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July 2023

The distribution of public service spending – Uploaded 2nd June 2023

Institute for Fiscal Studies (IFS) – May 2023

This commentary for the IFS Deaton Review of Inequalities sets out what is known about the distribution of spending on major public services, and how and why this changed over time. It also explains the key conceptual and methodological issues involved in such analysis and identifies key lessons for policy and avenues for future research.

Read the Report – The distribution of public service spending

Designing a social care system fit for the 21st century: strengths and weaknesses of the Care Act 2014- Uploaded 2nd June 2023

Kings Fund 31st May 2023

The first part of the Care Act 2014 drew heavily on the Law Commission's review of adult social care. The review began in 2007 and its initial terms of reference did not even refer to carers or the notion of wellbeing but both came to feature heavily in the Act, illustrating that the Commission actively listened, particularly to carers' voices. Placing informal carers on an

equal footing with people drawing on care and the right to a carer assessment were significant breakthroughs in the Act.

Read the Blog – [Designing a social care system fit for the 21st century](#)

Assuring the credibility of health information sources on social media platforms - Uploaded 5th June 2023

Academy of Medical Royal Colleges – May 2023

Social media content is a major and valuable source of health information for millions of people. It is vitally important that any information and advice which could impact on an individual's health and healthcare is accurate. Therefore, providing the public with some form of assurance on the quality and provenance of that health information is an important task. It is unrealistic and not necessarily even desirable to seek to monitor every piece of health information on social media. However, we believe it is possible to devise a system to provide the public with guidance as to the credibility of the sources and providers of health information.

Read the Report – [Assuring the credibility of health information sources on social media platforms](#)

Health Index for England: 2015 to 2021 - Uploaded 5th June 2023

ONS – 5th June 2023

The ONS' Health Index provides a systematic, independent view of health in England. It enables users to compare health over time and across geographies. It provides a picture of health in its broadest sense recognising the importance of health outcomes, risk factors and the social, economic and environmental drivers to support health to improve now and for the longer term. The Health Index provides a framework to understand health pre-pandemic, including whether health issues were persistent, improving or deteriorating and to explore how the pandemic impacted on health in 2020 and 2021.

[Health Index for England: 2015 to 2021](#)

Evaluation of the Children of Alcohol Dependent Parents programme innovation fund - Uploaded 5th June 2023

[Department of Health and Social Care](#) – 1st June 2023

This report presents the findings from the national evaluation of the Children of Alcohol Dependent Parents (CADeP) programme innovation fund (IF) in England. The programme was evaluated by the Tavistock Institute of Human Relations, in partnership with IFF Research, between October 2018 and March 2022.

We hope the learning shared in this report provides a guide to local authorities or other organisations running children and family programmes.

The CADeP IF programme provided funding of £5.7 million to 9 areas – 13 local authorities – between November 2018 and March 2022. The aim of this programme was to:

support local authorities in innovating and improving systems and practices to enhance the identification of, and outcomes for, children of alcohol dependent parents and their families

increase awareness of parental conflict among services and explore ways of addressing it among such families

Funding for the programme came from the Department of Health and Social Care (DHSC) and the Department for Work and Pensions, while Public Health England, which later merged into the Office for Health Improvement and Disparities in DHSC, had responsibility for managing the fund.

The key findings from this report are that this programme has resulted in:

improvements in the timely identification of alcohol dependent parents, and children of alcohol dependent parents, to help avoid escalation of their situation

improvements and innovation in the local system for supporting alcohol dependent parents and their children to better address their recovery from alcohol dependence

increased numbers of alcohol dependent parents receiving treatment in the areas supported by this programme compared with national take up

some evidence of a positive impact on outcomes for parents and children involved in this programme

[Evaluation of the Children of Alcohol Dependent Parents programme innovation fund: full report](#)

Local indicators of child poverty after housing costs, 2021/22 – Uploaded 6th June 2023

End Child Poverty Coalition – June 2023

Summary of estimates of child poverty after housing costs in local authorities and parliamentary constituencies, 2014/15 – 2021/22

This report summarises the latest data on local child poverty after housing costs, produced for the End Child Poverty Coalition by the Centre for Research in Social Policy at Loughborough University. The data are for the year ending March 2022. The data do not, therefore, cover the period during which the cost-of-living crisis really took hold, nor the period of extremely high and rising inflation that has been particularly prominent in relation to the costs of food and fuel.

Read the Report – [Local indicators of child poverty after housing costs,](#)

Use of e-cigarettes among young people in Great Britain - Uploaded 6th June 2023

ASH – June 2023

In March/April 2023 the proportion of children experimenting with vaping had grown by 50% year on year,
from one in thirteen to one in nine. Children's awareness of promotion of vapes has also grown, particularly

in shops where more than half of all children report seeing e-cigarettes being promoted, and online where
nearly a third report e-cigarette promotion. Only one in five children now say they never see vapes promoted,
down from 31% last year. It is an offence to sell e-cigarettes to children under 18 in the United Kingdom and
children means those aged 11-17 years old, unless otherwise specified.

Read the Report – [Use of e-cigarettes (vapes) among young people in Great Britain](#)

Statement – [Children's doctors call for an outright ban on disposable e-cigarettes](#) – Royal College of Paediatrics and Child Health

Socioeconomic inequalities of Long COVID: a retrospective population-based cohort study in the United Kingdom - Uploaded 6th June 2023

Journal of the Royal Society of Medicine. 2023

New research has found that the risk of long COVID is strongly associated with area-level deprivation, with the odds of having long COVID 46% higher for people from the most deprived areas, compared to those in the least deprived areas.

