

Minding the Gap

Improving Health & Reducing Inequalities



Yorkshire and the Humber Health and Wellbeing Monthly Update

Issue 96 – December 2023

Welcome to the Yorkshire and the Humber Health and Wellbeing Monthly Update. This update is our way of sharing any good and emerging practice, new developments, updates and guidance. The update forms part of the Minding the Gap newsletter.

This update is structured around four overarching themes:

- ❖ **populations**
- ❖ **determinants of health and risk factors**
- ❖ **priority conditions and equitable services and**
- ❖ **workforce development.**

If you have received this and are not already on the Minding the Gap distribution List, **please sign up to our newsletter [here](#).**

Disclaimer: Please note, the Minding the Gap programme is led and funded by the Yorkshire and the Humber Association of Directors of Public Health (YH ADPH). This programme is co-ordinated by the Yorkshire and the Humber Health and Wellbeing Team in the Office for Health Improvement and Disparities (OHID) and does not reflect the position or views of OHID or the Department of Health and Social Care.

POPULATIONS

Improving outcomes and reducing inequalities for children & young people

Regional Lead: Gemma Mann

No updates this month.

Promoting healthy ageing across the lifecourse

Regional Lead: Ali Iliff

The Centre for Ageing Better has published the [State of Ageing 2023-24](#), showing the growing divide in the experience of ageing. More people are living into their 70s, 80s and 90s, but the inequalities associated with ageing are also growing. Increasing diversity in the older population is likely to increase inequality as disadvantage accumulates across the life course. The report explores six topics in detail:

- Homes
- Our ageing population
- Financial security
- Work
- Society
- Health and Wellbeing

A [summary report](#) of the key messages is also available.

Consultation response on care home, hospital and hospice visiting

The Government has announced that changes will be made to the law so that visits to people in care homes, hospitals and hospices will be a fundamental standard of care, putting them on par with access to food and drink and properly qualified staff. The Care Quality Commission will have a mandate to check that providers are meeting these obligations. Further information is available [here](#).

An introduction to Age-friendly Communities

(Wednesday 24th January 2024, 10.00-11.00)

Learn about the WHO Age-friendly Communities framework and what can be achieved through becoming one at this [webinar](#) from the Centre for Ageing Better.

The webinar is designed for:

- People who have heard about the Age-friendly Communities approach and want to learn more
- People who are interested in taking the first steps in making their place Age-friendly
- New members or partners of existing Age-friendly Communities.

Professor Trish Hafford-Letchfield and Dr Sue Westwood are co-convening a one-day in-person interactive workshop on older LGBTQ+ people and abuse, to be held at the University of York on 26th April 2024, 10am-4pm.

They are inviting contributions on all aspects of abuse of older LGBTQ+ people, including: physical abuse; sexual abuse; psychological abuse; financial or material abuse; discriminatory abuse; organisational abuse; domestic violence; modern slavery; neglect; and acts of omission. Contributions will be welcomed on research, policy, or practice initiatives.

Please submit abstracts to sue.westwood@york.ac.uk by Friday 26th January 2024.

Improving outcomes and reducing inequalities for inclusion health groups

Regional Lead: Cathie Railton

Resources and guidance

NEY toolkit: Nutrition in contingency accommodation housing migrants and accompanying action tool

Following the thematic session on nutrition and migrants at our NEY Migrant Health Network, we agreed to develop a [toolkit](#) for stakeholders working to support asylum seekers accommodated in initial contingency sites. It has been developed by a task and finish group which had representation from Bevan Healthcare, Mears, OHID, Migration Yorkshire and the North East Migration Partnership to facilitate improvements in meeting the nutritional needs of asylum seekers living in initial contingency sites across our region.

The accompanying Excel tool can be used to recognise current examples of good practice and identify areas that require improvement. It can be used flexibly according to need which we recommend local partnerships review and discuss.

New toolkit: Recruiting people with lived experience of homelessness

The toolkit was developed by NHS organisations and people who have experienced homelessness to help NHS (and other) organisations to diversify their workforce by recruiting staff with lived experience of homelessness. The project was commissioned by NHS England and developed with input from [Pathway](#), [Royal Society for Public Health](#) and [Groundswell](#), alongside five trusts who employed people with experience of homelessness into the trust.

The resource encompasses recruitment guidance, strategies, and retention practices, providing valuable support to health and social care organisations for the recruitment and sustained success of individuals with this unique life experience.

Find the toolkit [here](#).

Exploring Duty to Refer in hospital settings

Pathway and Crisis have collaborated with Groundswell to produce [a new report examining how the duty to refer is currently working in practice](#), drawing on evidence gathered from surveys and workshop discussions with hospital and local authority staff, in addition to analysis of existing Homelessness Case Level Collection data.

New FFT report ‘Kicking the can down the road: The planning and provision of Gypsy and Traveller sites in England 1960-2023

[This report](#) explores:

- The history of site provision policy and law;
- The effectiveness of local authorities in meeting Gypsy and Traveller accommodation needs since the removal of the statutory duty to provide sites;
- Examples of good practice and recommendations

Pregnancy care transfer cards in 28 languages

Developed in the South East, [these cards](#) can be downloaded to support continuity of care for pregnant women.

Events and learning

Y&H health protection event on migrant health: Park Plaza Hotel, Leeds (Wednesday 17th January 2023, 9:30am – 2pm)

We are holding a face to face event for colleagues working within health protection and/or have a portfolio that includes migrant health/inclusion health.

You can register [here](#) (*there is a limited capacity for this event and there is likely to be a waiting list, therefore, if you cannot attend, please inform us so that this can be re-allocated*).

Resources to help refugees and people seeking sanctuary with stress and trauma: Solace

Solace have created a suite of 18+ videos available in Arabic, Farsi and English including 6 psychoeducation videos designed to help refugees and asylum seekers understand the emotional impact of forced migration. The other videos show ways to cope with the stress and the disturbing effects of trauma. This session is for anyone working with asylum seekers and refugees.

There was a launch event on Thursday 14th December. You can access the videos shared before the event [here](#).

Webinar recording of ‘Applying the NHS England Inclusion Health and Digital Inclusion Frameworks in practice’

The webinar recording and slides are now available on the Healthcare Inequalities Improvement FutureNHS site [here](#). You will need to register if not already a member.

