

# Minding the Gap

Improving Health & Reducing Inequalities



## Yorkshire and the Humber Health and Wellbeing Monthly Update

Issue 101 – May 2024

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.*

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## POPULATIONS

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**Improving outcomes and reducing inequalities for children & young people**

**Regional Lead: Gemma Mann**

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No updates this month.

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**Promoting healthy ageing across the lifecourse**

**Regional Lead: Ali Iliff**

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### **World Elder Abuse Awareness Day webinar. 13<sup>th</sup> June 2024, 10.00-11.30 AM**

By 2030, the number of people aged 60 years or over is projected to grow by 38%, from 1 billion to 1.4 billion, globally outnumbering young people, and this increase will be the greatest and the most rapid in the developing world.

With this should come a recognition that greater attention must be paid to the specific challenges affecting older people, including preventing and ending abuse in older age.

On World Elder Abuse Awareness Day, [Hourglass](#) will launch a new campaign to continue to raise awareness of abuse of older people, including the 2.6 million victim-survivors in the UK each year, and seek to garner support to end the abuse, harm, neglect and exploitation of all older people.

Book to attend the webinar [here](#).

### **State of Ageing: new chapter on Society published**

The Centre for Ageing Better has published a [new chapter](#) in its State of Ageing report focused on society. New analysis from their Age Without Limits survey finds that being poor or disabled can make a person up to four times more likely to be subjected to ageism.

A third (32%) of people over 50 who are struggling financially reported experiencing ageism at least sometimes in the last year compared to fewer than one in ten (8%) people in the same age group who are living comfortably.

Two in five (41%) individuals with long-term conditions that greatly affect daily activities said they experienced ageism at least sometimes in the past year compared to around one in eight people (13%) with no long-term conditions at all.

The new data analysis also reveals that being a woman or having a Black, Asian or Minority Ethnic (BAME) background also increases the likelihood of experiencing ageism.

**Finding funds, fixing homes: innovation in local authority provision of home improvement grants and loans webinar**  
**(Wednesday 10<sup>th</sup> July 2024, 10.00 – 11.00AM)**

A lack of financial support results in many people continuing to live in unsafe homes that damage their health. Despite the reduction in local authority funding for home improvements, there are places successfully expanding the financial support they offer. This one-hour webinar will showcase innovative examples of local authority approaches to paying for home improvements.

This webinar is designed for:

- Decision-makers from local authorities and home improvement agencies who are interested in expanding financial support for home improvements
- Financial organisations who are interested in provision of financial services for home improvements
- Local and national policymakers

This webinar will cover:

- What effective models for financing home improvements look like
- How areas can develop innovative financial support models
- Inspiring examples of places offering innovative funding models for home improvements
- How Ageing Better can support the development of your work

Register to attend the webinar [here](#).

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**Improving outcomes and reducing inequalities for inclusion health groups**  
**Regional Lead: Cathie Railton**

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**Information, guidance and resources**

**Automatic NHS number for new arrivals & initial health assessment**

Two new SNOMED codes have been released to record that an [initial health assessment](#) for newly arrived migrants has been undertaken, using the new patient questionnaire [here](#).

These are:

- **1874651000000105** | *Initial health assessment using New Patient Questionnaire for newly arrived migrants in the United Kingdom (procedure)*
- **1874641000000107** | *Initial health assessment using New Patient Questionnaire for newly arrived migrants in the United Kingdom declined (situation)*

Using the [new patient questionnaire](#) (or a locally-developed version), healthcare practitioners should record on clinical systems, using the above SNOMED codes, whether the initial health assessment has taken place or been declined.

All individuals new to the country are automatically attributed an NHS number ([see guidance](#)) [including asylum seekers](#) so NHS providers should check the Spine to see

if individuals already have an NHS number, to ensure continuity of care and avoid duplication of records.

Permanent GP registration, rather than temporary registration, is recommended by NHS England to improve record transfer and continuity of care for destitute people seeking asylum in temporary Home Office commissioned initial accommodation. Generally, in such cases where there is uncertainty over the length of time that a patient may be residing in an area (likely to be months rather than weeks), NHS England advises that the person should be registered as a permanent patient.

