

Advancing Together Faster: The Critical Six for 2026

A Regional Director of Public Health Midlands Report

The Critical Six for 2026



Reduce Infant
Mortality



Increase Good Level
of Development
at Reception Age



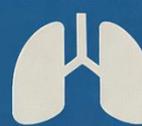
Reduce Smoking
Prevalence



Reduce Preventable
Cardiovascular
Disease



Address the
Mental Health Needs
of Young People



Reduce
Tuberculosis
Incidence

February 2026

Foreword:

Working in a senior public health role in a region that has multiple, complicated and often interacting public health priorities is both a challenge and a great privilege. I work with talented and passionate individuals day in, day out, who are committed to a shared goal: to maximise the number of years people live in good health, with a particular focus on those most disadvantaged or starting from a more challenged position.

This is a team effort. Working closely with our Directors of Public Health in local government means I can use regional resource to add value to their work at place. Working alongside Integrated Care Boards, Combined Authorities, NHS England Regional Executive, UK Health Security Agency, voluntary sector and other government departments, my role enables a strategic focus on population health outcomes by highlighting unwarranted variation that needs to be further understood and addressed. When our respective agencies come together to collaborate, we are the system that I refer to in this report, i.e., the broad partnership of organisations with statutory and strategic responsibilities for population health across the Midlands. Our impact is greatest when we align strategically for the benefit of our population.

This report is a call to action on six critical areas (our 'Critical Six for 2026') where, as a system, evidence informs us that we can push harder, faster, and strategically align our work better to maximise impact. These are:

- Reduce Infant Mortality
- Increase the Proportion of Children Achieving a Good Level of Development at Reception Age
- Reduce the Prevalence of Smoking
- Reduce Preventable Cardiovascular Disease Morbidity and Mortality
- Address the Mental Health Needs of Children and Young People
- Reduce the Incidence of Tuberculosis

There are of course other areas of work that we all continue to support that need ongoing investment and system/public health leadership. However, in discussion with system partners alongside intelligence and evidence, current policy direction, consideration of our regional performance and opportunity to do more together, we settled on these six. These six areas are not intended to replace or override local priorities; rather, they represent opportunities for collective focus, where working together can add value, reduce duplication and support improvement.

It is important to recognise that a large amount of work has already been done to address these priorities. This call to action is about building on what we have already achieved and learnt together so we can avoid previous pitfalls and barriers to effective delivery, amplify what works and use regional coordination to support improvement.

My ask of you as system leaders — and of myself — is to consider how the recommendations align with your local context, where they add value, and what further levers you and your teams can use to progress faster on the six. I know that there is local variation in how we work and needs vary significantly across the region. Therefore, I have hesitated to specify agencies for some recommendations. I ask that you work collectively to determine who will take the recommendations forward. Not every priority will be equally relevant everywhere and local judgement remains paramount.

Professor Mike Wade – Regional Director of Public Health – Midlands

Summary of recommendations

1) Reduce Infant Mortality:

- **Strengthen the use of evidence-based insights**, such as those derived from Child Death Overview Panels, to identify key drivers of infant mortality and coordinate a prevention-focused response across agencies.
- **Expand local maternity pathways** to incorporate women's health and preconception care, embedding accountability within primary care, community services, and public health, with targeted support for the groups at highest risk.
- **Review and strengthen strategies to address barriers experienced by people from minority ethnic backgrounds** including racism, discrimination and a lack of trust in maternity services.
- **Improve key maternity indicators**, including early booking, continuity of carer, and rates of smoking at the time of delivery.

2) Improve the Proportion of Children Achieving a Good Level of Development at Reception Age

- **Improve shared insights and data:** Enhance the quality, linkage and analysis of data across education, health, and VCSE partners to support early identification of at-risk children, tailor support and enable robust local and regional oversight.
- **Establish strong system leadership and governance:** Define roles and responsibilities across education, health and children's social care—including Directors of Children's Services—to ensure consistent identification, coordinated pathways, and smooth transitions into settings and schools.
- **Continue to improve uptake and quality of the 2.5-year check through continuous improvement programmes, sharing and amplifying best practice.**
- **Strengthen NHS contribution:** Improve uptake of immunisations and screening to support early identification of health needs.