Published in the Journal of the Royal Society of Medicine, the study analysed over 200,000 working-age adults and is the first to quantify the association between long COVID and socioeconomic status across a range of occupation sectors.

Analysing data from the Office for National Statistics COVID-19 Infection Survey, the researchers found that females had a higher risk of long COVID, with the risk of long COVID in females in the least deprived areas comparable to that in males in the most deprived areas.

People living in the most deprived areas and working in the healthcare and education sectors had the highest risk of long COVID compared to the least deprived areas. There was no significant association between the risk of long COVID and the most and least deprived areas for people working in the manufacturing and construction sectors.

Shabnam S, Razieh C, Dambha-Miller H, et al. [Socioeconomic inequalities of Long COVID: a retrospective population-based cohort study in the United Kingdom.](#) Journal of the Royal Society of Medicine. 2023;0(0)

Leading for population health: clinicians' perspectives - Uploaded 8th June 2023

Kings Fund – 7th June 2023

What can clinicians do?

Understanding what population health is

There is still a general lack of understanding among clinicians about what population health is and how it differs from the more familiar term 'public health'. [These definitions have been a topic of debate](#) and exploration among national bodies, local government and health care professionals. This confusion can be further complicated by multiple other associated terms,

such as ['population health management'](#) (a data-driven tool or methodology that refers to ways of bringing together health-related data to identify a specific population that health and care systems may then prioritise for particular services). So, it is unsurprising that clinicians may struggle to understand the role of population health in the work they do.

What could help?

The King's Fund has produced [an explainer to clarify the distinction between these terms](#). Training to help clinicians understand population health and their role in contributing to it would be a great first step. This training should happen at a local, regional and national level. Most clinicians have some form of regular teaching and incorporating population health into these sessions would start to engage more clinicians in the approach and expand their awareness. A population health approach should be integrated within medical education. Increasing access for more clinicians to [population health courses](#), conferences and events would further develop understanding of population health.

Further information – [Leading for population health: clinicians' perspectives](#)

Unleashing rural opportunity

[JUNE 9, 2023](#) ~ [LEAVE A COMMENT](#) ~ [EDIT"UNLEASHING RURAL OPPORTUNITY"](#)

Department of Health and Social Care 2023

> This report outlines government plans to support growth and prosperity in rural areas. It looks at investing in the rural economy and removing barriers to enterprise, delivering affordable housing and sustainable energy, and access to health and care services.

Read the Report – [Unleashing rural opportunity](#)

Struggling to be heard: understanding the experience of disabled people in England - Uploaded 9th June 2023

Kings Fund – June 2023

What can the 2021 census tell us about the number of disabled people in England? Saoirse Mallorie and Lotte Row consider the numbers, and warn against relying on just one data source.

Read the blog – [Struggling to be heard: understanding the experience of disabled people in England](#)

Obesity policy in England - Uploaded 9th June 2023

Commons Library Research Briefing, 6 June 2023

This briefing provides an overview of the work of the UK Government in preventing and reducing obesity in England, which in recent years has primarily focussed on reducing obesity prevalence in children. The Government's response to obesity has mainly been set out across three chapters of its childhood obesity plan, published in 2016, 2018, 2019, and a

further obesity strategy published in 2020. Within these, the Government has introduced a number of measures aimed at reducing the prevalence of childhood obesity. These have generated a wide range of responses from stakeholders, who in some cases, have considered the measures too weak, or conversely, disproportionately restrictive.
Public health policy is a largely devolved area. As such, it differs across England, Scotland, Wales and Northern Ireland. This briefing considers obesity policy in England but links to further information on obesity strategies in the devolved nations can be found below:

Northern Ireland Department of Health, Obesity prevention

Public Health Scotland, Healthy weight – Diet and healthy weight

Welsh Government, Healthy weight strategy (2019)
This briefing focuses on measures which have garnered the most Parliamentary, social, health, business and regulatory interest.

Further information – [Obesity policy in England](#)

Ultra-processed foods (UPF)in the diets of infants and young children in the UK: What they are, how they harm health, and what should be done to reduce intakes - Uploaded 12th June 2023

First Steps Nutrition Trust – 2023

The evidence around UPF is robust. It's not just a couple of trials, but hundreds of papers including prospective
epidemiological studies, as well as other high-quality data showing wide-ranging harms using population data plus a
vast and growing body of laboratory and clinical evidence. The recommendation to feed children diets based on whole
and minimally processed food is uncontroversial. Food made by diffusely owned transnational companies for the
purpose of profit affects our eating habits and health in a very different way to food made at home for the purpose of
love and nourishment. That will be an intuitive, self-evident truth to many people, and we now have the evidence to back it up.
Nevertheless, the recommendations of this report – though obvious steps in the right direction – will still be hard for
both individuals and policy makers to implement. Thanks to the marketing efforts of the companies making these
products, we have seen high UPF intakes for several generations in this country – to such an extent that it defines our food culture. Additionally, UPFs are typically cheap and quick. Many families will struggle with the increased demands on time, costs, equipment and skills that a switch to minimally processed foods will require. The implications of this report will also be hard for policy makers to act on because of the tangled web of financial conflicts influencing our food system. Until all those who seek to reduce rates of diet-related disease refuse money from all institutions that profit from disease-inducing products, i.e. UPF manufacturers, the problem will not go away

Read the Report – [Ultra-processed foods (UPF)in the diets of infants and young children in the UK](#)

Exploring the prevalence of youth worklessness due to ill health in different parts of the UK - Uploaded 12th June 2023

Resolution Foundation; 2023.