The frameworks are available at the following links:

- [NHS England » Inclusive digital healthcare: a framework for NHS action on digital inclusion](#)
- [NHS England » A national framework for NHS – action on inclusion health](#)

Policy into Practice: Rethink Mental Illness’s model for coproduction (Thursday 25th Jan 2024, 1pm)

Learn about their Coproduction Model to bring good practice into Integrated Care Systems at [this event](#) by Rethink Mental Illness.

Various

UKHSA Conference Poster 2023: Exploring the Health and Wellbeing (HWB) Needs of Sex Workers in two English Regions

Georgina Wilkinson (UKHSA YH) and Shahin Parmar (UKHSA East of England) presented on this at last month's national UKHSA event in Leeds.

Please see their posters [here](#).

Poster: The role of society in supporting the health and wellbeing of refugees and migrants, integration initiatives in Yorkshire and Humber

Migration Yorkshire presented the embedded poster at the recent Y&H director of public health event in Sheffield. It refers to adopting a 'whole society' approach, to promote integration for the benefit of all who live in.



Poster - The role of society in supporting |

Local Authority SWEP Home Office Agreement

The Home Office wrote to local authorities on 1st December to announce that evictions from asylum accommodation have been paused for a period of up to 3 days when Severe Weather Emergency Protocol (SWEP) is activated by local authorities. SWEPs are designed to be implemented when a specific temperature (or severe weather) threshold is triggered (usually 0 degrees Celsius and below). This is to support local authorities to meet their humanitarian obligation to preserve life in severe weather conditions.

Thousands of refugees could be on the streets for Christmas without urgent government action | Local Government Association

The LGA have written a piece about the impact of clearing the asylum backlog at speed in relation to homelessness.

You can read this [here](#).

Pathway Article

Medics and homelessness charities have [written to the Home Secretary](#) over concerns of homelessness and health risks as a result of processing asylum claims quickly.

Four looming problems in the UK asylum system and how to address them - Free Movement: Briefing

[This piece](#) looks at the asylum system and the current challenges.

National survey on the training needs of health professionals delivering care to asylum seekers and refugees

[RESPOND](#) is an NHS service providing health and wellbeing services to asylum seekers in North Central London, with the aim of improving access to healthcare for

this population. The team is asking for responses to a short survey to help them develop an asylum seeker and refugee health education programme for healthcare workers. The survey aims to assess the training needs of health professionals in relation to the delivery of care to asylum seekers and refugees.

The survey can be found [here](#) and should only take 5 – 10 minutes to complete.

APPG questionnaire: effect of UK immigration, asylum and refugee policy on poverty

A joint All-Party Parliamentary Group (APPG) inquiry has been launched into how UK immigration policies contribute to poverty in migrant communities. Responses are being invited via a [questionnaire](#), which will form part of a written call for evidence and shouldn't take longer than 10-15 minutes to complete.

The APPG inquiry team ask for respondents to draw on the evidence and detail from their professional experience and to consider the following policies in scope, making reference to them in your answers:

- Asylum system (including asylum support, the 'move-on' period, appeal rights exhausted).
- Resettlement schemes (e.g. ARAP, ACRS, UKRS).
- Immigration and visas (immigration health surcharge, NRPf condition, family visas, work visa, student visas, 5 and 10 year route to settlement).
- Hostile environment (NHS charging, irregular migration status, right to work, rent checks).

Call for examples of practice by the Migrant Health Research Group at St George's UOL

Commissioned by the Red Cross (in collaboration with the DHSC) the Group aim to develop a framework of best practice in terms of commissioning accessible healthcare services for people seeking asylum. As part of this, they are keen to gather examples of existing good practice, as well as challenges that may have been faced in implementing these. As the framework will aim to support ICSs to make decisions around commissioning healthcare for asylum seekers, they are also very keen to involve ICS colleagues in the framework development, to ensure it is relevant and useful. Based on input from ICS colleagues, this could involve round-table discussions with interested stakeholders from different areas to share challenges and existing practices and opportunities to feedback on draft frameworks.

If you are interested in being involved the contact in the Migrant Health Research Group at St George's University of London is Anna Deal adeal@sgul.ac.uk.

DETERMINANTS OF HEALTH & RISK FACTORS

Creating and developing healthy and sustainable places and communities
Regional Lead: Karen Horrocks

English Housing Survey 2022-2023

This [report](#) outlines the findings of the latest survey. It is worth reading the introduction as well as the key findings as it outlines the impact of COVID-19 on data collection.

- Owner occupiers had higher scores for life satisfaction, thinking life is worthwhile, happiness, and lower scores for anxiety, than other tenures.
- In 2022, 4% of dwellings had a problem with damp, an increase from pre-pandemic levels (3%) with private rented dwellings rising from 7% to 9% between 2019 and 2022.
- In 2022, 15% of dwellings failed to meet the Decent Homes Standard, while 8% of dwellings had a HHSRS Category 1 hazard, down from 9% in 2021.
- Mortgagees found it more difficult to afford their mortgage this year compared to 2021-22, with 11% finding it difficult to afford in 2022. More than a quarter of private renters (29%) and social renters (27%) found it difficult to pay rent.

LGA housing retrofit and decarbonisation virtual event (Thursday 18 January 2024, 10.00am - 11.30am)

This [virtual event](#) will highlight the importance of developing a council's capability to deliver housing retrofit and decarbonisation programmes while creating an environment to support key partners and stakeholders regionally to assist the retrofitting agenda and decarbonising of housing stock.

Office of National Statistics Report: A million fewer people are gaining health benefits from nature since 2020

This [report](#) brings together a number of data sources and estimates 1.1 million fewer people across the UK gained health benefits from spending time in nature in 2022 compared with two years earlier.

Homes England Housing Winter School: free webinars

Homes England has set up a [Winter Learning Programme](#) to support local authorities and partners and help develop high quality homes and communities. These events have been developed by Homes England with contributions from a range of government, public and private sector partners.

Some may not be directly relevant, but there are sessions on active travel, regeneration and planning.

Webinar: Policy into Practice: Rethink Mental Illness's model for coproduction

In this free webinar Rethink Mental Illness will present the model and launch a new guide to coproduction for Integrated Care Systems.

