



Public Health News

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July 2023

[Migration and the health and care workforce](#) - Uploaded 3rd July

Migration Observatory – June 2023

This paper examines the role of migration and the impacts of immigration policy on the UK's health and care workforce. The health and care industries faced significant staff shortages in 2023, with high vacancy rates in the NHS in England despite a growing clinical workforce. The UK immigration system admitted unprecedented numbers of overseas health and care workers in the year ending March 2023: almost 100,000 people, making up the majority of Skilled Worker entry visas

Read the Evidence Paper – [Migration and the health and care workforce](#)

[Transforming health assessments for disability benefits](#) - Uploaded 3rd July

National Audit Office – June 2023

This report gives an early assessment of the progress that the Department for Work and Pensions (DWP) is making with plans to transform the application and assessment process for disability benefits. The report covers: the baseline performance of functional health

assessments; DWP's approach to transforming functional health assessments; and challenges implementing the Health Transformation Programme.

Read the Report – [Transforming health assessments for disability benefits](#)

[A shift to multidisciplinary teams in general practice: what this means for people experiencing health inequalities and frequent users of primary care services - Uploaded 3rd July](#)

National Voices – June 2023

This report makes recommendations on how to improve experiences of multidisciplinary teams within general practice among populations who experience health inequalities and frequent users of primary care services. In particular, it highlights how primary care teams can build trust and assure people that general practice has oversight of their care.

Read the Report – [A shift to multidisciplinary teams in general practice: what this means for people experiencing health inequalities and frequent users of primary care services](#)

[A vision for the future of primary care - Uploaded 3rd July](#)

National Voices – June 2023

Through insights gathered within a coalition of health and care charities, this report identifies nine proposals for the reform of primary care that could make a difference for people living with health conditions and disability, and in particular people from groups that experience health inequalities, while also supporting the primary care workforce.

Read the Report – [A vision for the future of primary care](#)

[The Royal Society for Public Health Strategic Plan – 2022 – 2027 - Uploaded 3rd July](#)

The Royal Society for Public Health – June 2023

[Our 2022 – 2027 strategic plan](#) brings in the next chapter for the charity. We will continue to fulfil our role as established in the royal charter, but we will also go further and be bolder in our ambitions to support our members and to tackle the greatest challenges we currently face, such as the gross inequalities exacerbated by the Covid-19 pandemic, and the cost of living crisis.

Read the plan – [2022 – 2027 strategic plan](#)

[Population health management in primary health care: a proactive approach to improve health and well-being: primary health care policy paper series - Uploaded 3rd July](#)

WHO – June 2023

Population health management can play a critical role in strengthening primary health care (PHC) by providing a data-driven, people-centred and proactive approach to managing the

health and well-being of a defined population. By identifying subgroups with similar characteristics and needs, population health management can enable PHC providers to move from a one-size-fits-all approach to targeted and tailored interventions that account for the needs of different groups and individuals. By focusing on the social determinants of health and psychosocial needs, population health management can help PHC providers in adopting a holistic and proportionate universalism approach to address health inequalities at the community level. This publication identifies key success factors at the system, organizational and clinical levels to enable population health management in PHC. It includes 12 country examples from across the WHO European Region showing how population health management is used in PHC. The publication provides a set of 16 policy actions to help PHC providers move towards a population health management approach that are classified following the PHC levers of the WHO Operational Framework for Primary Health Care.

Further information – [Population health management in primary health care: a proactive approach to improve health and well-being: primary health care policy paper series](#)

[How the public views the NHS at 75 - Uploaded 3rd July](#)

Health Foundation – 2nd July 2023

As the NHS marks its 75th anniversary, the founding principles of the health service – that care would be free at point of delivery, available to all and funded from tax – are largely the same. But how care is delivered and how the system is organised have changed significantly since 1948.

This anniversary presents a moment to reflect on how far the NHS has come and to look to the future. Recent years have seen the NHS face unparalleled challenges. The COVID-19 pandemic followed a decade of austerity, driving waiting lists to new heights and exacerbating longstanding workforce shortages. Amid record low public satisfaction and unprecedented industrial action, the health service is in crisis. So what does the public think about the NHS now and the challenges that lie ahead?

Our [polling programme](#) tracks public perceptions of the NHS every 6 months. This wave surveyed a representative sample of 2,450 UK adults aged 16 years and older between 5 and 10 May 2023, online via the Ipsos UK KnowledgePanel – the gold standard in UK survey research. Fieldwork started the day after local elections in England and covered the coronation of King Charles III.

Here we present six findings about how the public views the NHS at 75 and perceptions of what the future may bring.

1. The health service makes more people proud to be British than our history, our culture, our system of democracy or the royal family
2. Pride in the NHS is largely related to the NHS model – it being free at the point of use, affordable and paid for through taxation – but only 1 in 4 expect this to survive the next 10 years
3. The public is not confident the health service is prepared to meet key future challenges
4. Concern about the current state of the NHS crosses political divides, but people are split on what is causing pressures

5. Almost three-quarters of the public still think the NHS is crucial to British society and we must try to maintain it
6. There is strong support for increasing NHS funding, with an additional tax the preferred option for raising it

Further information – [How the public views the NHS at 75](#)

[Our Public Engagement Strategy 2023 – 2026 – CQC](#) - Uploaded 3rd July

CQC – June 2023

Our new Public Engagement strategy has 4 clear objectives:

Build a trusted feedback service where people’s experiences drive improvements in care.

Create a trusted, accessible information service that meets people’s needs.

Develop an inclusive approach to involving people who use services, their family, carers and organisations that represent or act on their behalf in shaping our plans, policies and products.

Work in partnership with organisations that represent or act on behalf of people who use services in our collective endeavour to improve care.

The implementation plan for this Public Engagement strategy sets out timescales and success measures for all the points. We’ll monitor our progress on implementing these objectives to make sure we are delivering them and report publicly on our progress.