This briefing note explores how rates of youth worklessness due to ill health vary by place. Across the UK, 2.9 per cent of 18-24-year-olds were not working because they were unwell in the period 2020-2022. But when we look beneath this average, we find considerable range. Just 1.6 per cent of young people in East Anglia, and 1.7 per cent in both Inner London and Merseyside, were too unwell to work in 2020-2022, compared to 5.1 per cent in parts of the North East such as Darlington, Durham and Middlesbrough. Surprisingly, rates of youth worklessness due to ill health vary little between more and less deprived areas, in contrast to the well-established pattern for the adult population at large. The share of 18-64-year-olds who are not working because they are unwell is almost twice as high in the most-deprived local authorities in England as in the least deprived (6.5 per cent and 2.9 per cent respectively).
Rather, the most striking spatial difference we observe when it comes to rates of youth worklessness due to ill health is that between large cities and smaller places. We find that young people living in core cities such as London, Cardiff, Glasgow or Liverpool are the least likely to be workless because they are unwell. In 2020-2022, for example, 1.8 per cent of 18-24-year-olds in London, and 2.0 per cent of 18-24-year-olds in other core cities, were not working due to ill health. This contrasts with 3.4 per cent of 18-24-year-olds living in places dominated by small towns or villages such as Derbyshire, Devon and South Wales – almost double the rate of young people living in the capital

Read the Report – [Left behind](#)

Finding hope: The final report of the 2021/22 IPPR health and care workforce assembly - Uploaded 12th June 2023

IPPR – June 2023

England's health and care sector is in a deep workforce crisis. This is not because we have less staff overall. Rather, it's because of a growing and sustained mismatch between worker-demand and worker-supply. The demand for workers have increased far quicker than the supply of extra staff: between 2010 and 2019, staff in hospital and community settings grow around 1 per cent per year, compared to 4 per cent average annual increase in outpatient appointments, a five per cent average annual increase in diagnostic activity and an over 3 per cent increase in admissions at major A&E
departments. Having grown under a per cent per year since 2010, productivity gains haven't filled the gap – meaning more pressure and work for each individual staff member.
A vicious cycle emerged during austerity and worsened through the pandemic. Without transformational productivity gains, this mismatch between activity and demand means greater workload and pressure on each individual health and care worker. This has combined with a reduction in pay and working conditions, including austerity-era policies like the public sector pay freeze. Combined, this has undermined recruitment and retention – accentuating pressure on individual workers, and making the health and care sector a less desirable and rewarding one to work in. But we must also acknowledge a British propensity for workforce crises. This isn't the first time the workforce has been in crisis. Indeed, in the time since the NHS' formation, we have experienced many crises. In each case, policymakers have not planned for future trends and demands. Crisis comes as a surprise

and solutions tend towards sticking plasters. We need a more long-term and sustainable approach to health and care workforce planning and policy to break this 'feast and famine' model. There are health and economic justifications to do better. Today, not having a large enough workforce – as well as not having the right people, in the right roles, with the right skills – is the biggest barrier to providing excellent and accessible health and care services. But avoidably poor health outcomes can also undermine national prosperity – as indicated by the UK's record rates of economic inactivity due to sickness. We show that the number of people who are economically inactive due to sickness – long-term or temporary – reached record levels in 2023.

We need a long-term vision for the future – to help support cohesive policy, and to give workers hope. In creating that vision, there are few better sources than workers themselves. In 2021/22, IPPR recruited a workforce assembly – across the NHS, social care, and unpaid care – to define a new vision for health and care work. Together, they convened on five aspirational guiding principles for the future.

Sustainable staffing and recruitment: including symptom relief for today's crisis – but also a longer-term shift towards long-term planning. Fairness, hardwired into health and care: including more equal pay, conditions, and progression, but also freedom from discrimination and prejudice in the workplace.

A shift from antiquated siloes and hierarchies: and towards a vision of health and care work that is modern, integrated, coordinated, and varied.

The right approach to innovation: including more innovation, but also more opportunities for workers to have a voice, and to see how the gains of innovation benefit them, as well as patients and taxpayers.

Parity between health and care: including a fairer deal for social care workers, but also support and sustainability for unpaid carers.

Read the Report – [Finding hope: The final report of the 2021/22 IPPR health and care workforce assembly](#)

Support guaranteed: the roadmap to a National Care Service - Uploaded 13th June 2023

Fabian Society June 2023

The last Labour government proposed a plan for a National Care Service. This report aims to pick up on this work and makes some suggestions as to what this service might look like or how it should be implemented.

Read the Report – [Support guaranteed: the roadmap to a National Care Service](#)

Strengthening the role of the ambulance sector in reducing health inequalities - Uploaded 13th June 2023

Association of Ambulance Chief Executives (AACE) – June 2023

This consensus statement (agreed by major health organisations including NHS England (NHSE), the Office for Health Improvement and Disparities (OHID), the College of Paramedics (CoP), NHSE Workforce, Training and Education (NHSE-WTE, formerly Health

Education England), NHS Providers (NHSP) and NHS Confederation (NHSC), which hosts the Integrated Care Systems (ICS) Leaders Network) underlines common goals and objectives in a concerted attempt to balance the playing field for all service users and overcome the challenges of health and social care inequality. It will ultimately result in ambulance services playing a key role in their ICSs' objectives to reduce local health inequalities.

