

WHAT'S NEW

IN HEALTH & SOCIAL CARE FORTNIGHTLY BULLETIN
KEEPING YOU UP TO DATE WITH ALL THE LATEST RESEARCH AND GUIDANCE IN HEALTH AND
SOCIAL CARE WE COLLATE IT SO YOU DON'T HAVE TO

23rd November 2018

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Please note:

Research articles and guidance are selected in accordance with agreed inclusion/exclusion criteria. This is available on request and will be reviewed regularly. In brief, research is taken only from peer-reviewed, generic public health journals; guidance is taken only from reputable national organisations such as NICE, SCIE and SIGN

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ADULT SOCIAL CARE

1. Priorities for adult social work research

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE
Date: 15 November 2018

Abstract: This report sets out the top 10 priorities for adult social work research. It aims to help make sure future research answers the questions that are important to social workers and those who are in contact with them. The priorities cover a broad range of themes and issues for adult social workers. These will help to improve understanding of the social work approaches and interventions that work and why, and help to achieve the best outcomes for people and their carers.

Websites [DHSC](#)

2. Pressure ulcers: safeguarding adults protocol

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE
Date: 14 November 2018

Abstract: This updated document helps practitioners and managers across health and care organisations to provide caring and quick responses to people at risk of developing pressure ulcers. It also offers a process for the clinical management of harm removal and reduction where ulcers occur, considering if an adult safeguarding response is necessary. Pressure ulcers, which are largely preventable, cause distress to individuals and their families and create financial pressures for the NHS. While the treatment of pressure ulcers is mainly clinical, prevention is a shared responsibility.

Websites [DHSC](#)

3. Seven principles for the engagement of individual providers on behalf of the wider sector

Author: CARE PROVIDER ALLIANCE
Date: November 2018

Abstract: This guidance aims to help overcome any concerns that local authorities or the NHS might have about engaging with individual adult social care providers on behalf of the wider sector. Based closely on the widely recognised “Seven Principles of Public Life”, the guidance suggests how adult social care providers should approach any situation in which they are acting as a representative of the wider sector.

Websites [Care Provider Alliance](#)

4. UK care home providers for older people – advice on consumer law helping care homes comply with their consumer law obligations

Author: COMPETITION AND MARKETS AUTHORITY

Date: 16 November 2018

Abstract: The advice is being published as part of the Competition and Markets Authority’s (CMA) ongoing consumer protection work into residential care homes and nursing homes for older people (over 65s). It follows the CMA’s examination of the sector last year, which found that some residents are at risk of being treated unfairly and recommended urgent action to reform the sector.

Websites [Competition and Markets Authority](#)

5. Briefing on working with risk for Safeguarding Adults Boards

Author: LOCAL GOVERNMENT ASSOCIATION

Date: 13 November 2018

Abstract: This briefing paper is based on work at two LGA/ Association of Directors of Adult Social Services (ADASS) workshops in April/May 2018 on working with risk in the context of Making Safeguarding Personal and draws on input at the workshops from over 100 representatives from Safeguarding Adults Boards (SABs). This paper is intended to provide support to SABs and partner organisations in producing and gaining a shared commitment to partnership guidance on working with risk and then supporting its implementation in front line practice.

Websites [LGA](#)

6. The lives we want to lead: Findings, implications and recommendations on the LGA green paper for adult social care and wellbeing

Author: LOCAL GOVERNMENT ASSOCIATION

Date: November 2018

Abstract: In July 2018, the LGA published ‘The lives we want to lead’ the LGAs own green paper for adult social care and wellbeing. They received more than 540 submissions in response to their green paper, and its thirty consultation questions and have gathered further valuable insights individuals and organisations through public polling and focus groups. This report outlines the findings of this consultation and their implications for social care. It also sets out our fourteen recommendations to the Government from the consultation for achieving two key objectives: stabilising and sustaining the here and now; and moving towards a system that we know could be better.