### **New forms of ID accepted for NHS app registration**

(More information can be found [here.](#))

NHS app registration can now be done using UK biometric residence permits (BRP) and application registration cards (ARC – for people who have made a claim for asylum). This follows a recent report from the [British Red Cross](#) on digital exclusion impacting healthcare access for people seeking asylum. Many people were unable to register for the app because they did not have another form of photo ID besides their Application Registration Card.

### **Rwanda Act**

The situation with detentions and implementation of the Safety of Rwanda Act is very fast moving. Migration Yorkshire have compiled a list of resources and websites below and will continue to provide updates:

- [Right to Remain: What we know about the Rwanda Act and Treaty so far](#)
- [The Right to Remain Toolkit: A guide to the UK immigration and asylum system](#)
- [Right to Remain: The Inadmissibility Rules](#)
- [Immigration Detention and Reporting – Right to Remain](#)
- Latest government information: [First phase of detentions underway for Rwanda relocations - GOV.UK \(www.gov.uk\)](#)
- JCWI explainer about who is at risk and what you can do embedded below



JCWI Rwanda Act  
Explainer (29 April 20:

- [Refugee Action blog: Responding to the Rwanda Act](#)

**Revised funding spreadsheet**, which details funding streams available to the different Home Office migrant schemes, now updated to reflect the Afghan additional housing costs and flexible housing fund detail. Thanks to Migration Yorkshire for updating this.



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### **The Bridging Gaps Group – new project**

The Bridging Gaps Group has co-produced a project to improve access to general practice for people with lived experience of severe and multiple disadvantage, which

was further developed with three inner-city general practices. A subsequent [paper](#) evaluating this work has now been published in the British Journal of General Practice (BJGP) and a new [podcast episode](#) about it is now available.

### Groundswell updates:

- [Groundswell's Understanding Menopause Guide](#) people experiencing homelessness and professionals working in healthcare settings. The guide was informed by people with lived experience and healthcare professionals across the sector and clarifies what the menopause is, associated symptoms and how to manage them, when it happens and who it affects. It also signposts some great resources for more information.
- **Their new Listen Up! Project resources:** New free training and resources from the Listen Up! project at Groundswell have been published, designed to help people experiencing homelessness understand what their healthcare rights are and give them the confidence to speak up about it.

Among these resources are bitesize e-learning courses to help people understand their rights to healthcare, the *Your Rights Pocket Guide* for people experiencing homelessness, and workshops for staff and the people they support to explore rights to health and housing together.

You can read Listen Up! Project Officer Tess' blog about the resources [here](#) and access the resources in full [here](#). If you have any questions or feedback about this important work, you can also reach out to the Listen Up! team at [listenup@groundswell.org.uk](mailto:listenup@groundswell.org.uk).

### Various

#### Hope for Justice – useful guidance

Hope for Justice have some useful guidance ([found here](#)) about how we can shop more ethically and you can now search a public register of modern slavery statements on [GOV.UK](#) where you can see if big companies have added their statement to the register.

#### Modern slavery statement – West Yorkshire ICB

West Yorkshire ICB have published their [modern slavery statement](#).

#### Kings Fund Podcast

An interview with Dr Waheed Arian about his journey from refugee to NHS doctor is included in this episode.

Please listen [here](#).

#### Making Every Adult Matter (MEAM) Approach network – Eol process and application guidance

MEAM are currently seeking 10 new areas to join their Approach Network for a period of funded support for 2024 – 2026. The closing date for applications is Monday 10th June 2024. Full details of how to apply, the benefits of becoming a

member of the MEAM Approach Network and the eligibility criteria can be found [here](#).

**News article – The Wildflowers**

[This article](#) in Drink and Drugs News about how The Wildflowers outreach clinic in Peterborough is breaking down barriers to provide vital support to women who sell sex.

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## DETERMINANTS OF HEALTH & RISK FACTORS

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

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### **Healthier Housing Initiative: Research Digest**

You can sign up to receive this health and housing research digest [here](#). Follow [this link](#) to Digest 8 which includes a number of papers which might be of interest.

