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| |  | | --- | | cid:image003.png@01D1157C.0FEFD940 | | Topics in this Issue   * [Ensuring Every Child has the best Start in Life](#_Ensuring_Every_Child) * [Living Well - Obesity](#_Living_Well_–) * [Everybody Active Every Day](#_Living_Well_–_1) * [Healthy Places](#_Healthy_Places) * [Reducing Smoking](#_Reducing_Smoking) * [Mental Health](#_Mental_Health) * [Drugs Recovery](#_Drugs_Recovery) * [Sexual Health](#_Sexual_Health) * [Health Checks & CVD](#_NHS_Health_Checks) * [Ageing Well](#_Ageing_Well) * [Meetings & Seminars](#_Upcoming_Meetings_and) * [NIHR public health research calls](#_NIHR_public_health) * [Data & Documents](#_Data,_Documents,_Letters,) | | PHE Health & Wellbeing Monthly Update Issue No 47, October 2019 Welcome to the Yorkshire and Humber Health and Wellbeing monthly update. Thank you for subscribing to the monthly update. This monthly update is our way of sharing any good and emerging practice, new developments, updates and guidance. The update is circulated at the beginning of each month with previous month’s updates.  *If you have anything that needs to be shared urgently, we will circulate as soon as possible.* |

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| **Ensuring Every Child has the Best Start in Life** H&WB Team Lead: Gemma Mann |
| Updated guidance for 2019-20 children’s public health 0 to 5 years national reporting  This [updated guidance for 2019-20](https://www.gov.uk/government/publications/childrens-public-health-0-to-5-years-national-reporting) explains what analysts and commissioners in local authorities need to do to submit health visiting activity and outcomes data to PHE for 2019-2020. The guidance provides local teams with the technical detail they need to submit aggregate data to the central system (a separate email has been sent to local authorities with information about how to access the reporting system). Questions and problems should be sent to: [interimreporting@phe.gov.uk](mailto:interimreporting@phe.gov.uk). |
| Children Young People and Families Monthly Update |
| **Living Well** – Tackling Obesity H&WB Team Lead: Nicola Corrigan |
| Sugar reduction: progress between 2015 and 2018  PHE has today published our second-year report on progress made by the food industry to voluntarily reduce sugar in everyday foods that contribute the most sugar to children’s diets, as well as progress made under the Soft Drinks Industry Levy (SDIL).  The report is available [here](https://khub.net/group/yorkshire-and-humber-alcohol-drugs-coi/group-home?p_p_id=com_pfiks_announcements_portlet_AnnouncementsPortlet&p_p_lifecycle=0&p_p_state=normal&p_p_mode=view&_com_pfiks_announcements_portlet_AnnouncementsPortlet_javax.portlet.action=%2Fannouncements%2Fupdate&_com_pfiks_announcements_portlet_AnnouncementsPortlet_announcementEntryId=0&_com_pfiks_announcements_portlet_AnnouncementsPortlet_redirectToPage=%2Fannouncements%2Fadd) |
| Big upgrade to the Food environment assessment tool (*Feat*)  On Tuesday 17 September the Centre for Diet and Activity Research (CEDAR) at the University of Cambridge launched a big upgrade to their Food environment assessment tool (*Feat*). *Feat 2.0* is packed with new features. It’s still available online, for free and for use by anyone, at [www.feat-tool.org.uk](http://www.feat-tool.org.uk/).    NEW!  ·         Updated data for England, Scotland and Wales  ·         National-level data, so you can see how your local authority measures up  ·         Boundary overlays, including countries and LAs  ·         Flexible, bespoke map creation using custom area selections, which you can save and share  ·         Summary statistics, produced in report-ready format  ·         And much more!    *Feat* was previously highlighted in PHE and the LGA’s [Strategies for encouraging healthier ‘out of home’ food provision: a toolkit for local councils working with small food businesses](https://www.gov.uk/government/publications/encouraging-healthier-out-of-home-food-provision). See how Wolverhampton City Council cited Feat data in their [Hot Food Takeaways SPD](https://www.wolverhampton.gov.uk/sites/default/files/pdf/Hot_Food_Takeaway_SPD_2018.pdf) (p.11).    If you need a refresher, find your feet with [this new *Feat* video](https://www.youtube.com/watch?v=fS5Xxov7PRQ).    What does *Feat* do?  *Feat* allows for the interactive mapping, measuring, and monitoring of regional and neighbourhood access to a range of food outlet types, across the whole of England, including changes over time.    *Feat* is underpinned by a [growing body of scientific evidence](https://www.cedar.iph.cam.ac.uk/feat/feat-evidence-and-resources/) that the food we can access in our neighbourhoods is closely related to which foods we buy and eat, and whether we maintain a balanced diet and healthy body weight.    Who is *Feat* for?  *Feat* was designed primarily around the needs of professionals in public health, environmental health and planning roles throughout English local authorities, and in local and national public health roles.    How might *Feat* be used to improve the public’s health?  *Decision-support.* Generate local evidence for use in the development of Obesity Strategies, Local and Neighborhood Plans, JSNAs and Strategic Planning Documents. Use to bring evidence to planning decisions and appeals.  *Drawing comparisons.* Compare how food access differs across a city, or between local authorities. See which neighbourhoods are changing fastest.  *Intervention targeting.* For example, use *Feat* to direct behavioural interventions into neighbourhoods with challenging food retail environments.  *Evaluation of interventions.* Test the effectiveness of neighbourhood planning policies, before and after intervention. Document unintended intervention consequences.    If you have any questions or would like to provide feedback, please contact the team at CEDAR [feat-tool@mrc-epid.cam.ac.uk](mailto:feat-tool@mrc-epid.cam.ac.uk). |
| **Living Well** – Everybody Active Every Day H&WB Team Lead: Nicola Corrigan |
| Take part in our disabled children and young people's survey  We believe disabled children and young people deserve the same opportunities to be active as their non-disabled peers. Activity Alliance is undertaking research into the experiences and perceptions of physical activity among disabled children and young people. Part of the research is being conducted through a survey.  Therefore, if you have contact with parents or carers of a disabled child/children between aged 5 to 16, Activity Alliance would like to hear from them. This would help us to understand parent/carer and children’s experience of sport and physical activity by completing an online survey.  We want to hear from people who have had good or bad experiences, and from those who are active and not active.  The [survey](http://www.activityalliance.org.uk/news/5261-take-part-in-our-disabled-children-and-young-peoples-survey) will take around 15 minutes to complete. There are questions for the parent or carer to answer, and questions for the child. The answers will help us to shape the services and support we provide. We will also use the findings to advocate for change on a national level that enables more disabled children to be active. |