Read the Report – [Strengthening the role of the ambulance sector in reducing health inequalities](#)

Unpaid care and poverty: unpaid carers' priorities for change through participatory co-design - Uploaded 13th June 2023

Joseph Rowntree Foundation – June 2023

The Carers Co-design Project is a joint piece of work between the Joseph Rowntree Foundation and London Unemployed Strategies to co-design policy recommendations that address poverty and/or its related issues facing unpaid carers. These recommendations are underpinned by the voices of people with lived experience.

Read the report – [Unpaid care and poverty: unpaid carers' priorities for change through participatory co-design](#)

Patient empowerment: what is the role of technology in transforming care? - Uploaded 13th June 2023

NHS Confederation – 13th June 2023

Key points

Much has changed in the 75 years since the NHS was founded – from shifts in NHS staffing, lifespans and disease burden, to public expectations and technological innovation. With the health and care sector at a crossroads, the time has come for an ambitious new social contract that empowers the public to take greater control of their own health and experience of care.

Technology holds promise for the future of healthcare. It can prevent illness, enable early diagnosis, empower health management and support general wellbeing. But how might people use technology to have more control over their health and wellbeing? And do they want to?

To uncover the answers to these questions, the NHS Confederation, in partnership with Google Health, commissioned Ipsos to explore people's behaviours, attitudes and beliefs about responsibility and control when it comes to their health, the role that health technologies play in this, along with their expectations about the future of healthcare.

A survey of more than 1,000 adults in the UK – a third of whom live with one or more long-term conditions (LTCs) – and interviews with individuals with LTCs and who have frequent interaction with the health system, form the centrepiece of this report.

While individuals feel accountable for their health and wellbeing and want to be empowered to improve it, what became evident is that, frequently, they lack the confidence, tools and technologies to take control as much as they would like.

We heard that people want more control over their health but need their actions, and the tools they can use, to be endorsed by healthcare professionals. They also want to make better use of health technology, but not at the expense of face-to-face contact with their doctor or other healthcare worker.

While the vast majority of people use some form of health technology and find that useful, they are not totally satisfied by what is currently on offer.

Across all age groups more than 7 out of 10 (72 per cent) would use technology to avoid a hospital admission, with a similar proportion happy to use technology to monitor their health and share information and data with their doctors.

Many individuals are not confident about using technology to manage their health, leading to a fear that they may be locked out of healthcare if they cannot access or use digital tools.

People think there is a larger role for health technologies in the future; many are not confident in using them now.

Three areas emerged as necessary building blocks that could enable greater patient empowerment: digital access and inclusion, patient satisfaction, and user confidence.

This first report concludes that the health service must design services in collaboration with patients to address these issues and empower patients. The next phase will explore health leaders' and practitioners' experiences and views and identify practical examples that speak to resetting the social contract between the public and the NHS.

Read the Report – [Patient empowerment: what is the role of technology in transforming care?](#)

National child measurement programme (NCMP): changes in the prevalence of child obesity between 2019 to 2020 and 2021 to 2022 - Uploaded 16th June 2023

OHID – June 2023

National child measurement programme (NCMP): changes in the prevalence of child obesity between 2019 to 2020 and 2021 to 2022

[NCMP changes in the prevalence of child obesity between 2019 to 2020 and 2021 to 2022](#)

Caring for older people: The essential role of the care home nurse - Uploaded 16th June 2023

RCN – June 2023

The Royal College of Nursing (RCN) Wales represents around 29,500 members, two-thirds of whom work in the community, and many in care homes. Care home providers and RCN Wales members alike have reported an acute shortage of registered nurses in the care home sector. This report argues for a set of actions to raise the profile of care home nursing and make sure residents continue to receive the safe and effective care they need and deserve.

[Caring for older people: The essential role of the care home nurse](#)

Government response to the House of Commons Health and Social Care Committee's seventh report of session 2022 to 2023 on 'Integrated care systems: autonomy and accountability' - Uploaded 16th June 2023

Dept of Health and Social Care – Published 14 June 2023

This is the government's formal response to the recommendations made by the Health and Social Care Committee ('the committee' or 'HSCC') in its [Seventh report – Integrated care systems: autonomy and accountability](#), published on 30 March 2023.

The government welcomes the committee's report and we are grateful to everyone who contributed their time and expertise to the inquiry, and for the recommendations on ensuring that integrated care systems (ICSs) are delivering for their populations. It was encouraging to hear the witnesses and their recognition of the enormous importance and potential of ICSs.

This document also sets out our response to the recommendations made in the [Hewitt Review](#), which was commissioned by the government in November 2022 and published shortly after the committee's report on 4 April 2023. The government is grateful to the Rt Honourable Patricia Hewitt for chairing the review and welcomes the extensive engagement that it facilitated. There are some linked recommendations in the Hewitt Review and the committee's report, with several overlapping themes including ICS oversight, national targets and role of the Care Quality Commission (CQC). We have considered the related recommendations together to ensure we provide a comprehensive response to the committee and clarity to systems. The recommendations in the Hewitt Review cover some additional distinct themes, the response to which is annexed to this command paper.

