

March 2017

## PSNC Briefing 019/17: Update on the Health and Care Landscape

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy. It builds on the Health & Care Review articles which are published on the PSNC website every week.

### Five Year Forward View for Mental Health – one year on

To mark the first anniversary of the publication of the [Five Year Forward View for Mental Health](#) by the Mental Health Taskforce, a new [report](#) has been published which highlights the progress made in the first year of the programme and the achievements to build upon to deliver over the next year and beyond.

The Five Year Forward View for Mental Health set out a series of recommendations for the NHS where seven were proposed to be delivered within the first year of the programme. Of these, six have already been achieved, and the seventh is planned to be completed in April 2017.

The report, however, highlights that progress with workforce development has taken longer than expected due to the complexities associated. Challenges within the programme and the wider environment need to be overcome to deliver the stated aims within the Forward View.

Key findings include:

- it is expected that the first year of this programme will see at least 120,000 more people receiving mental health services;
- the commitments can only be met through sufficient prioritisation of mental health at a local level, and allocation of resources which match the level of ambition; and
- to assure that local spending plans for mental health services are sufficiently robust to deliver the programme, NHS England will be carrying out an exercise in advance of April 2017 to compare commissioner plans with projected allocations and the expectations of local providers.

### Reducing hospital admissions by improving continuity of care in general practice

The Health Foundation has published a [briefing](#) highlighting how continuity of care provided by GP practices can help to reduce hospital admissions for ambulatory care sensitive conditions (those that could be potentially prevented through effective treatment in primary care), especially for the older population. It concludes that if patients saw their usual GP two or more times out of every 10, this could result in 6% fewer avoidable hospital admissions.

Key findings identified in the briefing include:

- in the GP patient survey the proportion of patients who report being able to see their preferred GP fell from 42% in 2012 to 35% in 2016;
- the researchers found there to be fewer hospital admissions (both elective and emergency) for those conditions for patients who experience a higher continuity of care;

- to improve continuity for patients, general practices who are not already doing so could set prompts on their booking systems and encourage receptionists to book patients to their usual GP. Patients could also be encouraged to request their usual GP; and
- one recent initiative, involving the introduction of named accountable GPs, seems not to have been successful in improving continuity of care.

## Moving care out of hospital won't save money, says report

The Nuffield Trust has published a [literature review](#) to examine whether delivering healthcare closer to people's homes proves to be cost-effective for the NHS. The review analyses hospital activity data over ten years and focusses on initiatives that were intended to impact on hospital care.

This was explored by looking at five key areas: elective care; urgent and emergency care; admission avoidance and easier discharge; at risk populations; and self-care.

The report aims to inform the development of [Sustainability and Transformation Plans](#) (STPs) to ensure that they are drawing on the best available evidence. It also seeks to dispel some widely-held myths about the 'magic bullet' of shifting care into the community.

Key messages include:

- a significant shift in care will require additional supporting facilities in the community, appropriate workforce and strong analytical capacity. These are frequently lacking and rely heavily on additional investment, which is not available;
- the implementation challenges involved in shifting care out of hospital are considerable and even initiatives with great potential can fail;
- many initiatives examined in the report place additional responsibilities upon primary and community care, at a time when they are struggling with rising vacancies in both medical and nursing staff, and an increasing number of GP practices are closing;
- while out-of-hospital care may be better for patients, it is not likely to be cheaper for the NHS in the short to medium term – and not within the tight timescales under which the STPs are expected to deliver change; and
- the wider problem remains: more patient-centred, efficient and appropriate models of care require more investment than is likely to be possible given the current funding envelope.

## How is the NHS performing? March 2017

The King's Fund has published the latest [Quarterly Monitoring Report](#), which combines publicly available data on selected NHS performance measures with views from NHS trust finance directors and Clinical Commissioning Group (CCG) finance leads. These were supplemented with interviews with four NHS leaders.