| Swim England Water Wellbeing programme  Swim England have developed a Water Wellbeing programme to for people with long-term conditions to Create an inclusive, attractive and supportive pool environment to help people with health conditions to become active.  The programme consists of six elements: Pool audit, training for all staff, training for exercise referral instructors, online training for swimming teachers, marketing support and ongoing support (flyer attached).  It builds on Swim England’s commitment to improve understanding and the offer regarding swimming for health, including publication of the Health and Wellbeing Benefits of Swimming report in 2017; <https://www.swimming.org/swimengland/health-and-wellbeing-benefits-of-swimming/>. |
| Walking for Health  Further to securing funding from Sport England, the Ramblers has reinvigorated its Walking for Health national support offer. There are currently 361 schemes, 5,000 volunteers and ~70,000 walkers.  Further details and contacts on attached proposition. |
| ESCAPE-pain  The ESCAPE-pain programme, for people with knee and/or hip osteoarthritis is now available in all regions of England, at over 200 sites. It is a 6-week programme (12 sessions) which combines supervised exercise and education, delivered by physiotherapists and/or exercise instructors. For details of your nearest location please see [www.escape-pain.org](http://www.escape-pain.org) Your local site will be able to advise how to refer in to the programme, and there are plenty of resources including videos on the website to provide further information to your patients. If you have any queries after looking at the website, please contact us at [hello@escape-pain.org](mailto:hello@escape-pain.org)  Supported by NHS England, Versus Arthritis and the AHSN Network, we’re trying to make the programme available to everyone who could benefit from it. If you do not have a class local to you, please contact the email address above for more information on how we can support roll out in your area.  ESCAPE-pain was identified as a cost effective intervention in the evidence review supporting the development of PHE’s MSK return on [investment tool](https://www.gov.uk/government/publications/musculoskeletal-conditions-return-on-investment-tool) |
| **Healthy Places** H&WB Team Lead: Peter Varey |
| Healthy New Towns Publication  NHS England has published the learning from its Healthy New Towns programme, which was piloted in 10 demonstrator sites:  Whyndyke Farm, Fylde; Northstowe; Whitehill and Bordon; Cranbrook; Darlington; Barking; Halton Lea, Runcorn; Bicester, Oxfordshire; Ebbsfleet; and Barton. I am pleased to be able to share the Healthy New Towns Putting Health into Place publications. These collate the learning from the Healthy New Towns Programme and are designed to support areas interested in healthy placemaking and housing growth. This learning focuses on how to improve health and wellbeing through addressing the role of the built environment, health service design and wider social factors. This means working in new and effective partnerships and involving local people throughout the development process and beyond.  Healthy New Towns programme was launched in 2015 to explore how the development of new places could provide an opportunity to create healthier and connected communities with integrated and high-quality health services. The programme worked with 10 [demonstrator sites](https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/demonstrator-sites/) chosen in March 2016 from over 100 applicants to help do this. These developments ranged from 900 to 15,000 homes at different stages of the process, with diverse health needs, levels of income and inequalities. Putting Health into Place is based on the learning from these innovative sites. The programme has benefited from the strong partnership working across the NHS and with our programme partners The King’s Fund, Public Health England, the Town and Country Planning Association and The Young Foundation.  The programme was also supported by a steering group, a network of developers and a cross government network who have all played a key role in shaping these documents. |
| Court of Appeal upholds housing planning refusal on air quality grounds  The Court of Appeal upheld a planning permission refusal on air quality grounds for 330 homes in Kent, making it the first time a planning appeal has been refused due to concerns over air pollution and public health. For more information please see the [article](https://airqualitynews.com/2019/09/13/court-of-appeal-upholds-housing-refusal-on-air-quality-grounds/) in Air Quality News. |
| Respiratory health in Yorkshire and the Humber  [Report](https://www.gov.uk/government/publications/respiratory-health-in-yorkshire-and-the-humber?utm_source=a38740f2-1a3b-400a-938c-fb6583014c57&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate) on respiratory diseases in the Yorkshire and the Humber population, highlighting examples of good practice and opportunities for improvement. |
| Association of Directors of Environment, Economy, Planning & Transport (ADEPT) Publication: Preparing for a changing climate: good practice guidance for local government  Boosting climate change resilience in local authorities, and helping them to manage and plan for climate change risk, are the aims of [*Preparing for a changing climate: good practice guidance for local government*,](https://scanmail.trustwave.com/?c=2863&d=_Ijn3ca4T4dPJkXCuBMTwE-kOdQ7uz54d9VM_KzKtw&u=https%3a%2f%2fwww%2eadeptnet%2eorg%2euk%2fclimategpg) published by the Association of Directors of Environment, Economy, Planning & Transport (ADEPT). The new guide is designed for a wide range of officers working to implement adaptation within local government. It was developed by ADEPT and the Local Adaptation Advisory Panel (LAAP), with input from the Local Government Association, Core Cities, the NHS England Sustainable Development Unit and Public Health England. |
| **Drugs Recovery**  H&WB Team Lead: Andy Maddison |
| Prescribed medicines evidence review  PHE has published (10 September) [Dependence and withdrawal associated with some prescribed medicines](https://www.gov.uk/government/publications/prescribed-medicines-review-report),  its first evidence review of dependence and withdrawal problems associated with five commonly prescribed classes of medicines in England: opioid pain medications, anti-depressants, benzodiazepines, gabapentinoids and z-drugs. The review assesses the scale and distribution of prescribed medicines – and makes recommendations for better monitoring, treatment and support for patients. It uses available prescriptions data, a literature review and reports of patients' experiences. PHE has also published a detailed geographical breakdown by clinical commissioning groups of prescribing rates for 2017/18 and the proportion of people that had been receiving a prescription for at least 12 months prior to March 2018. |