### **Renters (Reform) Bill update**

The Renters (Reform) Bill has now completed its passage through the House of Commons and was introduced in the House of Lords on the 1<sup>st</sup> May.

Further information on the Bill can be found in the [updated guide to the Bill](#) and [explanatory notes](#). These include updates to reflect the changes made and agreed in the House of Commons.

### **Free online Event: Building the future – Lessons from the New Towns (Monday 10 June, 1:30pm – 2:30pm, online)**

This timely briefing and debate will draw on The Town and Country Planning Association's (TCPA) work on New Towns.

Please register [here](#).

### **Institute for Public Policy Research Report: Who gets a good deal? Revealing Public Attitudes to public Transport in Great Britain**

This [report](#) finds that over half of the British public (53 per cent) think having public transport to and from work is a necessity, compared to just one in five who see a car as essential (20 per cent). Public transport is also rated more crucial than having a phone (46 per cent) and access to the internet (43 per cent).

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### **Achieving our Smokefree 2030 ambition**

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No updates this month.

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### **Preventing Gambling-Related Harm** Regional Lead: Simone Arratoonian

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### **Consultation news**

This month the Gambling Commission announced [new rules and changes](#) which will be implemented to improve 'safety and consumer choice', following the review of the Gambling Act (2005) and in response to the subsequent Government [White Paper](#) last year. There will be a staggered approach to changes between August this year and February 2025. Initially a 6-month pilot will be completed of frictionless financial risk assessments prior to introduction of rules.

Planned measures include:

- 'Light touch vulnerability checks' for people who deposit more than £150 per month into gambling accounts. However, the checks will be initially introduced at a higher level of £500 per month, with the lower threshold not in effect until February 2025
- New rules for remote game design, to reduce speed and intensity of play; this will include a ban on features such as autoplay, overall losses presented as wins, casino games spin speeds of less than 5 seconds, and those which give an illusion of control (e.g. 'turbo') – and a requirement to display time and money spent (January 2025)
- Choice around direct marketing – with option to opt-in to channels and products (January 2025)
- Tighter age verification in land-based gambling venues (August 2024).

In follow up to the **DCMS** consultation relating to land-based gambling which was open from July to October last year, a [government response](#) has now been published, [announced by Stuart Andrew](#) (Minister for Sport, Gambling and Civil Society). In line with original proposals, government intends to relax rules on casinos in respect of permitted proportions of gaming machines, and to enable arcades and bingo halls to increase the ratio of Category B vs C/D machines. This will in effect increase availability of the most profitable, and harmful, machines to the public.

Use of debit cards on gaming machines to enable cashless payments is also proposed.

In terms of protection, a legal age limit of 18 will be introduced in respect of cash-paying low stake Category D slot-style machines, but these will not need to be placed in restricted areas.

Local authorities will be permitted to increase gambling premise license fees by 15% rather than the maximum 30% proposed by most licensing authorities. Operators disagreed with this amount citing economic pressures and alleged lack of transparency about how the funding is applied.

Please visit the government response link above for greater detail including the responses received which shaped the decisions.

### **DfE draft guidance**

Draft guidance on '[Relationships, Health and Sex Education](#)' (RHSE) is currently open for [consultation](#) until 11<sup>th</sup> July. The guidance contains several sections relevant to prevention of gambling and gaming harm as follows:

- The laws around gambling
- Online safety and harms (including why some sites such as gambling are age restricted)
- The risks of addiction and harm from online gaming and gambling, including debt, and how these products are targeted and advertised
- That gambling can lead to serious mental health harms, and that some products are more likely to cause these harms than others



The guidance suggests some aspects such as online safety are not to be taught before Year 3.

### **Y&H ADPH Gambling Harms Programme**

A report on trusted sources of gambling harms information has been shared on the YHPHN website [gambling programme](#) page. [The report](#) covers the outputs from a literature review to ascertain where people commonly head to online for sources of advice about gambling worries. Although evidence is currently insufficient to point to firm conclusions about this, the report outlines some helpful key factors to consider when thinking about how and where people might engage with gambling-related health information.