Read the Strategy – [Our Public Engagement Strategy 2023 – 2026 – CQC](#)

[Policies to protect children from the harmful impact of food marketing: WHO guideline](#) - Uploaded 3rd July

WHO – July 2023

Children continue to be exposed to powerful food marketing, which predominantly promotes foods high in saturated fatty acids, trans-fatty acids, free sugars and/or sodium and uses a wide variety of marketing strategies that are likely to appeal to children. Food marketing has a harmful impact on children’s food choice and their dietary intake, affects their purchase requests to adults for marketed foods and influences the development of their norms about food consumption. Food marketing is also increasingly recognized as a children’s rights concern, given its negative impact on several of the rights enshrined in the United Nations Convention on the Rights of the Child.

This WHO guideline provides Member States with recommendations and implementation considerations on policies to protect children from the harmful impact of food marketing, based on evidence specific to children and to the context of food marketing.

Guidelines on other policies to improve the food environment are currently under development.

Read the Report – [Policies to protect children from the harmful impact of food marketing: WHO guideline](#)

[Our challenge for 2023-2026: Addressing alcohol-related inequalities – IAS - Uploaded 4th July](#)

IAS June 2023

Alcohol harm continues to adversely affect families, communities and society at large. In the wake of the pandemic, alcohol-related deaths have increased substantially and are currently at an all-time high. Our report [The COVID Hangover: Addressing the long-term health impacts of changes in consumption during the pandemic](#) estimates that if current drinking trends persist, there will be up to 9,914 additional premature deaths in England by 2035, costing the NHS up to £1.2bn.

The harm caused by alcohol is not equally experienced across society. Evidence consistently shows that the most deprived communities consume less alcohol yet suffer higher rates of alcohol-related health and social problems compared to the least deprived. In England, [alcohol mortality rates in the most deprived areas are more than double those reported in the least](#). Our report [Inequalities in victimisation: Alcohol, violence and anti-social behaviour](#) found alcohol-related violence victimisation is disproportionately clustered in the lowest socioeconomic groups, with the most disadvantaged groups experiencing up to five times the prevalence of alcohol-related domestic and acquaintance violence than the most advantaged group. [Research in Scotland has also found a relationship between off-licence density and crime, with deprived areas more likely to be affected](#).

Policies designed to reduce alcohol harm have been shown to benefit lower income groups to a greater extent than higher income groups. For example, [minimum unit pricing is associated with a reduction in alcohol-specific deaths and hospitalisations in the four most socioeconomically deprived deciles in Scotland](#).

However, despite clear evidence to support policies that will tackle alcohol-related inequalities, significant barriers exist to their introduction. The influence of commercial interests in UK policymaking, especially linked to multinational alcohol producers, creates a major imbalance of power between public health and private profit. [Evidence shows the alcohol industry is highly strategic, rhetorically sophisticated and well organised in influencing national policymaking](#).

Alcohol harm places significant financial strain on the UK, with [estimated total societal costs between £27-£52bn year](#). At a time when public finances are stretched, [people from more deprived communities are at greater risk of cuts to funding for public services](#), so now is more important than ever to ensure avoidable costs to our economy are minimised.

Read the Report – [IAS STRATEGY 2023-2026](#)

[Driving better health outcomes through integrated care systems: The role of district councils - Uploaded 5th July](#)

Kings Fund – 4th July 2023

Overview

District councils have statutory powers over service areas including planning, housing, benefits, and leisure and green spaces, which affect many of the most significant determinants of health. Around 40 per cent of the population of England live in a district council area.

We interviewed district council officers and integrated care board (ICB) staff in four sites from around England to better understanding the current relationships between local government and ICBs, what good practice looks like, what enables it and the outcomes it produces.

District councils can play a valuable role within integrated care systems (ICSs) because they can influence the wider determinants of health; can act and react in fast and agile ways; and have strong, close connections with local communities.

ICB leaders need to ensure prevention is at the heart of ICSs' mission and purpose, create opportunities for district councils to lead, and use district councils to trial new place-based projects.

District councils need to actively promote the contribution they can make to system working, identify areas of shared priority with other councils, accept accountability for delivering agreed goals on behalf of the system, and invest in building relationships across the ICS.

ICSs have the potential to transform the approach taken to health and care in District councils are indispensable strategic partners in delivering population health improvements.

Read the Report – [Driving better health outcomes through integrated care systems: The role of district councils](#)

Understanding public perceptions and attitudes to the NHS - Uploaded 5th July

NHS Confederation – 5th July 2023

Key findings

Despite the challenges faced by the service, there remains a high level of support for the founding principles of the NHS. A majority agree that the NHS should provide a comprehensive service available to all (87 per cent), remain free at the point of delivery (also 87 per cent) and be funded primarily via taxation (83 per cent).

Ratings of how NHS staff are treated are low, with half (52 per cent) dissatisfied with how well staff are treated in the NHS. This reflects that a majority (81 per cent) say that there are too few frontline staff working in the health service at present.

While people are supportive of the NHS model, more are dissatisfied than satisfied with how long they have to wait for certain key services. They highlight funding, low staffing and social care provision as key enablers to help the NHS improve.

The majority do not think the NHS receives enough funding (69 per cent), though six in ten (61 per cent) think it needs to make big changes to the way it runs and provides services to improve, as well as more money.

Reflecting the areas of most concern at present, the public want the NHS to prioritise increasing the number of staff working in the NHS (45 per cent) and improving staff wellbeing (30 per cent) in the near future, alongside reducing waiting times for core services (36 per cent want the NHS to prioritise reducing waiting times for A&E; 35 per cent improving waiting times for routine hospital treatment and care; and 32 per cent improving access to face-to-face GP appointments).

When presented with potential actions the NHS could take to address the challenges it is facing, the actions the English public think will most help are increasing capacity in social

care settings so that people can leave hospital sooner, developing a workforce plan for the number and types of staff the NHS will need to deliver services in the future, and introducing a seven-day work week for all parts of the NHS, meaning appointments are offered at a wider range of dates and times, including at the weekend.

The English, Welsh and Northern Irish public attribute the elective care backlog to a mix of factors. Most typically believe it has resulted from a lack of staff (49 per cent) and space in social care settings (43 per cent), as well as the cancellation of routine treatment and care during the pandemic (42 per cent), and there not being enough funding for the NHS (40 per cent).

