deals’ and emerging themes, a case study on Greater Manchester and views on the challenges and opportunities that lie ahead. The event:
- summarised the provisions of the Cities and Devolution Act 2016
- outlined the progress on health devolution so far
- looked at the goals of devolution and how this aligns with the goals on integration
- gave the perspectives of NHS providers and the community and voluntary sector (CVS) on the key opportunities and challenges of health devolution from their perspective
- provided an opportunity for senior leaders in the NHS and the CVS to share views and discuss the potential and limits of health devolution.

The health of the nation: averting the demise of universal healthcare
The think tank Civitas has published the above anthology of essays which explore the background to the current pressures on the NHS and ideas that have been proposed for reform. The publication features contributions from eleven authors, including Richard Murray from The King's Fund, from across the political spectrum and covers a wide range of suggestions covering public health and behaviour change; change management; technological innovations; and the future of commissioning. There is also a related press release.

Housing, care and health infographics
The King’s Fund has published the above set of slides from a recent joint learning network on integrated housing, care and health organised with the National Housing Federation. This event brought together housing associations with care providers in order to:
- share learning about existing innovations and developments
- offer opportunities for practical and peer support
- gain a deeper understanding and knowledge of how NHS and social care commissioning works
- raise the profile of the housing sector’s contribution to better health and care outcomes.
There is also a related blog by Joni Jabbal which considers the potential of the housing and health sectors working together to improve population health.

Inquiry Report into NHS England’s Five Year Forward View: Behaviour Change, Information and Signposting
The All Party Parliamentary Group on Primary Care and Public Health has published the above report. This is the report of a ten-month inquiry into progress on the delivery of the goals set out in NHS England’s Five-Year Forward View (FYFV) report on the future of the NHS in England, published in October 2014. This report (from March 2016) focuses specifically on the issues of information, signposting and behaviour change. This APPG is facilitated by the Proprietary Association of Great Britain (PAGB).

The journey to integration: Learning from the seven leading localities
The Local Government Association has published the above independent report. It details the experience of seven localities (including Nottingham City) in developing integrated care. It examines each against a range of factors, including care model, leadership, workforce, payment model and information flow. It concludes that it is possible to have significant impact in terms of improved health outcomes and financial sustainability, and sets out the key lessons for other localities to consider in embarking on integration themselves.

The leadership challenges of sustainability and transformation plans
The King’s Fund has published the above blog in which Nicola Walsh considers the challenges for health care leaders tasked with developing sustainability and transformation plans (STPs), and the behavioural shifts needed to tackle them. As part of our work around STPs, The King’s Fund has launched a new research project to track and assess the progress of developing STPs in four areas of England. Chris Ham, King’s Fund CEO has also penned a separate blog about STPs. The King’s Fund has also established their own STP web pages.
Local government: new models of service delivery
The House of Commons Library has published the above Standard Note. It contains examples of new forms of service delivery being implemented by local authorities, including shared services, outsourcing, 'insourcing', and the use of mutual

Manchester health devolution
The Local Government Association has published Charting progress on the health devolution journey: early lessons from Greater Manchester. This report details the meeting of a group of senior leaders from health and local government who met to discuss the early lessons emerging from Greater Manchester’s experience on how to turn a successful case for health devolution into an achievable strategy.

The New NHS Structure
The Kings Fund has published the above updated organogram explaining how the new NHS is structured. The slide set includes how providers are regulated, who can influence the commissioning of services and how the money flows.

NHS Improvement Launched
See News section above.

The NHS Choice Framework
DH has published ‘The NHS Choice Framework’. It sets out patients’ rights to choice in healthcare, where to find information to help choose, and how to complain if choice isn’t offered. The framework brings together information about patients’ rights to choose about their health care, where to get more information to help make a choice, and how they can complain if they have not been offered choice. In some circumstances the patient has legal rights to choose and they must be given these choices by law. In other circumstances they do not have a legal right to choose but should be offered choice about their care, depending on what’s available locally. A series of Easy Read Choice pamphlets are available here.

NHS Outcomes Framework 2016-17: at-a-glance
DH has published the above 2016-17 at-a-glance Framework document. The NHS Outcomes Framework will remain unchanged for 2016 to 2017. The at-a-glance document lists the indicators along with their status. DH will work to develop indicators that are not yet live, and keep the existing indicators under review. Data for the indicators of the NHS Outcomes Framework, as well as technical specifications of the indicators, are published on the Health and Social Care Information Centre indicator website. More information about the role of the NHS Outcomes Framework and the objectives government sets for NHS England can be found in the mandate to NHS England for 2016 to 2017.

PSNC’s Counter Proposal to the Government’s Plans for Community Pharmacy in 2016/17 and Beyond
The Pharmaceutical Services Negotiating Committee (PSNC) has published the above counter proposal. This briefing sets out how community pharmacy services, including an emergency supply of medicines service, could be used to generate savings the NHS needs to make through pharmacy, without a cut in funding.

Policy Digest March 2016 and Looking Ahead, April to June 2016
Nottingham City Council has published the above Policy Digest and Looking Ahead documents. It includes national policy developments of interest to the Local Government sector including crime, economy and business, health and social care, housing and planning, welfare and the voluntary and community sector. Published alongside this is Looking Ahead, which presents an overview of forthcoming policy developments, current consultations and calls for evidence, by policy area from April through to June 2016.

Primary care
The House of Commons Health Committee has published ‘Primary Care’, the fourth report of Session 2015-16. The Committee found that although primary care is still highly valued by the general public, it is under unprecedented strain and struggling to keep pace with rising demand. The committee report also highlighted the difficulty patients had in accessing general practice which continues to frustrate patients. The committee heard evidence about the longstanding variation in quality across primary care and noted the work the Care Quality Commission has done highlighting poor standards of care among a small proportion of practices and has developed a mechanism to close those which put their patients at risk and follow up necessary improvements in others. There is also a related press release.
Public health and prevention
The Nuffield Trust in conjunction with the Health Foundation has published ‘Focus on: Public health and prevention’. This Quality Watch survey provides a glimpse into the current state of public health services and explores the potential impact on key health outcomes. It combines quantitative data from 20 indicators across five key areas of public health with a survey and in-depth interviews with senior public health professionals. The survey depicts an uncertain future for public health. While data analysis shows overall outcomes have not yet been affected by austerity and legislative changes, a survey of senior public health professionals suggests difficulties ahead as aspirations to improve public health are compromised by diminishing funds. There is also a summary report and related blog. In addition Quality Watch has published a Research Summary of the findings.

