Protecting and improving the nation’s health

East Midlands Centre

Prospectus 2018/19
The East Midlands

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Foreword

Our report ‘Health inequalities in the East Midlands: an evidence report’ clearly identified that the East Midlands is an area with significant and complex public health challenges. On average, men and women living in the East Midlands have a life expectancy and a healthy life expectancy that is lower than the average for England.

We all know that there are a range of challenges faced when working to reduce health inequalities, relating to the complexity of the subject, the range of factors that impact on inequalities and the competing agendas faced by partners. But by understanding the variation in health outcomes we can start to work together to understand and systematically address health inequalities across the East Midlands.

This document provides you with a brief overview of our key achievements over the last year and sets out where we will focus our efforts over the coming year, taking on board the feedback from our stakeholder survey.

We will of course continue to deliver our core functions in relation to Health Protection, Health & Wellbeing and Healthcare Public Health.

But this plan is our opportunity to share details of the new areas of work to ensure a continued focus on key priorities, including health inequalities, building the capacity and capability of the public health workforce, health & wealth and CVD prevention.

Dr Fu-Meng Khaw  
Director  
Public Health England East Midlands
Health inequalities in the East Midlands

Health Inequalities continue to exist between and within the counties of the East Midlands. In November 2017 we published ‘Health inequalities in the East Midlands: an evidence report’, which identified inequalities in health between males and females, by geography and by socio-economic deprivation and highlighted their impact on service use and demand.

The report demonstrates a clear social gradient in health with males in the most deprived areas of the East Midlands living 8.6 years less than males in the least deprived areas. For females, the gap is 7.1 years. This social gradient translates to the urban areas in the East Midlands having a lower life expectancy than the more affluent rural areas. However, even within the more affluent rural areas the report highlights pockets of health inequalities across all local authorities.

The chart opposite highlights the social gradient in both healthy life expectancy and overall life expectancy demonstrating gaps of 9.6 years and 12.0 years respectively for males and females.

Fig 1. The gap between healthy life expectancy (circle marker) and life expectancy (square marker) by sex and deprivation decile, England 2013-15. Source: ONS
These social gradients demonstrate significant opportunities to improve health and reduce inequalities through tackling variations in preventable ill health. Overall, preventable mortality is decreasing with reductions in preventable mortality of 50% for cardiovascular disease, 15% for cancer and 14% for respiratory disease between 2001-03 and 2013-15. Meanwhile, preventable mortality from liver disease has increased by 37%. However, significant variation is seen between the local authorities in the East Midlands as shown by the orange areas below.

The Global Burden of Disease (GBD) data enables us to explore the most common risk factors that lead to years lived in disability. In the East Midlands, the top five risk factors leading to years lived in disability are:

1. obesity
2. alcohol and drug use
3. poor diet
4. occupational risks
5. smoking

Fig 3. Years lived with disability per 100,000 population by risk factor and disease or disorder, East Midlands. Source: WHO Global Burden of Disease Study 2015.
Who we are and how we work

Public Health England (PHE) is the expert national public health agency that fulfils the Secretary of State for Health’s statutory duty to protect health, address inequalities and promote the health and wellbeing of the nation, and our role is set out in the annual remit letter across four critical functions namely:

- To secure improvements to the public’s health, including supporting the system to reduce health inequalities
- To protect the public’s health
- To improve population health by supporting sustainable health and care services
- To ensure the public health system maintains the capability and capacity to tackle today’s public health challenges

PHE became five years old in April this year and since it was established we have achieved a great deal and have much to celebrate. In Figure 4 on page 8 are some of PHE East Midlands Centre’s key achievements over the last five years.

We deliver across the four critical functions as an active partner in the local public health system, and by having an integrated offer of services and advice, working closely with locally-based PHE teams, such as the Knowledge and Intelligence Service (KIS) and Field Services (FS).

Our approach to all work is underpinned by a focus on health inequalities and health equity and a key enabler for this is through our place-based working.

The geography we use to support place based working is that of the East Midlands counties and in the key achievements section of this document we provide some examples of work between PHE and local partners over the last twelve months grouped under the five Place geographies, as well as some East Midlands wide achievements.