Websites [LGA Report](#); [LGA Summary Report](#)



CHILDREN, YOUNG PEOPLE & FAMILIES

7. Who knows what about me? A Children's Commissioner Report into the collection and sharing of children's data

Author: CHILDREN'S COMMISSIONER

Date: 08 November 2018

Abstract: The Office of the Children's Commissioner for England has published a new report looking how vast amounts of children's data is collected. This is information about children growing up which often the child and parents are unaware of, and the ways in which it might shape their lives both now and in the future as adults. It reveals how more information is collected and shared about children than ever before – in the screens they watch, the websites and apps they use and the information that is captured by public services. The report calls on companies producing apps, toys and other products aimed at children to be transparent about how they are capturing information about children and how it is being used, and argues that children should be taught in schools about how their data is collected and for what purposes. It also calls for a statutory duty of care between the internet giants and children who use their apps and sites, and for the Government to consider strengthening data protection legislation.

Websites [Report](#); [More Details](#)

8. Mental Health of Children and Young People in England, 2017

Author: NHS DIGITAL

Date: 22 November 2018

Abstract: This survey series provides England's best source of data on trends in child mental health. The latest survey was funded by the Department of Health and Social Care, commissioned by NHS Digital, and carried out by the National Centre for Social Research, the Office for National Statistics and Youthmind.

Key Facts:

- One in eight (12.8%) 5 to 19-year olds had at least one mental disorder when assessed in 2017
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19-year olds in 2017 (8.1%)
- Rates of mental disorders increased with age. 5.5% of 2 to 4-year-old children experienced a mental disorder, compared to 16.9% of 17 to 19-year olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5 to 16-year olds. Please refer to the Survey Design and Methods Report for full details
- Data from this survey series reveal a slight increase over time in the prevalence of mental disorder in 5 to 15-year olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017
- Emotional disorders have become more common in five to 15-year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999.

Websites [NHS Digital](#)

9. Children's Mental Health briefing: A briefing by the Office of the Children's Commissioner for England

Author: CHILDREN'S COMMISSIONER

Date: November 2018

Abstract: This briefing finds that child and adolescent mental health services (CAMHS) are improving in most areas in the country, yet with the exception of eating disorder services, the provision of services in the youth

justice system and in perinatal mental health care, the rate of progress is slow. A vast gap remains between what is provided and what children need. As a result, the current rate of progress is still not good enough for the majority of children who require help but are not receiving it.

Websites [Children's Commissioner](#)

10. Reducing unintentional injuries among children and young people

Author: PUBLIC HEALTH ENGLAND

Date: 06 November 2018

Abstract: Unintentional injuries are a leading cause of preventable death for children and young people and a major cause of ill health and serious disability. This updated guidance looks at action areas for local authorities and their partners that aim to reduce the numbers of children injured and killed.

Websites [PHE](#)

11. Realising the potential of early intervention

Author: EARLY INTERVENTION FOUNDATION

Date: 30 October 2018

Abstract: This report sets out the current state of play for early intervention, including how it works to support child development and to improve outcomes for children and young people. It highlights significant barriers within the current system that inhibit the potential of early intervention, and a set of key actions – four at the national level, two at the local level to ensure effective early intervention is available to the children, young people and families who need it most.

Websites [Blog](#); [Report](#); [Chief Social Worker for Children & Families in England reflection on Realising the Potential](#)

12. A childhood criminal record is for life

Author: SANDS, C

Date: 08 November 2018

Abstract: It is a popular misconception, even amongst professionals, that a childhood criminal record will only affect the child for a limited period of time until that record is “spent”. This is not, in fact, the case. It is vital that children’s homes staff and other professionals such as the police, youth justice lawyers and social workers are aware of the disclosure consequences for a child of any police involvement, even involvement that does not result in formal action being taken or the child receiving a formal criminal record. Records of police involvement with children are retained on government databases until that child’s 100th birthday.

