Welcome to the summer edition of the Healthy Living Pharmacy Newsletter.

This newsletter has a specific emphasis on physical activity, mental health as well as updates and case studies from around the country and an update on the HLP Level 1 QA process.

Greg Fell, the new chair of the Healthy Living Pharmacy Task Group also shares his reflections on the future of HLPs.

As always, please keep us informed about any innovative delivery models, as well as any challenges you may be experiencing on the frontline.

You can email us at hlpnewsletter@phe.gov.uk

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Healthy Living Pharmacy: What does the future look like?

The well-known issues of high footfall, skilled workforce, and high level of trust and the geographic location of pharmacy make the potential for healthy living pharmacy initiative vast.

In fact, the potential for pharmacy to make a difference to health and wellbeing outcomes is only really limited by imagination.

There are lots of excellent examples, for example pharmacists delivering the NHS Health Checks, weight management and sexual health services are some of the examples of what HLPs are offering, as part of a drive to improve people’s health.

Why stop there? There are obvious, and often untapped, opportunities around the use of simple interventions at key points to encourage us all to improve our lifestyles. This is simple, can be done within existing resources and lead to better outcomes.

Many places have a scheme called social prescribing - mostly where a GP has a wide range of non-medical options where patients can be "prescribed" support from, in order to best meet needs that are non-medical. There is no reason why pharmacies should not be involved in such schemes.

From where I sit in a local government organisation, it is important to think about the contribution of pharmacy to determinants of health, for example the role of pharmacy in implementing the living wage, developing opportunities for skills development and employment.

The healthy living pharmacy framework is an obvious route to getting into this agenda. It's been developed with pragmatism in mind. I'd encourage you to engage with it, use it and capitalise on the potential in any way you can.

The Pharmacy and Public Health Forum (PPHF) and the HLP task group have a dedicated section on the gov.uk

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Greg Fell
Chair of the Healthy Living Pharmacy Task Group of the Pharmacy and Public Health Forum & Director of Public Health, Sheffield City Council
Upcoming PHE events & campaigns

13-14 September  PHE Annual Conference

Be Clear on Cancer – Respiratory campaign pharmacy toolkit
In July 2016, Public Health England launched the new national Be Clear on Cancer campaign; focusing on the key respiratory symptoms of a persistent cough and inappropriate breathlessness and encouraging people that if they experience these symptoms to see their doctor. This campaign will bring together and refresh the previous national Be Clear on Cancer lung cancer campaign and regional breathlessness campaign, with specific resources available for pharmacy.

A free pharmacy toolkit to support the campaign, including leaflets, briefing sheet, posters, symptoms sheets, shelf wobblers and access to video briefings for staff is available to pre-order now using the code: BCOCRESPPHARMKIT on the PHE pharmacy order line call 0300 123 1019. The order line is open Monday to Friday, from 8am to 6pm.

Stay Well This Winter 2016/17
Stay Well This Winter is running again this year and you can sign up to the Stay Well This Winter e-mail updates to be kept informed as pharmacy resources are published on the PHE Campaign Resource Centre

Antibiotic Guardian Campaign
In 2014 Public Health England (PHE) established the Antibiotic Guardian campaign in collaboration with the UK Devolved administrations and professional organisations; the campaign aims to help protect antibiotics and improve knowledge about antibiotic resistance.

The Antibiotic Guardian campaign supports the UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018; this cross-government strategy sets out actions to be taken which can help to slow both the development, and spread of antimicrobial resistance. World Antibiotic Awareness Week and European Antibiotic Awareness Day which each take place annually in November.