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

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#### **Update to the Obesity Profile on Fingertips**

[This update](#) is of adult overweight and obesity prevalence physical activity and fruit and vegetable consumption for England, regions, and local authority geographies.

#### **Obesity & the Labour market**

[The Institute for Public Policy Research findings](#) suggest a correlation between obesity and economic inactivity. Areas with high obesity rates tend to have high rates of people not participating in the workforce. This implicates obesity in the UK's current economic participation challenges – economic inactivity rates due to sickness are currently at record levels.

#### **Longer term impact of Covid on dietary purchases**

[This report](#) uses data on food and non-alcoholic drink purchases from shops, takeaways, restaurants and other outlets to analyse how the diets of a large, representative panel of households in Great Britain evolved 15 months before and up to 24 months after the start of the onset of the COVID-19 pandemic in March 2020.

#### **Food Active Bulletin**

Food Active is a healthier weight programme of work delivered by the Health Equalities Group (HEG), advocating for action to promote healthier weight, regionally and nationally. Sign up for their monthly bulletin [here](#).

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

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#### **10-year strategic plan for the drug and alcohol treatment and recovery workforce(2024–2034)**

Dame Carol Black's independent review of drugs called for the drug and alcohol treatment and recovery workforce to be rebuilt to deliver better outcomes for the people it serves. In response, the government committed to developing a comprehensive workforce strategy and invested an additional £532 million between 2022 and 2025 to improve the capacity and quality of drug and alcohol treatment. This additional funding is supporting the expansion of the workforce by the end of 2024/25

with: 1) 800 more medical, mental health and other regulated professionals. 2) 950 additional drug and alcohol and criminal justice workers. 3) additional commissioning and co-ordinator capacity in every local authority

You can find the plan [here](#).

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## Promoting physical activity Regional Lead: Nicola Corrigan

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### **Sport England Active Lives**

Sport England run two surveys annually: Active Lives Adult, which replaced the Active People Survey, and the Active Lives Children and Young People. Both give a unique and comprehensive view of how people are getting active.

The most recent reports are available to download below, while a summary of the findings of the latest Adult report [can be read here](#). You can also explore and filter the data yourself using the [Active Lives Online tool](#). A summary of the Children and Young People report [can be found here](#).

### **We Are Undefeatable Big Talk report and Infographic**

WAU launched a public consultation in 2023 to understand what is most needed to support people living with long-term health conditions to get active and to help shape the future of We Are Undefeatable. They gathered input from over 2,000 people including those living with health conditions, their carers, friends and families, and those with a professional interest in this area. Read the findings [here](#).

Key themes from the report include:

- ❖ Why the NHS is only a starting point for people with health conditions to become more active
- ❖ How the 'empathy gap' may be hindering support for people with health conditions
- ❖ The pivotal role that health charities can and must play in supporting physical activity.

### **Activity Alliance Annual Disability and Activity Survey 2023-24**

Over 2,000 people took part in the survey from October to November last year- the largest of its kind in the country. The project gives detailed insight into changes in disabled people's participation and experience in sport and activity over the last five years. It complements Sport England's Active Lives Survey, helping us understand why disabled people are still twice as likely to be inactive as non-disabled people.

This year, our report focuses on five key areas:

- ❖ Participation and experiences
- ❖ The legacy of COVID-19 and the cost-of-living crisis
- ❖ Outdoor spaces and active travel
- ❖ Mental wellbeing and loneliness
- ❖ Representation

They will also release a separate report shortly after exploring the differences between disabled people with different types of impairment.

**Activity Alliance Online research webinar  
(Wednesday 12<sup>th</sup> June, 11am-12pm)**

Our free online webinar will explore the key findings with research participants and discuss areas for action. Join us to find out more about what this means for the sector and beyond.

The webinar will help you to:

- ❖ Understand key findings, including key areas for change and action.
- ❖ Hear from research participants on their lived experience, and how we worked together in the project.
- ❖ Hear about how to collectively use the findings and our asks to help create positive change.

Please sign up [here](#).