| Briefing note: Increase in GAS infections in prisons, and among PWIDs and those who are homeless or live in hostels  The National Infection Service continues to investigate an ongoing outbreak of group A streptococcal (GAS) infections in prisons, and among people who inject drugs (PWID) and those who are homeless or live in hostels (see attached Briefing Note 043, 5 September, updating that of 8 May).  More than a thousand cases meeting the outbreak case definition were identified between January 2018 and 27 August 2019, of which 392 were admitted to hospital and 10 died (all-cause mortality). The updated BN reiterates the previously issued advice for PHE Centres and local authorities and provides links to updated guidance and resources, including for hostel staff and for healthcare staff working with PWIDs in the community. |
| TIME - take home naloxone study in Yorkshire Ambulance Service  Please see the below link to a national study which aims to compare between areas in which ambulance and paramedic crews issue Take Home Naloxone and the areas which do not. This study aims to establish the evidence around the potential of THN to save lives or the possibility that it increases risky behaviours by promoting overly confident attitudes.  Where is the study run from?  1. Bristol Royal Infirmary (UK)  2. Hull Royal Infirmary (UK)  3. Northern General Hospital Sheffield (UK)  4. Wrexham Maelor Hospital (UK)  [Link to study](http://www.isrctn.com/ISRCTN13232859) |
| **Mental Health**H&WB Team Lead: Laura Hodgson |
| **National Perinatal Mental Health Two Day Course – Winchester**The course is suitable for any health and social care professional in adult or child mental health, including mental health nurses, psychologists, IAPT practitioners, psychiatrists, mental health social workers, child social workers; midwives, obstetricians, GPs and health visitors with a special interest in perinatal mental health; all clinicians and managers involved in specialist perinatal mental health services.Attached is the draft programme and booking form for the next Perinatal Mental Health two-day course to be held in Winchester on the 13 and 14 February 2020.  Please circulate to anyone who might be interested in attending.As we were fully booked for the course in July this year, we would recommend early booking to avoid disappointment. |
| Official statistics: suicide prevention profile, September 2019 update  New data on suicide age-standardised rates at County and UA level was added to the suicide prevention profile for the period 2016 to 2018.  The following indicators were also updated on 3 September 2019 as part of the Official Statistic schedule:   * One children leaving care indicator in the Related risk factors domain at County & UA level (April 2016 to March 2017, and April 2017 to March 2018) * Two estimated prevalence of common mental disorders indicators in the Related risk factors domain at County & UA, District, CCG and STP level (2017) * Two treatment at specialist alcohol or drug misuse services indicators in the Related service contacts domain at County & UA level (April 2015 to March 2016, and April 2016 to March 2017) * Two IAPT indicators in the Related service contacts domain at CCG and STP level (March 2019) * Six mental health services indicators in the Related service contacts domain at CCG and STP level (January to March 2019).   Closing the employment gap for young people: A toolkit for those supporting 16–25 year olds experiencing common mental health problems to gain and stay in work  This resource has been developed by a group of organisations from the Health and Wellbeing Alliance led by the Young People’s Health Partnership. The work has been funded by Public Health England, NHS England and the Department of Health and Social Care and aims to improve understanding about the link between common mental health problems and employment for 16–25-year-olds. The resource offers effective practice support for those working with young people experiencing these difficulties to help gain and stay in work. Read [here](https://www.nhsemployers.org/campaigns/think-future). |
| Every Mind Matters Campaign - printed and digital resources now available to order/download      Please visit the [PHE Campaign Resource Centre](http://content.phepartnerships.co.uk/?V4Z4lu52VD9IClhex.iNXJQkIL98vDQiV&https://campaignresources.phe.gov.uk/resources/campaigns/82-every-mind-matters/resources) to order / download resources and find out more about the campaign and how you can get involved. |
| The Office for National Statistics (ONS) publishes two releases on suicide  On Tuesday 3rd September, the Office for National Statistics (ONS) published two releases on suicide:    [Suicides in the UK: 2018 registrations](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/previousReleases)  Registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method    [Quarterly suicide death registrations in England: 2001 to 2018 registrations and 2019 provisional data](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/quarterlysuicidedeathregistrationsinengland/previousReleases)  [Provisional rate and number of suicide deaths registered in England per quarter. Includes 2001 to 2018 registrations and provisional data for 2019 Quarters 1 and 2 (Jan-Mar, April-June).](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/quarterlysuicidedeathregistrationsinengland/previousReleases)  In 2018 there were 6,507 suicides, the first increase since 2013. Three quarters were men and the highest rates were seen in men in their forties and fifties. Rises were also seen in people under 25, particularly in girls and young women aged between 10 and 24, now at their highest level with 3.3 deaths per 100,000 since 2012. |
| The Community Mental Health Framework for Adults and Older Adults  The Community Mental Health Framework was published 29th September 2019 and describes how the Long-Term Plan’s vision for a place-based community mental health model can be realised, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks. The document can be accessed here:  <https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf> |
| Behavioural Insights Grants  The Local Government Association are inviting councils to apply for £20,000 [grants](https://pheexternal.newsweaver.com/1hlmoh6dwh/22quk0d96cd15u4gzxbtpx?email=true&a=5&p=3307413&t=2781395) to contribute towards the delivery of behavioural insights projects. We already see great examples of behavioural insights being used across the country to improve outcomes for local people, encouraging them to make better choices for themselves. PHE’s behavioural science lead Tim Chadborn is offering support to local government colleagues who are applying and can be contacted at [tim.chadborn@phe.gov.uk](mailto:tim.chadborn@phe.gov.uk) .  You can learn more about the grants [here](https://pheexternal.newsweaver.com/1hlmoh6dwh/22quk0d96cd15u4gzxbtpx?email=true&i=2&a=5&p=3307413&t=2781395) and the deadline for applications is 1 November. |