Responsive, safe and sustainable: our urgent prescription for general practice
The British Medical Association (BMS) has published the above manifesto. General practice is facing increasing and unprecedented pressures. There is a significant and growing gap between the demand placed upon it and its capacity. These pressures are not limited to one area; general practice is being forced to try and cope with an unsustainable workload, a workforce crisis and inadequate resource. This is in addition to cuts to individual practices through correction factor changes and PMS reviews. There is no single magic bullet to address the many issues facing general practice. However, it is clear that significant and multifaceted action to resolve this current crisis is needed, primarily by Government, NHS England and Clinical Commissioning Groups (CCGs), but also by practices and GPs, and supported locally by Local Medical Committees (LMCs) and nationally by the BMA GPs Committee (GPC). The actions required are both immediate as part of a ‘rescue package’, and long term to provide a sustainable, viable and vibrant future for general practice. The list of actions is not exhaustive, but is a good starting point for beginning to address the challenges facing us. This document builds on and summarises the issues and solutions often highlighted by the profession.

Rethinking Children’s Services: Fit for the Future?
The National Children’s Bureau in association with Catch 22 has published the above collection of essays. The book has been designed to promote fresh thinking and practical ideas as children’s services struggle against a backdrop of tightened budgets, increasing demand and mixed outcomes. The authors challenge traditional approaches, critique current practice and put forward a range of ideas for the transformation of children's social care for the next decade and beyond. Their suggestions include:

- Rethinking the commissioning, statutory and regulatory frameworks to allow differently qualified case workers to support social workers
- A new strategic focus on building long term relationships, rather than bureaucratic systems
- A reimagining of how we respond to children at risk
- A commissioning system which enables true co-production from both state and community led organisations, empowering young people and families to be active agents in their own solutions
- Initiatives which unlock capacity within local communities and businesses, including their buildings, personnel, philanthropy and skills
- The creation of a collaborative system that allows local authorities and third sector organisations to systematically share best practice and evidence in a coordinated way.

There is also a related press release.

Revenue allocations to CCGs
NHS England has published ‘Technical Guide to Allocation Formulae and Pace of Change For 2016-17 to 2020-21 revenue allocations to Clinical Commissioning Groups and commissioning areas’. This documentation covers both the target allocations (determined by the formulae for core CCG, specialised and primary medical care services) and pace of change policy. Supporting analysis for setting CCG running cost allowances and Better Care Fund contributions are also included. There is also a related article from NHS Clinical Commissioners and they have also published ‘Mythbusting CCG finances: the truth behind allocation growth’. This infographic highlights the number of pressures that affect CCG allocation growth and shows why many CCGs may struggle to balance their budgets.

Strategic Plan for the next four years: Better outcomes by 2020
Public Health England has published the above 4-year strategic plan. It sets out how the organisation intends to protect and improve the public’s health and reduce inequalities over the next 4 years. It also outlines actions PHE will take over the next year to achieve these aims and deliver its core functions. It builds on the Department of Health’s Shared Delivery Plan, the NHS 5 Year Forward View, and From Evidence into Action. It confirms the role that PHE will to continue to play in the health and care system, building on evidence, prioritising prevention and supporting local government and the NHS.

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The Structure of the NHS in England

The House of Commons Library has published the above Commons Briefing Paper. Major reforms to the structure of the health service in England were introduced by the Health and Social Care Act 2012, with a large number of new organisations established on 1 April 2013. This briefing provides an overview of the funding and accountability relationships under the new system, and an introduction to the roles of key organisations. It also highlights some of the key health policy issues for the current Parliament, including patient safety, funding, and the integration of health and social care.

Sustainability and transformation plans

The Local Government Association has recently updated its pages linked to STPs, Better Care Fund etc. STPs – sustainability and transformation plans – are part of a new planning framework for NHS services. They are based on a footprint of a 'place' and are required to cover the full range of health services in the footprint, from primary care to specialist services, with an expectation that they also cover local government provision. We have produced the two following webpages explaining more:

- What are sustainability and transformation plans?
- The role of HWBs in STPs?

Sustainability and transformation plans: a major new development in commissioning health and care

Regional Voices has published the above briefing paper. July 2016 sees the deadline for the production of Sustainability and Transformation Plans - joint plans produced by NHS providers, CCGs, Local Authorities, and other health and care services (including VCSE partners) for 44 ‘footprint’ geographical areas across England. These will form the basis for long-term, place-based planning and commissioning of services. This briefing provides more details and provides guidance on how to get involved in your area.

A systematic review of strategies to recruit and retain primary care doctors

Biomed Central has published the above systematic review. There is a workforce crisis in primary care. Previous research has looked at the reasons underlying recruitment and retention problems, but little research has looked at what works to improve recruitment and retention. The aim of this systematic review is to evaluate interventions and strategies used to recruit and retain primary care doctors internationally. This is the first systematic review of interventions to improve recruitment and retention of primary care doctors. Although the evidence base for recruiting and care doctors is weak and more high quality research is needed, this review found evidence to support undergraduate and postgraduate placements in underserved areas, and selective recruitment of medical students. Other initiatives covered may have potential to improve recruitment and retention of primary care practitioners, but their effectiveness has not been established.

Tackling the growing crisis in the NHS: an agenda for action

The King’s Fund has published the above briefing. It identifies three big challenges for the NHS in England:

1. sustaining existing services and standards of care
2. transforming care: developing new and better models of care
3. tackling these challenges by reforming the NHS ‘from within’

It aims to offer some practical solutions to help the NHS address one of the biggest crises in its history.