**Breaking Barriers: Supporting Disabled Teenage Girls to be Active**

Launched in partnership with the Sweaty Betty Foundation, Women in Sport and Nuffield Health, Access Sport has carried out a research project to identify the barriers that prevent disabled teenage girls from taking part in sport and exercise.

Read more about the research, access to toolkit and watch the short film about disabled girls experiences of being active [here](#).

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**Tackling racism, discrimination and their outcomes**

**Regional Lead: Abi Brown**

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**Statement in responses to the publication of the Birth Trauma Inquiry report – NHS Race & Health Observatory**

Following the release of findings of the Birth Trauma Inquiry report, Professor Habib Naqvi (Chief Executive of the NHS Race & Health Observatory) has shared a statement in response, including highlighting the disproportionate poor birth experiences and outcomes (including birth trauma) experienced by those of Black and Asian. Here Professor Naqvi makes reference to anti-racist principles that can support the recommendations to tackle the inequalities and racism raised in the report.

You can read the statement in full [here](#).

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**Creating fair employment and good work for all**  
**Regional Lead: Nicola Corrigan**

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### **Health and Economic Inactivity**

Economic inactivity has been increasing in the UK. [This Insight](#) discusses how people leaving the workforce because of ill-health affects economic inactivity.

### **What Good Health at Work Looks Like**

[This publication](#) is primarily intended to be used by the PH system in local government as a support for implementation, acknowledging that there are other key players who have a significant role in promoting and maintaining healthy workplaces.

### **Working for a healthier tomorrow**

Improving the health of the working age population is critically important for everyone, to secure both higher economic growth and increased social justice.

[This Review](#) has sought to establish the foundations for a broad consensus around a new vision for health and work in Britain.

At the heart of this vision are three principal objectives:

- prevention of illness and promotion of health and well-being;
- early intervention for those who develop a health condition;
- an improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so.

### **Relationship between employment and health**

[This brief evidence hub report](#) looks at the relationship between health, employment and economic inactivity.

### **Working well: Delivering better health outcomes for hidden workers**

[This work](#) builds on L&G's ongoing partnership with the Institute of Health Equity, which looks at how they can help in addressing the social determinants of health and health inequalities. In 2022, with the support of Legal & General, IHE published The Business of Health Equity: The Marmot Review for Industry. Senior Research Associate at the IHE Dr Tammy Boyce sat on the Advisory Board for the report.

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

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No updates this month.

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# PRIORITY CONDITIONS AND EQUITABLE SERVICES

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Promoting public mental health and wellbeing

Regional Lead: Ali Iliff

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## Near to real-time suspected suicide surveillance (nRTSSS) for England for the 15 months to January 2024

About the [report](#):

- The latest near to real time suspected suicide surveillance (nRTSSS) for England system is published on 25 April 2024.
- This surveillance report provides an early warning system for indications of changes in trends in suicides through analysis of data on suspected suicides.
- This data can inform and enable a more timely and targeted prevention response to changing patterns in (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

To note: the report presents an increase in the suspected suicide rate for January 2024. This observation is based on relatively small numbers and needs to be interpreted with caution, but also warrants further investigation.

When examining data on deaths by suspected suicide in England for the period November 2022 to January 2024 the following conclusions can be drawn:

- the overall suspected suicide rate is higher for January 2024 than previous months
- for persons, males, and the age groups 10 to 24 and 45 to 64, the rate recorded in January 2024 is the highest in the 15 month reporting period
- when compared to the previous month (December 2023) the rate for January 2024 is significantly higher for persons and males
- when comparing to the same month in the previous year, for persons, males, females and all 4 age groups, January 2024 is higher than January 2023 - these differences are not statistically significant
- over the entire period, rates are consistently higher for males and the 25 to 44 and 45 to 64 age groups
- the proportion of deaths for method group hanging, strangulation and suffocation is consistently the highest across all quarters, however it shows a continual decrease across the reporting period
- the proportion of deaths for method group drowning shows a continual increase across the whole reporting period

- there is some indication of an increasing trend in proportion of deaths where poisoning is the method group.