3) Reduce the Prevalence of Smoking

- **Strengthen and integrate cessation pathways across NHS, Local Authority and VCSE partners, including for priority groups**, e.g. people with severe mental illness, those in drug and alcohol treatment, individuals in the criminal justice system, and in pregnancy.
- **Implement and scale up opt-out tobacco dependence treatment across all relevant NHS care settings**, including acute inpatient, maternity, mental health (inpatient and outpatient), and high-risk outpatient pathways—in line with the NHS Long Term Plan
- **ICBs and Trusts should ensure they have adequate tobacco dependency advisor capacity and reach to identify and support smokers to access treatment including full pharmacological support.**

4) Reduce Preventable Cardiovascular Disease Morbidity and Mortality

- **Use population health management to identify those at greatest risk, and to improve the detection and treatment of hypertension, raised cholesterol, atrial fibrillation and chronic kidney disease.** Systems should ensure clear pathways into follow-on support, including the

digital weight management programme, local lifestyle services, accredited digital tools, and other national or local behavioural interventions.

- **Systems should take a partnership approach to ensure impact from NHS Health Checks is captured.** This is essential to improve identification and management of those at risk, reduce inequalities and help achieve the [national ambition of a 25% reduction in CVD-related mortality](#). Achieving this requires standardised and accurate data input, extraction and sharing between Local Authority Public Health, Primary Care, ICBs and Regional Public Health.
- **Use and act on the regional CVD Toolkit.** Strategic commissioners and their system partners should use the forthcoming regional CVD Toolkit and implement its findings, applying insights to guide investment, disinvestment and productivity improvements across prevention and CVD pathways.
- **Implement whole-system healthy weight approaches.** All systems should have a weight management strategy that supports people to achieve and maintain a healthy weight—not limited to obesity treatment alone. This should ideally work toward or implement a [Whole systems approach to obesity](#).
- **All systems should have visibility of plans to increase uptake of physical activity and seek to develop pathways to enable access to exercise as medicine.**

5) Address the Mental Health Needs of Children and Young People

- **Undertake a regional health needs assessment to support local health needs assessments and system strategies.**
- **ICBs should analyse waiting times by demographic to understand if there is inequity in access and ensure the model of care is appropriate for all children and young people.** This should extend to taking active steps to provide secondary prevention for children and young people while they are on waiting lists.
- **Local Authorities should undertake self-assessment using a validated tool to review mental health support pathways and capacity** including school-based interventions, mental health support teams in schools and access to specialist mental health support to ensure the right support is available at the right time. Updated national [RSE standards](#) on mental health and wellbeing should be integrated within this.
- **Local systems should take steps to support those NEET where mental health is a barrier to skills or employment.** This could include improved identification of mental health issues in NEET as well as implementing national or local programmes to address these needs, supporting the goals of [Get Britain Working White Paper](#).

6) Reduce the Incidence of Tuberculosis (TB)

- **Local Authorities, ICBs and partner organisations should strengthen and formalise pathways between TB services and key settings,** including housing, mental health services, drug and alcohol treatment, the criminal justice system and services that support other inclusion health groups to ensure early identification and referral.
- **All systems should have clear, resourced TB pathways that need to be maintained and protected.** Data and intelligence should guide local action. This should include prioritisation of early identification and treatment, ensuring appropriate occupational health screening is taking place and plans for complex cases such as outbreaks within prisons or managing those with no recourse to public funds requiring residential care to support successful treatment completion.

Priority: Reduce Infant Mortality

Headline ambition:

Reduce infant mortality and the unwarranted variation across our region.

Why is this a priority?

The infant mortality rate is a fundamental measure of our population's overall health. The majority of childhood deaths occur within the first year of life, particularly during the first month (neonatal period). The Midlands continues to experience some of the poorest infant outcomes in England.

In 2025, the West Midlands had the highest estimated infant death rate nationally (5.6 per 1,000 live births) while the East Midlands had the second highest (4.5 per 1,000), both exceeding the England average of 3.8 per 1,000 live births.

Significant inequalities persist. Infant mortality is notably higher among babies born to parents of Black ethnicity (9.0 per 1,000 in the West Midlands in 2025 and 7.1 per 1,000 in the East Midlands) and those born of Asian ethnicity (6.9 per 1,000 in the West Midlands and 6.6 per 1,000 in the East Midlands). Infants born in the most deprived areas were more than twice as likely to die before their first birthday compared with those in the least deprived areas (7.6 vs 3.1 in the West Midlands, 5.4 vs 2.4 in the East Midlands).