In the webinar and guide, they will discuss themes such as:

- ❖ How to ensure we are hearing from a wide range of people with lived experience.
- ❖ How to ensure that collective lived experience insight data is systematically organised to steer change.
- ❖ How coproduction can help us tackle inequalities in access, experience, and outcomes.

[The webinar](#), taking place on 25th January 2024 at 1pm, provides an introduction to the model by a panel of expert speakers. Full agenda to come soon.

Call for evidence: Children, young people and the built environment

This inquiry is looking at how better planning and building and urban design in England could enhance the health and well-being of children and young people, while also benefitting the population as a whole. It will look at how children and young people can use outside public spaces and move around their neighbourhoods: how they can be active and visibly part of their communities – whether it is their street, housing development, estate, town centre, village, public square or park. And it will look at what role the Government may have in making the built environment work in the best way possible.

Please see the call here: [Call for Evidence- UK Parliament](#).

Fuel Poverty Evidence Project: Evidence Summary 2023

This is a comprehensive summary of the important work conducted by the [Fuel Poverty Evidence project](#) (FPE) and the [Fuel Poverty Research Network](#) (FPRN) over the past year.

This offers the latest findings from academic experts and contributes up-to-date research to the ongoing debate on fuel poverty and the energy crisis within the UK. You can access the PDF report through this [webpage](#), and an accessible version can be found on a dedicated page [here](#).

You may also want to [join](#) the Fuel Poverty Evidence project.

Warm Spaces in England: Evidence Review and Toolkit

We are pleased to be able to share the published version of the [Warm spaces in England: an evidence review and toolkit for local organisations](#). Public Health colleagues in Yorkshire and Humber contributed time to the development of this piece of work.

High Street Accelerators in Yorkshire and Humber

This month it was announced that [ten high streets will take part in a new government pilot – the High Street Accelerators programme – to create partnerships to work on long-term regeneration plans](#).

The ten areas will receive £237,000 funding each and will help communities partner with councils and businesses to address some of the biggest challenges facing their

high streets. In Yorkshire and Humber the areas are in Hull, North Lincolnshire and North East Lincolnshire.

Centre for Ageing Better: Homes- The State of Ageing 2023-2024

This [report](#) provides an overview of the homes, housing inequalities for older people. This is an overview of the unsuitable, dangerous homes many older people live in. It forms part of a wider State of Ageing report.

Leeds Community Champions evaluation report:

Leeds Beckett University have published an evaluation [report](#) (this [summary](#) is also available) of the Leeds community champions programme which was set up during the pandemic to engage better with diverse communities and reduce health inequalities. The programme has since evolved to have a broader health and wellbeing focus, but still working with communities that have the highest health needs. The report highlights the importance of strong partnership work between the council's Safer Stronger Communities & Public Health, VCSE & other partners organisations and other partners has been the foundation for the programme. Other key factors contributing to the success of the programme include training, diversity of volunteers, effective volunteer coordination to maximise flexibility for volunteers.

The evaluation highlights the contribution and value of the project both to the communities supported (feeling supported, access to services and support) and to the volunteers themselves (e.g. employability, gaining interpersonal skills & confidence & sense of enjoyment & fulfilment), as well as local organisations and services (increased reach, better understanding of how to engage and support volunteers & understanding the contribution that volunteers can make to health and social care systems). The programme has also contributed to building greater inter-organisational and inter-sector connections in Leeds. Over 80 local organisations have been involved, with many of these developing successful neighbourhood outreach activities through the related small grants scheme. The report also describes how the programme will be embedded and how learning will be used to inform wider their wider strategy for volunteering, with a view of making volunteering journey more inclusive.

Recommendations include ensuring clarity of purpose, consistent focus, inclusive volunteering, excellent volunteer coordination on the ground. The report also highlights the need for future research, including the need for a robust monitoring system to collect the most relevant data on recruitment, engagement and (where possible) impacts; further qualitative research to gather perspectives of Community Champions and the communities where they volunteer; development of a shared evaluation framework between delivery partners to allow ongoing evaluation of the champions programme.

Connecting Communities through parkrun (Tuesday 23rd January 2024, 4-5:15pm on Microsoft Teams)

Parkrun is a free, community event where you can walk, jog, run, volunteer or spectate. As well as this being a local community initiative, a number of these events take place within custody. From the first custodial event at HMP Haverigg (Black Comb parkrun) there are now custodial parkruns across the UK, Ireland and Australia and over 12,000 people have completed a custodial parkrun.

In this free seminar, they will talk about the growth of parkrun and the positive impact it has had on individuals and communities.

They will be discussing how parkrun events operate in the custodial estate and the positive benefits this initiative is having within prisons, both for residents and staff.

For further details or to request your free seminar place on Ticket Tailor please [click here](#).

[Places are limited](#) so please be sure you can attend before booking. You must also be an Academy member in order to attend any events. If you are not yet a member you will be prompted to join when registering to attend this event.

Climate and Health Communication – improve your confidence talking about climate and health: CPD opportunities

These events look to:

- Explore **evidence-based ways to communicate** about the climate crisis as a public health crisis
- **Learn from others' experiences** in influencing internally within their organisations
- **Practice our Public Health influencing skills** with peers.

The Faculty of Public Health Sustainable Development special interest group ([SIG](#)) have put together some resources which the Yorkshire and Humber Public Health Network, on behalf of the ADPHY&H are keen to share and work with across the region.

There are three opportunities coming up for you:

External Messaging (Monday 15th January, 2-4pm)

- An overview of climate change communication for public health. Sign up [here](#).

Internal Influencing (Monday 29th January, 2-4pm)

- A session on experiences of communicating and influencing on climate and health within public health workplaces. Sign up [here](#).
- Ongoing following these sessions: small group practice sessions. Please express your interest [here](#).

Please see more information about each session below.

These resources were developed as part of the implementation of the Faculty's Climate & Health Strategy advocacy workstream, aiming to help public health professionals build the skills they need to act on climate change and health as part of their work.

External Messaging (Monday 15th January, 2-4pm)

“Communicating about the climate crisis as a public health crisis is a challenge that many of us struggle with, and a lack of confidence in this area can prevent us from being the effective professionals and advocates we aspire to be.”