Note: some reported findings are not statistically significant and are based on relatively small numbers - each finding will be monitored.

The above findings should take into account that:

- reported monthly rates are based on around 70% of England's population, therefore some caution should be applied when considering these findings - this should be addressed in future reporting
- the rates reported for January 2024 are based on the same geographies and populations as December 2023
- a large number of historical records were added recently that improves reporting, however some were missing 'sex', 'age' or 'method type' which has impacted on the monthly DSR breakdown reporting and increased the proportion of 'method type' that is presented as 'other or unknown'.

#### Annex A: Additional Context

- The data outputs from the nRTSSS work programme are primarily for national and local organisations working on suicide prevention.
- This data will help national and local policy makers to get earlier data on suicide rates by gender, age and method to inform suicide prevention activities.
- ONS provide national suicide data, this is based on date of death registration rather than date of death, and is subject to delays due to the Coroner's inquest process – this new data set complements that data set.
- This data set provides evidence on changing trends in suspected suicide at the England level, it provides new intelligence that compliments and supports the more detailed case by case work undertaken in local areas.
- The data has been collected from Police Forces in England via a data sharing agreement with the National Police Chiefs Council (NPCC). Without collaboration of the NPCC and local police forces this work would not have been possible.
- There is a data quality and completeness process in place to ensure data used is representative of the area covered, this means not all data collected from the police is used in the monthly presentation – the most recent months are based on approximately 62% of England's population aged 10 years and over.
- These are early steps in developing this surveillance system. Next steps will be undertaken with local systems, police forces and academics to improve the coverage and timeliness of data collection, and to present on more aspects (ethnicity, occupation, contact with mental health services) of death by suspected suicide.

#### **Centre for Mental Health report: Policies for better mental health: the case for a Mental Health Policy Test**

The [report](#) explores the practicalities, and advantages, of a cross-governmental Mental Health Policy Test. It then provides a framework for how this could be achieved in national government, across all governmental departments.

The report highlights how all policy decisions affect the public's mental health. Mental health is determined by a range of social determinants, including a person's financial circumstances, their housing situation, their access to community spaces, and their physical health.

Every decision made by UK government will affect people's mental health. As such, mental health should be at the heart of the decision-making process. Policy makers should illustrate the potential mental health impacts of prospective policies. This will not only result in better policies for mental health, but have knock on effects on other issues which are intrinsically linked: poverty, homelessness, employment, the environment, and more.

The report calls for the Government to put in place a robust mental health policy test, alongside a [national mental health plan](#), and a [Mental Health Commissioner](#). This 'machinery for a mentally healthier nation' will result in a real change to the way policies get made, and have lasting impacts on the lives of millions of people nationwide.

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## Improving sexual and reproductive health

Regional Lead: Georgina Wilkinson

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### HIV Prevention England Conference (Friday 6<sup>th</sup> September 2024)

This free to attend conference will take place on 6 September in London, and registration will open on 17 June. The conference theme, 'Prioritising Equity and Impact', will draw attention to the need for a significant focus on equity to ensure no one is left behind and the need to prioritise impactful interventions to achieve the 2030 goal for zero new transmissions. The call for abstracts is now open, and further details can be found [here](#).

### Sexually transmitted *Shigella* spp. in England: 2016 to 2023

The main messages from [this report](#) are that:

- following the COVID-19 pandemic, reported diagnoses of *Shigella* spp. related to both travel and presumed sexual transmission increased and returned to pre-pandemic 2019 levels, and have substantially exceeded pre-pandemic levels among presumptive MSM.
- in 2023, most diagnoses of *Shigella* spp. were seen in London (46%), Greater Manchester (7%) and Surrey and Sussex (8%); this reflects variations in the population of MSM across the country.
- cases of sexually transmitted *S. sonnei* increased substantially from Q3 2021 onwards, 230 and 432 diagnoses being reported in 2022 and 2023 respectively; notable within this increase was the re-emergence of a *S. sonnei* CipR.MSM5 (Clade 5) outbreak strain in late 2021, which subsequently became extensively drug-resistant (XDR).
- very high levels of antimicrobial resistance among *Shigella* spp. isolates continue to be a significant public health concern; the increase in XDR in *S. sonnei* isolates with resistance to ceftriaxone (a key second-line treatment for



shigellosis) is being monitored to ensure that present cases of shigellosis are treated effectively, and that antimicrobial treatment continues to be effective.