Why system action is required:

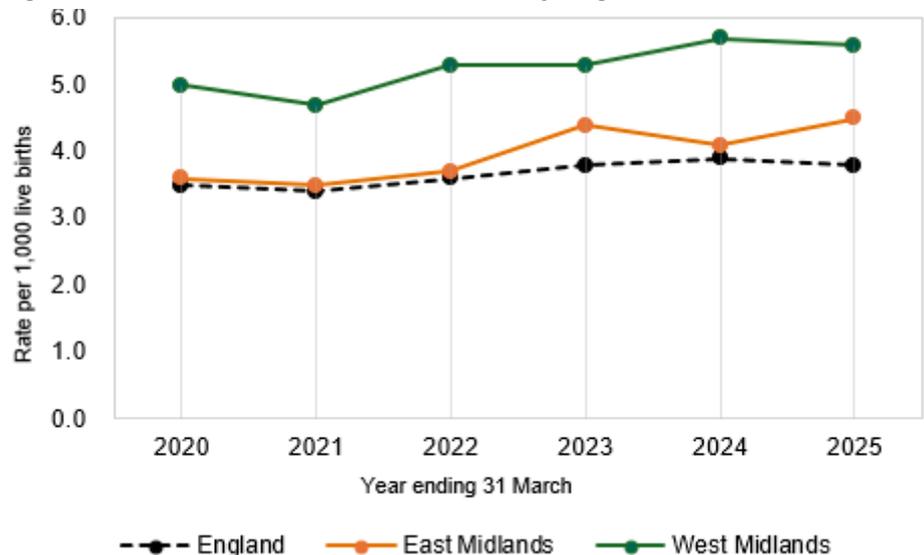
Reducing infant mortality requires coordinated and sustained action across the system before conception, throughout pregnancy, and after birth.

Improvements in clinical care alone are insufficient to address underlying and long-standing risk factors. Effective action should encompass preconception health including healthy weight, smoking cessation and improved, safe living conditions for mothers and babies. The elimination of structural barriers, including systemic racism that has been reported in some maternity units, alongside a lack of trust in maternity services generally, is essential.

Recommendations:

- **Strengthen the use of evidence-based insights**, such as those derived from Child Death Overview Panels, to identify key drivers of infant mortality and coordinate a prevention-focused response across agencies.

Figure 1: Estimated infant death rate, by region.



Source: [National Child Mortality Database](#)

- **Expand local maternity pathways** to incorporate women's health and preconception care, embedding accountability within primary care, community services, and public health, with targeted support for the groups at highest risk.
- **Review and strengthen strategies to address structural barriers experienced by people from minority backgrounds** including racism, discrimination and a lack of trust in maternity services.
- **Improve key maternity indicators**, including early booking, continuity of carer, and rates of smoking at the time of delivery.

Priority: Increase the Proportion of Children Achieving a Good Level of Development at Reception Age

Headline ambition:

Increase the number of children with a Good Level of Development across the Midlands so that where a child grows up no longer determines their readiness for school or future life chances.

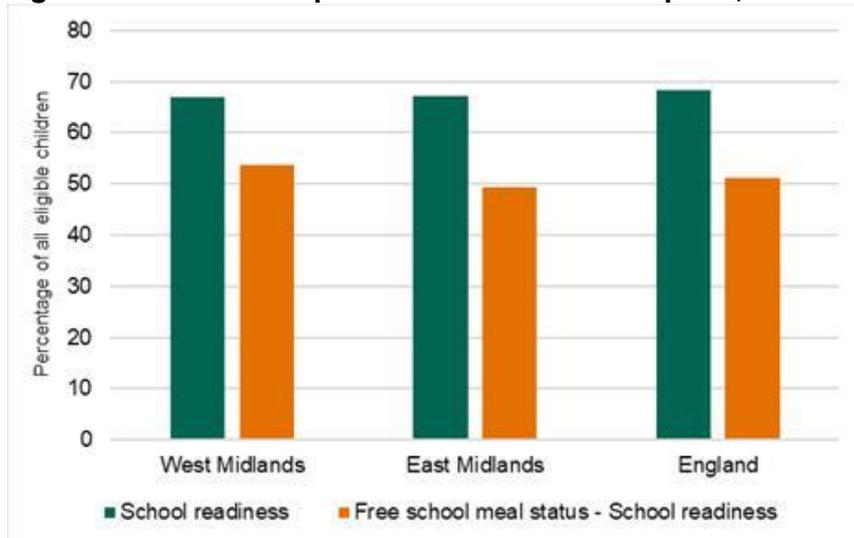
Why is this a priority?