Read the Research – [Understanding public perceptions and attitudes to the NHS](#)

[Digital technology in the NHS: reducing staff pressures, improving care - Uploaded 5th July](#)

NIHR – June 2023

The NHS is the largest employer in the UK with [more than 1.4 million employees](#). Its workforce is under growing pressure. The population is ageing, [increasing demand on healthcare services](#). The number of staff vacancies are high. The [Health Foundation](#) has predicted a shortfall of nearly 1 in 10 (9%) of all NHS workforce posts by 2030 – 2031.

The [Department of Health and Social Care](#) has made support for the workforce a key research priority. It is aiming to develop and evaluate technology-assisted workforce solutions both to reduce the burden on staff and to improve patient outcomes. Increased use of technology in healthcare is central to the [NHS Long term Plan](#).

This Collection highlights examples of recent NIHR research that demonstrate ways in which digital technology can improve care while reducing the demands on staff. The technologies include computer decision aids, remote patient monitoring, online support for patients and staff, and virtual reality in psychological therapies.

The research shows that these technologies could bring multiple benefits, both to the workforce, and to patients. They could save healthcare professionals' time, increase the number of people a skilled professional can support, and enable more sustainable workforce models. At the same time, they can promote safer and more personalised care.

The Collection provides useful information for those commissioning and delivering services, including people working across integrated care systems. It sits alongside 2 other Collections: [One collection helps members of the public understand digital health technology](#), the other, upcoming Collection, will describe promising examples of artificial intelligence, or AI, for healthcare.

Further information – [Digital technology in the NHS: reducing staff pressures, improving care](#)

[SACN report: feeding young children aged 1 to 5 years - Uploaded 5th July](#)

Office for Health Improvement and Disparities – July 2023

Report considers national data on food, nutrient intakes and status, prevalence of overweight/obesity, and dental caries plus evidence on dietary factors on child/teen/adult

health outcomes, factors influencing eating and feeding behaviour, and diversification of early years diet

Read the Report – [Feeding young children aged 1 to 5 years – full report](#)

[NHS at 75 Insights Report](#) - Uploaded 6th July

National Voices – July 2023

July 5 2023 marks the 75th anniversary of the NHS, and we have published our report on this date to mark this important anniversary. It is important that we mark and celebrate all that has been achieved over the last 75 years and look forward to the future.

In May 2023, National Voices brought together around 50 members and people with lived experience in response to an invitation from the NHS Assembly to offer insights and recommendations on future directions for the NHS in the lead up to its 75th anniversary.

Insights were sought around five key themes, and discussions were informed by an overview from existing evidence prepared by Healthwatch England.

The themes were:

- Prevention
- Personalisation
- Participation:
- Primary and community care
- Partnerships

Our report found that any future developments within the NHS must focus on responding to what matters to people and ensuring that the basic building blocks are in place, such as equity of access and simple communication.

We were delighted that many of our recommendations were reflected in [the final report from NHS Assembly](#). This shows the importance NHS leadership has placed on listening to our members and those with lived experience.

Three key needs were highlighted:

The NHS must improve how it communicates with people about their access options, treatment and ongoing care – we heard that too often communication with the NHS is one-way, and that people do not feel listened to. We also heard of significant failures to meet additional communication needs.

Work to build relationships with people and communities – we heard that too often the NHS asks people to engage on its terms, rather than meeting people where they are and working to establish trust. Good work happened during the pandemic to establish more trusting relationships with communities, often through trusted intermediaries, but progress since has faltered here.

Focus on what matters to people – we heard that people wanted the NHS to listen to their priorities rather than pursuing targets set by the system or imposing its own ideas or systems on people's lives. People understand that the NHS is under pressure, and they know that there will sometimes be limits to what can be done, but too often they feel they have to fight

to get the care they want and are too often left to pick up the pieces of a fragmented system.

This report summarises key insights under each theme and offers a set of recommendations for future action to ensure the NHS can continue to deliver in line with its core values.

[NHS at 75 Insights Report](#)

[Impact Report – Queen’s Nursing Institute – 2022 - Uploaded 6th July](#)

Queen’s Nursing Institute – 2023

The nursing profession has faced huge demands during 2022, including workforce pressures that have persisted even as the Covid pandemic has weakened its grip. Our work throughout 2022 demonstrates the flexible and responsive nature of the QNI, adapting our resources to deliver our key objectives, supporting nurses working in all community settings in every way we can. We have continued to champion the role of nurses working in the community, in primary care and social care, and worked to raise their profile with commissioners, policy makers, media and the public. We have growing evidence that our strategy is contributing to greater recognition of the indispensable role and impact of community nurses in every field of practice. Community nurses are vital if health services are to manage the increasingly complex needs of the communities served.

We have also supported a significant number of nurses with financial assistance in times of need, and provided emotional support through our TalktoUs listening service, staffed by trained Queen’s Nurses.

This impact report captures some highlights of our efforts to provide meaningful support during these challenging times. I would like to thank all community nurses for their dedication and commitment to the communities they serve. I also encourage all nurses to participate in our many initiatives and projects in 2023. We are an inclusive professional organisation that embraces all students and registered nurses at all levels of experience, working in every setting and field of practice in the community.

Read the Report – [Impact Report](#)

[National guideline for stroke for the United Kingdom & Ireland - Uploaded 7th July](#)

RCP – 2023

Out of 538 recommendations in this guideline, almost 300 have been updated, added or endorsed since the 2016 edition

Read the guideline – [National guideline for stroke for the United Kingdom & Ireland](#)

[SACN statement on processed foods and health - Uploaded 11th July](#)

[Office for Health Improvement and Disparities](#) – 11th July 2023

This position statement by [SACN](#) provides an overview of the current available evidence on processed foods.

This statement:

- evaluates existing classification systems of processed foods, including ultra-processed foods (UPF) and the NOVA classification
- evaluates the suitability and methods to apply food processing definitions as a dietary exposure
- considers the availability and quality of evidence associating different forms or levels of food processing with health outcomes

SACN previously considered UPF at its horizon scanning meeting in June 2022 and at its main meeting in autumn 2022. You can [view meeting minutes on the SACN group page](#).

[SACN statement on processed foods and health – full report](#)

[The state of health and care of older people in England 2023](#) - Uploaded 11th July

AGE UK – 2023

This report documents how the health and care system is struggling, and too often failing, to meet the needs of our growing older population. It shows how significant numbers of hospital admissions of older people could be avoided if they received help earlier on, before small health problems mushroom into crises requiring urgent clinical support. However, this will only happen if there is a strong political leadership from the government and a drive right across the NHS and local authorities to make it happen.