### **Under-18 2022 Q1 & Q2 conception data published**

The data can be found [here](#).

### **New draft Relationships, Sex, and Health Education (RSHE) guidance for schools – out for consultation**

The Department for Education has published new draft guidance on relationships, sex and health education for schools, this includes the introduction of age limits for certain content. The consultation on the draft guidance is open until 11 July. The draft guidance and consultation questions can be found via this [link](#).

### **Sexual Health Week 2024: 9-15 September**

The theme for this year is '*Are You Feeling it?*' [Brook](#), who coordinate the campaign each year, explain that for years a holistic approach has been taken to sexual health, recognising that physical and emotional wellbeing are inseparable. But with mental health in decline and STIs on the rise, it's more important than ever to talk about how the two intersect. That's why for Sexual Health Week 2024: *Are You Feeling It?* the aim is to shine a light on the inextricable links between mental health and sexual health and demonstrate the positive impact of early intervention. More details will be added [here](#).

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**Improving health and reducing inequalities through health and care services**

**Regional Lead: Toni Williams**

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No updates this month.

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# WORKFORCE DEVELOPMENT TO TACKLE HEALTH INEQUALITIES

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**Regional Lead: Chris Sharp**

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## **Health Protection Taster Day (Wednesday 17th July 2024, 9:15am - 12:30pm, MS Teams)**

This session has been designed to enable colleagues that want to know more about the regional health protection function and wish to gain a better understanding of the role of the UK Health Security Agency, the Y&H Health Protection Team and its key system partners.

The session will include:

- An overview of UKHSA and the Y&H Health Protection Team
- Geographical and Partnership Working (inc Field services, Environmental Hazards, EPRR, Microbiology, Public Health Programmes (Screening and Imms, Local Authority Health Protection and Infection, Prevention and Control)
- Ways of Working (inc Acute Response, Incident Management, Risk Communications)
- The latest/emerging threats to public health
- Working together with your help on Vaccine Preventable Disease

This Public Health Taster session is aimed at people who are keen to understand more about the scope and breadth of Health Protection. The day will also inform what we can do together to improve and protect health in your everyday practice.

[Click here](#) for further information and link book your place.

## **Community Health and Wellbeing Apprenticeship (Level 3) \*Inc Workforce Wellbeing option**

[The Community Health and Wellbeing Worker Level 3 Apprenticeship](#) offers a unique opportunity to develop people who have a passion for supporting Health and Wellbeing within communities and our workplaces. The apprenticeship standard is focused on working in partnership with individuals and their communities to identify and address health and wellbeing needs, improve health, prevent ill-health and reduce inequalities.

The apprenticeship provides a strong foundation of knowledge, skills and behaviours and should enable the apprentice to:

- address the causes of poor health and wellbeing in the broadest sense (causes of the causes). They do this by taking an holistic 'whole person' approach regarding physical, mental, emotional and social health and wellbeing and resilience.
- work with individuals, groups and communities to identify what matters to them, building on their strengths to improve health and wellbeing.

- understand the local and accessible services and resources available, to which people in the community can be signposted to support their health and wellbeing needs.
- identify gaps in available services and resources preventing individuals and communities from achieving optimal health and wellbeing.
- build relationships with local organisations and groups.

They are holding a virtual employer engagement webinar on 3rd July 2024 (10.00 am -11:30 am) to share more information with organisations interested in this apprenticeship.

Please book your place at this event [click here](#).

For further information, please don't hesitate to contact [yhphworkforce@dhsc.gov.uk](mailto:yhphworkforce@dhsc.gov.uk)

### **CRN Y&H - Celebrating 10 Years of Research Excellence Event (Tuesday 2<sup>nd</sup> July 2024)**

The NIHR Clinical Research Network Yorkshire & Humber would like to invite you to a Celebration of Research Excellence event. The event will celebrate the ten years of NIHR CRN research taking place across the region.