Untapped Potential: Bringing the voluntary sector’s strengths to health and care transformation

The Richmond Group of Charities, commissioned by Public Health England has published the above report, under the auspices of a project entitled Doing the Right Thing. Our aim was to bring together some of the evidence already held by partner charities to show the value that the Voluntary and Community Sector (VCS) to the wider health and care system. We commissioned the think tank NPC (New Philanthropy Capital), as an independent researcher to bring together our evidence, to create new frameworks for understanding how the VCS contributes to the health and care system, and to undertake qualitative research to understand the barriers – including how charities can work better - and enablers to replicating successful interventions at pace and scale. Taken together our evidence shows that charities are not just doing the right thing by their beneficiaries, but also what works to deliver the improvements in health and wellbeing and in productivity and efficiency that the health and care system desperately needs. Too often discussions about service improvement and innovation remain in the abstract, invoking principles and ideas. This collection showcases what we, as leading health and care charities, have realised on the ground. These approaches if mainstreamed, could help create a system that is easier to navigate for patients, would improve people's health and wellbeing, and would provide a much better experience for patients, carers and professionals. These case studies outline the evidenced interventions which were fed into NPC’s review. The studies can be filtered in line with the frameworks NPC produced, and include a wealth of information about the individual interventions, how they work, and how they make a difference. There is also an executive summary and an NPC press release.
Public Health

Affordable Warmth and Health Impact Evaluation Toolkit
The Department of Energy and Climate Change (DECC) has published the affordable fuel poverty toolkit. A joint evaluation toolkit developed in partnership between DECC and the Centre for Sustainable Energy (CSE), with oversight from a range of health and evaluation experts. This Affordable Warmth and Health Impact Evaluation Toolkit is designed for use by local bodies delivering fuel poverty and health type schemes to make evaluation of the impacts of their schemes easier and more effective.

Female genital mutilation: statutory guidance
The Home Office, in collaboration with DH and Department for Education, has published Multi-agency statutory guidance on female genital mutilation (FGM). This guidance has three key functions: to provide information on FGM; to provide strategic guidance on FGM; and to provide advice and support to front-line professionals. This guidance encourages agencies to cooperate and work together to protect and support those at risk of, or who have undergone, FGM.

Global report on urban health: equitable, healthier cities for sustainable development
The World Health Organization has published the above report. It presents new data on the health of urban residents from nearly 100 countries, updating the first joint WHO-UN Habitat global report on urban health titled Hidden cities: unmasking and overcoming health inequities in urban settings. The new Global Report deconstructs the complex challenges of health and health inequity in cities everywhere. It presents a special analysis on the impact of persistent urban health inequities on achievement of the Millennium Development Goals. It sets a baseline for the new global health and development agenda in the Sustainable Development Goals and Universal Health Coverage. It also presents evidence that in cities, progress in health depends not only on the strength of health systems, but also on shaping healthier urban environments. This Global Report presents practical, proven solutions for working across sectors to tackle these 21st century health challenges. It presents examples of effective actions by cities and nations around the world and the successes that have been achieved. There is also a related press release.

Good public health practice framework 2016
The Faculty of Public Health has published the above workforce guidance. It is aimed at all specialists and practitioners from all professional backgrounds and aims to provide a basis for good professional practice in public health. It also aims to inform the planning of continuing professional development activities, appraisal and revalidation.

Health benefits of sleep
The Royal Society for Public Health has published 'Waking up to the health benefits of sleep'. The report indicates that the UK public is under-sleeping by an average of almost an hour every night which amounts to losing an entire night’s sleep over the course of a week. It calls on the government, employers, health care professionals and individuals to do more to promote good quality sleep to protect and promote the public’s health and wellbeing.

Healthy Lives, Healthy People: a review of the 2013 public health workforce strategy
DH has published the above workforce review. Good progress has been made in a number of areas including:
- Continued support for staff in local authorities from the LGA and the National Joint Council (NJC) for Local Government Services Working Group on Public Health (see page 6)
- The ongoing work to review the Public Health Skills and Knowledge framework and the development of an on-line tool to support career development (also page 6)
- The transfer of the PHORCaST public health career support website to Health Careers, hosted by HEE (page 7)
- Ongoing work to develop a minimum dataset for the public health workforce to support workforce planning across the system (page 7)
- Additional work to raise the profile of and develop the public health nursing workforce (page 8)
- Support and development of the public health non-medical scientific workforce (page 9)
- The establishment of Health Education England’s public health advisory group and the development of a prevention and public health action plan (page 10)
- The review of the Faculty of Public Health’s national specialists training curriculum, which has been completed with the new curriculum approved by the General Medical Council in July 2015 (page 10)
- The ongoing development and delivery of a range of public health leadership development and talent management programmes (page 12)
• Support and development for public health knowledge and intelligence staff in PHE and local government (page 13)
• Support and development for public health academic staff (page 14).
The original 2013 workforce strategy is available [here](#).

**Information needs of the public health workforce in 2015**
The UK Health Forum has published the [above research article](#) (pages 14-19 of the journal). This research from UKHF Research and Information Services team, investigates the information needs of the public health workforce in 2015. It builds on previous research to look at information access, information use, information skills and barriers to information. Two online surveys were created and disseminated gathering both qualitative and quantitative data. Results showed that there are various uses for information. Respondents felt confident in their literature search skills but less confident in managing bibliographic references and critical appraisal. There were common barriers to information including lack of time and financial restrictions. The results from this information needs assessment support findings from previous research. Further research should explore ways to overcome barriers to information and get a better understanding of individual sector needs and barriers to information.