In this webinar from the [FPH sustainable development special interest group \(SIG\)](#), we will be hearing from a range of speakers who will give us an overview of the basics

of climate change communication for public health, with a more external audience (the public, media and politicians) in mind. Our speakers include:

- Professor Ed Maibach, Director of the [Centre for Climate Change Communication at George Mason University](#) in the USA
- Kate Llewellyn, Head of Training and Engagement at [Heard](#), a UK charity working with people and the media to inspire content and communication that changes hearts and minds
- Matthew Green, global investigations editor at [DeSmog](#), leading coverage of the global climate crisis, energy politics, and the struggles for environmental justice through an international lens.

Each speaker shares their expertise and experiences on this topic in this pre-recorded session.

We will then hold a Q&A with a member of the FPH SIG and our regional ADPH leads for Climate & Health Catherine Ward & Toni Williams.

We will finish with time in small groups for reflective peer learning and discussion of how this might be implemented in our professional lives.

Internal Influencing (Monday 29th January, 2-4pm)

“Have you ever found it hard to convince your organisation to prioritise sustainability and climate/environmental change? Would you like to learn how to inspire those around you to take action?”

In this webinar from the [FPH sustainable development special interest group \(SIG\)](#), we will hear from a series of public health professionals on how they did it and what they learned along the way in our webinar on communicating and influencing on climate and health within our public health workplaces.

Our speakers include:

- Marc Davies, Consultant in Public Health at Swansea Bay University Health Board, Deputy FPH Faculty Advisor for Wales
- Phil Mackie, Consultant in Public Health NHS Grampian
- Eleanor Roaf, recently retired Director of Public Health Trafford, Vice-Chair of the FPH Climate & Health Committee
- Caroline Tomes, Consultant in Public Health UKHSA Centre for Climate & Health Security and previously CPH at Bradford Council

Each speaker shares their expertise and experiences on this topic in this pre-recorded session.

We will then hold a Q&A with a member of the FPH SIG and our regional ADPH leads for Climate & Health Catherine Ward & Toni Williams.

We will finish with time in small groups for reflective peer learning and discussion of how this might be implemented in our professional lives.

Small group learning sessions – communications for climate and public health

“Whether it’s media interviews or internal presentations, we often lack safe spaces to practise and strengthen climate and health influencing skills. One way of overcoming this is by participating in informal smaller groups where communications (media

interviews, presentations to stakeholders etc) can be practised on a semi-regular basis.”

We propose to help you connect with others to form small self-facilitated practise groups.

The FPH SIG has developed a format and structure: https://docs.google.com/document/d/1iz0jehbgR_Jey8aYuj5iUEt02hERvER67X7BP_SggEI4/edit

Achieving our Smokefree 2030 ambition

Smokefree generation modelling report

[DHSC](#) have published their data and methodology underpinning the models outlining the impact of the smokefree generation policy.

Smokefree generation policy update

The consultation closed on December 6th with over 25,000 responses received. Work is underway to analyse [responses and progress plans](#).

Preventing Gambling-Related Harm Regional Lead: Simone Arratoonian

Treatment threshold estimates

On December 7th this year, OHID [published estimates](#) of the number of adults who gamble in England and who might benefit from treatment or support. Academics at Sheffield University led the work and have produced data estimates of the number of adults who gamble in England including in each local authority area. This included who might benefit from treatment or support, and the intensity of treatment or support that they might need. They have also estimated the number of children who are living in the same household as an adult who gambles who might need treatment or support for their gambling.

The report found that approximately 1.6million adults in England would benefit from some level of treatment or support for gambling at harmful levels.

A summary of the main findings from the analysis and an overview of methods used to produce the estimates can be found on the same page.

'Gambling Understood' campaign – Burst 2 launch

As part of the 3-year Y&H ADPH funded programme, a gambling harms marketing campaign titled 'Gambling Understood' is currently underway in the region. This is based on behavioural science and the main aim of the campaign is to plug the knowledge gap on prevalence, harms, tactics, and support of gambling-related harms. The campaign is aimed at men up to 34 years of age due to the higher risk of gambling harm in this population, but we hope is equally of interest to wider audiences including anyone affected by someone's gambling. The campaign focuses on the facts which will encourage and empower people to talk and seek further information.

Burst 1 of the campaign ran from 29th August 2023 to 26th November 2023 and focused on increasing everyone's knowledge about the current context of gambling environments and products, to increase awareness and reduce stigma.

Burst 2 is now underway, and during this phase we are increasing the understanding of potential signs of harm to look out for and increasing knowledge of where to go if someone is worried or concerned about gambling (their own or of others).

The campaign is supported by a 'Gambling Understood' website, which includes digital materials such as posters, social media tiles and other templates.

To support the campaign, we are asking organisations from across Yorkshire and the Humber to share the campaign resources. The toolkit can be accessed here.

You will have access to:

- Social media graphics and social media copy
- Digital screen graphics
- A4 and A3 posters
- Web banner graphics

By sharing the campaign on your social channels, on your digital screens or by printing posters and putting them on notice boards you will be helping to amplify the message.

A communications briefing webinar recording for further information on the campaign can be accessed here.

For any questions about the campaign please email: simone.arratoonian@dhsc.gov.uk

NHS Addictions Provider Alliance

If you missed out on the NHS APA 2023 '[Living the Stigma: Understanding Addiction & Overcoming Prejudice](#)' conference – you can still catch up online. The conference took place on the 28th of November and was a great success with some really powerful talks, thanks to fantastic speakers, sponsors, and more than 750 delegates who joined from around the world. Included were talks from speakers Claire Murdoch CBE, Dan Carden MP, Jo Huey and Adam Holland, and a session entitled 'Gambling-related stigma is not an accident' with Matt Gaskell (Clinical Director of the Northern Gambling Service) and James Grimes (Gambling with Lives).

To view the conference, visit the conference page, and click 'watch again' on the sessions you'd like to view – there are also recorded Q&A sessions. The presenter slides are also able to download now [via their blog](#). Follow the NHS APA on social media and join the conversation at #APAconf23. You can also sign up for newsletters and visit the website to hear more about the work they do to tackle addiction-related stigma in the sector.

Gambling Commission news

On the 29 November the Commission launched the second [set of consultations](#) on proposals contained in the White Paper and is calling for views from consumers, gambling businesses and other interested groups.