| **Reducing Smoking** H&WB Team Lead: Scott Crosby |
| **Stoptober’ resources now available**Stoptober has returned for its eighth year with an exciting new campaign and PR activity which launched on 19 September. This year, Stoptober will encourage smokers to end their relationship with cigarettes and ‘give quitting a go’ for 28 days on 1 October. To boost their chances of quitting, the campaign signposts to the full range of support tools available, including the Personal Quit Plan that was developed for last year’s campaign.You can now order Stoptober campaign resources on the [**Campaign Resource Centre**](https://campaignresources.phe.gov.uk/resources/campaigns/6-stoptober/resources), including posters and leaflets, plus some brand-new resources for 2019.We have also made a range of digital and social media resources that bring this year’s theme to life available for you to download. All community pharmacies in England should now have received their resource packs and therefore don't need to place an order. The Personal Quit Plan, a tool to help smokers find the most suitable stop smoking support for them, is available to embed on partner websites. For more information on how to do this, download the guide from the PHE Campaign Resource Centre. For professional users only, you'll need to be signed in to access the instructions. |
| **Sexual Health**Yorkshire & Humber Facilitator: Georgina Wilkinson |
| **HIV annual report and data tables**The latest HIV [annual report and data tables](https://www.gov.uk/government/statistics/hiv-annual-data-tables) have been published on GOV.UK. New HIV diagnoses are now at the lowest point since 2000. This reduction was driven mostly by a decline in diagnoses in gay and bisexual men across the UK and demonstrates the success of combination HIV prevention over the past decade. Thanks to the hard work of those across the health sector who have helped increase HIV testing, and repeat testing among those at higher risk, plus the increased uptake of anti-retroviral therapy, we are making fantastic headway lowering rates of HIV. Additionally, new and updated HIV indicators have also been published on the [Sexual and Reproductive Health Profiles](https://fingertips.phe.org.uk/profile/sexualhealth) on Fingertips. You can read more about this data in our [news story](https://www.gov.uk/government/news/new-hiv-diagnoses-fall-by-a-third-in-the-uk-since-2015) |
| STI Annual report 2019 - 2018 data  A summary report for Sexually Transmitted Infections in Yorkshire and Humber in 2018 is now available. Local authority level data and charts for 2018 data is also available here <https://fingertips.phe.org.uk/profile/sexualhealth>    Sexual health commissioning in local government  Since the transfer of public health to local government in 2013, councils have been working hard to maintain and improve access for their residents to sexual and reproductive health services and to ensure seamless pathways of care. The case studies in this report provide examples from around the country of councils collaborating, both among themselves and with CCGs and NHS England, to commission integrated services and improve the sexual health and wellbeing of their local populations. They showcase joint commissioning in urban and rural areas, by councils with widely varying population profiles and facing differing sexual health challenges and are written to a level of detail intended to enable others to imitate their approach. |
| Update on the implementation of the new GUMCAD specification – from the GUMCAD team  GUMCAD, the mandatory surveillance system for STIs in England, was introduced in 2008. While BASHH recommends the collection of sexual behaviours for the risk assessment and management of individual patients, the collection of these data at scale by PHE through the new GUMCAD dataset will improve its public health value and better inform PHE’s public health response. For ease of reference, [the DHSC service specification](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731140/integrated-sexual-health-services-specification.pdf) outlines the reporting requirements of Integrated Sexual Health Services (section 4.3), while the new GUMCAD clinical guidance is available at this [page](https://www.gov.uk/government/publications/gumcad-clinical-guidelines).  Firstly, the implementation period for the new GUMCAD specification is from April-October 2019 and, to provide training and support its implementation, we have commenced a series of workshops for GUMCAD reporters in each of the 9 regions of England–the schedule is attached.  Secondly, we’d like to highlight that the new GUMCAD specification is based on the BASHH sexual history taking guideline, but all questions will not be relevant to all services’ clients. For example, where clients do not report any recreational drug use, there is no need to complete the subsequent drug questions; conversely, where clients *do* report using recreational drugs, sexual health services will only need to indicate which drug(s) was reported i.e. there is no need to ask every question in every consultation. In instances where risk behaviours are not assessed, the default response (e.g. ‘not applicable’) will be included in their GUMCAD return, which will be automatically reported by the service’s patient software system. Sexual Health Services’ software suppliers have been issued with an up to date GUMCAD technical guidance document and should be able to provide a user-friendly IT solution.  Lastly, to provide some details on the development of the new GUMCAD specification: the piloted GUMCAD data specification was based on the BASHH national guideline for sexual history-taking and BASHH Partner Notification standards and was developed by a multi-disciplinary Steering Group comprised of clinicians from BASHH, sexual health advisors, third sector organisations, software developers, and sexual health researchers. The specification was then refined through piloting at sexual health clinics between 2013 and 2016. We collected feedback from the staff of pilot clinics on the feasibility and acceptability, both from their and their patients’ perspectives, of this surveillance enhancement. Our extensive piloting of this enhanced version of GUMCAD has demonstrated that the collection of the proposed data items on sexual behaviour and partner notification is feasible, consistent with clinical practice and yields essential information to define the sexual health risk of clinic attendees. The final version of the GUMCAD specification submitted for review by the Data Coordination Board (DCB) of NHS Digital was initially reviewed and approved by the Steering Group, approved by the DCB in June 2018, then launched by PHE in April 2019. |
| **NHS Health Checks & CVD**H&WB Team Lead: Karen Pearson |