Read the Report – [The state of health and care of older people in England 2023](#)

[The size and structure of the adult social care workforce in England Workforce supply and demand trends 2022/23](#) - Uploaded 12th July

Skills for Care – July 2023

Workforce supply and demand is a key issue for the adult social care sector and in recent years workforce supply has experienced significant fluctuations due to policy changes and external factors. The information in this short report, provides the latest figures and also context surrounding this topic.

This report looks at changes in the workforce since the start of the COVID-19 pandemic, and before where relevant, using Skills for Care's workforce estimates sector between 2012/13 and 2022/23.

It also shows more recent changes between March 2023 and June 2023 using Adult Social Care Workforce Dataset (ASC-WDS) data completed by independent sector employers during that period. This information has not been weighted to represent the whole sector but should be indicative of recent changes and developments. Skills for Care is continuing to track these metrics every month. This information can be found on the workforce intelligence website.

Skills for Care has also included qualitative information and evidence gathered from care providers to add context to the statistics.

Read the Report – [The size and structure of the adult social care workforce in England Workforce supply and demand trends 2022/23](#)

[Review of neonatal assessment and practice in Black, Asian and minority ethnic newborns: Exploring the Apgar score, the detection of cyanosis, and jaundice - Uploaded 12th July](#)

NHS Race and Health Observatory – July 2023

A new review published today by the NHS Race and Health Observatory outlines challenges in neonatal care for Black, Asian and minority ethnic babies, alongside clear recommendations on tackling them.

Tests and assessments that indicate the health of newborns, moments after birth, are limited and not fit-for-purpose for Black, Asian and ethnic minority babies, and need immediate revision according to the NHS Race and Health Observatory.

Neonatal assessments, including the Apgar score, a quick observation test used to assess babies minutes after birth was developed in 1952, and is now considered out of date by many healthcare professionals. Based on a score of 1 to 10, with a high Apgar score indicating good health for babies, minutes following birth, the assessments are used as standard by healthcare professionals regardless of a baby's skin tone and can give misleading scores.

The review also highlights particular concerns around perinatal practices including the assessment of cyanosis and jaundice – the development of which has also been based upon White European babies, and normalised regardless of their applicability to diverse populations and neonates with varying skin tones.

The review presents recommendations for policy, practice and research.

View Full Report – [Review of neonatal assessment and practice in Black, Asian and minority ethnic newborns](#)

[Aspartame hazard and risk assessment results released - Uploaded 14th July](#)

WHO – 14th July 2023

Assessments of the health impacts of the non-sugar sweetener aspartame are released today by the [International Agency for Research on Cancer \(IARC\)](#) and the [World Health Organization \(WHO\)](#) and the [Food and Agriculture Organization \(FAO\) Joint Expert Committee on Food Additives \(JECFA\)](#). Citing “limited evidence” for carcinogenicity in humans, IARC classified aspartame as possibly carcinogenic to humans ([IARC Group 2B](#)) and JECFA reaffirmed the acceptable daily intake of 40 mg/kg body weight.

Aspartame is an artificial (chemical) sweetener widely used in various food and beverage products since the 1980s, including diet drinks, chewing gum, gelatin, ice cream, dairy products such as yogurt, breakfast cereal, toothpaste and medications such as cough drops and chewable vitamins.

Further information – [Aspartame hazard and risk assessment results released](#)

Background – [Carcinogenicity of aspartame, methyleugenol, and isoeugenol](#) – Lancet Oncology

[Summary of findings of the evaluation of aspartame at the International Agency for Research on Cancer \(IARC\) Monographs Programme's 134th Meeting, and the Joint FAO/WHO Expert Committee on Food Additives \(JECFA\) 96th meeting](#)

[The Birth Charter for women with involvement from children's social care](#) - Uploaded 14th July

Birth Companions – July 2023

This charter sets out how services and systems in England should support all women involved with children's social care from conception to their child's second birthday – the period known as the '1001 critical days'. It outlines 14 principles to help protect women's rights to safe, fair and compassionate care, and calls for a national health and social care pathway for pregnant women and mothers of infants who are subject to pre-birth or parenting assessment, or child protection proceedings

Further information – [The Birth Charter for women with involvement from children's social care](#)

[How to tackle vaccine misinformation: what works and what doesn't?](#) - Uploaded 17th July

NIHR – July 2023

Communicating the scientific consensus that vaccines are safe and effective, and using humour to dispel vaccine myths, may tackle misinformation effectively. Scare tactics, and failing to acknowledge uncertainty, could be unhelpful. These and other findings come from a review of 34 studies into communication strategies to tackle untruths about vaccines.

The analysis informs public health communicators and policy makers about promising strategies to tackle vaccine misinformation. It also warns about strategies that could backfire, or have mixed results. Communicators will be able choose and tailor strategies for different audiences.

Further research is needed on how effective these strategies are in the real world and whether they increase vaccine uptake.

Further information – [How to tackle vaccine misinformation: what works and what doesn't?](#)

This Alert is based on: Whitehead HS, and others. [A systematic review of communication interventions for countering vaccine misinformation](#). Vaccine 2023; 41: 1018–1034.

A guide about dealing with vaccine misinformation from the [United Nations Children's Fund](#)

[The Broken Plate 2023: The State of the Nation's Food System](#). - Uploaded 17th July

The Food Foundation; 2023.

The report assesses eight key metrics which provide an indication of the state of our food environment and demonstrate how difficult it is to eat healthily and sustainably when the affordability, availability and appeal of unhealthy and unsustainable foods point us in the

opposite direction. The impact of this on what we eat is shown in the quality of our diets and the subsequent impact on our health

Read the Report – [The Broken Plate 2023](#)

[Taking action to protect children from the harmful impact of food marketing: a child rights-based approach.](#) - Uploaded 17th July

WHO – July 2023

This joint UNICEF and WHO publication aims to guide governments and partners through the steps to introduce policies to protect children from the harmful impact of food marketing. It complements WHO's recent Guideline on Policies to protect children from the harmful impact of food marketing

Read the Report – [Taking action to protect children from the harmful impact of food marketing: a child rights-based approach](#)

[Guideline on Policies to protect children from the harmful impact of food marketing.](#) – WHO

[Fit for the Future: A Modern and Sustainable NHS Providing Accessible and Personalised Care for All.](#) - Uploaded 17th July

Tony Blair Institute for Global Change; 2023.