Place based working was introduced to the PHE East Midlands Centre in late 2015 and has undergone a number of iterations leading to the current model of working from late 2017. The purpose of this approach is to allow us to more easily work together across functions, and as part of local health systems, focusing on key health outcomes for the East Midlands’ population. This approach ensures that PHE is involved in, and adds value to, local conversations, and that local stakeholders are aware of the products and services that we offer and the way in which they may be useful locally.
PHE East Midlands Centre Executive team is led by the Centre Director, Dr Fu-Meng Khaw and is represented by senior team members from Health Improvement, Health Care Public Health, Health Protection, Communications, Programme Management and Operations. The Centre Executive team oversees the strategic outputs of PHE in the East Midlands.
Milestone 1  | PHE East Midlands Centre was approved as a standalone training location and now is the largest public health training location in the East Midlands.
--- | ---
Milestone 2  | A Community of Practice for Healthcare Public Health is established.
--- | ---
Milestone 3  | PHE East Midlands staff worked both nationally and locally on the response, with some going out to Sierra Leone to offer their expertise.

2013

Milestone 1  | The Health Protection (HP) team formed a single Acute Response Centre (ARC) bringing colleagues together in one Nottingham base.
--- | ---
Milestone 2  | HP played a significant role as part of a high profile multi-agency team involving a major lookback into the incorrect use of blood testing equipment at the University of Derby, over 600 people recalled for screening.
--- | ---
Milestone 3  | Launch of the Centre’s 2013/14 prospectus to our stakeholders.

2014

Milestone 1  | Health Improvement team developed a smoking in pregnancy self-assessment tool.
--- | ---
Milestone 2  | Formation of the East Midlands Air Quality network with stakeholders in the Region.
--- | ---
Milestone 3  | Relocation to Seaton House in Nottingham bringing together all PHE East Midlands teams in one location.

2015

Milestone 1  | PHE EM worked collaboratively with Health Education England, NHS England and a third sector provider to improve health outcomes for their patients.
--- | ---
Milestone 2  | ‘What colour is your wee?’ campaign - The Nottinghamshire Antimicrobial Stewardship group made up of a number of health partners from across the Region, launched a campaign encouraging the over 60’s to keep hydrated to help prevent urinary tract infections (UTIs).
--- | ---
Milestone 3  | Good Food East Midland became the first regional member of the Sustainable Food Cities network

2016

Milestone 1  | Meeting the Prevention Challenge in the East Midlands.
--- | ---
Milestone 2  | Launch of PHE East Midlands Migrant Health profiles (launched at an East Midlands Migrant Health Day on Tuesday 6 September 2016).
--- | ---
Milestone 3  | Successful management of Avian Influenza outbreaks in Lincolnshire.

2017

Milestone 1  | PHE EM worked collaboratively with Health Education England, NHS England and a third sector provider to improve health outcomes for their patients.
--- | ---
Milestone 2  | ‘What colour is your wee?’ campaign - The Nottinghamshire Antimicrobial Stewardship group made up of a number of health partners from across the Region, launched a campaign encouraging the over 60’s to keep hydrated to help prevent urinary tract infections (UTIs).
--- | ---
Milestone 3  | Good Food East Midland became the first regional member of the Sustainable Food Cities network

Fig 4. PHE East Midlands Centre: Key Achievements 2013-2017
What you said and what we will do

We know that we can only improve and protect the public’s health if we work with and through our stakeholders. As part of a national drive to ensure the quality and improvement of our services all PHE Centres sent out a questionnaire to key stakeholders in June/July 2017, asking a range of questions about services provided and what stakeholders would like Centre’s to continue to do, stop doing and do more of.

Nationally, the intention is to repeat the survey bi-annually however we are very keen to continue the conversation with you through a local survey in September of 2018 to capture more depth in terms of what you think we are doing well and the areas that you’d like more support on going forward.

We provided an analysis of the results of the first survey together with responses from the Centre as to how we proposed to address some of your concerns and asks. These are shared here with some feedback on what we’ve done since the results were shared.

• Raise our profile – you would like a deeper understanding of our roles and responsibilities. We will through our prospectus, place based working, communications, CPD sessions and other opportunities try to make sure you are aware of work we are doing and the opportunities for you to actively engage and shape some of our work programmes.