| **What good looks like**Together with the Association of Directors of Public Health we have produced a series of ‘[What Good Looks Like’](https://pheexternal.newsweaver.com/1hlmoh6dwh/ngxf97g7ob3182r8vyzl16?email=true&a=5&p=3197816&t=2781395) publications which set out guiding principles for population health programmes that are place-based which include: children and young people, tobacco control, healthy weight and CVD. These draw on the best available evidence and include a return on investment where available. The fourth publication in the series is now online and is focused on preventing cardiovascular disease which has been attached below. |
| BHF Heart Failure Fund  Applications are now open for the new £1m fund from the British Heart Foundation to transform the way heart failure services are delivered in the UK. The Hope for Hearts Fund seeks to test and evaluate innovative approaches to deliver better heart failure care and services. The deadline is  November 282019 and application details can be found [here](https://www.bhf.org.uk/hopeforheartsfund). Your help in circulating to colleagues who may be interested will be very much appreciated. |
| **Opportunity to attend free training in the East Midlands on the use of the StARS framework 5th November** The StARS framework draws on advice and standards from existing national guidance. It brings together criteria into ten themes from leadership and planning to commissioning and the delivery of the risk assessment and management.  It also adopts a systems approach with the involvement of key internal and external partners at the heart of the process. This means that using the framework provides:   * an opportunity to review and reflect on the local delivery of the NHS Health Check programme, to identify gaps and recognise achievement * a baseline against which you can compare future activity and demonstrate progress * an opportunity to raise awareness of the programme with both internal and external stakeholders * a legitimate reason to begin a conversation about the NHS Health Check and establish new relationships * elected members with assurance that legal obligations have been met   Some other benefits identified by local authorities that have used the StARS framework include:   * a checklist for developing a new service specification * a reason for engaging GPs in a constructive and meaningful discussion * a lever for raising the profile of the NHS Health Check among local authority executives and elected members * a legitimate reason for undertaking a service audit   If you wish to attend the 1-day course, please contact Karen Pearson - [karen.pearson@phe.gov.uk](mailto:karen.pearson@phe.gov.uk). Costs to support travel to the training can be covered from the CVD/NHS Health Check Community of Improvement. |
| **Ageing Well**H&WB Team Lead: Alison Iliff |
| When we’re 64: your guide to a great later life  This new book from the Centre for Ageing Better is a practical guide to preparing for later life – from the essentials on work and how to fund retirement, to volunteering, where to live and what kind of housing you’ll need. Buy the book here: <https://www.bloomsbury.com/uk/when-were-64-9781472960689/> and to get a 20% discount use the code LATERLIFE20  Insights for employers on supporting workers in mid-life to plan for the future  A new report from the Centre for Ageing Better highlights the importance of providing support to employees in their 40s and 50s as a way of helping them to stay in work for longer (if they want or need to), plan for what they will need in retirement, and think ahead about their future needs. Providing mid-life support is an essential part of how employers can respond to the changing nature of the workforce, with over 50s making up a third of all UK workers, but more older people leaving work than younger people coming in to replace them. It could help avoid skill shortages and ‘cliff-edge’ retirements.  The report can be accessed [here](https://www.ageing-better.org.uk/publications/mid-life-support-insights-employers) |
| Industrial Strategy Challenge Fund (ISCF) Healthy Ageing Trailblazers  Innovate UK, part of UK Research and Innovation, is to invest up to £2 million in stage 1 of the Industrial Strategy Challenge Fund (ISCF) Healthy Ageing Trailblazers.  The aim of the Trailblazers is to encourage businesses and public sector led collaborations, including social enterprises, to develop and demonstrate how products, services and business models which support people as they age will be adopted at scale.  In stage 1, the aim is to develop a business plan and demonstrate readiness in order to obtain funding for your stage 2 Trailblazer project.  For more information on the fund and how to apply visit can be found [here](https://apply-for-innovation-funding.service.gov.uk/competition/440/overview#scope)  The competition closes on Wednesday 27th November. |
| Launch of Healthy Ageing consensus statement  The PHE Life Course team and our partner Centre for Ageing Better are pleased to announce the ‘Launch of the Healthy Ageing Consensus Statement’ webinar, on 16th October 2019, 15:00 to 16:00pm.  This webinar sets out a shared ambition for current and future generations to achieve a healthier later life, making England the best place in the world to grow older through:   * Putting prevention first * Creating opportunities for people as they age to make a contribution to society * Supporting good homes and neighbourhoods * Narrowing inequalities * Challenging ageist and negative language, culture and practices   You are invited to this webinar to hear about the principles of the consensus statement and to join a discussion on how we can collectively translate this into practice. To register for the event, please follow the [Eventbrite link](https://www.eventbrite.com/e/launch-of-the-healthy-ageing-consensus-statement-tickets-73105122389).     Key Note Speakers:   * Dr Alison Giles, Associate Director Healthy Ageing, PHE and Centre for Ageing Better * Professor Martin J Vernon, National Clinical Director for Older People, NHS England * Dame Carol Black, Chair, Centre for Ageing Better. * Professor Yvonne Doyle, Director for Health Protection and Medical Director, PHE |
| **NIHR public health research calls** |