The report looks at what has happened over the last quarter to assess the state of the current health and care system and provide an update on how the NHS is coping.

Key findings include:

- the latest report states that 2017 has not started well for the NHS, as more than half of finance directors from the trusts and CCGs believe the quality of care in their area has deteriorated over the past year;
- 70% of trusts surveyed increased their staff to prepare for the increased pressure services during the winter;
- 80% of NHS finance directors identified higher numbers of patients with severe illnesses and complex health needs as key reasons for A&E pressures; and

- 70% of NHS finance directors cited delays in discharging patients from hospital as a reason for increased pressure on A&E.

## CQC reveals comprehensive picture of the quality of hospital care in England

The Care Quality Commission (CQC) has published a new report, [\*The state of care in NHS acute hospitals: 2014 to 2016\*](#), highlighting key findings after inspecting all 136 acute non-specialist and 18 specialist trusts. The report covers ratings, issues across services, core services, specialist hospitals as well as improvement, deterioration and special measures.

The main finding in the report is that NHS trusts are facing substantial challenges that are set to continue as hospitals manage rising demand for their services as well as making efficiency savings. Many hospitals inspected were found to deliver very high-quality care despite these challenges; however, some trusts have been found to have compromised quality in specific areas of care.

Other key findings include:

- inspections have found variation in quality between hospitals, but often that there is also considerable variation in quality between services in the same acute hospital;
- the model of acute care has not developed sufficiently to respond to the changing needs of the population, with less than a third of services rated as good or outstanding for being responsive;
- the physical environment of A&Es is a big concern. Many A&Es were built at a time when demand was much lower and a lot of these are no longer fit for purpose;
- patients with mental health problems have a particularly poor experience in many A&Es;
- there are too many last-minute cancellations because of a lack of availability of beds (including critical care beds), with the rate of cancelled elective operations steadily increasing since 2011/12. Surgical beds are often occupied by medical ‘outliers’; and
- thirty-seven trusts have been re-inspected since they were first rated; 13 have improved their overall rating and four have seen a deterioration.

## The social care funding gap: implications for local health care reform

The Health Foundation has published a [\*briefing\*](#) that analyses the gap in adult social care funding in England and provides an estimate of the figure based on information provided on the position of social care funding in 24 of the 44 STPs.

The briefing draws on interviews with a range of STP leaders and argues that the social care funding gap has significant implications for STPs. Insufficient funding risks their ability to improve care and put services on a more sustainable footing.

Key points in the report include:

- successful implementation of STPs will require a robust social care sector. Six years of real-terms reductions in social care budgets have left 400,000 fewer people receiving essential help, as well as destabilising the providers of care, leading to some going out of business;
- social care is essential for people to lead as independent a life as possible, and to ensure they can be moved out of hospital safely and quickly;
- the briefing estimates the funding gap for adult social care to be at least £2 billion in 2017/18; and
- the 2017 budgets need to provide significant additional funding for social care to ensure proper support for those people and their families who are struggling to manage, and to protect the NHS from inefficiency.

## Takeaways and ready meals hit 100 million a week

A new [research report](#) carried out by the Policy Research Centre for Cancer Prevention at Cancer Research UK has been published which looks at the consumption of ready meals, fast food and takeaways and confectionery amongst the UK adult population. The data links consumption behaviours to calorie and sugar consumption guidelines as well as physical activity levels.

Key findings include:

- seventy-nine million ready meals are consumed by adults in the UK each week;
- twenty-two million fast food and takeaways were consumed by adults in the UK each week;
- almost a third (31%) of people consumed confectionery every day;
- males consumed significantly more ready meals, soft drinks and fast food and takeaways than females;
- the 18-24 age group consumed more soft drinks, confectionery, ready meals and fast food and takeaways than older age groups, but this age group had a better knowledge of calorie guidelines than those aged 45 or older; and
- almost a half (46%) of obese people were sufficiently active.