Achieving a Good Level of Development means meeting expected levels across 12 early learning goals in communication and language, personal, social and emotional development, physical development, literacy and maths. It is one of the strongest early predictors of later educational attainment and lifelong mental and physical health. Poor school readiness is closely linked to factors such as poor maternal health, low income, parental employment insecurity, and speech, language and communication needs.

Around a third of children in the Midlands do not achieve a Good Level of Development, also known as school readiness, with those in more deprived areas experiencing substantially worse outcomes.

School readiness is lower in the East (67.0%) and West Midlands (66.2%) than the England average (67.7%). Children eligible for free school meals fare significantly worse (East Midlands: 50.7%; West Midlands: 53.9%, England: 51.5%).

Figure 2: School readiness: percentage of children achieving a good level of development at the end of Reception, 2024/25



Source: [Department for Education](#)

Why system action is required:

Improving school readiness requires early identification of needs and timely, integrated support across maternity services, early child health, parenting support and high-quality childcare. Best Start plans and Children's Social Care reforms will expand Family Hubs and create a unified Family Help system, requiring aligned pathways, better data-sharing and coordinated early intervention. Investment in early years is highly cost-effective, with a 7–10% return on investment for high-quality early support ([Heckman et al](#)).

Recommendations:

- **Improve shared insights and data:** Enhance the quality, linkage and analysis of data across education, health, and voluntary, community and social enterprise (VCSE)

partners to support early identification of at-risk children, tailor support and enable robust local and regional oversight.

- **Establish strong system leadership and governance:** Define roles and responsibilities across education, health and children’s social care—including Directors of Children’s Services—to ensure consistent identification, coordinated pathways, and smooth transitions into early years settings and schools.
- **Continue to improve uptake and quality of the 2.5-year check through continuous improvement programmes, sharing and amplifying best practice.**
- **Strengthen NHS contribution:** Improve uptake of immunisations and screening to support early identification of health needs.

Priority: Reduce the Prevalence of Smoking

Headline ambition:

Reduce smoking prevalence and its contribution to avoidable illness, premature death and health inequalities across the Midlands.

Why is this a priority?

Smoking is the leading cause of preventable illness and death, driving higher rates of respiratory and cardiovascular disease, cancer, maternal and neonatal complications, mental health-related admissions, and unplanned care. It is also a major contributor to health inequalities.

Smoking prevalence is 10.4% in the East Midlands—now matching the England average—and 11.3% in the West Midlands. Rates remain well above the 5% smoke-free ambition, with higher prevalence in more deprived areas such as Sandwell, Lincolnshire and Nottingham. Adults in routine and manual jobs are up to four times more likely to smoke. In the Midlands, hospital admissions for Chronic Obstructive Pulmonary Disease (COPD)—a condition closely [associated](#) with smoking—are significantly worse than the England average.

Figure 3: Emergency hospital admissions for COPD per 100,000 population (aged 35+), 2023/24



Source: [OHID, based on NHS England and Office for National Statistics data](#)

Smoking in pregnancy remains a concern, particularly in the East Midlands, where rates are significantly higher than England averages (early pregnancy: 17.6% vs 13.6%; smoking at time of delivery: 7.9% vs 6.1%). The West Midlands has rates similar to England. Chronic obstructive pulmonary disease (COPD)—strongly linked to smoking—also shows significantly worse emergency admission rates in the Midlands compared to England.

Why system action is required:

Reducing smoking requires a coordinated system-wide approach. While progress is being made, national initiatives should be maximised and consistent support offered across all settings. Quit outcomes vary: the East Midlands performs similarly or better than England, but the West Midlands has some of the poorest quit rates nationally.