• Improve our engagement on the wider determinants of health with the Local Authority. We will work with you, and other East Midlands stakeholders, to identify the key opportunities and to agree what support would be helpful.

• Provide more local knowledge, intelligence and analytical input, particularly in light of the STP and provide more targeted support to Sustainability and Transformation Partnerships (STPs) Accountable Care Systems (ACS’s) around developing approaches to upscale prevention and build both primary and secondary prevention into all pathways. We will work with you to agree what support would be helpful for you and we are also working with national colleagues to clarify what expectations there are for PHE’s role in these areas.

• Be more forceful in ensuring that the public health grant is appropriately accounted for and provide more support to local Directors of Public Health about the public health budget and supporting local work. We will continue to work with you individually in line with our national approach to assurance and escalate concerns and collectively in a supporting role, rolling out further the austerity /prioritisation tools.

We would encourage you to complete the survey when you receive it in September as we can only improve our services by understanding what you value from us, both now and in the future.
Key Achievements 2017/18

We made commitments in our 2016/17 prospectus which we have achieved. Below are just a few examples of our key achievements over the year.

**East Midlands wide**

**Supporting Sustainable Health and Care Services**

We have supported NHS England (NHSE) to tackle health inequalities and improve access to care through its direct commissioning, producing an Eye Health Needs Assessment for the East Midlands, working with Clinical Commissioning Groups (CCG’s), Cancer Research UK and providers to develop plans to improve the uptake of cervical cancer screening in Lincolnshire and improve access to screening for learning disability patients in Derbyshire and Nottinghamshire, and through the delivery of an e-referral system for secondary dental care. Support was also given to NHS Provider Trusts and CCGs across the East Midlands to deliver the NHS Five Year Forward View’s ‘Radical Upgrade in Prevention’ through a process of supported self-assessment, action planning and the sharing of good practice.

**Supporting the Building of Healthy Communities**

We have been involved in a number of projects which aim to build healthy communities and support people to make healthier choices. For example we delivered a unique project called #MyHealthyWeight, which focussed on using social media to educate young people (11+) on healthy weight across the East Midlands.

We have also supported ‘Good Food East Midlands’ (GFEM) in becoming the first regional member of the Sustainable Food Cities (SFC) Network. Duncan Selbie (PHE CEO) described GFEM as “public health at its best”.

In addition we reviewed the East Midlands Public Health Networks which lead to the establishment of Communities of Improvement bringing the public health workforce together to collectively improve outcomes and narrow the variation in health inequalities across the East Midlands.

**Health Protection Acute Response**

In 2017/18 we provided a 24/7 365 days a year acute response service, protecting the East Midlands from threats to health, including outbreaks of infectious diseases and environmental hazards. The health protection team managed:

- 19,185 cases and 933 associated contacts
- 1,041 situations (incidents and outbreaks)
- 3,459 enquiries

**Building the Capacity and Capability of the Workforce**

We held an event which aimed to engage elected members in public health intelligence. The event has subsequently led to an implementation plan to roll out further sessions, co-produced with local authorities.

We also collaborated with Health Education England (HEE) and NHSE in 2016-17 to develop and test system wide approaches to tackle the issues around health literacy and last year a suite of practical resources was published to support adoption of similar approaches in other areas.

**Providing a local Knowledge and Intelligence Service (LKIS)**

The LKIS team provide a local enquiry service for stakeholders on key PHE data, tools and products, ad hoc training and support and requests for analysis of datasets. There were 178 local enquiries last year.

The team also provides support with the implementation and use of K-hub, an interactive knowledge hub for the East Midlands with 177 members to date.

Over the last year they have produced a range of analytical reports including Health Inequalities in the East Midlands and East Midlands Profile - a summary of public health in the Region 2017.
Key Achievements 2017/18

**Lincolnshire**

**Lincolnshire Mustard Gas Incident: A military legacy**

In October 2017 we supported a major multiagency incident following two people who presented at Lincoln Hospital with suspected chemical burns and respiratory difficulties, having been exposed to an unidentified substance. The substance was later confirmed to be mustard gas buried under a Second World War army base. Further investigations uncovered over 150 canisters. The site has subsequently been completely decontaminated by the Ministry of Defence (MOD).