**Making Every Contact Count (MECC): Consensus Statement**
Public Health England, NHS England and Health Education England and an array of key national partners and agencies has published the [above MECC consensus statement](#). It describes the commitment of the organisations to work together to maximise support for population behaviour change, and help individuals and communities significantly reduce their risk of disease. Many long-term diseases affecting our population are closely linked to known behavioural risk factors, with 40% of the UK’s disability adjusted life years lost being attributable to tobacco, hypertension, alcohol, being overweight or being physically inactive. The signatories of this statement recommend that the evidence-based MECC approach should be applied across all health and social care organisations, and it describes our commitments to support organisations adopting the MECC approach. This statement has been developed by these national organisations to provide clarity on what is meant by MECC, to highlight the evidence base, and to illustrate the population and workforce benefits of this behaviour change approach. It is intended to provide the basis for organisational action and the adoption of the MECC approach within the NHS, local authorities, the allied and wider health and care workforce, and relevant agencies; as an essential contribution to the prevention agenda, and as part of our commitment to work collaboratively to improve the health of our population. The other MECC resources are also [available](#).

**Newborn and infant physical examination guidance**
Public Health England has published two new guidelines relating to the newborn and infant physical examination (NIPE) screening programme:
• [NHS Newborn and Infant Physical Examination Screening programme handbook 2016 to 2017](#)
  This report offers guidance on the physical examination for newborns, infants, and babies in neonatal units, referring to the 4 screening elements: eyes; heart; hips and testes
• [NHS Newborn and Infant Physical Examination Screening Programme standards 2016 to 2017](#)
  This report concentrates on pathways, standards and competencies for the screening components of the NIPE

**NHS population screening: submitting a case for shared learning**
Public Health England has published the [above guidance](#). It explains how local programmes, providers and commissioners can share learning about NHS population screening programmes.

**Older People’s Health and Wellbeing Profile**
Public Health England (PHE) has launched the [Older People’s Health and Wellbeing profile](#). It can be used to examine the health and care of older people across local authorities in England. This tool enables identification, comparison and monitoring of trends through interactive maps and charts of over 100 indicators. The Atlas is designed to support those responsible for delivering strategies for prevention and early intervention to improve the health and wellbeing of older adults, as well as those providing evidence and intelligence to support the development of JSNAs for their local area. The information provided in this Atlas is also likely to be of use to a wide range of organisations with an interest in the health and care of older people. The data profile tool can be accessed via the Fingertips platform [here](#).
Physical activity: How can we turn inspiration into action?
Public Health England has published the above public health matters blog. With an exciting summer of sport ahead, how can we turn inspiration into action? Many people are looking forward to cheering on their sporting heroes this summer. Whether it’s watching Euro 2016, the European Gymnastic Championships, Wimbledon or the Olympic and Paralympic Games in Rio, or cheering on friends and family taking part in marathons or fun runs, most of us at some point will be inspired by sport to think about our own physical activity.

Public health and prevention
See the Health and Social Care System above.

Public Health on Demand – Issue 3: Pulses and health
The UK Health Forum has published the above PHOD. Public Health on Demand (PHoD) is a new bite-size service from the UK Health Forum (UKHF). The aim for these briefings is to provide those working in public health with a brief summary of a selected topical area covering the latest published peer-reviewed and grey literature resources. The subject topic will vary in each PHoD. The objective of PHoD is to make public health workers aware of current hot topics and to give a flavour of the themes covered in current literature. This is not a systematic review but a selection of the latest literature. This latest issue focuses on pulses and their impact on health and the environment. The references have been divided into the following areas: nutritional profile and indicative health benefits; sustainable diet; and uptake in pulse consumption.

Public health resources and tools for teachers
Public Health England has published the above public health matters blog. Are you a teacher or a professional working in an education setting? If so, we have a variety of tools and resources available that can be used in training, in the classroom, as part of whole school approaches or simply in work towards improving the health and wellbeing of students. We want teachers to get the most out of what we have on offer, so this blog contains links and information on some of the resources, tools and guidance available.

Sexual Health and HIV Policy Bulletin
The Medical Foundation for HIV and Sexual Health (MEDFASH) has published ‘Sexual Health and HIV Policy eBulletin, Issue 33, April 2016’. This month’s eFeature is by Melvina Woode Owusu, who looks at reflective practice and the value of clinical audit in sexual health. It’s fair to say that it has not been a good month so far for NHS England. Faced with a barrage of criticism from the sexual health field and the threat of legal action, it has now agreed to reconsider its earlier decision to shelve plans to include PrEP in the specialised commissioning prioritisation process. It is expected that NHS England will meet next month to decide whether or not PrEP will progress to the 2016/17 funding round. See the full item below for more details. Other items to look out for this month include: calls from PHE and BASHH for a coordinated response to restrain further spread of azithromycin resistant gonorrhoea; a new research project from the Kings Fund on the impact of NHS financial pressures on patient care, including genito-urinary medicine (GUM) clinics; FSRH’s updated and fully-digital UK Medical Eligibility Criteria (UK MEC) for contraceptive use and the UK’s first Fertility Summit to look at worrying gaps in young people’s knowledge of fertility and reproductive health. Previous versions are available here.

Statistics on Obesity, Physical Activity and Diet – England
The Health and Social Care Information Centre has published the above statistical report and accompanying Appendices. Some of the key facts to emerge include:

- In 2014, 58% of women and 65% of men were overweight or obese. Obesity prevalence has increased from 15% in 1993 to 26% in 2014.
- In 2014/15, more than 1 in 5 children in Reception, and 1 in 3 children in Year 6 were measured as obese or overweight. Children in most deprived areas are twice as likely to be obese than children in least deprived areas.
- In 2014/15, there were 6,032 Finished Consultant Episodes (FCE’s) in NHS hospitals with a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery. 60% of bariatric surgery patients were aged between 35 and 54. 76% of bariatric surgery patients were female.
• In 2014, 519,000 items were prescribed for the treatment of obesity in primary care in England. That is 8% less than in 2013 when 563,000 items were prescribed.
• The net ingredient cost of these prescription items was £15m in 2014, half the 2011 figure.
• In 2014/15, 36% of adults (16+) played sport at least once a week. 57% did not play any sport in the 28 days prior to being surveyed.

There is also a response from the LGA.

Strategic Plan for the next four years: Better outcomes by 2020
See the Health and Social Care system above.