[Read the Government Response](#)

After the pandemic: is the new public health system in England fit for purpose? The perspective of England's directors of public health - Uploaded 16th June 2023

Centre for Health and the Public Interest (CHPI)

The CHPI was commissioned by the Joseph Rowntree Charitable Trust to conduct research on the new public health structures that have been put in place in England since it was announced in 2020 that Public Health England was to be abolished. As the current pandemic has shown an effective, well organised accountable public health system is not only key to controlling the spread of a disease – permitting the wider economy and public services to function – but is also vital in addressing growing health inequalities.

Read the Report – [After the pandemic: is the new public health system in England fit for purpose? The perspective of England's directors of public health](#)

Safe care at home review - Uploaded 16th June 2023

DHSC – Published 12 June 2023

Joint review led by the Home Office and DHSC into the protections and support for adults abused, or at risk of abuse, in their own home by people providing their care.

[Safe care at home review](#)

Food poverty: households, food banks and free school meals - Uploaded 16th June 2023

House of Commons Library; 2023.

This paper provides statistics on household food insecurity, food bank usage and free school meals in the UK, and tracks the impact of rising living costs. There is no widely accepted definition of 'food poverty'. However, a household can broadly be defined as experiencing food poverty or 'household food insecurity' if they cannot (or are uncertain about whether they can) acquire "an adequate quality or sufficient quantity of food in socially acceptable ways"

Read the briefing – [Food poverty: households, food banks and free school meals](#)

How health has changed in your area: 2015 to 2021 - Uploaded 16th June 2023

Office for National Statistics – June 2023

Use our interactive tool to see how health changed in each local authority area across England between 2015 and 2021, according to the Health Index.

[How health has changed in your area: 2015 to 2021](#)

Evaluating the impact of alcohol minimum unit pricing on deaths and hospitalisations in Scotland: a controlled interrupted time series study - Uploaded 16th June 2023

Lancet – March 2023

Background

Since May 1, 2018, every alcoholic drink sold in Scotland has had minimum unit pricing (MUP) of £0·50 per unit. Previous studies have indicated that the introduction of this policy reduced alcohol sales by 3%. We aimed to assess whether this has led to reductions in alcohol-attributable deaths and hospitalisations.

Methods

Study outcomes, wholly attributable to alcohol consumption, were defined using routinely collected data on deaths and hospitalisations. Controlled interrupted time series regression was used to assess the legislation's impact in Scotland, and any effect modification across demographic and socioeconomic deprivation groups. The pre-intervention time series ran from Jan 1, 2012, to April 30, 2018, and for 32 months after the policy was implemented (until Dec 31, 2020). Data from England, a part of the UK where the intervention was not implemented, were used to form a control group.

Findings

MUP in Scotland was associated with a significant 13·4% reduction (95% CI −18·4 to −8·3; p=0·0004) in deaths wholly attributable to alcohol consumption. Hospitalisations wholly

attributable to alcohol consumption decreased by 4·1% (−8·3 to 0·3; p=0·064). Effects were driven by significant improvements in chronic outcomes, particularly alcoholic liver disease. Furthermore, MUP legislation was associated with a reduction in deaths and hospitalisations wholly attributable to alcohol consumption in the four most socioeconomically deprived deciles in Scotland.

Interpretation

The implementation of MUP legislation was associated with significant reductions in deaths, and reductions in hospitalisations, wholly attributable to alcohol consumption. The greatest improvements were in the four most socioeconomically deprived deciles, indicating that the policy is positively tackling deprivation-based inequalities in alcohol-attributable health harm.

Further information – [Evaluating the impact of alcohol minimum unit pricing on deaths and hospitalisations in Scotland: a controlled interrupted time series study](#)

Five principles for implementing the NHS Impact approach to improvement in England - Uploaded 20th June 2023

Health Foundation – 21st June 2023

Key points

The NHS is facing an unprecedented range of workforce, financial and performance pressures. The time has come to think and act differently and to do so at pace. What is needed is a strategy and management system capable of maximising the impact and spread of the many promising NHS-led innovations, service improvements and new technologies.

The [new NHS Impact approach to improvement](#) could help to meet this need. It rightly articulates the importance of taking an aligned and integrated approach to improvement delivery and capability building across NHS provider organisations and integrated care systems (ICSs). Carefully implemented it could help to tackle the NHS's most entrenched challenges, such as improving flow along urgent and emergency care pathways and improving GP access.

To support the implementation of the NHS Impact approach to improvement by provider, ICS and national leaders, this long read sets out five guiding principles and some recommendations.

Given the many challenges facing providers and ICSs, and the complexity involved in driving system-wide improvement, NHS England and its partners need to be realistic about the pace at which the improvement approach can be implemented. They should also take account of the different levels of improvement skills, knowledge, infrastructure and cultural maturity between organisations and care sectors, which could lead to uneven progress in implementing the improvement approach.

Efforts to build learning processes and cultures across and between ICSs, which are vital in sustaining improvement across systems, need to be prioritised. Meanwhile, provider and integrated care board (ICB) leaders need to strengthen their strategic ambidexterity – the ability to balance short-, medium- and long-term strategic and operational priorities.

The NHS Impact approach to improvement should be the defining way of doing things for providers, ICSs and national bodies. For this to happen it needs to become a centrepiece of national health care policy.