| The Public Health Research Programme is accepting stage 1 applications to their commissioned workstream **19/90 continuing priority research topics of interest to the PHR programme**  For this call, NIHR is drawing attention to commissioning briefs that it has previously advertised. These represent enduring gaps in the portfolio that it would like to fill with high quality research. In future, commissioned calls against which NIHR has failed to fund sufficient research will remain open and highlighted in order to stimulate research activity in these areas of need. If you have ideas, they would like to hear from you and can offer early, informal feedback on your proposed research to advise on its fit with the call and the [PHR Programme](https://www.nihr.ac.uk/funding/1990-continuing-priority-research-topics-of-interest-to-the-phr-programme/21601). Please email [phr@nihr.ac.uk](mailto:phr@nihr.ac.uk).  The Public Health Research Programme wishes to commission research on the effectiveness of non-NHS interventions that enable populations to achieve and sustain good mental health and/or prevent mental health problems from developing.  The primary research question will focus on: What are the most effective interventions, outside the NHS, aimed at enabling populations to achieve good mental health and to prevent mental health problems?  The Programme is interested only in receiving applications that seek to influence factors that operate at community, institutional and societal levels. The Programme is also interested in applications that are targeted at people in groups, demographics or communities with greater vulnerability and exposure to adversity, such as those living with challenges that are known to be corrosive to good mental health. Areas of research may include (but are not limited to):   * Evaluation of interventions where a holistic range of outcomes is considered, linking mental health and other aspects of physical and emotional health * Evaluation of mental health literacy and awareness programmes undertaken in different settings * Studies that examine local community-based interventions that support community resilience and address risk and protective factors for positive mental health * Evaluation of workplace-based mental health interventions * Evaluative studies that focus on interventions to support mental health in working age and later life, and might include those which seek to prevent depression in older people * Studies that shed light on how interventions in public mental health can be scaled-up successfully.   The deadline of submission is 17 March 2020 and if you would like to find out more information about this call you can visit [here](https://www.nihr.ac.uk/documents/19108-public-mental-health-interventions/22030) |
| **Upcoming Meetings and Seminars** |
| Museums, Universities, Partnerships for Health and Wellbeing  Leeds Museums & Galleries are running half day workshop bringing together museum professionals, academics and colleagues in the health sector from across the region to explore the potential for collaborations to promote health and wellbeing. The event will be the latest in a series organised in partnership with the University of Huddersfield.  There will be talks from partners involved in previous health and wellbeing collaborations, as well as opportunities to discuss the potential for future work.  The event will start with a light buffet lunch.  The programme will be available closer to the time. Please register [here](https://www.eventbrite.co.uk/e/museums-universities-partnerships-for-health-and-wellbeing-registration-71624541933)  Upcoming: Cardiovascular disease prevention conference 2020  The [Cardiovascular Disease Prevention Conference 2020 – Proactive, Predictive, Personalised](https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=372302&ef_sel_menu=3738&eventID=859) will be held at the Kia Oval, south London, on Thursday 6 February, 2020. |
| Inclusive Economics and Anchor Institutions  Date: Thursday 12 September 2019  Time: 9:30am to 10:30am  Speakers:   * Michael Wood (NHS Confed) * Andrew Attfield (Barts NHS Trust) * David Herne (PHE DD, North West) – Chair   The webinar aims to enable a discussion about how PHE, NHSE and partners may support increased engagement in inclusive growth through anchor institutions in their local areas. Michael Wood from NHS Confed, will be discussing Anchor institutions and the current economic landscape and how these fit together, such as the NHS LTP, and the role of the NHS as an anchor institution. Andrew Attfield will discuss the work of Barts NHS Trust, as an example of an anchor institution, on their employment and skills programmes,- health care horizons and community works as well as their work with procurement teams and sustainability.    For dial in details please contact [azariahjenney@phe.gov.uk](mailto:azariahjenney@phe.gov.uk) .  Feel free to pass on this information to any colleagues who might be interested. |
| Intervention Decay model webinar  How applying the ‘Intervention Decay’ model helps to get the best population health impact from services and reduce health inequalities.  This Webinar will aim to cover the following areas:   * to provide you, as partnership and system leaders planning or delivering services on a whole system basis, with practical perspectives and approaches to improve uptake and outcomes; * It will illustrate how it can be applied to your main target areas of concern, such as CVD, cancer or mental health as well as non ‘clinical’ issues such as health impacts of smoking or cold, damp housing.   The webinar will be repeated twice in the following dates and times:   * Thursday 26th September 10 to 1130 am ([registration link](https://healthsector.webex.com/healthsector/j.php?RGID=r5264f9e12286c564f3cf4ca34a1e0789)) * Tuesday 1st October 10 to 1130 am ([registration link](https://healthsector.webex.com/healthsector/j.php?RGID=r3291b0feb5c85fe92330e5ec0905072a))   To register for any of these sessions please click on the link above. The registration screen may require a password which is LTPHI. Once you have registered, joining instructions for the webinar will be forwarded to you by email. |
| Work and Health eLearning Programme  The Work and Health e-learning programme, developed by Public Health England and Health Education England e-Learning for Healthcare, helps healthcare professionals to recognise the value in talking to patients about work. The e-learning will support them to make brief interventions such as discussing the health benefits of work with patients, talking about return to work and advising on adjustments at work. Read more [here](https://www.e-lfh.org.uk/work-and-health-programme-launched/). |
| Upcoming: Children of alcohol-dependent parents webinar. Wednesday 25 September 2019, 1245-1330 hrs  PHE will be hosting a webinar for commissioners, service providers and others interested in improving the identification of, and support for, children of alcohol-dependent parents. Across England there are about 200,000 children living with an alcohol-dependent parent. In 2018, PHE allocated a £4.5 million innovation fund to nine projects across the country that demonstrated a new and creative approach to reach and support families whose lives have been affected by alcohol. During this webinar, the Office of the Children’s Commissioner will present its [2019 vulnerability report](https://www.childrenscommissioner.gov.uk/publication/childhood-vulnerability-in-england-2019/). Also to be covered will be the Children’s Society’s [“CAPE” programme](https://www.childrenssociety.org.uk/parental-alcohol-misuse) that supports parents of children affected by parental alcohol abuse, including its work on increasing professional awareness of the problem. Also, Staffordshire County Council’s work to reduce the number of affected children taken into care, and an update on the innovation project running in Brighton and Hove. Participants will be able to ask questions during the webinar.  RSVP: Please register your interest for the webinar by emailing [InnovationFund@phe.gov.uk](mailto:InnovationFund@phe.gov.uk) to receive dial in details. |