Recommendations:

- **Strengthen and integrate cessation pathways across NHS, Local Authority and VCSE partners, including for priority groups**, e.g. people with severe mental illness, those in drug and alcohol treatment, individuals in the criminal justice system, and pregnant women and families in the early years.

- **Implement and scale up opt-out tobacco dependence treatment across all relevant NHS care settings**, including acute inpatient, maternity, mental health (inpatient and outpatient), and high-risk outpatient pathways—in line with the NHS Long Term Plan.
- **Integrated care boards (ICBs) and Trusts should ensure they have adequate tobacco dependency advisor capacity and reach to identify and support smokers to access treatment including full pharmacological support.**

Priority: Reduce Preventable Cardiovascular Disease Morbidity and Mortality

Headline ambition:

Reduce preventable cardiovascular disease (CVD) by improving early detection, treatment and reducing unwarranted variation in prevention and care.

Why is this a priority?

Premature deaths from cardiovascular disease have risen in recent years and CVD is a major driver of inequalities in life expectancy and health-related economic inactivity.

Hypertension and coronary heart disease prevalence are higher in the West Midlands than the England average, with people in more deprived areas less likely to have their hypertension managed to target. In the Midlands, 599,080 people are not treated to target for hypertension, with 43.2% from the two most deprived quintiles.

The region also has high levels of behavioural risk factors. In 2023/24 the

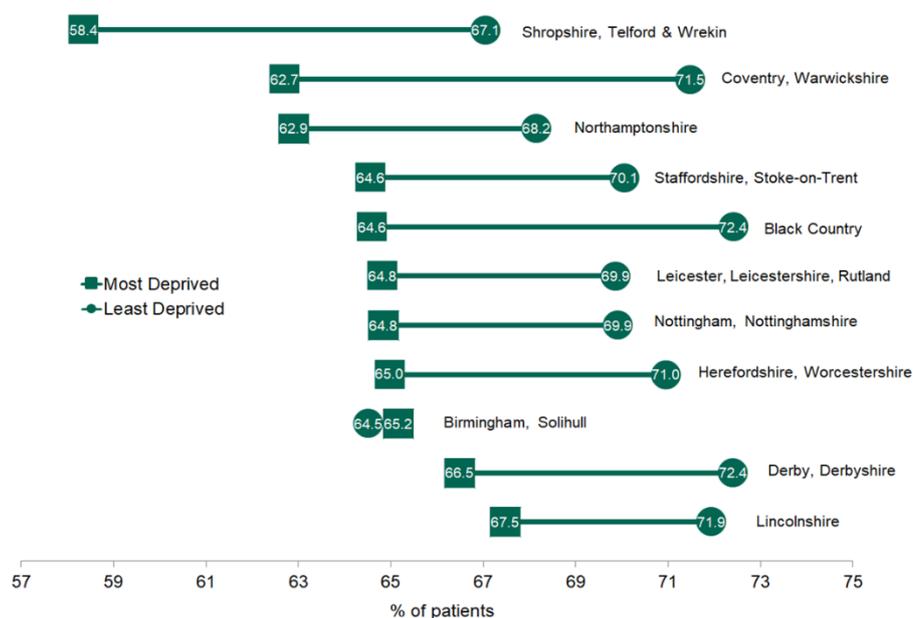
Midlands had the lowest proportion of physically active adults nationally (64.1% compared to 67.4% in England). In the West Midlands, 67.1% of adults were classified as overweight or obese, significantly higher than the England average (64.5%). Smoking remains the single biggest modifiable risk factor for CVD.

Ethnic inequalities persist: Black African, Caribbean and South Asian populations experience higher CVD risk, lower intervention rates, and higher rates of obesity and inactivity, especially among women. Source: [Reducing inequalities in cardiovascular disease](#)

Why system action is required:

To meet the national ambition of a 25% reduction in CVD-related premature mortality, systems should strengthen both primary prevention (tackling smoking, obesity, diet and physical inactivity) and secondary prevention (improving detection and management of hypertension, raised cholesterol, atrial fibrillation, and chronic kidney disease).

Figure 4: Proportion of patients with diagnosed hypertension treated to target between the most and least deprived areas for Midlands ICBs, June 2025



Source: [Data Extract | CVDPREVENT](#)

[A value-based healthcare approach](#) is essential to use resources equitably and sustainably to maximise outcomes.