## NHS Digital statistics on drugs misuse in England

NHS Digital has published a [statistical report](#) presenting a range of information on drug use by adults and children in England from a variety of sources.

Key statistics include:

- in 2015/16 there were 8,621 hospital admissions with a primary diagnosis of drug-related mental health and behavioural disorders. This is 6% more than 2014/15 and 11% higher than 2005/06.
- there were 15,074 hospital admissions with a primary diagnosis of poisoning by illicit drugs. This is 6% more than 2014/15 and 51% more than 2005/06.
- in 2014, 15% of pupils had ever taken drugs, 10% had taken drugs in the last year and 6% had taken drugs in the last month; and
- the prevalence of drug use increased with age. 6% of 11 year olds said they had tried drugs at least once, compared with 24% of 15 year olds.

## Maternal mental health – women’s voices

The Royal College of Obstetricians & Gynaecologists has launched the [results](#) of a survey of over 2,300 women about their experiences of mental health problems during and after pregnancy.

Key findings from the survey include:

- 81% of women had experienced a maternal mental health problem;
- only 7% of women who experienced maternal mental health symptoms were referred to specialist care;
- 38% of women waited over four weeks to be referred, with some women waiting a year; and
- there is unacceptable wide variation of care across the UK.

## Health matters: preventing drug misuse deaths

Public Health England (PHE) has published [Health matters: preventing drug misuse deaths](#), a professional resource intended for providers and commissioners.

The resource provides an overview of the scale of the problem, factors causing the rise in drug misuse deaths, preventing drug misuse deaths and a call to action.

## Against the odds: experiences from the NHS front line

The Royal College of Physicians (RCP) has published a [report](#) highlighting experiences from NHS front line staff working in NHS hospitals between December 2016 and January 2017.

The report contains a series of quotes from doctors and patients who explain in their own words their experiences of NHS hospitals.

The RCP is calling on the Government to:

1. invest in health and social care;
2. support NHS staff to deliver excellent care; and
3. improve the working lives of NHS staff.

## United effort required to tackle huge challenges facing the NHS

The Public Accounts Committee has published a [report](#) setting out new and urgent recommendations to the Government relating to the NHS's recent performance. These recommendations relate to declining financial performance and services to patients as well as risks to future performance such as delivering STPs, pressures in social care and closing the £22 billion efficiency gap.

Conclusions made in the report include:

- there are indications that measures taken to restore financial stability are affecting patients' access to services and their overall experience of care;
- NHS England and NHS improvement have much more to do before the public can feel confident that local STPs are about delivering transformation and efficiencies and not just a cover for cuts in services;
- with extreme pressures on funding, the social care system is unable to meet demand, placing enormous extra pressure on NHS services; and
- the Department of Health (DH), NHS England and NHS Improvement do not yet understand whether, and how, they can realistically expect local bodies to deliver all that is being asked of them.

## Community engagement: improving health and wellbeing

The National Institute for Health and Care Excellence has published a new [quality standard](#) which covers community engagement approaches to improve health and wellbeing and reduce health inequalities, and initiatives to change behaviours that harm people's health. This includes building on the strengths and capabilities of communities, helping them to identify their needs and working with them to design and deliver initiatives and improve equity.

## Hospital winter pressures: How did NHS trusts perform in 2016/17?

NHS Providers has published a [briefing](#) which highlights the performance of the NHS over the three peak winter months, from 1st December 2016 to 26th February 2017.

Winter pressures are shown against the following measures:

- A&E diverts;
- A&E attendances;
- emergency admissions;
- general & acute escalation beds;
- general & acute bed occupancy;
- number of beds closed (due to acute symptoms or outbreaks);

- adult critical care bed occupancy;
- operational pressures; and
- A&E closures.