The consultations, which will run for 12 weeks, will cover the following topics:

- proposals relating to incentives such as free bets and bonuses
- customer-led tools such as deposit limits
- transparency of protection of customer funds
- removing Commission requirements that would become obsolete due to the government's upcoming statutory levy
- regulatory data – proposal to harmonise across all operators the frequency of reporting of regulatory returns from annual to quarterly.

These consultations will close on 21st February 2024, and we encourage everyone with an interest to respond – the first two consultations are likely to be of interest to those working on prevention of gambling-related harm.

Information from the Gambling Commission on your Statement of Policy

As required by the Gambling Act 2005, each Licensing Authority is required to renew their Statement every 3 years. The renewal date in this current cycle is January 2025. The Commission is advising that you should make plans as to how to conduct this renewal process.

Given the ongoing consultations regarding the Gambling Act it is very unlikely that the Commission will be able to amend the Guidance to Licensing Authorities document in sufficient time for you to incorporate changes within your own local Statement. Whilst it is a matter for local determination, they suggest that the Statement is refreshed in line with the requirements of the Act, to be enforceable from January 2025. Thereafter the Gambling Commission will publish a revised GLA which you can include in a refreshed Statement. You are permitted to revise your Statement within the 3-year timescale.

Gambling Survey for Great Britain experimental data

Last month the Commission published the findings from the final step in the experimental stage of the project to develop a better methodology for the collection of data for participation in gambling and the prevalence of gambling at 'problem' level. This included publishing the data collected. This data does not replace current official statistics at the moment and should not be compared to previous figures.

The Gambling Commission have [published an update](#) discussing the work up to now, why it's important and the next steps towards the roll out of the Gambling Survey for Great Britain.

Surveys from the Gambling Commission

Gross Gambling Yield (GGY) figures for the gambling industry in Great Britain have recently been released for the year April 2022-March 2023 as part of the [industry statistics](#) – showing a 6.8% increase to £15.1billion. Over two thirds of this -

£10.9billion - is for gambling activity excluding all lotteries. The GGY relating to electronic gaming machines alone was £2.4billion, a 23% increase on 2021-22 and a 17.9% increase on the last pre-lockdown period of 2019-20. A total of £4.5billion was made from land-based sectors; despite a 22% decrease in the number of betting shops since 2020, and an 18% decrease in the total number of gambling premises since 2020, the GGY still represents a 0.2% increase for the industry.

The Commission also released on 29th November results of [‘Exploring consumer journeys using customer-led tools’](#). The Yonder survey conducted during September looked at 2,007 adults currently gambling online, excluding those who only gambled on The National Lottery, scratchcards, and/or private betting. The quantitative survey explored gambling management tools, pre-commitment tools and financial limits, in relation to attitudes, understanding, awareness and preferences. It did not examine the effectiveness of such measures.

Less than half of respondents had ever used a gambling management tool and the majority were unaware of many of the tools asked about – 73% were not aware of the ‘GAMSTOP’ self-exclusion tool, and 85% were unaware of multi-operator self-exclusion in person. Regarding ‘GAMBAN’ blocking software, 81% didn’t know it was available. Other measures such as payment card blocking and exclusion by operator or product had similar levels of awareness.

While time out and financial limits had slightly better awareness at 50% and 36% respectively, only 5% and 17% had used them in the last 12 months. Respondents had positive perceptions of operators who promote the use of gambling management tools; almost two thirds agreed that ‘It makes them (operators) seem to care more about their customers.’ This raises a concern that such tools might be promoted to increase positive perceptions of gambling operators and thus act as a marketing tool. Other findings from this survey are reported on the link above.

It is understood that this survey has been undertaken to inform necessary actions for the Commission in response to the White Paper proposals, to be used alongside consultation responses. Despite the need for any measures to be workable, it is of concern if the value of these tools and recommendations around their use are based on customer preference (as for any other consumer product) considering that many of the products in question are associated with addiction risk. Usefulness of these tools should be assessed on the basis of effectiveness in gambling harm prevention, particularly in respect of individuals who may be at increased risk of harm.

Findings from a [further survey](#) conducted for the Gambling Commission examining incentives reinforces the above need for objectivity in this area. The survey found high levels of exposure to promotional offers by respondents, and 3 in 4 people went on to use these, with free spins and bets most frequently used.

Worryingly, people taking up these offers saw them as a good deal - ‘on the gambler’s side’ and felt valued by receiving them. The offers did show potential for higher risk, but this does not appear to be recognised by users – despite warning signs such as longer gambling sessions, placing riskier bets and using multiple products. These users also were exposed to additional products (‘cross-sold’) – and lacked

‘understanding and control’ in relation to these. This confirms that many people using gambling products underestimate the risks they are taking – and underlines the need for tighter regulation to protect from harm.

Taking a whole systems approach to healthy weight **Regional Lead: Nicola Corrigan**

Building public support for healthy eating policies

In this [blog](#) from Nesta, Jonathan Bone explore evidence-based approaches for gathering support and influencing policies to support healthy eating.

ADPH Position Statement on Healthy Weight

The [Association of Directors of Public Health](#) have published their latest position statement on healthy weight. Key messages include:

- The UK has the fourth highest level of people living with obesity in Europe with obesity being directly responsible for at least 200,000 new cancer cases annually. Around a third of children in their final year of primary school are overweight or living with obesity.
- Preventative actions are required to promote healthy weight, reduce health inequalities and lessen the burden on the health and social care system.
- A whole system approach is required to create an environment that promotes good health and enables healthy eating and positive attitudes to food. More power should be given to local public health authorities to protect people from obesogenic environments.
- National action is needed to limit the marketing of high fat, sugar and salt (HFSS) foods.

Reducing inequalities through action on drugs and alcohol **Regional Lead: Andy Maddison**

Operational guidance for prison and probation staff on the implementation of the Discretionary Friday/Pre-Bank Holiday Release Scheme

The Policy Framework sets out the rules, duties and operational guidance for all staff in prisons, young offenders’ institutions and the youth custody estate, as well as probation practitioners, to help them implement the Discretionary Friday/Pre-Bank Holiday Release Scheme.

This policy enables prisoners to be released up to two days earlier, where a release date falls on a Friday or before a bank holiday, to support their resettlement. This will allow people leaving prison additional time to access resettlement support services and appointments ahead of the reduced availability or closure of services during the weekend or a bank/public holiday and will therefore help to reduce their risk of reoffending.