Whilst on this occasion, the incident was contained and did not pose a significant risk to public health, it could have been a very different situation had the canisters been exposed further and was a valuable exercise in working in partnership with over 20 different organisations.

**Joint Strategic Needs Assessment (JSNA)**

Our health and wellbeing team were asked to support the re-draft of two chapters of Lincolnshire’s JSNA document through a peer review. This invitation was welcomed by the team as it gave an early insight into the new chapters on key areas of work and enabled team members to add any new evidence to the already thorough drafts.

**Prevention Roadshows**

In collaboration with the Local Dental Network for Lincolnshire and Leicestershire, we delivered prevention roadshows in Grantham and Leicester, providing leadership for the concept, design and development of them. The prevention roadshow was a call to action to the local dental profession in making the ‘radical upgrade to prevention’ a reality. 140 delegates attended the two events with 91% stating that they would be making changes to their practice as a result of attending. We developed supporting resources for the roadshows, which have been taken up by the Office of the Chief Dental Officer and will be distributed to every dental practice in England as part of the Starting Well programme.
Derbyshire

Enhanced pre-release intervention pilot – HMP Foston Hall

HM Prison Foston Hall in Derbyshire caters for female offenders. In partnership with NHSE North Midlands and the prison we have developed an enhanced pre-release intervention with the aim of reducing re-offending, supporting positive choices and improving life chances on release.

Offenders in the last six months of their sentence, who may include repetitive offenders, those who have experienced domestic violence, have substance misuse issues, have been sex workers or have chaotic lifestyles are offered facilitated group sessions and 1-1s on a range of health related topics including; sexual health and healthy relationships, healthy diet and activities for daily life, registering and accessing primary care, mental health wellbeing and how to look after yourself emotionally. Each session is encapsulated within the offenders sentence plan for attendance, and measures are put in place for ongoing support into the community to enhance the through the gate work.

The intervention aims to support continuity of care, improve health outcomes, develop sustainable models of recovery and foster stakeholder co-production – it supports the health and wellbeing of individuals collaboratively, delivers interventions to contribute to a reduction in reoffending, ensures parity of esteem and shows compassion in its approach.

TB screening

We led the management of an outbreak of TB focused on a workplace in North Derbyshire. The Derbyshire team worked with 14 different employers and invited 957 people from across England, Wales, Scotland and Northern Ireland for TB screening at their local service.

Dementia Dashboard

To aid in the planning and commissioning of dementia services, with a focus on reducing inequalities, we supported the development of a dementia dashboard. The dashboard utilised the Strategic Health Asset Planning and Evaluation tool (SHAPE) which compares population needs and demographics against local assets. The tool was piloted by Derbyshire.
Nottinghamshire

Healthy Wee Campaign

From April 2017, NHSE set CCG’s a 10% reduction target in E.coli bacteraemias. The Nottinghamshire Whole Health Economy Infection Prevention and Control group launched a campaign in the summer of 2017 entitled “How Healthy is Your Wee?” The campaign aimed to encourage hydration in the over 65 year olds in an effort to help prevent infections, promote continence and reduce antibiotic use and hospital admissions. Amongst other communications activities, posters and postcards were widely disseminated across the health and social care community. Initial results are positive with significant reductions in cases over the last year.

Lung cancer in Nottinghamshire

In South Nottinghamshire, one-year lung cancer survival 2011-2015 was below the England average and its statistical neighbours. The trend ‘flat lined’ compared to the upward England trajectory. We worked with the CCGs to calculate the difference in survival compared with England and approximated that there were 50 premature deaths in this period. With the CCGs and Local Authorities we initiated a local response to investigate and implemented actions to improve outcomes including:

- Epidemiological investigation, through bespoke analysis
- Control of excess variation, through pathway improvements and support areas for development
- Establishment of an outbreak control team (OCT) to lead investigation and actions across all agencies
- A PHE led communications campaign which is scheduled for August 2018

Alcohol pilot for Nottingham City

We have been working with Nottingham City to develop their work on the wider burden of alcohol related harm to the NHS. Nottingham City developed a methodology whereby they identified a cohort of patients with long term harm attributable to alcohol. They then looked at other reasons that these patients were admitted to hospital. The LKIS has expanded this work, looking to identify wider impacts on the system, starting with these patients and tracking their activity through Accident and Emergency (A&E) departments. The early results from this work are powerful i.e. this group account for 10,354 attendances in a three year period, equating to 2.45 attendances per patient per year, compared to an average attendance rate for Nottingham of 0.50 A&E visits per year.