The research achievements that have taken place in all partner organisations during this time has been amazing, securing Yorkshire & Humber's reputation as a region that offers our population access to ground breaking treatments and care through research. Many of these achievements will be presented on the day along with poster presentations from partners and stakeholders. Keynote speakers will support proceedings and there will be opportunity to network with regional colleagues.

Celebrating 10 Years of Research Excellence will take place on Tuesday 2 July, 10am - 4pm, at the Leeds Marriott Hotel. It is free to attend by invitation and will include lunch.

Please register your attendance using this [form](#).

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## ANY OTHER RELEVANT PUBLICATIONS

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### **Centre for Climate and Health Security – new quarterly newsletter launching soon (30<sup>th</sup> May)**

The CCHS (the Centre for Climate and Health Security) was launched in October 2022 with a remit to lead UKHSA's climate health activity, and to provide a focus for partnerships and collaborations with academia, local authorities, and other public sector organizations.

Following feedback from external partners it was raised that it would be useful to have a way of keeping up to date with the centre's work, resulting in a launch of the quarterly CCHS newsletter later this month.

Relevant updates on the climate and health topics covered by CCHS, and recommended resources from external organisations will be included alongside the latest publications, news, and events on climate health, with an aim to support professionals working in this space with their work.

Please [click here](#) to sign up and select the 'CCHS newsletter' option under the 'News' section, and look out for the first issue launching on 30th May 2024.

### **Materials to support Local Authorities in their work on the Commercial Determinants of Health**

Two new resources have been published to help Local Authorities in their work on the Commercial Determinants of Health. Led by Yorkshire & the Humber's Anna Brook, and with input from many in the region, these materials can be found on the ADPH website and through the links below.

- **CDOH Essentials: introduce colleagues to the commercial determinants of health**

CDOH Essentials is a set of materials designed for public health professionals to use to plan and run an introductory workshop or briefing session on the commercial determinants of health (CDOH) for public health teams and key internal partners within local authorities.

Developed by Anna Brook with Katherine Körner, May van Schalkwyk and Mark Petticrew, through the London School of Hygiene and Tropical Medicine [Commercial Determinants Research Group](#), the materials have been endorsed by ADPH as part of their [project on CDOH](#).

You can find the materials [here](#).

- **Good Governance toolkit: managing commercial interactions in line with values & priorities**

Developed by Anna Brook and Katherine Körner. The toolkit is a set of materials focused on supporting local authorities to improve governance of commercial

interactions, relationships and influence, to maximise benefits and minimise risk for population health. The toolkit has been endorsed by ADPH as part of their [project on CDOH](#) and the design of the report was funded by the [SPECTRUM Consortium & Stirling University](#).

The toolkit can be found [here](#).

**Addressing health inequalities across allied health professional (AHP) services: a guide for AHP system leaders – Office for Health Improvement and Disparities**

This guide has been developed for allied health professional (AHP) system leaders working across regions, integrated care systems (ICSs), local authorities and provider organisations. The guide focuses on what AHP leaders need to know and what actions they can take at a system level to address health inequalities.

The guide emphasises using a population health approach and leading change at scale, focusing on the breadth of AHP services rather than individual services or professional groups.

Please find the guidance [here](#).

**‘Ending the Postcode Lottery on Perinatal Care’ - Birth Trauma Inquiry Report**

On 9 January 2024, the All-Party Parliamentary Group (APPG) on Birth Trauma established the first national inquiry in the UK Parliament to investigate the reasons for birth trauma and to develop policy recommendations to reduce the rate of birth trauma. Seven oral evidence sessions took place on consecutive Mondays between 5 February and 18 March 2024 in the House of Commons.

The Inquiry was also informed by written submissions which were received following a public call for evidence.

Please read [more](#).

**A Vision for the Public’s Health – Faculty of Public Health (FPH)**

The FPH have shared a national call to action setting out evidence-informed recommendations to improve health and tackle inequalities.

Please read more [here](#).