Further information = [Five principles for implementing the NHS Impact approach to improvement in England](#)

NHS Impact details – https://www.england.nhs.uk/nhsimpact/

Over six million disabled people start receiving £150 Cost of Living payment - Uploaded 20th June 2023

[Department for Work and Pensions](#) – 20th June 2023

· Government's £150 Disability Cost of Living payments paid from today (Tuesday 20 June)

· Payments will be made automatically over two-week period between 20 June and 4 July 2023

· Anyone in receipt of certain disability benefits on 1 April 2023 is entitled and will receive the payment

· One-off disability cash forms part of wider support package worth up to £1,350 for the most vulnerable

More than six million disabled people across the UK are set to receive a £150 Disability Cost of Living Payment from today.

The one-off payments, issued by the Department for Work and Pensions throughout a two-week window, will help disabled people with the extra costs they face.

It comes as part of a wider package of Cost of Living support worth up to £1,350 to the most vulnerable households, underlining the Government's commitment to supporting these those most in need.

The Government is also working hard to ease cost of living pressures by working towards the goal of halving inflation, which will lay the foundation for the long-term growth needed to improve living standards for everyone.

Further information – [Over six million disabled people start receiving £150 Cost of Living payment](#)

Debate on smokefree 2030 target, House of Commons, 20 June 2023 - Uploaded 20th June 2023

Research Briefing – House of Commons – 20th June 2023

In 2019, the government set out an ambition for England to become "smokefree" by 2030 but the 2022 Khan review said England may miss this target. This briefing provides further information.

Further information – [The smokefree 2030 ambition for England](#)

Response – LGA – [Debate on smokefree 2030 target, House of Commons, 20 June 2023](#)

[Tobacco Control Plan for England](#)

[Advancing our health: prevention in the 2020s](#)

[Khan Review: making smoking obsolete](#)

Young people's support for various forms of e-cigarette regulation in Australia and the UK - Uploaded 20ᵗʰ June 2023

International Journal of Drug Policy – Volume 110, December 2022

Background

The aim of this study was to examine young people's support for e-cigarette policies in two countries with very different e-cigarette regulatory environments – Australia and the UK.

Methods

An online survey was administered to 1,185 15-24 year olds (590 from Australia, 595 from the UK). Survey items assessed demographics, use of vaping and tobacco products, exposure to others' vaping behaviours, exposure to e-cigarette advertising, perceptions of harms associated with e-cigarettes, and support for 14 e-cigarette policies. Frequencies for support were calculated for each policy by country and overall, and a mixed effects negative binomial regression was performed to identify factors associated with support.

Results

Majority support was expressed for 10 of the 14 policies in the Australian sample and six in the UK sample. Significantly higher levels support were found among Australian respondents compared to UK respondents for all policies except one where the difference failed to reach statistical significance. Support was strongest for policies relating to preventing access by minors, including warnings on packages, and prohibiting misleading advertising. Support was weakest for policies restricting access to e-cigarettes and flavours. Factors associated with higher levels of support were harm perceptions, never having used e-cigarettes, and older age.

Conclusions

The results suggest general support for a broad range of e-cigarette control policies among young people in Australia and the UK, despite very different e-cigarette regulatory environments in these countries. Enhancing awareness of the potential harms associated with e-cigarette use appears to be key to optimising support for the assessed policies among members of this age group.

Further information – [Young people's support for various forms of e-cigarette regulation in Australia and the UK](#)

What was austerity's toll on the NHS before the pandemic? - Uploaded 22ⁿᵈ June 2023

Nuffield Trust – 21st June 2023

The Covid-19 public inquiry has been in the news this week, with former Chancellor George Osborne and ex Prime Minister David Cameron denying that austerity policies in the UK before the pandemic weakened how prepared the NHS was for such a crisis. In this blog, Leonora Merry and Sally Gainsbury take a closer look at how true this is.

Further information – [What was austerity's toll on the NHS before the pandemic?](#)

ADASS Spring Survey 2023 – Final Report - Uploaded 23rd June 2023

ADASS – June 2023

New findings from a survey of social care leaders shows short-term funding boosts from Government has helped reduce the number of people waiting for care and increased support for people at home. But increases in care delivered are not keeping pace with increased needs, according to a report by the Association of Directors of Adult Social Services (1a).

Despite the progress, care waiting lists remain far too high and ADASS is warning could rise again this winter without more staff. And a record NHS backlog, rising mental health needs, support around domestic abuse of people with care and support needs, and carer breakdown means most councils are not confident they can offer the minimum social care support in their communities required by law (1b)

To improve social care, boost our economy and enable carers to continue working, social care leaders are calling on the Government to commit to:

Invest in support that helps people avoid the need to go to hospital or a care home, and support for people to recover, get back on their feet and back home after hospital during this winter

Increase support to carers and improve workforce pay: international recruitment is not a long term fix

a fully funded, long-term plan to transform social care to ensure everyone in England can get the care and support they need when they need it.

Read the Report – [ADASS Spring Survey 2023 – Final Report](#)

Left behind: exploring the prevalence of youth worklessness due to ill health in different parts of the UK - ADASS Spring Survey 2023 – Final Report - Uploaded 23rd June 2023

Resolution Foundation – June 2023

This briefing note is part of the Young people's future health inquiry, a three-year programme supported by the Health Foundation. It explores the prevalence of youth worklessness due to ill health in different parts of the UK.