What colour is your wee?

1. Good
2. Good
3. Fair
4. Dehydrated
5. Dehydrated
6. Very Dehydrated
7. Severely Dehydrated

Drinking more fluids helps to prevent infections and accidents.

Aim to drink 2½ - 3½ pints or 1½ - 2 litres* including water, decaffeinated and sugar free drinks per day.

*unless otherwise advised by a healthcare professional
Leicestershire

Prevention Board

Over the year as part of its contribution to the local system we have supported the prevention work stream of the Leicester, Leicestershire and Rutland sustainability and transformation partnership.

Key contributions have included:

• Supporting work to develop a system wide approach to heart health acting as an honest broker across a range of partners to facilitate developments
• Linking the work stream up with local and national expertise on "Making Every Contact Count"

Antimicrobial Resistance (AMR) and Infection Prevention & Control plan (IP&C) Leicester, Leicestershire and Rutland 2017-2021

We worked with the whole health economy to deliver a refreshed strategy to reduce AMR and the burden of infection from healthcare associated infection in line with the government’s ambition to tackle this challenge.

Starting Well

We supported the development of NHSE’s national Starting Well oral health programme (a Smile4Life initiative). This programme of dental practice based initiatives aims to reduce oral health inequalities and improve oral health in children under the age of five years, focusing on 13 high priority areas in the country, including Leicester City. We have supported NHSE with the implementation of the programme locally, facilitating further partnership working with Leicester City and HEE. We provided advice on prioritisation based on local demography, dental access, dental disease indicators and shaped the dental educational component to support the programme.

Alcohol

The publication of the national statistics for substance misuse treatment 2016-17 highlighted the downward trend in the number of people accessing treatment for alcohol dependence. PHE is working with local authorities to carry out an enquiry to better understand what may lie behind this, and Leicestershire participated in stage 1 which was a deep dive session involving conversations with commissioners, service providers and service users; and a round table discussion with key service partners.
Northamptonshire

Delivering on the prevention concordat for mental health in Northamptonshire

Improving the mental health and wellbeing of communities is a local priority for Northamptonshire County Council and we have worked with the public health team to provide advocacy, data, and evidence for prevention in those living with mental health conditions. Firstly, through providing an intelligence briefing to inform action on preventable risk factors e.g. the significant impact of smoking prevalence in people living with serious mental health conditions in the County, currently in excess of the national average at >45%.

Secondly, we applied this approach to our reviews of the local STP plans for mental health for NHSE by reviewing plans in partnership with the Director of Public Health (DPH) to ensure they reflect population need.

Thirdly, we supported the translation of the evidence and outcomes with Health and Wellbeing Board members and public health team. We also contributed to a session that explore members’ roles in delivering the commitments in the prevention concordat.

TB in a Packing Warehouse

Following the identification of a case of TB in an individual who worked in a Northamptonshire packing warehouse, we worked with partners to offer screening to 204 people who may have been exposed. Partners are now planning a wider health check event for over 700 staff on site.

Clinical Senate Reviews

Our advice to the EMCS is core to ensuring that clinical service reconfigurations improve population outcomes, impact positively on health inequalities, and improve quality and safety for patients in the East Midlands. We have supported two clinical senate reviews in Northamptonshire on urgent and emergency care and intermediate care services. We provided advice on these services in relation to the latest epidemiology, impact on health inequalities, and geographical access to services using our SHAPE tool. Our input will helped form the Senate recommendations which will shape the development of these services following consideration by local commissioners.