[The guidance is available here.](#)

To find out more please [read here](#).

Black people more than three times as likely to experience forceful policing: Race Equality Foundation

[Latest figures from the Home Office](#) have shown an increase in the use of force tactics by the police.

Of the recorded incidents, restraint tactics, such as handcuffing and ground restraints, were the most prevalent, accounting for 78% (514,315 incidents). The majority of these cases involved males (80%), with half of all incidents occurring among people aged 18 to 34 (51%).

The data reveals a stark contrast in the use of force rates between ethnic groups, with Black individuals experiencing force at a rate three times higher than their white counterparts.

Read more on the Race Equality Foundation website [here](#).

Action for Race Equality (ARE): New members invited to join its National Independent Advisory Group (NIAG)

ARE are looking for new members to join [their advisory group](#). This group looks to break down the barriers and challenges by people who are Black, Asian, Minority ethnic or Muslim in the criminal justice system.

The NIAG is made up of a range of passionate individuals who bring a range of experience from a variety of government, charitable, research and community settings and backgrounds and is a great opportunity to advocate and drive the work of ARE.

There is no strict eligibility criteria to become a member of the NIAG, however applicants must be able to demonstrate work that positively impacts Black, Asian, Mixed heritage, Gypsy, Roma, Traveller and Muslim people and communities. We hope to welcome three new members to help continue the NIAG's work tackling racism in the criminal justice system.

If you are interested in joining the NIAG, please send an expression of interest to meke@actionforraceequality.org.uk by Wednesday 10th January 2024.

This should include:

- Your name and your organisation's name
- A link to your website or relevant material
- No more than 400 words about why you would like to join the NIAG

"Where are our nation's donors?" All-Party Parliamentary Group (APPG) for Ethnicity Transplantation and Transfusion (ETT)

On the 4th December 2023 APPG ETT published its report exposing a trend of "inaction" by the NHS spanning over a decade, resulting in avoidable deaths among Black, Asian, and minority ethnic transplant patients, highlighting a disturbing "double whammy of inequity" faced by minority ethnic and mixed heritage people. This is

because they are more likely to need donors due to conditions which disproportionately affect them (such as sickle cell and kidney disease) but less likely to find well-matched donors on the blood, stem cell and organ donor registers.

The findings follow an inquiry held earlier this year by the Chair of the APPG – Sarah Olney MP - along with Jackie Doyle-Price MP and Rt Hon Mark Tami MP, which received 54 pieces of written evidence and held two oral evidence sessions with expert witnesses.

The report shows that 0.1% of blood donors, 0.5% of stem cell donors and less than 5% of organ donors are of minority ethnic or mixed background resulting in White people being nearly twice as likely to find a stem cell donor and 20% more likely to find a kidney donor.

Key recommendations include:

- Improved governance and accountability
- Improved data, reporting and transparency
- Improved education, awareness and activity

You can find further information and the full report [here](#).

Learning from Lives and Deaths: People with a Learning Disability and Autistic People – (LeDeR) Annual Report

King's College, London, has published its latest [LeDeR report](#) into the avoidable deaths of people with learning disabilities. The report highlights that people from minority ethnic groups had a higher risk of dying at a younger age compared to White counterparts.

In conjunction with the main LeDeR report, the NHS has also produced '[Action from learning report](#)', which identifies some of the work across the NHS in the past year to address the findings from LeDeR reviews, improve care and prevent premature mortality.

Tracey Bignall: Promoting Equality of Healthcare Services for Ethnic Minorities with Learning Disabilities and Autism in the UK – Race Equality Foundation Blog

In [this blog](#) Tracey Bignall (Race Equality Foundation Senior Policy and Practice Officer) talks about the importance of promoting equality of healthcare services for minority ethnic people with learning disabilities and autism in the UK.

'Designing for Digital Inclusion in Healthcare': Event (Wednesday 24th Jan or Thursday 25th Jan 2024, 12:30-2pm)

Held over three days, this set of seminars from [Good Things Foundation](#) will hear from a range of VCSE Health and Wellbeing Alliance members, who will share learnings, case studies and examples of best practice for designing for digital inclusion in healthcare.

The event discusses the impacts of digital across all aspects of our lives, affecting opportunities and shaping health inequalities and how digital technologies and online

services can improve health and wellbeing – as long as people have the access, skills, confidence and support to benefit.

The first of the seminar series has sold out but there is still availability for Wednesday and Thursday.

Find out more about each seminar and [sign up here](#).

Creating fair employment and good work for all

Regional Lead: Nicola Corrigan

Creating anchor networks

Anchor networks bring together a range of anchor organisations either at a place based level, or across a sector in order to learn from each other and take action to further their anchor mission. There are a growing number of anchor networks in the UK, across many cities and regions, and within sectors as diverse as health and higher education. [The Healthy Anchors Learning Network](#) have produced this guide to support places to create their own learning networks.

WorkWell

The Department of Health and Social Care and Department for Work and Pensions have now published the [Work Well](#) prospectus setting out further information and details about the Expression of Interest process inviting Integrated Care Boards, alongside local authorities, to bid for WorkWell funding.

The WorkWell pilot will offer funding to a third of England's Integrated Care Systems to provide early intervention support to help participants start, stay and succeed in work.

The guidance is for Local System Partnerships of Integrated Care Boards (ICBs), local authorities (LAs) and local Jobcentre networks who wish to apply for funding to deliver WorkWell services. WorkWell funding will enable pilot areas in England to design and deliver local integrated work and health support services. Grant applicants will be ICBs, but applications will be required to demonstrate strong partnerships within Integrated Care Systems (ICSs) across local authorities, ICBs and local Jobcentre networks in their approaches to WorkWell design and delivery. This guidance is also intended to provide information about WorkWell for the wider group of local organisations with whom applicants are expected to work in partnership. This includes, but is not limited to, local employers, primary care, and voluntary and community sector organisations.