Daily winter performance data has been collected during the three months for 152 hospital trusts which forms the basis for the report. A summary of the report's findings includes the following points:

- performance against the A&E four hour waiting time target continues to fall, with 86.2% of patients seen within four hours against the 95% standard;
- delayed transfers of care are worse than ever as trusts struggle to find the appropriate care setting for patients who continue to need to support but who are medically fit to leave hospital;
- the 92% standard for patients starting consultant-led treatment within 18 weeks continues to be missed and the waiting list is growing; and
- the ambulance service has not met the targets for reaching 75% of the most seriously ill patients within 8 minutes since 2015.

### **Dietary advice, pregnancy & breastfeeding**

The Parliamentary Office of Science and Technology has published a [note](#) focussing on the UK dietary advice given to women from family planning through pregnancy and into breastfeeding, and examines the evidence behind the advice and its take-up among women. It also compares it with international advice and how take-up could be improved.

### **NCMP Local Authority Profile: academic year 2015 to 2016 update**

PHE has updated the [National Child Measurement Programme \(NCMP\) Local Authority Profile online tool](#) with data from the 2015/16 academic year.

The tool displays prevalence of obesity, overweight, healthy weight and underweight at local, regional and national level over time for children in Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years).

The NCMP data [shows](#):

- obesity prevalence in children continues to have strong associations with ethnic group, deprivation and sex;
- for most ethnic groups, the percentage of children who are obese in Year 6 is at least double the percentage in Reception;
- obesity prevalence is higher in boys than girls in both Reception and Year 6; and
- obesity prevalence in Asian and Black children is higher than the national average in both Reception and Year 6.

### **Local Alcohol Profiles for England: March 2017 data**

PHE has published updated [Local Alcohol Profiles for England](#), with new alcohol consumption and sales data.

Key findings from the updated tool [include](#):

- 236 million litres of pure alcohol were sold through the off-trade in England in 2014, equating to 10.6 units per adult each week;
- wine sales made the largest contribution to total off-trade alcohol sales per head throughout England (39%), followed by beer (27%);
- there were 1.3 licenced premises per km<sup>2</sup> in England in 2015/16, with a total of 156,000 licenced premises across the country; and

- 3% of the least deprived 10% of the population drank over 14 units a week compared with 21.2% in the second most deprived decile.

## Adult smoking habits in the UK: 2015

The Office for National Statistics (ONS) has published a new [bulletin](#) which examines cigarette smoking in adults and includes the proportion of people who smoke, broken down by demographics, changes in habits over time and e-cigarette smoking.

- in 2015, of all adults in the UK 17.2% smoked, down from 20.1% of adults who smoked in 2010;
- in 2015 across the UK, 19.3% of men and 15.3% of women smoked cigarettes;
- from 2010 to 2015, smoking has become less common across all ages in the UK, with the largest decrease observed among those aged 18 to 24 years;
- in 2015, of all adults in Great Britain who had previously smoked 56.7% had quit – the highest proportion of quitters since 1974; and
- 3 million people in Great Britain used e-cigarettes in 2015; for half of these, vaping is used to quit smoking.

## 2017 Child Health Profiles

PHE has published a new indicator tool, [2017 Child Health Profiles](#) which presents information on child health and wellbeing in each local area, intended for local government and health services to improve children's services and reduce health inequalities.

Each local authority (LA) in England has a four-page profile with personalised information to include:

- an 'at a glance' summary description of child health in the area which highlights key findings;
- maps and charts showing how the health of the area compares to the national view and other LAs in England; and
- a 'spine chart' health summary showing the difference in health between the area and the England average for 32 indicators within the five domains of the Public Health Outcomes Framework.

## Wider Determinants of Health: March 2017

PHE has launched their [Wider Determinants of Health tool](#), a tool that will bring together local indicators and resources to improve population health and reduce health inequalities.

The tool remains under development and the indicator domains and resources will be added to over the coming year.

Currently, the tool presents information relating to natural and built environment; work and the labour market; vulnerability; income; crime; education; marmot indicators; and health outcomes.