Recommendations:

- **Use population health management to identify those at greatest risk and to improve the detection and treatment of hypertension, raised cholesterol, atrial fibrillation and chronic kidney disease.** Systems should ensure clear pathways into follow-on support, including the digital weight management programme, local lifestyle services, accredited digital tools, and other national or local behavioural interventions.
- **Systems should take a partnership approach to ensure impact from NHS Health Checks is captured.** This is essential to improve identification and management of those at risk, reduce inequalities and help achieve the [national ambition of a 25% reduction in CVD-related mortality](#). Achieving this requires standardised and accurate data input, extraction and sharing between Local Authority Public Health, Primary Care, ICBs and Regional Public Health.
- **Use and act on the regional CVD Toolkit.** Strategic commissioners and their system partners should use the forthcoming regional CVD Toolkit and implement its findings, applying insights to guide investment, disinvestment and productivity improvements across prevention and CVD pathways.
- **Implement whole-system healthy weight approaches.** All systems should have a weight management strategy that supports people to achieve and maintain a healthy weight—not limited to obesity treatment alone. This should ideally work toward or implement a [Whole systems approach to obesity](#).
- **All systems should have visibility of plans to increase uptake of physical activity and seek to develop pathways to enable access to exercise as medicine.**

Priority: Address the Mental Health Needs of Children and Young People

Headline ambition:

Reduce the long-term impact of poor mental health on children and young people's education, health and wellbeing, maximising their future potential.

Why is this a priority?

Mental health strongly shapes children and young people's life chances, influencing school attendance, educational attainment, transition into training and employment, and long-term health. Child poverty increases the risk of poor mental health and poorer outcomes, and young people consistently identify mental health as a major concern.

In the Midlands, this is reflected in:

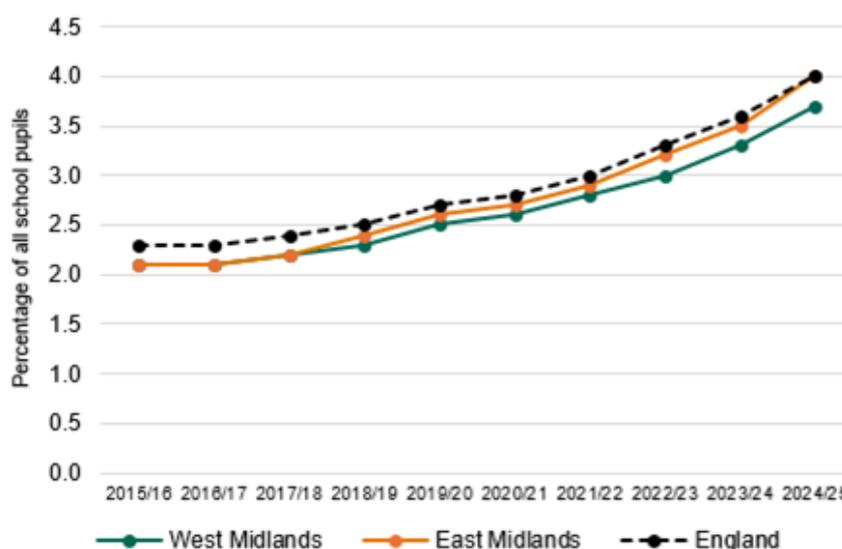
- A significant rise in 18–24-year-olds on Universal Credit due to health conditions, predominantly mental health-related.
- Rapid growth in Personal Independence Payment (PIP) claims among 16–24-year-olds, with psychiatric conditions making up the majority.
- The West Midlands has consistently high numbers of young people not in education, employment or training (NEET), with rates the second highest in the country.
- Record national referrals to Children and Young People's Mental Health Services.

Many young people continue to face lengthy and highly variable waits for support, making it essential that children and young people receive timely access to the help they need.

Why system action is required:

Early intervention is critical. Mental Health Support Teams (MHSTs) provide evidence-based early support, strengthen whole-school approaches, and link education settings with specialist services. There are now 140 MHSTs in the Midlands. Systems need to understand local mental health needs, ensure accessible and integrated pathways, and resource services appropriately.