The campaign, which is available throughout the year and led by PHE, adopts a One Health approach calling on everyone in the UK (the public and animal and human healthcare communities) to become Antibiotic Guardians by choosing one simple pledge about how they can make better use of and help protect these vital medicines. People can pledge on the campaign website. Pharmacy teams are encouraged to become Antibiotic Guardians and consider leading awareness raising activities to educate patients during World Antibiotic Awareness Week (14 – 20 November 2016).
Pharmacy teams are encouraged to become antibiotic guardians and consider leading awareness raising activities to educate patients during World Antibiotic Awareness Week (14-20 November 2016). Register your pharmacy to get involved https://surveys.phe.org.uk/EAAD-AG_Reg2016CommPharm.

For further details, please contact the Antibiotic Guardian Chair, Dr Diane Ashiru-Oredope via diane.ashiru-oredope@phe.gov.uk

NHS Health Check Conference 2017: Call for Abstracts

The Getting serious about prevention 2017: Improving Cardiovascular Health Together conference will be taking place on 9 February 2017 in Manchester. We are now inviting abstracts for educational/research posters and oral presentations to be included in the conference programme of workshops and a poster competition. Deadline for submissions is Friday 30 September 2016. Find further details here.

Promoting Physical Activity and Reducing Inactivity

Regular physical activity has significant benefits for health and can prevent or help manage over 20 common health conditions. Reducing inactivity and sedentary behaviour could prevent up to 40% of many long term conditions such as diabetes and cardiovascular disease. The population is around 20% less active than in 1961. If current trends continue, it will be 35% less active by 2030.

Only 21% of boys and 16% of girls aged 5 to 15 in England take the amount of physical activity they need for good development.

Around one in two women and a third of men in England are damaging their health through a lack of physical activity. This is unsustainable and costing the UK an estimated £7.4bn a year (including £0.9 billion to the NHS alone).

Inactivity is defined as engaging in less than 30 minutes moderate intensity physical activity per week and is a different problem from 'sedentary behaviour.'
Sedentary behaviour damages health because of the way it affects circulation and fails to use muscles and bones. This is a risk even to those who take regular vigorous exercise. More than 40% of women and 35% of men spend more than six hours a day desk-bound or sitting still. This applies as much to those aged 16-24 as those who are 65-75. People need to be encouraged to avoid being sedentary for extended periods and move at least once every hour.

The CMO recommends Adults and Older Adults should participate in at least 150 minutes of moderate activity, 75 minutes of vigorous activity or a combination of the two per week plus muscle strengthening twice a week. Older adults should also include activities to improve balance at least twice a week. Young people (5-19) need at least 60 minutes moderate activity every day and under-fives should be active for more than 180 minutes per day.

HLP Pharmacy teams have a vital role to play in supporting the culture change needed to get everybody active every day. 1 in 4 adults say that they would be more active if advised to be so by a health professional. Pharmacists and their teams are well placed to deliver high-quality brief interventions for physical activity behaviour change, which are non-judgemental and tailored to the individual using motivational interviewing techniques.

Pharmacy teams can use many opportunities to talk about the benefits of increasing physical activity. These brief interventions or advice can take place when selling over the counter medicines, dispensing prescriptions, especially for long term conditions such as high blood pressure, diabetes or during discussions on medicine use reviews or the new medicines service or when carrying out NHS Health Checks.
Brief interventions are just that, i.e. ‘brief’, but would normally involve assessing a person’s current physical activity level, their level of motivation to becoming more active, and providing them with information on the benefits of physical activity. Advice should always be supported by practical, tailored suggestions and information about local activities and groups.

A suite of BMJ eLearning modules about physical activity in the treatment of long term conditions funded and developed by PHE are available, they are accompanied by a further module on motivational interviewing in brief consultations available here.

The CMO Guidelines are available on the Department of Health website alongside a set of infographics that can be printed off to display in your pharmacies or used in consultations with patients and the public.

Ole Nascimento/Tim Chapman, Public Health England, Healthy Adults Team

**Action on Mental Health through Healthy Living Pharmacies**

Healthy Living Pharmacies are good settings for improving population mental health and for addressing local priorities in public mental health (PMH). PMH includes the three strands of promoting good mental health across the population, preventing mental illness and suicide and improving the lives of people with mental illness.