## Health and social care devolution: the story so far in Greater Manchester

The Health Foundation has published a [research report](#) which summarises the progress of health and social care [devolution](#) since October 2015. The research sought to understand the devolution process and its development, to describe and analyse changing governance, accountability and organisational forms, and to map and measure changes to services.

## Essays on four years of public health

The Local Government Association (LGA) has published a series of [articles](#) from councillors, directors of public health, providers, commissioners, academics and other key decision makers who have been working in the field since public health transferred to local government in April 2013.

Some of the articles present a picture of what is already happening in local government to address social determinants of health, others reflect on what more can be done by LAs.

## LGA Annual Public Health report – four years on

The LGA has published a compilation of [case studies](#) highlighting the progress made by LAs since public health was transferred from the NHS in April 2013 to improve health and wellbeing.

The key themes identified in the report from the case studies include grappling with reduced resources and commissioning integrated services. The report then discusses priority areas, future plans as well as learning and key messages.

Some work highlighted in case studies includes:

- Birmingham City Council – Exceeding national targets for NHS Health Checks;
- Cheshire and Merseyside public health collaborative – Blood pressure strategy an international example of good practice.
- Redcar & Cleveland Council – Significant improvements in smoking prevalence and alcohol-related harm; and
- Somerset County Council – A whole-system focus on prevention, including aiming for a pooled prevention budget within the STPs.

## NHS Staff Survey 2016 published

NHS England has published the results of the [NHS staff survey 2016](#), which was carried out between September and December 2015 across 297 NHS organisations. The survey includes responses from 299,000 staff members across 297 NHS organisations.

Key findings from the survey include:

- 80% of staff feel able to do their job to a standard they are personally pleased with – up from 78% last year;
- 73% of staff said that patient care is their organisation's top priority – up from 67% last year;
- 89% of staff agree that their organisation takes positive action on employee health and wellbeing; and
- the proportion of staff saying they can contribute towards improvements at work has risen from 59% five years ago, to 70%.

## Domestic abuse: a resource for health professionals

DH has published a new [resource](#) to help all NHS staff and allied healthcare partners in responding to victims of domestic violence and abuse.

The resource covers:

- responsibilities of commissioners and local strategic partnerships;
- responsibilities of service providers and service managers;
- practitioners responding to victims; and
- commissioning services and responding to perpetrators of domestic abuse.

## Healthy food cheaper than 'junk food', says report

The Institute of Economic Affairs has published a new [research report](#) which compares the prices of 78 common healthy and unhealthy food and drink products, to investigate whether healthy food is more expensive.

Findings in the report include:

- measured by edible weight, healthier food in supermarkets tends to be cheaper than less healthy food;
- except for fish, all the food groups recommended in the UK government's Eatwell Guide can be bought for less than £2 per kilogram and a wide range of vegetables are available for less than £1 per kilogram;
- the ingredients for a nutritious meal can be bought for significantly less than the cost of 'junk food', ready-meals and – by a wide margin – takeaway food; and
- it is unlikely that taxes and/or subsidies would have a significant impact on dietary choices.

## Inequality, driving people to suicide

Samaritans has published a new report, [Dying from Inequality](#), which examines the relationship between socioeconomic inequalities and suicidal behaviour.

The report looks at suicidal behaviour during economic recession and recovery, psychological factors, how people understand the impacts of inequalities on their mental health and suicidal behaviour. It then makes recommendations at a societal level requiring national action and at community and individual level requiring local action.

Key facts in the report include:

- men in the lowest social class, living in the most deprived areas, are up to ten times more at risk of suicide than those in the highest social class, living in the most affluent areas;
- people who are unemployed are two to three times more likely to die by suicide than those in employment;
- the least skilled occupations have higher rates of suicide; and
- a low level of educational attainment and no home ownership increase an individual's risk of suicide.