Vaccination Matters Conference

In March 2018 the Screening & Immunisation team hosted the Inaugural Northamptonshire Vaccination Matters Conference which included presentations from the health protection team and national experts to an audience of practice nurses from across Northamptonshire.
Building the capacity and capability of the public health workforce across the East Midlands

Placement programme
We have an important role in supporting the public health workforce to maintain the capability and capacity to tackle public health challenges. We are well placed to partner with key health and care stakeholders to both host, and participate in, a variety of placements, to enable employee and organisational development, thereby supporting workforce capacity and capability across the system. This is particularly the case given ongoing differences in terms and conditions that can prevent full system mobility. Examples of placements might include opportunities for individuals to work flexibly with another organisation to provide input into a specific work stream; formal secondments; or shorter, more informal job shadowing to enable broader knowledge acquisition. Importantly, we will work collaboratively with partners to develop, roll out and evaluate this programme of work to ensure that approaches are reflective of the priorities, needs and challenges for different parts of the system. Learning arising from previous placements into and out of the PHE East Midlands Centre will also help to inform approaches. It is anticipated that this work programme will deliver a range of benefits and positive impacts, providing career development, talent management, and strengthened stakeholder relationships through a mutually beneficial knowledge acquisition process.

Strengthening systems thinking and leadership
The public health workforce plays a vital role in ensuring the health of the population. To build the capacity and capability of the East Midlands public health workforce, we will continue to work strategically with key system partners to ensure effective oversight of key workforce issues, challenges and opportunities across the East Midlands. This will include focus on the wider public health workforce and the core public health workforce.

Key priorities for 2018/19

Our focus on prevention continues, as does work on AMR and TB, but over the next few pages you will find details of some of new programmes of work for this year.
Key priorities for 2018/19

Health and Wealth

Working towards safe, sustainable, accessible and healthy places with more and better jobs is a shared ambition for the public sector, private enterprise and local people. We know that:

- People in the right type of secure work live longer, healthier lives
- Keeping people in work and minimising sickness absence is good for individuals and business
- Healthy workplaces increase productivity, reduce absenteeism, improves morale and staff retention
- The health and social care workforce (around 250,000 people are employed in the health sector in the East Midlands accounting for 13% of the Region’s employment) is a key sector for consideration

This year we will:

- Develop a narrative around health and economic prosperity being ‘two sides of the same coin’
- Develop an appropriate ‘health and economic prosperity’ engagement strategy
- Further develop links with key regional organisations and the Midlands Engine to put the East Midlands in a better place to access opportunities to support this agenda

We would like to develop a shared narrative about the opportunity we see, and an offer to work as part of the system leadership to deliver the ambition that the success of the place be measured in terms of health and wealth. To support this aim we propose that a ‘Health Summit’ be held in October this year to bring together key senior leaders from across the East Midlands to hear about:

- the evidence supporting the health and wealth agenda
- the opportunities available to focus and support delivery of the ambition
- the chance to discuss, and agree, with local partners actions for taking the ambition forward

East Midlands Prospectus 2018-2019
Key priorities for 2018/19

CVD Prevention Programme

Cardiovascular Disease (CVD) is responsible for one in four premature deaths and 26% of all deaths, at a cost of £8.96 billion a year to the NHS. The rates for premature death from CVD are almost twice as high in the most deprived decile of the population as they are in the least deprived decile.

As part of the NHS Five Year Forward View PHE committed to “work with STPs and NHSE, including the RightCare programme, to support the implementation of identified preventative interventions at scale.”

In the East Midlands we will work with NHSE to scale up and systematise CVD prevention interventions as part of this challenge. Our ambition is to reduce the number of and inequality in premature deaths and morbidity associated with heart attacks and strokes. Large-scale long-term programmes are already in place to address some of the major lifestyle CVD risks (tobacco, obesity and substance misuse), and further work is planned (dietary sugar and salt reduction, air quality). To achieve an impact in the short term, we will focus on three CVD risk conditions where significant opportunities have been identified for improved detection and management.