Tackling Poor Oral Health in Children: Local Government’s Public Health Role
The Local Government Association (LGA) has published the above briefing. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. This publication has been updated for 2016 following the successful transfer of commissioning responsibilities of the Healthy Child Programme for 0-5 year olds to local government in October 2015. This includes the commissioning of Health Visitors who lead and support delivery of preventive programmes for infants and children including providing advice on oral health and on breastfeeding and reducing the risk of tooth decay. Local authorities also have a statutory responsibility to provide or commission oral health improvement programmes to improve the health of the local population, to the extent that they consider appropriate in their areas. The briefing includes some case studies and signposts to useful resources to support the commissioning of these services. There is also a related LGA press release focusing on the increase in hospital expenditure to cater for multiple teeth extractions for children and young people due to tooth decay caused mainly by the over consumption of sugary drinks. There is also a BBC News report.

Water fluoridation- what it is and how it helps dental health
Public Health England has published the above public health matters blog. Often, when water fluoridation appears in the headlines it is presented as a controversial subject. However, the evidence is clear that water fluoridation is a safe and effective measure to help people improve their oral health. At the levels we permit in our water supplies, there is no evidence of it causing any harm. Among children aged one to four, child hospital admissions due to tooth decay are halved in fluoridated areas compared to non-fluoridated. It continues to be an effective intervention for local councils to consider in their efforts to reduce tooth decay. At the end of March, PHE published a toolkit to support councils in their consideration of water fluoridation. This provides us with an opportunity to explain how it can be beneficial to our health.

Commissioning and Service Improvement

2016/17 NHS standard contract
The NHS Standard Contract has been updated for 2016/17. The contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. For the first time, NHS England has published a shorter-form version of the Contract, for use in defined circumstances. This will complement the full-length version of the Contract. Guidance on when each form of Contract should be used is set out in the Technical Guidance.

Assessing the impact of health care expenditures on mortality using cross-country data
The Centre for Health Economics at the University of York has published the above CHE research paper (#128). This paper examines the body of literature which has explored the relationship between levels of public health expenditure and mortality, using a global cross-section or panel of country-level data.

The commissioning of specialised services in the NHS
See the Health and Social Care system above.

Commissioning person centred end of life care: a toolkit for health and social care
NHS England has issued the above updated end of life toolkit for health and social care. It has a range of resources to support those involved in commissioning for person centred end of life care. It was revised in response to requests from commissioners and providers and includes examples from end of life provision around the country. There is also a related press release.
CVD: Primary Care Intelligence packs
The National Cardiovascular Intelligence Network, part of Public Health England, has published the above CVD Intelligence Packs. The packs are a powerful resource for local conversations about quality improvement in primary care. For every clinical commissioning group (CCG) the packs give practice level data on prevention, detection and management across a range of cardiovascular conditions - high cardiovascular (CVD) risk and hypertension, stroke and atrial fibrillation, diabetes, kidney disease, coronary heart disease and heart failure. Each condition has two components - benchmarked data and narrative. For key indicators, the data charts show the degree of variation but also identify the numbers of individuals in each CCG who are undiagnosed or inadequately treated. There is also a related NHS England blog by Matt Kearney. Contact NCVIN for an unbranded PowerPoint slide set for CCGs to customise and add additional local information.

Commissioning guidance for rehabilitation services
NHS England has published Commissioning guidance for rehabilitation intended for use by CCGs to support them in commissioning rehabilitation services for their local population. It outlines: what rehabilitation is; the components of good quality rehabilitation; how to know whether the services that are being commissioned are of good quality; and how to compare rehabilitation services locally, regionally and nationally.

Galvanising the NHS to Adopt Innovation
The RAND Corporation has published the above report. DH and the Wellcome Trust, in co-operation with NHS England, asked RAND Europe to conduct a limited consultation with key stakeholders about the practicality of measures and incentives proposed as part of the NHS Accelerated Access Review (AAR), which aims to assess the pathways for the development, assessment, and adoption of innovative medicines and medical technology. Through a focused engagement exercise with key healthcare stakeholders this project explored the implications of selected interim AAR propositions and feasibility of implementation for key actors, in primary and secondary care as well as commissioners and academia.

GP perspectives on CCGs
See the Health and Social Care system above.

Guidance for commissioners of psychiatric intensive care units (PICU)
NHS Clinical Commissioners has published the above commissioning guidance, produced in partnership with the National Association of Psychiatric Intensive Care and Low Secure Units (NAPICU) to support the commissioning of high-quality PICUs and improve patient experience. It seeks to empower and enable commissioners, managers and clinicians to jointly develop high quality PICUs. It provides summary guidance which will assist commissioners to meet the needs of their local population, and achieve the ambitions of the Five Year Forward View focusing on patient safety, clinical effectiveness and patient experience.

Implementing the Cancer Taskforce Recommendations: Commissioning Person Centred Care for People Affected By Cancer
See Hot Topic 3 above.

Involving the public in primary care commissioning
NHS England has published a Framework for patient and public participation in primary care commissioning. This framework is a guide for primary care commissioners and anyone who is interested, including patients and the public, the voluntary sector, and providers of health and social care services on how to involve patients and the public in the commissioning of primary care services.

Newborn blood spot screening data and report 2014-15
Public Health England has published Data Collection and Performance Analysis Report: newborn blood spot screening in the UK 2014/15. This is the eleventh annual data report for the UK’s newborn blood spot screening programmes. The aim of the report is to feedback performance against the national standards. Providers, commissioners and the Screening Quality Assurance Service (SQAS) are encouraged to review this report to identify areas for improvement locally. See the Public Health section above for information about Newborn and infant physical examination guidance.

NHS innovation accelerator programme
NHS England has reported that three million patients have begun to access new apps, safety devices, on-line networks, and other new technologies and services during the first nine months of the NHS Innovation Accelerator programme which was launched last year. Sixty eight NHS organisations are using one or more of seventeen new innovations which aim to improve care by, for example, reducing clinical incidents, helping people self-care and linking up patients with others or with research schemes.
Using patient feedback to improve services
The Kings Fund has published presentations from a one-day conference event held to look at "How to use patient feedback more effectively to improve services." It examined the use of information currently collected from patient surveys including the inpatient survey, GP patient survey, Friends and Family Test, and Patient Reported Outcome Measures. The conference explored the key messages that can be drawn from the data and looked at how health care professionals can use these messages to drive service improvement.