This report proposes how we can keep the principle of health care based on need not on the ability to pay – the originating principle of the NHS – but change radically the way the system works, to incorporate not only what modern technology makes possible, but also the best from health-care systems around the world

Read the Report – [Fit for the Future: A Modern and Sustainable NHS Providing Accessible and Personalised Care for All.](#)

[From Inception to Implementation: A Year of Integrated Care Systems](#) - Uploaded 18th July

Care England – July 2023

This study seeks to investigate how Integrated Care Systems have developed since July 2022, with a specific focus on how they have managed and overcome pressures associated with the planning, coordination and commissioning of health and care services.

Understanding these systems and their key pressure points will allow wider system partners to steer improvement across regions through best practices and partnerships across both short and long-term pressures.

Read the report – [From Inception to Implementation: A Year of Integrated Care Systems](#)

[Medical Evolution – Measures to improve the interface between primary and secondary care](#) - Uploaded 18th July

Policy Exchange – 29th June 2023

The interface between primary and secondary care is the space of a growing volume and variety of activities for the NHS, ranging from referrals to specialist care, diagnostic testing and medicines management. An effective and efficient interface has never been more important, but new analysis from Policy Exchange finds the equivalent of 15 million GP appointments per year are spent dealing with issues in care management between GP practices and hospitals, creating frustration and patient safety issues. Medical Evolution sets out twenty recommendations which seek to ensure that the interface is proactively managed in the future.

Measures proposed range from providing patients with greater transparency about referral decisions so they can ‘track’ who is responsible for their care to significantly enhancing communication capabilities between clinicians.

The report also calls for the development of hybrid doctor roles – ‘interface specialists’ – able to work more routinely across hospitals and GP practices and for a massive boost to research activity in primary care to deliver the latest treatments and technologies through a new “Academic Primary Care Accelerator”.

Read the Report – [Medical Evolution – Measures to improve the interface between primary and secondary care](#)

[Disability Action Plan 2023 to 2024: consultation document](#) - Uploaded 18th July

UK Government – July 2023

The new Disability Action Plan will set out how we will go further, taking concerted action across government to improve disabled people’s lives. The Disability Action Plan is separate from the National Disability Strategy. It will set out the action we will take in 2023 and 2024. The strategy, which set out our long-term vision, is subject to ongoing litigation and is currently paused.[\[footnote 1\]](#)

This consultation marks the listening stage in the Action Plan’s development. We have identified a number of positive actions that might be taken now to improve the lives of disabled people. We came to these through:

- literature reviews across a wide range of sources, with a particular focus on research based on the experiences of disabled people
- reviewing existing government policies relating to disability and disabled people in this country and around the world
- ongoing engagement, not related to the Disability Action Plan, by ministers and officials with disability stakeholders and disabled people’s organisations

We are holding a full public consultation on these proposed areas for actions to help gain a greater understanding of whether these are helpful things for the government to focus on and how these might best be delivered if they were taken forward. This consultation is not intended to set out a full, detailed list of the actions which the government will deliver. Rather, it is a chance for us to make sure that we are heading in the right direction and to gather information about problems and potential solutions.

Further information – [Disability Action Plan 2023 to 2024: consultation document](#)

[The Practice of Collaborative Leadership: Across health and care services](#) - Uploaded 18th July

Kings Fund – 18th July 2023

Overview

The health needs of the population are changing, and many people need more co-ordinated care across primary, community, social and hospital services. More co-ordinated care requires organisations and staff to collaborate well across organisational and professional boundaries.

This report draws on interview and survey data from senior leaders working in integrated care boards, NHS providers, local government and the voluntary, community and social enterprise sector, and shares insights and evidence about how to collaborate well.

The research shows health and care leaders at all levels have a critical role in modelling and rewarding collaborative behaviours but this is insufficient on its own. Leaders also need to pay attention to six leadership practices if they want to build a stronger collaborative ethos.

This style of working is hard especially in a resource-constrained environment. We recommend leaders give greater attention to designing more participatory processes and developing the collaborative skills of other groups of staff.

Given the pace of change and disruption needed to solve many of the problems facing our health and care system, we recommend leaders extend the practice of collaborative leadership to work with a broader range of local organisations as well as local communities

Further information – [The Practice of Collaborative Leadership: Across health and care services](#)

[DWP launches new Midlife MOT website](#) - Uploaded 19th July

DWP – 18th July 2023

A new online Midlife MOT has been launched to help older workers with financial planning, health guidance, and to assess what their skills mean for their careers and futures.

Further information – [DWP launches new Midlife MOT website](#)

[Midlife MOT website](#)

[Integrated Care Systems and tobacco control: improving outcomes in population health and healthcare](#) - Uploaded 20th July

ASH – June 2023

This report sets out the findings from a survey of Integrated Care Boards and a content analysis of Integrated Care Strategies.

Summary of key findings

Tobacco control was perceived by survey respondents to be an above average or high priority in 14 of the 29 surveyed Integrated Care Boards (ICBs)

31% of survey respondents were not confident that tobacco dependence treatment services would be fully implemented in acute and mental health hospitals in their Integrated Care System (ICS) area by March 2024.

The implementation of tobacco dependence treatment services has been enabled by dedicated funding, strong partnerships, ICB and clinical leadership, local government leadership and support, regional support, leads within NHS trusts, and dedicated managers.

The implementation of tobacco dependence treatment services has been inhibited by funding limitations and long-term financial uncertainty, competing priorities and lack of capacity, problems recruiting staff, IT and reporting differences across the system, and COVID-19.

Of the 32 publicly available integrated care strategies assessed in March 2023, 15 included goals or ambitions specifically focused on smoking, of which 4 also had defined outcome targets.

Inequalities were being addressed by surveyed ICBs in a variety of ways: nine ICBs had specific inequalities strategies while others had included inequalities in their integrated care strategy, or other corporate documents or mechanisms.