![Fig 5. Three high risk conditions for CVD](image)

We will work with system partners to build on local achievements on the diagnosis and management of Atrial Fibrillation (AF) achieved through the partnership with the East Midlands CVD Clinical Network, the Academic Health Science Network (AHSN) and the CCGs taking those proven approaches forward with a focus on hypertension and high cholesterol. We will work to improve the diagnosis and management of all three conditions, with a specific focus on high risk groups including mental health patients, prisoners and those on other long term condition registers.
Wider determinants including social, economic and environmental factors have an impact on health and wellbeing. The poorer socio-economic groups feel the negative health effects of these disproportionately. Influential environmental factors include climate change, food, transport, green space and the built environment.

Working with East Midlands Leadership Academy; we have developed a programme to support Sustainable Development Ambassadors in the East Midlands. The first of three training sessions was delivered in April. The aim is to give participants from local government and the health and care system, who are interested in and passionate about sustainability, the confidence to have conversations about sustainable development. The masterclasses will help to develop their skills on engaging and local networking so that they can integrate sustainability into their existing roles. Once trained, participants will become part of a network of volunteer Sustainable Development Ambassadors for the East Midlands.

Poor air quality is the largest environmental risk to public health in the UK. Air pollution often reflects and contributes to wider environmental and health inequalities and there a number of co-benefits with wider public health interventions. As part of PHE’s contribution to tackling this issue we will provide systematic and strategic support to local authorities working on air quality plans as well as supporting the wider air quality agenda through facilitating access to the relevant resources and advice. In the East Midlands we have a well-established Air Quality Network and are actively contributing to the review of evidence on air quality interventions that address health outcomes due to be published in 2018.
Key priorities for 2018/19

Physical Activity as Treatment

PHE and the Faculty of Sport and Exercise Medicine (FSEM) are working together on the ‘Moving Medicine’ project to promote the use of physical activity as treatment where the evidence supports it. In the East Midlands significant inequalities exist in terms of physical activity levels and we are committed to working with the East Midlands Clinical Senate (EMCS) to support the implementation of that evidence. Under the title of ‘Physical Activity as Treatment’ it is proposed that ‘Best Practice Pathways’ are developed incorporating a Making Every Contact Count approach to the use of physical activity as an overt vital sign in clinical engagement with patients and as treatment where it is recommended in the forthcoming ‘Moving Medicine’ resource. This latter resource is designed to act as a formulary for physical activity prescription covering the most common long term conditions, and will provide evidence based guidance on the effective use of physical activity as treatment for each condition.

We will lead a partnership to deliver this work adhering to the following evidence based principles agreed with the EMCS Council:

**Brief advice is effective in its own right and commissioned services are not always required for clinicians to act.**

**The Chief Medical Officers guidelines for physical activity and approaches set out in ‘Everybody Active, Every Day’ (PHE 2014) should form the basis for advice to the majority of patients where a physical activity history indicates need.**

**Where activity has the potential to benefit health it should be offered as treatment on an equal basis with other clinical interventions in line with the evidence and guidance being developed in ‘Moving Medicine’.**

As part of this work we will work to map current NHS commissioned and provided physical activity as treatment being delivered across the East Midlands. Using the Best Practice Pathways we will compare current services with the recommendations to identify gaps and improve value from the currently available resources.

Where patients require support to develop the necessary skills or confidence to engage in beneficial activity and services exist to provide this referral pathways should be in place to ensure timely access to treatment.
Local pharmacies play a unique role in unlocking the health assets within communities in the East Midlands.

Building on PHE’s recent national reports on the opportunities for pharmacy in improving the public’s health we will this year develop an East Midlands forum for collaboration and engagement to support the development of healthy living pharmacy work programmes across the East Midlands including maximising opportunities for enabling Making Every Contact Count, behavior change, and health literacy approaches. We are committed to:

- Supporting our stakeholders including the Local Pharmacy Networks, HEE, NHSE, and Local Authorities by providing a system wide governance forum for healthy living pharmacy work programmes in the East Midlands, including proactively identifying and documenting risk and opportunities.

- Maximising the impact of public health pharmacy campaigns across the East Midlands through providing the links to share and mobilise developed toolkits/resources/materials for public health impact locally.

- Building capacity and capability in relation to HLP work programmes through the development of case studies and through coordination of regional training priorities in partnership to support delivery.

We will link closely with other regions and the nationally led Public Health Pharmacy Forum to deliver these commitments.