| CMO Guidelines: Webinar recording and supporting materials  Thank you for attending the first in a series of webinars between Active Partnerships and Public Health England and we hope that you found it a useful introduction to the new guidelines.    The recording of the session can be found here: <https://youtu.be/EM1qh7sLi94>  (note - the slides appear on the screen 3mins 20secs into the video as the main presentation begins).    Colleagues are working on a streamlined slide deck for wider circulation and this will be available shortly.    Your feedback on the session would be much appreciated so please do email [info@activepartnerships.org](mailto:info@activepartnerships.org) with any comments on how you found the first webinar and ideas for future webinars.    The following resources may be useful to support understanding of the CMO guidelines and implementation:     * [New CMOs guidance and infographics](https://www.gov.uk/government/collections/physical-activity-guidelines) * [New free e-learning on physical activity and health](file:///\\fileyhr01.phe.gov.uk\Alcohol%20and%20Drugs\Yorkshire%20Regional%20Office\Comms\H&WB%20Monthly%20Update\2019\47.%20October%202019\•%09https:\www.e-lfh.org.uk\programmes\physical-activity-and-health\) (including the new guidelines) * Free peer-to-peer training for groups of healthcare professionals - PHE and Sport England have expanded the national network of physical activity clinical champions who have delivered free peer-to-peer training to groups of healthcare professionals with over 22,000 healthcare professionals trained to date. This training covers the new guidelines and is free of charge and a local Champion will deliver the training at the time and place requested for groups. For more info and to book a training session contact [physicalactivity@phe.gov.uk](mailto:physicalactivity@phe.gov.uk) * Moving Medicine resource for clinicians on physical activity conversations - <https://movingmedicine.ac.uk/> |
| Family Planning Association  See here for a useful update on the FPA liquidation  <http://www.fpa.org.uk/about-fpa/fpa-liquidation-and-new-ownership-faqs> |
| From data to decisions: a foundation course in population health intelligence  PHE’s Local Knowledge & Intelligence Service (LKIS) now run a regular free bi-monthly short course, *A foundation course in population health intelligence*, to provide an introduction into population health intelligence and its use in everyday public health practice. We are now taking bookings for the next event on 3 December - you can find out more and you can sign up [here](https://www.eventbrite.co.uk/e/from-data-to-decisions-a-foundation-course-in-population-health-intelligence-tickets-72257292507). |
| Upcoming: Cardiovascular disease prevention conference 2020  The [Cardiovascular Disease Prevention Conference 2020 – Proactive, Predictive, Personalised](https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=372302&ef_sel_menu=3738&eventID=859) will be held at the Kia Oval, south London, on Thursday 6 February, 2020. |
| Consultation outcome - Public Health Outcomes Framework: indicator changes 2019 to 2022  Please see the final outcome here: <https://www.gov.uk/government/consultations/public-health-outcomes-framework-proposed-changes-2019-to-2020> These changes will be implemented from November 2019. In summary those relevant to sexual health are as follows:  Staying the same  Under 18 conceptions: conceptions in those aged under 18  Under 18 conceptions: conceptions in those aged under 16  Chlamydia detection rate (15-24 year olds) (Persons)  HIV late diagnosis  New additions  Rate of prescribing of long-acting reversible contraception (LARC) excluding injections in females aged 15-44  New STIs diagnosis (excl chlamydia in the u-25s)  Amended  Cancer screening coverage - cervical cancer age 25-49  Cancer screening coverage - cervical cancer age 50-64  (This is not specific to SH services – covers all cervical screening, but has been amended to show two age groups) |
| Sex Education Forum conference and new training offer for local school RSE advisors  Conference: Final countdown to statutory RSE – 29 November 2019, London  This second autumn flagship conference from the Sex Education Forum is designed to support primary and secondary teachers leading or teaching RSE and PSHE, heads and SLT, pastoral staff, youth workers, school nurses and local authority RSE leads. Keynotes from Professor Emma Renold and Nazir Afzal OBE will address both the practical and political dimensions of implementing high quality RSE, and a selection of exciting workshops will support your continuing professional development. [Early bird rates are available until mid-September](https://www.sexeducationforum.org.uk/training/calendar/conference-final-countdown-statutory-rse).    Training for local school RSE advisors A new ‘Train the trainer’ style training and support package is available from the Sex Education Forum which provides training for local authority (and similar) advisors who want to provide intensive support with RSE to selected schools in their area. The training equips advisors to be confident users of the Government RSHE guidance, along with skills and tools to coach schools through a change process leading to high quality RSE provision. Advisors attending the training are provided with a school audit tool which facilitates school action planning, and advisors participate in an action learning set so that they can build a network of peer support in their role. Enquiries to Lucy Emmerson: [lemmerson@ncb.org.uk](mailto:lemmerson@ncb.org.uk) and see [further details of Sex Education Forum support and training available to commission nationwide here](https://www.sexeducationforum.org.uk/training-and-consultancy/consultancy). |
| BiTC Menopause in the workplace webinar - 1 October 2019  This event will be an opportunity to learn about how businesses can best support women transitioning through menopause in the workplace and hear case studies of policies and practices adopted by the organisations leading the way. During the webinar, you will hear from the BITC Age campaign and leading academics from The Open University and University of Bristol about current research findings and guidance on policies and best practice to make your workplace menopause friendly. BITC will be sharing content from a new toolkit which provides practical guidance for HR, Wellbeing and Occupational Health practitioners, developed from both new research and our evidence-based insights into what really works in business. There will be a focus on action steps and suggestions about how you might develop an event or awareness-raising campaign for your company to mark World Menopause Day on 18 October.  Speakers: Professor Jo Brewis, The Open University and Dr Vanessa Beck, University of Bristol  Date: Tuesday 1 October    Time: 2pm    Registration: [Sign up here](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fattendee.gotowebinar.com%2Fregister%2F1793724979118532109&data=02%7C01%7CAngela.Watson%40bitc.org.uk%7C75a2fa833ae9436ad9d308d74281e2e9%7C4ab9e19f394842b6bbe5662540214c1a%7C0%7C0%7C637050997997367706&sdata=iES6QUkCgztbflfBe5xrgsRztuO%2Fym27HVgWnUyHHPM%3D&reserved=0) |