We find that economic inactivity due to ill health among 18-24 year-olds has nearly doubled over the past decade, and is heavily concentrated among those with low levels of skills, with four-in-five young people who are too ill to work having only qualifications at GCSE-level or below.

There are considerable differences between parts of the UK, with young people in areas dominated by small towns and villages more likely to be workless due to ill health than those living in large cities such as Glasgow, Liverpool and London.

[Left behind: exploring the prevalence of youth worklessness due to ill health in different parts of the UK](#)

The Public Health England (Dissolution) (Consequential Amendments) Regulations 2023 - Uploaded 26th June 2023

Department of Health and Social Care – 26th June 2023

This instrument makes amendments to regulations in consequence of the dissolution of Public Health England (PHE). The various regulations amended by this instrument contain references to PHE and these references are in each case substituted with a reference to the United Kingdom Health Security Agency (UKHSA).

UKHSA was established on 1 April 2021 and assumed the health protection responsibilities and functions previously undertaken by PHE, as provided for in the various regulations amended by this instrument, when PHE ceased operating on 30 September 2021.

The amended statutory instrument, along with an explanatory memorandum, and command paper are now published on GOV.UK for 28 days, in accordance with the enhanced scrutiny procedure, before being laid for debate, and then coming into force. The territorial extent of this instrument is Great Britain.

[Draft statutory instrument: the Public Health England (Dissolution) (Consequential amendments) Regulations 2023](#)

[Draft explanatory memorandum: the Public Health England (Dissolution) (Consequential amendments) Regulations 2023](#)

The NHS in England at 75: priorities for the future - Uploaded 27th June 2023

NHS England – June 2023

Ahead of the NHS's 75th birthday, [the NHS Assembly](#) has developed an independent report: The NHS in England at 75: priorities for the future. This will help the NHS, nationally and locally, respond to long term opportunities and challenges.

The Assembly found a growing consensus that the NHS should now focus on three key areas for long term development: better preventing ill health, personalising care and delivering more co-ordinated care closer to home.

The report draws on the feedback of thousands of people who contributed to a rapid process of engagement ([NHS@75 engagement](#)), and the Assembly's huge breadth of experience.

The Assembly will continue to draw on the insights gained from the NHS@75 engagement to explore the key developments outlined in more detail. The findings will help inform the work of NHS England to develop strategies for the years ahead in partnership with Integrated Care Systems.

Read the Report – [The NHS in England at 75: priorities for the future](#)

Annual assessment of integrated care boards 2022-23: supporting guidance - ADASS Spring Survey 2023 – Final Report - Uploaded 26th June 2023

NHS England – 26th June 2023

This guidance details the areas that the annual assessment for 2022/23 will cover, as well as information on timing and process. It should be read in conjunction with other key planning

and oversight documents including the [NHS Long Term Plan](#), the [NHS Oversight Framework](#) and the [2022/23 priorities and operational planning guidance](#).

[Annual assessment of integrated care boards 2022-23: supporting guidance](#)

Maximising the impact of volunteering - Uploaded 27ᵗʰ June 2023

BHF June 2023

Our surveys with the BHF's volunteers have shown the significant benefits that people gain by volunteering with us. With almost 700 BHF shops across the UK alongside other volunteering opportunities, these benefits can reach people across the length and breadth of the UK.

Some key findings show that:

Giving back and making a difference was a strong outcome that volunteers noted. 98% of BHF volunteers agreed that volunteering enabled them to help their local community.

94% of BHF volunteers agreed that volunteering had helped them to feel less isolated or lonely. This has risen from 52% in our 2019 data.

92% of BHF volunteers agreed that volunteering had helped their mental health. This rose to 98% of those who volunteered over 30 hours per week.

80% agreed that volunteering had helped their physical health. This rose to 86% of those volunteering in our home stores.

91% told us that volunteering has improved their employability skills. This rose to 98% of 16-17 and 97% of 18-24 year olds.

Read the Report – [Maximising the impact of volunteering](#)

Read the Report – [Easy, Flexible and Inclusive](#)

Time to Talk Public Health – Food Environments, Mental Health, Cost of living and health inequalities - Uploaded 27ᵗʰ June 2023

Public Health Wales – June 2023

In April we published a report presenting findings from the February – March 2023 survey which focused on screening, sustainability, campaigns and current concerns. This second report from the February – March 2023 survey
is focused on findings relating to food environments and healthy weight.

The other report presents findings from the January 2023 survey, covering issues including mental well-being, vaccines, health inequalities and the cost of living.

Read the report – [Time to Talk Public Health – Food Environments](#)

Other Report – Time to Talk Public Health – [Mental well-being, vaccines, health inequalities and the cost of living](#)

Obesity APPG: Survey Investigating the Impact of the Government's Calorie Labelling Policy: Analysis and Results - Uploaded 27th June 2023

The APPG on Obesity – May 2023

In July 2020, the UK Government released its obesity strategy. Almost two years on, the All-Party Parliamentary Group (APPG) on Obesity is keen to understand the impact and perception of the obesity strategy for the general public. A significant policy within the strategy has been the introduction of calorie labelling of food and drinks in restaurants and takeaway outlets with more than 250 employees. Smaller restaurant and takeaway outlets are also being encouraged to implement this policy. The APPG on Obesity is keen to identify what impact calorie labelling has had. The findings from this survey contribute to the APPG on Obesity's understanding of the effectiveness of this current health policy, and inform its ongoing work to ensure obesity is a top priority for government.