**Why is this relevant?**

- Up to 1 in 4 of the population experiences mental illness but many people struggle to access help from family, friends or services.
- Suicide is the biggest killer of people aged 20-34, 75% of these have no contact with mental health services and those who are bereaved are at increased risk themselves.
- Being in good mental health affects everyone’s ability to lead healthy and fulfilling lives, including making healthy lifestyle choices.
- 1 in 10 of the population report loneliness and don’t have someone to rely on, and 1 in 3 people would like to have more social contact.
• People with mental health problems are likely to be in poorer physical health and die younger than the rest of the population.

What can be done?
Some of the ways in which pharmacy teams could contribute to public mental health include:

1. ‘Making Every Contact Count’ (MECC) for mental health. The new national consensus statement for MECC now includes mental health and wellbeing within the MECC framework. This involves conducting health conversations and brief interventions in a way that doesn’t cause stress, anxiety or discontent but helps raise motivation, self-efficacy and sense of control; and including conversations about steps to take that can improve personal mental wellbeing, such as the Five Ways to Wellbeing Framework.

2. Providing information on, signposting to, or even a venue for community psycho-social or psycho-educational interventions. These might be part of a local community referral or social prescribing scheme whereby people with low levels of mental wellbeing/sub-clinical threshold for common mental health disorders/or recovering from mental illness, drug or alcohol issues can access psycho-social support e.g. mindfulness, anger management, arts, exercise, debt advice and housing advice. These also help to address a common factor of social isolation. See NICE guidance and Health Education England’s new resource on social prescribing.

3. Train staff as mental health champions, to have more knowledge and skills and a key role in creating ‘mentally healthy pharmacies’. Training should cover all three aspects of public mental health (see PHE’s framework). The E-lfH has an open-access 20 minute introductory session on mental illness for healthcare staff. http://www.e-lfh.org.uk/programmes/mental-health-awareness-programme/open-access-session/

4. Provide a leadership role in creating a mentally healthy community, advocating for the mental health needs of local people and the role of the Healthy Living Pharmacies as a safe space and resource for promoting individual and community wellness. See the PHE/NHSE guide to community-centred approaches.

Be a mentally healthy workplace, supporting a culture of work-life balance and adopting organisational approaches that assess and manage demands, job control, support, relationships, role and change. See NICE guidance and the Workplace Wellbeing Charter.

Jude Stansfield, National Adviser Health Equity & Mental Health
Blood pressure management: joint projects between Public Health England and the British Heart Foundation

The British Heart Foundation (BHF) is working collaboratively with Public Health England (PHE) on a range of projects to better prevent, detect and manage high blood pressure.

In addition to working on joint projects with PHE, the BHF blood pressure team is currently reviewing all their resources relating to high blood pressure and is developing a new and improved resource hub for the public, health care professionals and commissioners to access.

The resource hub will incorporate digital aids including the NHS online BP tool, the Heart Age tool and the BHF video ‘how to measure your blood pressure at home’. We are also actively promoting the BHF Alliance to a wider audience including pharmacy professionals and GPs. The BHF Alliance is a free membership scheme which provides learning and development opportunities for healthcare professionals who work with people affected by, or at risk of, cardiovascular disease.

Please do contact our team if you would like further information on our current projects and/or wish to share your examples of work around blood pressure:

Julie Ward Blood Pressure Project manager: wardj@bhf.org.uk
Sarah Malone Blood Pressure Project Officer: malones@bhf.org.uk

Healthy Living Pharmacy – local news

Warwickshire’s HLP Launch

On 27th April 2016 Warwickshire County Council and Warwickshire LPC launched Healthy Living Pharmacies. The event was attended by 80 delegates from community pharmacies across the county and guest speakers included Councillor Izzy Seccombe – chair of the Local Government Association Community Wellbeing Board, Dr John Linnane – Director of Public Health Warwickshire and two of his public health commissioners Sue Wild and Etty Martin, Fiona Lowe – WLPC, and Michelle Dyoss – HLP Lead.