| Webinar - Prevention Concordat for Better Mental Health  The PHE National Team will be hosting a Webinar on the 12.30 – 13.30 on 8th October about the Prevention Concordat for Better Mental Health.  Joining instructions are below.    Join Skype Meeting - <https://meet.phe.gov.uk/shanel.reshat/4ZF9QQYC>  Join by phone  +44 208 495 3300,,7181340#  (Dial this number from a normal phone if you cannot join from a Skype for Business device or cannot use the web app from outside PHE) English (United Kingdom)  VoIP Ext 53300,,7181340# (Dial this number from a normal phone if you cannot join from a Skype for Business device or cannot use the web app from outside PHE) English (United Kingdom)  Non-PHE attendees: You can also join via Skype even if you do not have Skype installed. Simply click the "Join Skype Meeting" hyperlink above to join via the PHE Skype Web App.  To join this meeting from a: PHE Polycom room system, dial the conference ID above; Non-PHE videoconference unit, dial the conference ID above, followed by "@video.phe.gov.uk" e.g. [123456@video.phe.gov.uk](mailto:123456@video.phe.gov.uk) ; Alternatively, use the format: video.phe.gov.uk##123456 |
| **Data, Documents, Letters, Reports & General Information** |
| Health Profile for England: 2019 update  PHE has published (11 September) an update to its [Health Profile for England](https://www.gov.uk/government/publications/health-profile-for-england-2019) (HPfE), which brings together knowledge from PHE data and tools, such as the [Public Health Outcomes Framework](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework) (PHOF), supplemented with analyses from other published sources such as the Office for National Statistics, other Government Departments and the Global Burden of Disease Study.  A full report has not been produced for 2019; however, where new data has become available, tables and charts have been updated. The main findings are summarised in a PHE Exposure blog: [*Nine key points from our 2019 update*](https://publichealthengland.exposure.co/health-profile-for-england-2019)*.* |
| Dementia Risk Reduction - Links & Resources |
| The NHS Employers ThinkFuture programme  NHS Employers has a new campaign, the ThinkFuture programme which aims to support employers to bring more young people into their workforce. They have developed a range of tools and resources to support employers, which can be found [here](https://www.nhsemployers.org/campaigns/think-future). |
| Smoking, Drinking and Drug Use among Young People in England 2018 Survey  Drugs  The level of overall drug use among school children is unchanged from the 2016 survey. The proportion of 11-15-year olds reporting ever having used any drug is 24% which is not significantly different statistically from the previous survey. This confirms that the large increase reported in 2016 is likely to be a genuine increase in drug use among school children and not just a blip in a continuing downward trend (as had been a possibility before). It’s at least encouraging that the 2018 survey has not shown a further rise.  As with previous years, cannabis is the most common drug that school children have used (9.5%). The second most commonly used drug is nitrous oxide (5.7%) which was included for the first time in the 2016 survey. The inclusion of nitrous oxide from 2016 means that overall prevalence of drug use in the last two surveys is not comparable with previous years, although there was a large increase from 2014 even when nitrous oxide is excluded.  There have been apparent increases in the use of some individual drugs (although statistical significance is not reported). The proportion who reported ever using ketamine rose from 0.6% in the last survey to 1.2% in 2018, which is consistent with other indicators that suggest use of ketamine among younger age groups has risen. The proportion who have used cocaine also seems to have increased in 2018 and is double what was reported in 2013 (1.8% compared with 0.9%).  Alcohol  The question used to determine the prevalence of alcohol use was changed in 2016.  While this means the survey now gives an improved picture of the proportion of young people who have drunk alcohol, comparisons with years prior to 2016 are not possible. The results for 2018 show that 44% of pupils said they have ever had an alcoholic drink, the same as in 2016. This varies with age, increasing from 14% of 11-year olds to 70% of 15-year olds. In 2018, 10% of pupils said they had drunk alcohol in the last week, the same as in 2016.  Girls (11%) were more likely than boys (7%) to have been drunk in the previous four weeks.  Pupils who had drunk alcohol in the last week consumed an average of 10.3 units that week.  Pupils who drank in the last week were most likely to have drunk beer, lager, or cider, with boys more likely than girls (87% of boys, 65% of girls). Girls were more likely than boys to have drunk spirits (67% of girls, 53% of boys), alcopops (39% and 27%) or wine, martini or sherry (55% and 27%).  [Smoking, Drinking and Drug Use among Young People in England 2018 Survey](https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018/part-4-electronic-cigarette-use-vaping) |
| Consultation (DWP): Proposals to reduce ill health-related job loss  In a joint public consultation, the Department for Work and Pension and DHSC have proposed a package of measures to encourage employers to support employees with health conditions so they can continue to thrive in work and thus help to reduce ill health-related job loss. The full proposals (in various formats) are published on GOV.UK at: [Health is everyone’s business: proposals to reduce ill health-related job loss](https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss). Online responses to the consultation are invited via the [DWP consultation hub](https://getinvolved.dwp.gov.uk/work-and-health/consultation/). The deadline for responses is 2345 hrs on 7 October 2019. Queries should be sent to: [workandhealthunit.consultationteam@dwp.gov.uk](mailto:workandhealthunit.consultationteam@dwp.gov.uk). |
| Materials from the Health Matters teleconference on ‘Rough Sleeping’ – 30.09.19   1. A short outline of the full content is attached.      1. The full edition: <https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping> 2. The launch blog that provides a summary of the full edition’s content: <https://publichealthmatters.blog.gov.uk/2019/09/30/health-matters-rough-sleeping/> 3. The link to sign up to the [Health Matters Bulletin](http://bit.ly/1UcqYPk) |
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