New Publications (including Bulletins, Letters and Statistical Reports)

Breast imaging and diagnostic workforce
The Royal College of Radiologists, in conjunction with NHS England, Public Health England and the British Society of Breast Radiology has published 'The breast imaging and diagnostic workforce in the United Kingdom'. The report is the result of a survey showing information on the workforce involved in providing accessible, high-quality breast-imaging services in the UK, collating quantitative and qualitative data.

Care Quality Commission business plan
The Care Quality Commission has published its Business plan: April 2016 to March 2017. This business plan sets out two main objectives: the completion of the delivery of rating inspections for health and care services begun in 2014; and preparation for the further development of the approach to regulating health and care over the life time of the five year strategy for 2016 to 2021.

Child mortality in England and Wales: 2014
The Office for National Statistics has published the above Statistical Bulletin. Some of the key findings include:
- There were 2,517 infant deaths (deaths under 1 year) in England and Wales in 2014, compared with 2,686 in 2013 and 6,037 in 1984
- In 2014, the infant mortality rate was 3.6 deaths per 1,000 live births, the lowest ever recorded in England and Wales
- In 2014, the infant mortality rates for very low birthweight babies (under 1,500 grams) and low birthweight babies (under 2,500 grams) were 156.0 and 30.9 deaths per 1,000 live births respectively.

House of Commons Library Briefings
The House of Commons Library has published the following research papers and briefings:
- Domestic Violence in England and Wales
  This Standard Note looks at how domestic violence is defined, how widespread the problem is, and some of the civil and criminal remedies that are available for victims. There is also a select bibliography.
- Every School an Academy: The White Paper Proposals
  This House of Commons Library briefing discusses the Government’s proposals to convert all state-funded schools in England to academy status. It sets out the relevant proposals in the Education White Paper, the reaction that has followed the announcement, and also provides information on academy performance
- A paperless NHS: electronic health records
  This Commons Briefing paper has been prepared ahead of the debate in Westminster Hall on Thursday 28 April at 3pm on use of digital records in the NHS. The Member in charge is Geoffrey Clifton-Brown. There is also a separate Standard Note dealing with patient health records and confidentiality.
- Personal, social, health and economic education in schools (England)
  This House of Commons Library briefing sets out the rules relating to the provision of personal, social, health and economic education (PSHE) in England, as well as introducing the debates about the quality of provision and the subject’s statutory status.
- Regional variation in teenage pregnancy
  This pack was produced ahead of the debate held in Westminster Hall on Tuesday 19 April 2016 at 4.30pm on regional variations in the rate of teenage pregnancy. Lucy Allan MP will lead the debate.
- School meals and nutritional standards
  This House of Commons Standard Note looks at the requirements on schools to provide nutritional meals, and the provision of free school meals. This briefing relates to England only.
- Sex and Relationship Education in Schools (England)
  This Commons Library briefing provides an overview of the legislation and guidance currently in place regarding sex and relationship education (SRE) in schools, and also outlines related reviews and proposals in Parliament.
Tackling HIV in Women and Girls
This pack has been prepared ahead of the debate in Westminster Hall on Tuesday 12 April 2016 at 2.30pm on Tackling HIV in women and girls. The Member in charge is Mike Freer MP.

Household Debt Inequalities
The Office for National Statistics has published the above statistical article. Some of the key findings include:
- 48% of households and 35% of all individuals in Great Britain had financial liabilities (excludes mortgage debts) (down from 51% and 40% respectively in July 2006 to June 2008).
- Around two-thirds of households with children present had financial liabilities. Couples with dependent children had the highest financial debt compared with income, with half of such households having debt of nearly one-fifth (19%) of their annual income.

King’s Fund Reading Lists (April 2016 updates)
The King’s Fund Information and Knowledge Service has updated the following three Reading Lists, which contain a selected list of references held by The King’s Fund library. The lists are not necessarily comprehensive, but are intended to give an introduction to the sort of information that The King’s Fund holds on the topics covered.
- Improving patients’ experience
- Patient safety in the NHS
- Staff engagement and wellbeing

Managing the welfare cap
The National Audit Office has published the above report. The welfare cap is encouraging a greater understanding of spending on some benefits and tax credits across government, but it is important that processes for managing the cap are reliable. The cap, introduced in 2014, has increased departments’ oversight of spending on benefits and tax credits. Since the spending is largely determined by individual entitlements, departments are not able to exercise in-year control in the way the might for other areas of spending. The level of attention to spending forecasts has increased across government and at the Office for Budget Responsibility (OBR). There is also a summary report and press release.

Marriages in England and Wales: 2013
The Office for National Statistics has published the above Statistical Bulletin. Some of the key findings include:
- There were 240,854 marriages in 2013, a decrease of 8.6% compared with 2012 and the first decline since 2009.
- Civil ceremonies accounted for 72% of all marriages in 2013.
- Religious ceremonies decreased by 14% while civil ceremonies declined by 6% in 2013, compared with 2012.
- Over three-quarters of brides and grooms marrying in 2013 were marrying for the first time.
- Those aged 65 and over were more likely to marry in 2013 compared with 2003, with the greatest increase among women.
- The mean age at marriage was 36.7 years for men and 34.3 years for women in 2013, a small increase compared with 2012.
Get all the tables for this Bulletin in the data section of this publication.

Measuring child development at age 2 to 2.5 years
DH has published Developing a public health outcome measure for children aged 2 – 2½ using ASQ-3. This updated factsheet first published in July 2015 is for health visiting providers and others involved in the roll-out of the ASQ-3™ tool, and provides information about: what the tool is; how it will be used; why it was chosen; accessing the tool; training for using the tool; and data collection arrangements.