There was a great buzz on the evening with most people really positive, motivated and enthused by the HLP concept. Both Izzy and John in their opening speeches discussed the contribution that community pharmacy can make to the public health agenda, and how HLPs in Warwickshire will support improving
the health and wellbeing of people across the county.

Warwickshire now has 50 pharmacies starting their HLP journey with 28 leaders trained, 72 pharmacy staff on their way to becoming Health Champions and over 100 Dementia Friends. More training is planned for the autumn and the first wave of HLPs should be accredited by the end of the year.

Michelle Dyoss, Public Health Practitioner and Healthy Living Pharmacy Lead

AllOurHealth

All Our health is a ‘call to action’ for all health and care professionals to embed and extend prevention, health protection and promotion of wellbeing and resilience into practice.

A series of resources have now been published on Gov.uk covering a number of key health topics and offering an opportunity for pharmacy professionals to increase their knowledge and confidence when considering how they can give additional support to people already using their services.

There is also a survey to feedback with your thoughts.

Kudos Corner - Deborah Evans

Deborah Evans, Debs (to many), has decided to step down from the Healthy Living Pharmacy Task Group, as a representative of the English Pharmacy Board of The Royal Pharmaceutical Society, of which she has been a member since its inception.
We would like to take this opportunity to say a few words about Deborah’s huge involvement in the initiation and implementation of HLPs across the country, since 2010.

Deborah has been involved in the implementation of HLPs right from the beginning, when Portsmouth City PCT was allocated funds by the Department of Health to develop a model for HLPs. Deborah and I have been on a journey together. She project managed the implementation of the first HLPs in Portsmouth and then project managed the HLP pathfinder work programme, when Lord Howe, the then Minister for pharmacy provided a challenge to see if results obtained in Portsmouth could be replicated in other parts of the country with a different demography. Through her sheer hard work and commitment, the Pathfinder work programme was able to demonstrate that results were replicable in
other parts of the country. She continued to provide support for HLP implementation while Director of Pharmacy at the National Pharmacy Association, for a brief period at Public Health England and latterly as representative of the English Pharmacy Board.

Deborah should be very proud of her achievements in the roll out of HLPs. She has invested her energies into HLP implementation locally and nationally through hard work, commitment, absolute passion and a real belief in the HLP concept.

We would like to wish her the very best of luck for the future. She has promised to continue to support the roll out of HLPs and we hope we will continue to work together. She will be very much missed. Enormous thanks go to her for everything she has done for the HLP concept.

**Quality Assurance Update**

In November 2015, Professor Kevin Fenton, National Director Health and Wellbeing, Public Health England, announced the intention to move to a profession-led self-assessment process for level 1 HLPs (underpinned by a proportionate quality assurance framework). The quality criteria and compliance for the self-assessment process was cascaded and the information is now available on the .Gov website.

The HLP Task Group will be working with local authorities to transition the current commissioner led system for all levels of HLPs to the profession-led self-assessment process for level 1 HLPs and a commissioner-led process for levels 2 and 3 HLPs in the coming months.

As part of transition to a self-assurance process for level 1 HLP a quality assurance process has been developed to provide both commissioners and pharmacists and their teams, positive validation of the self-accreditation process.

Following a formal tendering process, the Royal Society for Public Health (RSPH) has won the bid to implement the quality assurance process in a proportionate way, which we expect will go live in the autumn. We look forward to working with the RSPH and other stakeholders to take this forward.

It is great to see the energy and enthusiasm from local authority commissioners across the country supporting local implementation of HLPs, with support from their public health departments. This is great news and reflects the real energy at a local level to maximise the potential of pharmacy to improve the nation’s health, especially in those communities where the support is needed most.