Occupational Health: Working Better

Tackling economic inactivity due to long-term sickness is a priority for the government. Over the summer the government consulted on Occupational Health: Working Better, seeking views on proposals aimed at increasing employer use of Occupational Health (OH) Services. A summary of the consultation is available here: [Occupational Health: Working Better](#)

What we know about the UK's working age health challenge

In this analysis from the [Health Foundation](#) it is shown that more working-age people are reporting long-term health conditions than ever before. Analysis reveals that 3.7 million working-age people are in work with a health condition that is 'work-limiting', meaning it limits the type or amount of work they can do. This figure, which has increased by 1.4 million over the past decade, is now similar to the number of people with work-limiting conditions who are not participating in the labour market. The rate of work-limiting conditions has grown fastest among younger workers, doubling in just the past decade. This means a 16–34-year-old employed in 2023 is as likely to report a work-limiting condition as someone aged 45–54 years 10 years ago.

The rise in work-limiting conditions is being driven by sharp increases in reported mental ill health, particularly among younger workers. Across the whole workforce, musculoskeletal and cardiovascular conditions remain the most common form of work-limiting health condition.

Using the power of linked data to understand factors preventing people working

The Office for National Statistics (ONS) is working with the Department of Health and Social Care (DHSC) and Department for Work and Pensions (DWP) Joint Work and Health Directorate to understand how the coronavirus (COVID-19) pandemic has had an impact on people's health, their ability to work, and the social security benefits they received.

In the latest [publication](#), key findings included:

- There was an increase in the age-standardised percentage of working-age people who received a social security benefit across most groups in England from March 2020, following the onset of the coronavirus (COVID-19) pandemic; this largely persisted for most groups during the first year of the coronavirus pandemic to March 2021.
- Trends in benefit recipients during the first year of the coronavirus pandemic for people with specific long-term health conditions were broadly similar to trends for people without these conditions, with the percentage who received a benefit increasing at the onset of the pandemic before levelling off.
- While the age-standardised percentage of people who received a benefit increased among all age groups at the onset of the coronavirus pandemic, this increase was notably larger for younger age groups, particularly those aged 16 to 24 years or aged 25 to 34 years.
- The age-standardised percentage of people who received a benefit before the start of the coronavirus pandemic was higher among those living in more deprived areas than less deprived areas, and the percentage also increased by a greater amount, in absolute terms, during the pandemic for people living in more deprived areas; therefore, the deprivation differences in benefit recipients that existed before the start of the pandemic became wider during the pandemic.

Ensuring a healthy standard of living for all
Regional Lead: Toni Williams & Karen Horrocks

No updates this month.

PRIORITY CONDITIONS AND EQUITABLE SERVICES

Promoting public mental health and wellbeing

Regional Lead: Ali Iliff

Near to real-time suspected suicide surveillance (nRTSSS) for England

A new near to real time suspected suicide surveillance (nRTSSS) for England system was launched on 30 November 2023. This [surveillance report](#) provides an early warning system for indications of changes in trends in suicides through analysis of data on suspected suicides.

The report provides monthly intelligence on suspected suicide rates overall and split by gender and age, it also provides data that is presented quarterly on suspected suicide method. The report is presented as an Official Statistic in Development - this is because some methodological and presentation elements of reporting are being tested and will be improved.

Key findings

When considering data on deaths by suspected suicide in England for the period June 2022 to August 2023 the following conclusions can be drawn:

- data presented does not indicate an obvious change in trend in **overall suspected suicide rates** over the period.
- although **suspected suicide rates** do show a reduction in the most recent months - it should be noted that data completeness and population coverage may be contributing factors – therefore this is not stated as a finding, and this will be monitored.
- for the **age group 65 and over**, the rate appears to be increasing, but not significantly; this needs to be monitored.
- there are indications of higher rates in early summer for **persons, males and females**.
- there is some suggestion of seasonal variation in the **25 to 44 age group**.
- the proportion of deaths where method group is **jumping or lying in front of a moving object** shows a notable increase in the most recent quarter - this needs to be monitored, as numbers are small.
- the proportion of deaths where method group is **drowning** shows an increase in the two most recent quarters - this needs to be monitored, as numbers are small.

Scoping survey on suicide prevention within marginalised communities

The Doncaster Health Determinants Research Collaboration (HDRC) is seeking ideas for future research projects which focus on suicide prevention within marginalised communities. This [short questionnaire](#) (please complete by 5th January 2024) will explore the current priorities for suicide prevention across the Yorkshire and Humber region, what's working well, what's not working well and which communities are most vulnerable to suicide.

If you have any queries or would like further information please contact the [HDRC team](#).

Improving sexual and reproductive health

Regional Lead: Georgina Wilkinson

HIV Action Plan monitoring and evaluation framework - 2023 Report published

The [HIV Action Plan monitoring and evaluation framework - 2023 Report](#) sets out the public health analysis of progress towards meeting the aims of England's HIV Action Plan 2022 to 2025.

Emergency Department Blood Borne Virus Opt-Out testing - to be expanded to additional sites as part of research project

This [press release](#) has been published, and there is also a [written ministerial statement](#). In Yorkshire & Humber this will include sites in Leeds and Sheffield.

Save the date - National HIV Testing Week 5-11 February 2024

National HIV Testing Week will start on Monday 5th February 2024. This is a campaign to promote regular testing in England, particularly among groups most affected by HIV. This testing week people will be able to order either a free self-test kit for HIV or a self-sampling kit for HIV and syphilis. More information about the campaign resources and activities coming soon – available [here](#) along with this [campaign briefing](#).

NHS Pharmacy Contraception Service

NHS England has [announced](#) that the rollout of the [NHS Pharmacy Contraception Scheme](#) from 1st December 2023. Pharmacies will be able to offer ongoing management of oral contraception (Tier 1) and initiation of oral contraception (Tier 2). The service specification and PGDs can be found [here](#). Further information from Community Pharmacy England can be found [here](#).

ADPH – Sexual Health position statement

The Association of Directors of Public Health have published their new [policy position paper on sexual health](#). It outlines a number of national and local recommendations for providing access to high quality sexual and reproductive health services for all and reducing the transmission of STIs.

Improving health and reducing inequalities through health and care services

Regional Lead: Toni Williams

Be the Change

This report from [National Voices](#) reflects on a series of roundtable discussions and action needed to promote racial equality. The report focuses on four key themes: how to effectively diversify Boards of Trustees and staff teams; how to establish and maintain inclusive organisational cultures; how best to work with people with diverse lived experience in insight and influencing activities; and how to ensure inclusive service delivery.

Can the MEPs framework help secure a preventative health policy?