The commitment of ICBs to wider tobacco control and the prevention of smoking is diverse. Some ICBs have detailed plans and mechanisms in place while others remain focused on the implementation of tobacco dependence treatment services.

Read the Report – [Integrated Care Systems and tobacco control: improving outcomes in population health and healthcare](#)

From harm to hope: first annual report 2022 to 2023 - Uploaded 20th July

Home Office – 20th July 2023

The first annual report of the drug strategy sets out the progress from the first year of delivery, one year into the government's 10 year plan.

This report outlines progress on national delivery following the first full year of funding associated with the strategy, including delivery against commitments and goals, the key issues and challenges, including delivery of the recommendations made by the government's Independent Advisor Dame Carol Black in her 2021 Review of Drugs.

There are chapters looking at Combating Drugs Partnerships and the National Outcomes Framework. There is a commitment to support multi-agency delivery through setting out national expectations on local prioritisation, leadership and structures through the development of Combating Drugs Partnerships with Senior Responsible Owners – while the National Outcomes Framework offers a system level view of progress based on our collective goals to deliver meaningful and real change for individuals and communities.

The annual report also looks forward with a focus on action, impact and high-quality system reform.

Read the Report – [From harm to hope: first annual report 2022 to 2023](#)

[A covenant for health: policies and partnerships to improve our national health in 5 to 10 years](#) - Uploaded 21st July

A report led by Geoffrey, Lord Filkin CBE with Professor Kate Ardern; James, Lord Bethell; David Buck, The King's Fund; Dr Paul Corrigan CBE, former Health Adviser, No 10; Professor Sian Griffiths CBE; and Professor David Halpern CBE, Behavioural Insights Team, with project support from The King's Fund

There is an opportunity to make significant improvements to the health of the nation in just five to ten years, benefiting millions of people, society, the economy and health systems. This report explains where and how to do so. The report was led by Lord Geoffrey Filkin CBE with Professor Kate Ardern; Lord James Bethell; David Buck, The King's Fund; Dr Paul Corrigan CBE, former Health Adviser, No 10; Professor Sian Griffiths CBE; and Professor David Halpern CBE, Behavioural Insights Team, with project support from The King's Fund.

Read the Report – [A covenant for health: policies and partnerships to improve our national health in 5 to 10 years](#)

[The King's Fund responds to a new report 'A covenant for health: policies and partnerships to improve our national health in 5 to 10 years'](#)

[Made in communities: the national evaluation of the Better Mental Health Fund](#) - Uploaded 21st July

Centre for Mental Health (CMH) – 2023

The Better Mental Health Fund was set up by the Office for Health Improvement and Disparities (OHID) in 2021 to address mental health challenges arising from the Covid-19 pandemic. The CMH (commissioned by OHID to evaluate the Better Mental Health Fund nationally) worked with local areas to understand how they used the Fund to improve mental health and wellbeing in their communities, and what can be learnt for policy and practice longer term from this unique programme. This report is the result of the evaluation and shares key learning points on how investment in public mental health can reap the biggest benefits for local communities.

Read the Report – [Made in communities: the national evaluation of the Better Mental Health Fund](#)

[The caring penalty](#) - Uploaded 21st July

JRF – July 2023

Using data from Understanding Society, this report looks at the magnitude, causes, and distribution of the carer pay penalty, as well as its evolution over time.

Recommendations:

Tackling the caring penalty requires a radical redesign of work and how we perceive the role of care within it. This means support to give all carers genuine choice about how to juggle work and care, mitigate the financial impact of losing or reducing paid work, and prevent people from dropping out of work if their caring responsibilities increase.

Any future settlement around care – unpaid or formal – should include a new Statutory Carer Pay entitlement, which mirrors statutory maternity pay and provides earnings-related financial support for carers with high-intensity caring demands up to nine months. This maintains the link between the carer and work, unlike Carers Allowance, and would prevent the financial shock of significantly reducing or exiting work, as well as reducing the demand for formal care services in the future.

A wider reform of job design and employee leave to help carers juggle work and care and encourage more men to take on unpaid care, including an employee's right to have flexible working from day one and a more generous paternity leave entitlement.

Read the Report – [The caring penalty](#)

[WHO updates guidelines on fats and carbohydrates](#) - Uploaded 21st July

WHO – July 2023

WHO has updated its guidance on total fat, saturated and trans-fat and carbohydrates, based on the latest scientific evidence.

The three new guidelines, [Saturated fatty acid and trans-fatty acid intake for adults and children](#), [Total fat intake for the prevention of unhealthy weight gain in adults and children](#), and [Carbohydrate intake for adults and children](#), contain recommendations that aim to reduce the risk of unhealthy weight gain and diet-related noncommunicable diseases, such as type 2 diabetes, cardiovascular disease and certain types of cancer.

With its guidance on dietary fat, WHO notes that both quantity and quality are important for good health. WHO reaffirms that adults should limit total fat intake to 30% of total energy intake or less. Fat consumed by everyone 2 years of age and older should be primarily unsaturated fatty acids, with no more than 10% of total energy intake coming from saturated fatty acids and no more than 1% of total energy intake from trans-fatty acids from both industrially produced and ruminant animal sources.

Guidelines

[Saturated fatty acid and trans-fatty acid intake for adults and children: WHO guideline](#)

[Total fat intake for the prevention of unhealthy weight gain in adults and children: WHO guideline](#)

[Carbohydrate intake for adults and children: WHO guideline](#)

[The costs of obesity](#) - Uploaded 21st July

Institute for Fiscal Studies and University of Manchester – 13 July 2023

Policies that aim to reduce the prevalence of obesity have been high on the policy agenda for many years. Understanding the costs associated with obesity is important for informing policy. [Bell and Deyes](#) (2022) have recently produced what are, to date, the most detailed estimates of the costs of adult obesity in the UK.

This report puts those estimates in context, discusses what costs are missing from their analysis, and which of the costs included are most relevant for policymaking.

Full detail: [The costs of obesity](#)

Women's health hubs to be created - Uploaded 25th July

22nd July 2023 – [Department of Health and Social Care](#)

These guidance documents provide information for integrated care systems and other local and national partners to support the establishment of women's health hubs.