## Hepatitis C in the UK

PHE has published [new materials](#) featuring the most recent national estimates of hepatitis C virus (HCV) infections in the UK.

Key points in the report include:

- around 160,000 people in England are living with chronic HCV infection;
- prevalence of infection is not only concentrated in areas with high levels of current/past injecting drug use, but also in areas where there are high numbers of black and minority ethnic (BME) populations who have close links to countries with a high prevalence of HCV infection;
- HCV disproportionately affects populations who are marginalised and underserved and have poorer access to healthcare and health outcomes;
- only around one half of people who inject psychoactive drugs sampled in the survey were aware of their HCV antibody positive status, and this figure has remained relatively stable over the last decade; and
- needle/syringe provision was found to be suboptimal, with just less than one half of those of who had injected psychoactive drugs surveyed reporting adequate provision for their needs.

The new resources include a report, headline table, infographic and slide set.

## Weight change in primary school age children

PHE has published a [report](#) looking at how the weight status has changed in individual children between the first and final years of primary school.

The data has been provided by the National Child Measurement Programme in four LAs from 2006 to 2015.

Key findings from the report include:

- for children who were overweight in Reception, 31% remained overweight, around 30% became obese, and 13% severely obese by Year 6 (a total of over 40% obese or severely obese);
- most children who were severely obese in Reception remained severely obese in Year 6 (57% of boys, 62% of girls);
- most children who were a healthy weight in Reception remained a healthy weight by Year 6 (77% girls, 73% boys). However, 9% of boys and 7% of girls who were a healthy weight in Reception became obese (including severe obesity) by Year 6.

The report also briefly discusses the impact of socio-demographics, noting that children from the most deprived neighbourhoods are more likely to become or remain obese than their most affluent counterparts.

Finally, the report highlights some practice considerations, which include communicating risks of excess weight to parents and putting in place prevention programmes for pre-school and school-age children.

### **Social work: essential to integration**

DH has published a [report](#) highlighting the contribution that social workers make and how health and social care integration initiatives could be supported on a local and regional level. It was developed in collaboration with the Association of Directors of Adult Social Services, the Principal Social Workers' Network and DH.

The report explains what works in integrated approaches, what social workers bring into integrated approaches and how social work can be supported in integrated approaches. It concludes with top tips for directors of adult social services and principal social workers.

### **Health and wellbeing in rural areas**

The LGA has published a [report](#), produced in partnership with PHE, which focusses on health and wellbeing in rural areas in England.

The report looks at why examining health and wellbeing in rural areas is important, noting that rural communities are very different to urban areas and cities, and that pockets of deprivation can be masked by statistics. It also highlights that rural communities are increasingly older and less diverse than the rest of the population.

The report then discusses health in rural communities and the health risks that may present, such as changing population patterns, digital access and exclusion, access to health and related services as well as lack of community support, isolation and social exclusion.

Finally, it lays out questions to consider when developing strategies for rural health.

### **Statistics on Women's Smoking Status at Time of Delivery, England – Quarter 3, 2016-17**

NHS Digital has published [statistics](#) on women's smoking status at the time of delivery in England over the third quarter of 2016/17.

The results are displayed at three levels: Commissioning Region, Region, and CCG Region.

Key statistics from the report include:

- 6% of pregnant women were known to be smokers at the time of delivery. This compares to 10.4% for the previous quarter;
- the proportion of pregnant women known to be smokers at the time of delivery has remained below the national ambition of 11% or less since Q1, 2015/16; and
- 108 out of 209 CCGs met the national ambition of 11% or less.

## NHS reality check: Delivering care under pressure

The RCP has published a new [report](#) featuring experiences from those delivering care at the front line. The survey took place between January to February 2017 and includes responses from 2,101 doctors.

The report calls for action which includes transforming services, prioritising public health and prevention as well as supporting and valuing the NHS workforce.