Figure: School pupils with social, emotional & mental health needs, 2015/16 - 2024/25



Source: [Department for Education](#)

Recommendations:

- **Undertake a regional health needs assessment to support local health needs assessments and system strategies.**
- **ICBs should analyse waiting times by demographic group to understand if there is inequity in access and ensure the model of care is appropriate for all children and young people.** This should extend to taking active steps to provide secondary prevention for children and young people while they are on waiting lists.
- **Local Authorities should undertake self-assessment using a validated tool to review mental health support pathways and capacity** including school-based interventions, mental health support teams in schools and access to specialist mental health support to ensure the right support is available at the right time. Updated national [RSE standards](#) on mental health and wellbeing should be integrated within this.
- **Local systems should take steps to support those NEET where mental health is a barrier to skills or employment.** This could include improved identification of mental health issues in NEET as well as implementing national or local programmes to address these needs, supporting the goals of [Get Britain Working White Paper](#).

Priority: Reduce the Incidence of Tuberculosis

Headline ambition:

Stabilise and reverse the rising incidence of Tuberculosis (TB) across the Midlands, preventing avoidable illness, deaths and outbreaks, and protecting progress toward TB elimination through coordinated system action.

Why is this a priority?

TB remains a significant public health challenge in the Midlands, with some of the highest notification rates in England. In 2024, the West Midlands had the second highest rate (11.5 per 100,000 people), and the East Midlands the fourth highest (8.5 per 100,000), with Leicester City reporting the highest three-year average nationally (42.1 per 100,000).

An infectious case of TB will infect 3-10 people per year. TB can cause active disease or persist as latent TB infection that has the potential to become active. TB treatment is challenging as it requires multiple antibiotics taken for at least six months.

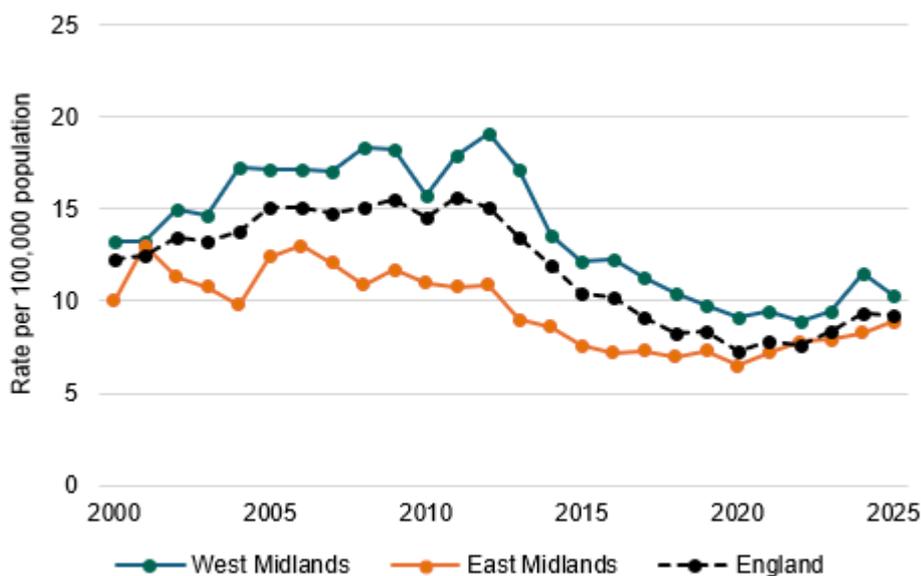
Approximately three quarters of TB cases notified in the Midlands are born outside the UK (in 2024, 73.2% in the West Midlands and 78% in the East Midlands), however, UK-born cases are also rising. In provisional data for 2024, the Midlands recorded 1,131 TB cases, including 110 health and social care workers.

Why system action is required:

TB is preventable and treatable but controlling it requires coordinated system-wide action. Those experiencing social risk factors—such as homelessness, substance misuse, mental ill-health, prison history or asylum seeker status—face higher risk, delayed diagnosis and difficulties completing treatment. TB is also strongly associated with deprivation.

Variation in local pathways has led to inconsistent access to outreach, case management and treatment support increasing the risk of onward transmission and outbreaks. TB is also expensive to diagnose and treat, with costs rising sharply for drug-resistant disease, prison-based cases and outbreaks.