Vaccine Updates
Public Health England has published the following Vaccine Updates, newsletters for immunisation practitioners which contain the latest developments in vaccines, policies and procedures:
- 'Vaccine Update, Issue 243, April 2016'
The generic edition of vaccine update features: GP based programmes for meningococcal vaccines; Change to MenC programme; Vaccine supply and ordering; and May Bank holiday supply.
- 'Vaccine Update, issue 244, April 2016'. This special edition of vaccine update features: information on the central supply of the BCG vaccine; advice on prioritisation of local BCG vaccine stock.
Previous issues are also available.
NICE Guidelines

The National Institute for Health and Care Excellence (NICE) has issued the following guidance:

Clinical Guidelines (CG) / NICE Guidelines (NG)

- **Routine preoperative tests for elective surgery** (NG45)
  This guideline covers routine preoperative tests for people aged over 16 who are having elective surgery. It aims to reduce unnecessary testing by advising which tests to offer people before minor, intermediate and major or complex surgery, taking into account specific comorbidities (cardiovascular, renal and respiratory conditions and diabetes and obesity). It does not cover pregnant women or people having cardiovascular procedures or neurosurgery.

- **Controlled drugs: safe use and management** (NG46)
  This guideline covers systems and processes for using and managing controlled drugs safely in all NHS settings except care homes. It aims to improve working practices to comply with legislation and have robust governance arrangements. It also aims to reduce the safety risks associated with controlled drugs.

- **Depression in adults: recognition and management** (CG90 - updated)
  Recommendation 1.10.5.1 has been deleted and replaced with a link to the NICE interventional procedure guidance on repetitive transcranial magnetic stimulation for depression.

NICE-related news and publications

**Eyes on Evidence**
NICE Evidence Services has published ‘Eyes on Evidence, Issue 83, April 2016’. This issue has articles on:

- Prescribing safety in UK general practice
- Drug efficacy in older people with Multimorbidity
- Testosterone preparations for men with hypogonadism
- Clinical outcomes in people with obstructive sleep apnoea
- Older people’s views on advance care planning
- Evidence summaries from NICE’s Medicines and Prescribing Programme

Previous issues are available [here](#).

**Falls risk assessment tool**
Walsall CCG, in partnership with Keele University, have developed an Emis web protocol and template to help identify patients at risk of falls and potentially at risk of unplanned hospital admissions. The [Falls Risk Assessment Toolkit](#) allows users to search for read codes consistent with predictors of falls risk as recommended by NICE and high risk psychotropic medicines which can contribute to falls. It can also identify patients over the age of 65 who may benefit from a medication review or falls assessment and prompt background alerts to systematically identify ‘at risk’ patients.

**NICE Quality Standards – new and updated**
NICE Quality Standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. NICE has updated or published the following new Quality Standards:

- **Antimicrobial stewardship** (QS121)
  This quality standard covers the effective use of antimicrobials (antibacterial, antiviral, antifungal and antiparasitic medicines) to reduce the emergence of antimicrobial resistance (loss of effectiveness of antimicrobials). It covers all settings, all formulations of antimicrobials (oral, parenteral and topical agents) and is for health and social care practitioners, organisations that commission, provide or support the provision of care, as well as people using antimicrobials and their carers.

- **Strokes in Adults** (QS2) updated
  In 2016, this quality standard was updated and statements prioritised in 2010 were replaced.
• **Antenatal Care** (QS22) updated
This Quality Standard (originally published September 2012) has been revised to include source recommendations and definitions for statement 6 on risk assessment for gestational diabetes; updated to reflect changes to the NICE guideline on antenatal care issued in March 2016.

• **Venous thromboembolism in adults: diagnosis and management** (QS29) updated
Statement 4 on mechanical interventions (graduated compression stockings) for people with proximal deep vein thrombosis has been removed.

**NICE shared learning case-studies (selection only)**
NICE has added the following case-studies to its shared learning database:

• **NECS e-learning: antibiotic prescribing and antimicrobial stewardship in primary care**
Working across 11 CCGs in the North East and Cumbria, the North of England Commissioning Support (NECS) team developed an e-learning package to promote antimicrobial stewardship and prudent prescribing amongst primary care clinicians across the North East & Cumbria. The package is designed to support local implementation of NICE guideline 69 (respiratory tract infections (self-limiting): prescribing antibiotics), especially the decision making process when considering whether or not to prescribe an antibiotic.

• **Wigan council’s Affordable Warmth Access Referral Mechanism (AWARM) – the original single-point-of-contact health and housing referral service for people living in cold homes**
Wigan Council’s Affordable Warmth Access Referral Mechanism (AWARM) began operating in the Wigan borough in 2008. AWARM delivers Recommendation 2 – to ensure there is a single-point-of-contact health and housing referral service for people living in cold homes – of the NICE Guidelines NG6 on excess winter deaths and illness and the health risks associated with cold homes. This submission details how to we made a successful business case to Wigan Council and Wigan Borough CCG Joint Commissioning Group for £200,000 to upscale AWARM and target it at a cohort of 2,000 people in fuel poverty who were likely to have unplanned hospital admissions due to illnesses caused or exacerbated by living in a cold home.

• **Winter Warmth Pilot with Public Health England (PHE)**
Fire and Rescue Services are recognised as an asset by colleagues in health and social care and our delivery of simple interventions address a broad range of risks that predispose a person to risk of fire, whilst at the same time addressing many of the social determinants of ill health. Our approach to prevention also provides practical support to people who require it to stay in their homes, whilst at the same time reducing the demand on other services. Greater Manchester Fire & Rescue Service has been approached by Public Health England (PHE) to deliver interventions which tackle winter pressures, specifically around cold homes, social isolation, falls prevention and signposting to flu inoculations.

• **Warmth for Wellbeing Service in Leeds and practical application of the NICE guidelines regarding prevention of excess winter deaths and morbidity**
The *Warmth for Wellbeing* Service provides tailored solutions to needs identified by/for vulnerable people living in cold homes; incorporating face to face advice, low-cost repairs and improvements, and onward referrals when appropriate. The service (Leeds City Council Public Health) demonstrates the practical application of recommendations from NICE’s guideline NG6 ‘Excess winter deaths and morbidity and the health risks associated with cold homes’.