Read the Report impact of the Government's calorie labelling policy

A home for health: supporting older people in Manchester leave hospital safely - Uploaded 29th June 2023

Housing Learning and Improvement Network (Housing LIN) – June 2023

Manchester City Council's adult social care commissioners have developed a range of furnished 'home from home' neighbourhood apartments to support hospital discharge or other needs over the past four years. This case study focuses on the growth of neighbourhood apartments to develop a viable model to support health and social care priorities and considers: property and staffing; care and support provided; pathway and referrals; flow and exit destinations; summary statistics; and outcomes achieved.

Case Study – A home for health: supporting older people in Manchester leave hospital safely

Intervention helped office workers to spend less time sitting- Uploaded 29th June 2023

NIHR – June 2023

An intervention to encourage office workers to stand and move reduced their sitting time after 1 year, research found. The effect was 3-times greater when the intervention included a sit-to-stand, height-adjustable desk.

Researchers developed an intervention called SMART Work and Life, which included initiatives such as standing meetings. A long-term trial included 756 desk-based office workers. It compared the intervention to intervention plus sit-to-stand desk, and to usual working practice.

After 12 months, people in the intervention group sat for 22 minutes less per day than those in the usual practice group. Those in the group which received intervention plus sit-to-stand desk, sat for 64 minutes less per day than those in the usual practice group. Small improvements in stress, wellbeing and vigour were seen for both intervention groups. Reduced leg and foot pain was also reported in the intervention plus desk group. The intervention (with and without desk) promoted workers' health and was likely to be cost-effective when wider public costs were considered over the long-term.

[NICE guidelines on physical activity in the workplace](#) advise increasing physical activity and decreasing sitting time at work. These guidelines will be updated shortly to include some of the strategies used in this study.

[More information about increasing physical activity can be found on the NHS website](#). The benefits of reducing sitting time are described in the [Promoting active workplaces](#) section of an NIHR Evidence [report on obesity](#).

Further information – [Intervention helped office workers to spend less time sitting](#)

This Alert is based on: Edwardson CL, and others. [Effectiveness of an intervention for reducing sitting time and improving health in office workers: three arm cluster randomised controlled trial](#). British Medical Journal 2022;373:e069288.

The cost-effectiveness analysis of the intervention: Cox E, and others. [The cost-effectiveness of the SMARTWork & Life intervention for reducing sitting time](#). International Journal of Environmental Research and Public Health 2022;19:14861.

The regulation of e-cigarettes - Uploaded 29th June 2023

House of |Commons Research Briefing – 27th June 2023

The new European Union Tobacco Products Directive (TPD) entered into force on 19 May 2014. It introduced new regulatory controls on electronic cigarettes (e-cigarettes, sometimes referred to as 'vapes'), as well as setting out
requirements on tobacco products. The UK Tobacco and Related Products Regulations 2016 implemented the TPD in full. This Commons Library Briefing Paper outlines the new product requirements for e-cigarettes and identifies where national regulations have gone beyond what is in the TPD. The briefing does not cover the environmental impact of e-cigarettes. This is addressed in the Library debate pack on the Environmental impact of disposable vapes (November 2022)

Further information – Briefing papers –

[The regulation of e-cigarettes](#)

[The Tobacco and Related Products Regulations 2016: post-implementation review (web accessible)](#)

[Environmental impact of disposable vapes](#)

Health practitioners survey: child hunger leading to deterioration in children's health. - Uploaded 29th June 2023

School and Public Health Nurses Association – June 2023

In a survey of 313 health practitioners conducted between 8th – 22nd June, members of the School and Public Health Nurses Association and the British Dental Association were asked about the impact of child hunger on children's health. The survey aimed to understand the impact of child hunger on children's health over the past year, as part of a national week of action co-ordinated by the National Education Union's 'No Child Left Behind' campaign.

65% of health practitioners reported children's health had got worse as a result of hunger and poor nutrition. Almost a third of respondents said that children were experiencing an increase in the incidence or severity of health
problems to a large extent (28%).

When asked how hunger and poor nutrition were impacting on children, more than half said they had seen children who were putting on weight slower than expected (53%), noted changes in their behaviour (55%), and were
experiencing more frequent mental health problems (51%).

Child hunger and poor nutrition is having a particularly severe impact on children's dental health. 78% of respondents said they had encountered children's teeth decaying or being damaged at a higher rate than usual.

To stop children's health from deteriorating further and leaving lasting scars on their life chances, health practitioners are calling for the Government to fund Free School Meals for all children in primary school.

94% of respondents said that they supported the idea of Government provision of Free School Meals to every child in primary school in England.

Further information – Health practitioners survey: child hunger leading to deterioration in children's health

Press Release – NCLB-Health-practitioners-survey-Press-Release-28-6-23

Data – Data_All_230621-for-press-1-8

LGA response – Concerning food inflation rise impacts on children's health – LGA responds to SAPHNA report into children's health and cost of living

Establishing youth-friendly health and care services - Uploaded 29th June 2023

Office for Health Improvement and Disparities – 27th June 2023

This guidance, which is known as 'You're Welcome', sets out prompts and self-assessment quality criteria commissioners and service providers can use to improve the experiences of young people.

This guidance has been developed in partnership with young people to reflect the changing way services are provided and influences on young people's lives.

'You're Welcome': establishing youth-friendly health and care services