Figure 6: Annual incidence of TB per 100,000 population, 2000 – 2025*



*Note that data for 2025 is provisional and subject to validation and should be interpreted with caution

Source: UKHSA

Recommendations:

- **Local Authorities, ICBs and partner organisations should strengthen and formalise pathways between TB services and key settings**, including housing, mental health services, drug and alcohol treatment, the criminal justice system and services that support other inclusion health groups to ensure early identification and referral.
- **All systems should have clear, resourced TB pathways that need to be maintained and protected.** Data and intelligence should guide local action. This should include prioritisation of early identification and treatment, ensuring appropriate occupational health screening is taking place and plans for complex cases such as outbreaks within prisons or managing those with no recourse to public funds requiring residential care to support successful treatment completion.

Appendix:

Mapping of the [Local Government Outcomes Framework – Priority outcomes and draft metrics](#) to the Critical Six.

Increase the Proportion of Children Achieving a Good Level of Development at Reception Age aligns with Best Start in Life and aspects of the Health and Wellbeing Priority Outcome with the following metrics:

- Percentage of children with a good level of development up to 5 years old. Source: [Early years foundation stage profile results, Academic year 2023/24 - Explore education statistics - GOV.UK](#)
- Take-up rate of 2yo disadvantage childcare offer (DfE). Source: [Funded early education and childcare, Reporting year 2025 - Explore education statistics - GOV.UK](#)
- Take-up rate of 3-4yo 15hrs childcare offer (DfE). Source: [Funded early education and childcare, Reporting year 2025 - Explore education statistics - GOV.UK](#)
- Percentage achieving good level of development at 2-2.5 year review. Source: [Fingertips | Department of Health and Social Care](#)
- Oral health: Percentage of 5-year-olds with experience of visually obvious dental decay. Source: [Fingertips | Department of Health and Social Care](#)

Reduce the prevalence of smoking aligns with the following metrics from the Health and Wellbeing Priority Outcome:

- Smoking: Percentage of successful quitters: Source: [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)
- Smoking: Percentage of local population who smoke provided with support to quit. Source: [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)

Reduce Preventable Cardiovascular Morbidity and Mortality aligns with the following metrics from the Health and Wellbeing and Environment, Circular Economy and Climate Change Priority Outcomes:

- Physical inactivity: Percentage of adults who are physically inactive. Source: [Fingertips | Department of Health and Social Care](#)
- CVD prevention: Proportion of NHS health checks completed across the eligible population. Source: [Fingertips | Department of Health and Social Care](#)
- Deaths attributable to particulate air pollution (particulate matter less than 2.5 micrometres in diameter [PM2.5]). Source: [Fingertips | Department of Health and Social Care](#)

Address the Mental health Needs of Children and Young People aligns with the following metrics from the Every Child Achieving and Thriving, Keeping Children Safe and Family Security and the Economic Prosperity and Regeneration (contextual) Priority Outcomes:

- Percentage of young people (16 – 17) not in education, employment or training Source: [Participation in education, training and NEET age 16 to 17 by local authority - Explore education statistics - GOV.UK](#)
- Young people supported to move into education, employment or training – SEN post-16 destinations. Source: ['Key stage 4 leavers local authority level destinations' from 'Key stage 4 destination measures', Permanent data table - Explore education statistics - GOV.UK](#)
- Absence: Absence rate – persistent and severe absence. Source: [Pupil absence in schools in England - Explore education statistics - GOV.UK](#)
- Absence: Absence rate for SEN pupils. Source: [Pupil absence in schools in England - Explore education statistics - GOV.UK](#)
- Participation in sport and physical activity (age 5 - 16). Source: [Active Lives CYP 23-24 Tables 1-6 Levels of activity.xlsx](#)
- Participation in youth services [placeholder]
- Percentage of care leavers in education, employment or training. Source: [Statistics: looked-after children - GOV.UK](#)

Acknowledgements

I would like to thank Dr. Helen Webster, Acting Consultant in Public Health for her leadership in pulling this report together on my behalf and ensuring co-production and collaboration through our Public Health Alliances. I would like to acknowledge and thank all those colleagues who commented and contributed significantly to earlier drafts including our Directors of Public Health and their teams and regional colleagues in DHSC/NHSE and UKHSA.