Women's health hubs bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's needs across the life course. Hub models aim to:

- improve access to and experiences of care
- improve health outcomes for women
- reduce health inequalities

These documents build on the [Women's Health Strategy for England](#), which was published in summer 2022.

[Women's health hubs: core specification](#)

[Women's health hubs: cost benefit analysis](#)

Pouring over public opinion: Alcohol Policies in the UK - Uploaded 25th July

Alcohol Health Alliance (AHA) – July 2023

This Alcohol Health Alliance (AHA) report analyses recent public opinion polling data, carried out by YouGov Ltd. on behalf of Action on Smoking and Health (ASH). It shares insights into how the public currently view action on alcohol, and what public support there is for policies to tackle alcohol harm. It also sets out our 'AHA Manifesto' for policymakers, which centres around four focus areas that would have the biggest collective impact on alcohol harm:

1. Protect children and support people impacted by alcohol harm
2. Empower individuals and build thriving communities
3. Strengthen the NHS and frontline services
4. Preserve the public purse

Read the Report – [Pouring over public opinion: Alcohol Policies in the UK](#)

Public Health Advanced Practitioner Development Project: phase 1 final report - Uploaded 25th July

The People in UK Public Health Group – July 2023

The Public Health Advanced Practitioner Development Project was commissioned by the People in UK Public Health (PiUKPH) Group and funded by Health Education England (HEE) South East. This UK-wide project sought to gain insights into the public health advanced practitioner workforce and to offer evidence-based recommendations for appropriate career development interventions.

Read the Report – [Public Health Advanced Practitioner Development Project: phase 1 final report](#)

[Fit for the future: a fair deal on food for a healthier Britain](#) - Uploaded 25th July

Tony Blair Institute for Global Change – 15th July 2023

The 'Future of Britain' initiative, led by Jamie Oliver and the Tony Blair Institute, proposes a policy agenda for innovation and invention, focusing on transforming the food system to tackle childhood obesity and promote a healthier, more prosperous UK. It calls for free school meals, food education, and protection from unhealthy products, creating a healthier commercial food environment. The initiative emphasizes the need for political will, cross-party consensus, and adoption of new research and treatments to address obesity effectively.

Read the Report – [Fit for the Future: A Fair Deal on Food for a Healthier Britain](#)

[Health Foundation response to the Office of Budget Responsibility's 'Fiscal Risks and Sustainability 2023'](#) - Uploaded 25th July

Health Foundation – July 2023

'Today's [OBR](#) report should set alarm bells ringing at No 11 Downing Street. It lays bare the growing burden of ill health on the UK economy, individuals and taxpayers. The rise in economic inactivity due to ill health over the last three years is estimated to have contributed to an annual tax loss of £8.9 billion and led to additional welfare costs of £6.8 billion in 2023–24.

'We welcome further evidence that underlines the trend that ill health and not early retirement, drives economic inactivity, with working age sickness growing steadily since before the pandemic. In contrast, the number of early retirees has fallen below pre-pandemic levels.

'Once people have fallen out of work due to ill health, it is very difficult to return to work, and the financial implications are huge. Individuals suffer significant loss of earnings and are at greater risk of falling into poverty, profoundly impacting their mental and physical well being.

'Further deterioration in health risks a GDP reduction of 1.5%, thereby costing the Treasury an extra £21.3 billion by 2027/28. Our health is our greatest asset, and this report serves as an urgent reminder that the health of the workforce should also be treated as a key component that supports the economy.'

Read the OBR Report – Fiscal risks and sustainability – July 2023 – OBR – [Chapter 2: Inactivity and health](#)

[Burnout in healthcare: risk factors and solutions](#) - Uploaded 25th July

Society of Occupational Medicine (SOM); 2023.

A new approach is needed to tackle high levels of burnout among healthcare workers, a new report has concluded. Shocking figures recently showed that NHS England experienced an

absence rate of 5.6 percent in 2022, the equivalent of losing nearly 75,000 staff to illness, often caused by burnout. 170,000 staff have also left, or are planning to leave, the NHS due to stress and workload pressures.

SOM has published [Burnout in healthcare: risk factors and solutions](#) which details the steps needed to help combat the condition, found to be rife in healthcare.

Drawing on research data from a wide variety of sources, the report found that those working in healthcare, such as doctors, nurses and care workers, are particularly prone to experiencing burnout.

According to the 2022 NHS workforce survey, more than a third of healthcare staff report feel burned-out at work, with staff in clinical roles found to be most vulnerable. Further data shows that 54 percent of doctors displayed signs of emotional exhaustion and nearly 40 percent of nurses 'often' or 'always' felt burned-out at work.

Burnout is not a medical condition, but a state of physical and emotional exhaustion caused by excessive, prolonged, and untreated interpersonal workplace stress. It occurs when individuals become emotionally exhausted, cynical, and disengaged from the job and feel a sense of ineffectiveness and loss of purpose. It can have wide-ranging damaging effects on workers' health, job performance and quality of life and is extremely costly for the healthcare sector.

The thoroughly evidenced report recommends primary, secondary, and tertiary interventions throughout the healthcare sector to protect employees against burnout and enable those returning from absence because of the condition to do so effectively and safely.

Primary level interventions are those that tackle the root causes of burnout. It is crucial to ensure workload is manageable, adequate support is available, leadership is compassionate, inclusive, and ethical and staff are recognised and rewarded for their work and achievements. Training managers to support the wellbeing of their staff, identify early signs of burnout and encourage help-seeking are also particularly important.

Secondary level interventions focus on improving people's ability to cope with the challenging aspects of their roles. Particularly effective strategies include enhancing opportunities for peer support, promoting self-compassion and self-care, providing training in a range of stress management tools, and helping staff maintain a healthy balance between their work and personal life.

Tertiary level interventions focus on treatment and encourage a safe and healthy return to work. These include taking a person-centred approach to identifying the factors that contributed to burnout and taking appropriate steps to address them.

With burnout being such a pressing issue in healthcare, occupational health, the specialist and expert field of health and wellbeing at work, will be a crucial part of the solution.

The UK is in a fortunate position, with specially trained occupational health professionals, but more investment is needed to expand this workforce through the newly announced workforce plan. SOM is calling for universal occupational health access and will continue to press for more provision until everyone, whether they work in healthcare or in other industries, has the coverage they need to be healthy and happy at work.