In this [blog](#) Professor Paul Cairney and Professor John Boswell, reflect on their recent [report](#) on preventative health policy and why there remains a persistent gap between commitments and actual action. The blog explores whether the [MEPs framework](#) can offer a way to overcome historical barriers to preventative policy.

WORKFORCE DEVELOPMENT TO TACKLE HEALTH INEQUALITIES

Regional Lead: Chris Sharp

Health Protection CPD Event – Migrant Health (Wednesday 17th January 2024, 9:30 – 2pm)

Aims of the event

Protecting the health of vulnerable migrants such as refugees and asylum seekers is a crucial aspect of public health. We know that vulnerable population groups often face unique challenges that can impact their physical and mental well-being. Health protection for vulnerable migrants involves collaborative partnership working across multiple systems and agencies.

This event provides an opportunity to support and enhance our ways of working in order to focus upon access to healthcare, disease prevention, mental health support, and other key social determinants of health.

Speakers include:

- Anna Hartley, Director of Public Health, Barnsley Council
- Dr Amy Stevens, Public Health Registrar, Bevan Healthcare CIC
- Dr Katie Comer & Dr David Bagguley, Consultants in Health Protection, UKHSA Y&H
- Matt Sidebottom, Chief Nurse, Bevan Healthcare & Clinical Lead for Migrant Health, North East & Yorkshire Region, NHS England
- Kathy Wakefield, Principal Screening and Immunisation Manager, NHS England North East and Yorkshire
- Dr Victoria Turner, Consultant in Public Health, NYCC,
- Emma Smith, Head of Health Protection, Wakefield Council
- Prof Andrew Lee, Deputy Regional Director, UKHSA Y&H

Please book your place [here](#).

Leading an Improvement Culture across Systems – Multiple cohorts (from 9th January 2024)

NHS IMPACT (Improving Patient Care Together) has been launched to support all NHS organisations, systems, and providers at every level, including NHS England, to have the skills and techniques to deliver continuous improvement.

The overarching ambition is to enable the creation of an NHS in which every organisation, including NHS England, has the leadership behaviours, the capability, and the capacity, to enable our staff to solve the problems that matter to them, their patients, and their populations. This involves working with partners to deliver better life chances and better outcomes for patients.

Leading and nurturing a culture of improvement across systems of care increasingly requires you to:

- Influence without conventional or formal power or authority
- Positively disrupt the status quo, finding new ways to facilitate constructive dialogue
- Role model the courage to innovate, showing your values through your actions
- Deeply understand human behaviour and group dynamics to help release the potential of teams to improve care
- Develop a healthy balance in your work to keep yourself well and remain compassionate in your work

For further information and bookings please [read here](#).

Systems Thinking – Building capability in system working and improvement – Working in Practice Action Learning Sets (Multiple cohorts from 10th January 2024)

Introduction to System Working in Practice

Methods and tools for “working together on our system”: the collaborative improvement of health and care service delivery in complex situations

Creating and improving health and care service systems which work well – for both the people receiving and the people providing the service – requires a range of foundational skills in system working. During December 2023-March 2024, we are offering short learning set sessions on proven, easy-to-use methods and tools which will enable you and your delivery partners to understand your system better and to set up an effective collaboration for change.

What to expect

Running from December 2023 to March 2024, the sessions cover foundations for system change (methods for foundational co-learning about systems), setting up system collaboration (methods for setting up successful collaborations), and influencing your system (methods for identifying key factors and for influencing and communicating).

The sessions will help you to:

Work with an experienced systems practitioner, where the people learning about their system can receive coaching, guidance, and peer support, and where the implications of and opportunities from their learning can be explored and discussed in a safe environment.

Learn additional systems methods/tools.

Participants supported to ‘join up’ their learning about their system and enrich it by looking at it from a range of perspectives.

For further information and bookings please see here: [Booking link and further information](#)

Introduction to Population Health Management (PHM) module and communications assets

The refresh of the Introduction to PHM eLearning module is now complete and set to be re-launched along with a suite of PHM communications assets to help systems promote local and national eLearning offers.

These assets bring together messaging on health inequalities, PHM, personalised care and prevention. They include a messaging framework 'Know, Connect, Prevent', a [short explainer film](#) and three short films showing 'what PHM means to me' as a GP, public health specialist and voluntary sector worker. There are also social media clips, infographics, screen savers and e mail signatures. The assets were co-produced with system communication and engagement leads.

Please see below finished links available on the Population Health Academy:

- [Introduction to Population Health Management](#)
- [PHM communications assets](#)

Activate: anti-racist leadership development programme for health and care – The King's Fund

Through a combination of workshops and learning sets facilitated by a mixed faculty of brap and The King's Fund facilitators, this programme will explore how you can see differently, respond differently and lead differently when it comes to anti-racism.

The programme will run twice a year, with the May cohort in Birmingham and another cohort in London starting in September 2024.

Learn more and apply [here](#).

ANY OTHER RELEVANT PUBLICATIONS

How debt can affect health: The Health Foundation article

This article looks at how debt can affect health and the added impact of the cost of living crisis.

Read more [here](#).

The people's economic priorities: public attitudes and Autumn Statement 2023 – Joseph Rowntree Foundation briefing

This short briefing assesses decisions made by the Chancellor in the Autumn Statement against what members of the public are worried about in their day to day lives that are influenced by the Government's economic policies. These included the cost of essentials like food and energy, funding for public services, and their housing situation.

You can read the findings in this briefing [here](#).

Wall to wall support: Joining up public services and housing for vulnerable children, young people and families

This report by [Demos](#) (supported by Grosvenor Hart Homes) argues that public services need to be more effectively joined up, with their findings showing a lack of joined-up public services is costing government up to £4.3 billion every year. These costs are a direct result of additional use of government services by young people and families who did not access adequate support or early help when they needed it.

Recommended in the report is a new citizen-centred approach to service delivery, designed to respond to individual needs and circumstances.

Read the report [here](#).

One hundred not out: The International Longevity Centre UK - new report

In this report the International Longevity Centre UK sets out the challenges facing communities in an ageing world and includes a mix of next-step solutions, bolder ideas, and international examples that ILC believes could work to tackle them.

The full 'One hundred not out' report is broken down into 11 chapters, each of which relates to a certain challenge our increasing life span will pose for government, industries, our society and individuals.

Find out more in the report [here](#).