Key findings in the report include:

- 55% of doctors believe that patient safety has deteriorated over the past 12 months;
- 84% experienced staffing shortages across the team; and
- 47% of doctors believe that doctors in their trust are confident about speaking up.

## New patient care test for hospital bed closures

NHS England has [announced](#) that from 1st April 2017, hospital bed closures will only be approved if NHS organisations have met specific requirements.

The new requirements stipulate that NHS organisations must meet one of three new conditions:

- demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or:
- show that specific new treatments or therapies, such as new anticoagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care.

## How health care is funded

The King's Fund has written a [feature](#) on their website explaining how healthcare is funded and compares it to that of different countries. The feature covers taxation, private health insurance, social health insurance and user charges.

## Understanding NHS financial pressures

The King's Fund has published a [report](#) examining the impact that financial pressures on the NHS have on patient care across different parts of the health system.

The four specific services being looked at in detail are genito-urinary medicine (GUM) services, district nursing services, elective hip replacement services and neonatal services. Each service was analysed to explore different experiences across the system.

The main findings in the report are:

- financial pressures on the NHS are severe and show no sign of easing; however, relatively little is known about their impact on patient care;
- GUM and district nursing services were under particular strain;

- within elective hip replacement services, activity has increased in recent years and patients remain happy with the outcome of their operations, but the latest data shows that average waiting times for treatment are starting to rise; and
- neonatal services appear to have largely maintained quality and access despite a number of longstanding pressures, although there is variation between units.

The report concludes that its findings challenge the direction of travel set out in the [NHS Five Year Forward View](#) of strengthening community-based services and focussing on prevention.

## Conceptions in England and Wales: 2015

The ONS has published its latest [statistical bulletin](#), focussing on conceptions in England and Wales in 2015. The annual data covers conception counts and rates by age group and includes women under the age of 18.

The main findings in the bulletin include:

- the under-18 conception rate in 2015 was 21 conceptions per 1,000 women aged 15-17; this is the lowest rate recorded since comparable statistics were first produced in 1969;
- the estimated number of conceptions to women under the age of 18 fell to 20,351 in 2015, compared with 22,653 in 2014, a decrease of 10%;
- the estimated number of conceptions to women aged under 16 fell to 6,466 in 2015, compared with 4,160 in 2014, a decrease of 17%; and
- conception rates in 2015 increased for women aged 25 years and over, and decreased for women aged under 25 years.

## Self-Care: Everybody's Talking About It

Regional Voices has [published](#) a briefing which aims to increase the understanding amongst commissioners of the contribution the voluntary and community sector make as enablers of self-care.

The report is accompanied by a discussion paper which explores the extent to which the recognition of the contribution of the voluntary and community sector at policy level is replicated at a local level by CCGs.

## NHS mandate 2017 to 2018

DH has published the Government's [mandate](#) to NHS England for 2017/18. The mandate sets objectives for NHS England that reflect its contribution to the Government's ambitions to 2020.

The seven objectives are:

1. through better commissioning, improve local and national health outcomes, and reduce health inequalities;
2. to help create the safest, highest quality health and care services;
3. to balance the NHS budget and improve efficiency and productivity;
4. to lead a step change in the NHS in preventing ill health and supporting people to live healthier lives;
5. to maintain and improve performance against core standards;
6. to improve out-of-hospital care; and
7. to support research, innovation and growth.

## Public health commissioning in the NHS 2017 to 2018

DH has [published](#) the NHS public health functions agreement which sets out the arrangements under which the Secretary of State delegates responsibility to NHS England for specific public health services.

## Alcohol industry updating the health information on its labels

DH has published [guidelines](#) on how the alcohol industry can communicate the UK Chief Medical Officers' low risk drinking guidelines on their products' labelling.

The guidelines cover messages that should be communicated to the public which include those relating to weekly drinking limits, single occasional drinking episodes and drinking during pregnancy.

If you have queries on this PSNC Briefing or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).