Read the Report – [Burnout in healthcare: risk factors and solutions](#)

A covenant for health: policies and partnerships to improve our national health in 5 to 10 years. - Uploaded 25th July

[A Covenant for Health](#) – July 2023

There is an opportunity to make significant improvements to the health of our nation in just 5 to 10 years, benefiting millions of people, society, our economy and our health systems. This paper explains where and how to do so.

It is urgent to act, the UK has among the worst population health in Europe, the highest levels of obesity, the worst excess drinking levels, very large health inequalities, and very many people become ill much earlier than they should. Our high level of premature, often avoidable ill health, damages lives, our society, localities and our economy. Without resolute action it will get worse. We must act so that lives are not degraded, and to sustain our health services and labour supply.

Because of the urgency, this project explored what could be achieved in 5 to 10 years, looking at key risk factors and population groups. The remarkable conclusion is that a great deal can be achieved by an active government working with all parts of society, with people and communities themselves. In 5 to 10 years, we should be able to:

- help 3 million people quit smoking, halving our smoking rate
- help 4 million people avoid becoming obese
- help at least 4 million be more active
- help more children be physically and mentally healthy, fewer at risk of obesity
- reduce the 30,000 deaths a year from poor air quality
- help 5 million people to reduce their risk of CVD, still 24% of all deaths
- help the people and places where health is worst.

This report sets out how to achieve these goals and why they are possible.

Creating a healthier nation with better healthy life expectancy needs a collaboration between people, places, the NHS, and businesses, as well as government. The things that only government can do, it must do, but, above all, it needs to make the case for better health, and empower all parts of society to work to make it happen.

Read the Report – [Covenant for Health report](#)

Health in 2040: projected patterns of illness in England - Uploaded 25th July

The Health Foundation's REAL Centre in partnership with the University of Liverpool – July 2023

Produced by The Health Foundation's REAL Centre in partnership with the University of Liverpool, this report aims to support policy-makers prepare for the future by looking at patterns of illness over the next two decades. The analysis lays out the potential scale and impact of the growth in the number of people living with major illness as the population ages, assigning scores to 20 conditions based on how likely the illness is to affect people's use of primary care and emergency health services and likelihood of death. The report projects that 9.1 million people will be living with major illness by 2040, 2.5 million more than in 2019.

Read the Report – [Health in 2040: projected patterns of illness in England](#)

UKHSA strategic plan 2023 to 2026: securing health, saving lives and protecting livelihoods - Uploaded 25th July

UKHSA – 25th July 2023

This plan outlines UKHSA's goals and strategic priorities for the next 3 years to protect the nation's health from current and future threats.

The UK Health Security Agency (UKHSA) prepares for, prevents and responds to infectious diseases and environmental hazards to keep all our communities safe, to save lives and protect livelihoods.

The first strategic plan of UKHSA shares our vision to protect every person, community, business and public service from infectious diseases and environmental hazards, helping to create a safe and prosperous society.

Through scientific and operational leadership and in partnership with local, national and international partners our work will deliver 3 core goals:

- Prepare – be ready for, and prevent, future health security hazards
- Respond – save lives and reduce harm through effective response
- Build – develop the UK's health security capacity

By ensuring our preparedness for, and ability to respond to, current and future health security threats, we will save lives and reduce harm, support the NHS, protect the nation's public services and support economic growth.

The strategy sets out UKHSA's ambitions to:

- be ready to respond to all hazards to health
- improve health outcomes through vaccines
- reduce the impact of infectious diseases and antimicrobial resistance
- protect health from threats in the environment
- improve action on public health through data and insight
- develop UKHSA as a high-performing agency

The importance of strong health protection systems that address health inequalities has never been clearer. We recognise that health threats impact people in different ways, and often disproportionately impact certain groups. We want to see reductions in health inequality over the lifetime of this strategic plan to achieve more equitable outcomes.

Read the Report – [UKHSA strategic plan 2023 to 2026: securing health, saving lives and protecting livelihoods](#)

The economic impact of over-the-counter products in the UK - Uploaded 26th July

Frontier Economics – 12th July 2023

This report, commissioned by the consumer health care association Proprietary Association of Great Britain (PAGB), finds that the UK over-the-counter (OTC) sector saves the NHS £6.4 billion of prescription and appointment costs each year. The report also demonstrates the value of encouraging people to take a more proactive approach to their health by widening the scope of how they self-care. These changes could save the NHS more than £1.7 billion a year by eliminating 25 million unnecessary GP appointments and 5 million avoidable visits to A&E.

Read the Report – [The economic impact of over-the-counter products in the UK](#)

[Prevention, integration and implementation: healthcare leaders' views on the major conditions strategy](#) - Uploaded 26th July

NHS Confederation – July 2023

The major conditions strategy is a national framework being developed by the Department of Health and Social Care (DHSC) and the Office for Health Improvement and Disparities (OHID). This briefing considers how the strategy can set the conditions to prevent, treat and manage multimorbidity in England.

Read the Briefing – [Prevention, integration and implementation: healthcare leaders' views on the major conditions strategy](#)

[Life in Scotland for LGBT Young People Health Report.](#) – Uploaded 31st July

LGBT Youth Scotland – 2023

The research published today identifies that long waiting times, misunderstanding of LGBTQ+ identities, and prejudice and discrimination from healthcare staff, were significant barriers participants experienced when accessing treatment. Findings also indicated that healthcare systems and process need to be more inclusive, staff need to have an understanding LGBTQ+ identities, and that young people need agency in the choices made around their care.

We also found that:

- Around 1/3 of participants (29%) do not feel safe/supported as an LGBTQ+ person by their GP
- 88% of participants told us they experience one or more mental health condition or related behaviour, with this figure rising to 94% for trans participants
- Half of participants (50%) reported experiencing suicidal thoughts or actions
- There were significant barriers to accessing Gender Identity Services, with average waiting time for a first appointment varying by location from around 2 to almost 5 years
- Over 1/3 of participants (38%) do not know where to go for information and help with sexual health
- Just 1 in 3 (35%) participants would feel comfortable talking about sexual health issues with their doctor.

Read the Report – [Life in Scotland for LGBT Young People Health Report.](#)