• **Implementing multiple daily injection insulin regimens (MDI) with carbohydrate counting for children and young people at diagnosis of type 1 diabetes: education provided by the Children’s Diabetes Service for patients, families and staff**
Oxfordshire Children’s Diabetes Service offers comprehensive one-to-one education around multiple-daily insulin injections and carbohydrate counting, for all children and young people and their families at diagnosis of type 1 diabetes. The education is delivered by the specialist dietitian and supported by a patient information pack containing written and diagrammatic information and tools (including calculation tables). This education programme includes the use of insulin-to-carbohydrate ratios and correction doses, using insulin dose calculation tables and the interpretation of blood glucose readings. The programme demonstrates the delivery of Recommendation 1.2.1 in NICE guidance NG18 which advises to ‘Offer children and young people with type 1 diabetes and their family members or carers (as appropriate) a continuing programme of education from diagnosis’. Additionally, the example demonstrates delivery of Recommendation 1.2.70: ‘Support children and young people with type 1 diabetes and their family members or carers (as appropriate) to safely achieve and maintain their individual agreed HbA1c target level’. 
• Development of a Safe Staffing App
An ‘App’ was developed by Nottingham University Hospitals NHS Trust which is a simple, easy to use tool which allows managers and staff to see an accurate, live staffing position from ward to board. The app is pre-programmed with agreed planned staffing for each shift for every ward. At handover the nurse in charge inputs actual staffing numbers and relevant information into the ward mobile device. The app reports fill rate skill mix and would immediately flag any issues such as high numbers of bank or agency staff or skill mix. Professional judgement is applied as the nurse in charge assesses and inputs whether the ward or department is safely staffed. Staff are asked whether they feel staffing levels are safe and are prompted to log a Red Flag if not. Any staffing changes during the shift are updated to maintain a live accurate position. In line with NICE guidance SG1 recommendations 1.4.1 to 1.4.4, this provides a systematic approach to facilitate maintaining nurse staffing levels that ensure patients are able to receive the level of nursing care they need.

• A public health prevention approach to domestic abuse: The Be a Lover not a Fighter campaign in Cheshire & Merseyside
Domestic abuse is a significant public health issue affecting 1:3 women and 1:6 men, having a major impact on those directly affected and their families and campaigns to tackle it have historically focused on victim support and crime reduction rather than prevention. Responding to the NICE Guidance PH50 Recommendations 2 and 5, local Public Health Directors delivered the Be a Lover not a Fighter campaign in February 2015 and February 2016 across areas in the North West to ‘participate in a local strategic multi-agency partnership to prevent domestic violence and abuse’ linking to partners from local authorities, NHS, domestic abuse services, police and others. A public health social marketing approach was developed to ‘create an environment for disclosing domestic violence and abuse’, complementing existing work by engaging the wider public in the debate, encouraging talking about the issue, highlighting the impact on children and generating public support for ending domestic abuse.

• Impact of a pharmacist-led Asthma and COPD respiratory clinic in General Practice
In a joint initiative between City & Hackney CCG and Barts Health NHS Trust, asthma and COPD reviews were undertaken by a respiratory pharmacist in general practice with a view to improve adherence to medication. This was in line with recommendations from NICE guidelines: CG76 & NG5 on patient centred assessment and support of adherence; CG101 to promote effective inhaled therapy, review inhaler systems and promote smoking cessation; and QS25 & QS10 to provide those with asthma and COPD with training and assessment of their inhaler technique. Structured reviews in line with national guidelines by the pharmacist resulted in significant interventions that improved Quality of Life (QoL), adherence to therapy, reductions in exacerbations, reduced over prescribing and resulted in a large cohort of patients successfully stop smoking. Furthermore, it showed appropriate prescribing and disease management in line with national standards of care also resulted in significant drug costs and utility, amounting to approximately £220K annually.

• A Social Marketing campaign and training to Early Years Practitioners to increase awareness of the importance of Vitamin D and Healthy Start supplements
We piloted the feasibility and effectiveness of developing and distributing an animated social marketing video to raise the awareness of Vitamin D and Healthy Start supplements in Croydon. The intervention is aligned with NICE guideline on Vitamin D: increasing supplement use in at-risk groups (PH56) as it meets recommendation 9: ‘Raise awareness among health, social care and other relevant practitioners of the importance of vitamin D’ and ‘10: raise awareness of the importance of vitamin D supplements among the local population’.

Pharmaceutical pricing of new medicines
See Hot Topic 3 above.

Public Health Evidence Awareness (final issue)
NICE Evidence Services has released ‘Public Health Evidence Awareness, Issue 48, April 2016’. After this issue NICE will no longer be providing this Awareness Service. In future, to search for up-to-date public health information please go to NICE Evidence search. Evidence search provides access to selected and authoritative evidence in health, social care and public health. Evidence search brings together high quality evidence from hundreds of trusted sources, including Public Health England, the World Health Organization, the Local Government Association and a number of key public health journals. You can use the filters on the left hand side of the screen to limit the number of search results by “Types of information” or by “Areas of interest”, helping you find the information you need quickly. This includes areas of interest filter for Public Health evidence. New evidence is added daily by the evidence information services team here at NICE, so you can be sure you’re getting the most up-to-date information. And finally, you don’t need a login or subscription to use Evidence search; the service is completely free.
Shaping Research Agenda to Estimate Cost-Effectiveness Thresholds for Decision Making
The Office of Health Economics (OHE) has published the above report. It details the views of a selection of experts in the fields of health and welfare economics on the cost-effectiveness threshold used by NICE to decide which new medicines to recommend for use in the NHS, and the direction of future research in this area. There is also a related press release.

Update for Primary Care (UPC)
NICE has published 'Update for Primary Care, April 2016'. These monthly updates highlight guidance, quality standards and other advice products published that month relevant to primary care, along with any accompanying tools to help put guidance into practice. UPC also features other news and information from NICE on our work relevant to primary care, such as QOF or educational and learning materials.

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