Websites [Howard League for Penal Reform - Blog](#)

13. The Role of Marketing in Promoting a Fit and Healthy Childhood

Author: United Kingdom, House of Commons, All Party Parliamentary Group on A Fit and Healthy Childhood

Date: 07 November 2018

Abstract: The All-Party Parliamentary Group (APPG) on A Fit and Healthy Childhood has called upon the Government to ditch its time-honoured ‘voluntary approach’ to food and drink marketing in the interests of children’s health. The World Health Organisation (WHO) has highlighted the adverse impact of aggressive high fat, salt and sugar (HFSS) food marketing on children’s eating and drinking habits. Public Health England’s preferred strategy is to ‘nudge’ families into taking healthier choices via initiatives such as the *Sugar Smart* and *Be Food Smart* apps, but many corporate companies have continued to target children ruthlessly. Amongst other measures, the APPG on A Fit and Healthy Childhood urges the Government to:

- Ban the use of child-friendly characters to advertise junk food
- Extend existing regulation to restrict HFSS TV advertising until after the 9pm watershed
- Review and amend regulatory systems currently in place for online content, starting by extending existing policies regulating food marketing to children to online material
- Require that rogue adverts be reported to the ASA and sponsorships fully declared
- Introduce tougher restriction on the marketing and advertising of unhealthy food and commit extra resources to ways in which to target 'hard to reach' groups with healthy lifestyle initiatives
- Restore the £600 million cuts to councils' public health funding and provide additional resources to support children and young people who are most seriously obese
- Fully adopt the UNICEF-advocated 'child rights' approach to marketing and this to underpin relevant legislative strategy

Websites [APPG Fit and Healthy Childhood](#)

14. ADCS Safeguarding Pressures Research Phase 6

Author: ADCS

Date: 07 November 2018

Abstract: ADCS has collected qualitative and quantitative data from local authorities in six phases spanning 2007/8 to 2017/18 to evidence and better understand changes in demand for, and provision of, children's social care. The sixth phase of the study draws together survey responses from 92% (140) of all local authorities in England, the highest ever response rate, covering 11.3 million (95%) children and young people under the age of 18. This, together with existing data, provides an insight into the safeguarding related pressures facing children's services across the country. In Phase 6, data over a ten-year period can be compared, and, for the first time, predictive modelling is used to estimate future demand.

Websites [ADCS](#)

15. Evidence-Based Early Years Intervention

Author: UNITED KINGDOM HOUSE OF COMMONS, Science and Technology Committee

Date: 14 November 2018

Abstract: The House of Commons Science and Technology Committee calls on the Government to draw up a new national strategy for early intervention approaches to address childhood adversity and trauma. It urges the Government to capitalise fully on the opportunity that early intervention provides to transform the lives of those who suffer adversity in childhood, while also saving long-term costs to Government. The report identifies examples of early intervention working well around the country, but also the challenges that local authorities and their partners currently face in delivering effective, evidence-based early intervention. It concludes that the overall provision of early intervention in England is fragmented, with varying levels of support, focus on evidence, and success.

Websites [HoC Science and Technology Intervention](#)

16. Supporting public health: children, young people and families

Author: PUBLIC HEALTH ENGLAND

Date: 12 November 2018

Abstract: This updated guidance supports local authorities and providers in commissioning and delivering children's public health services aged 0 to 19 years. These documents have been updated to reflect new policy drivers and evidence. The documents identify:

- 6 areas where health visitors have the highest impact on the health and wellbeing of children aged 0 to 5 years

- 6 areas where school nurses have the highest impact on the health and wellbeing of school aged children aged 5 to 19 years

The high impact areas support delivery of Healthy Child Programme: pregnancy and the first 5 years of life and Healthy Child Programme: from 5 to 19 years old, and commissioning of health visitor and school nurse services to ensure seamless support across the whole 0 to 19 age range.

Websites [PHE](#)

17. Early education and childcare resource pack

Author: LOCAL GOVERNMENT ASSOCIATION

Date: 14 November 2018

Abstract: A child's earliest years are their foundation; if we give them a great start, they have a much better chance of fulfilling their potential as they grow up. Councils have a big role to play here across a wide range of services, from housing and health to family support and education. This resource pack looks at the ways that councils deliver their responsibilities around early education and childcare, which are incredibly important when it comes to giving our youngest residents a head start.

Websites [LGA](#)

18. School meals and nutritional standards (England)

Author: UK House of Commons Library

Date: 08 November 2018

Abstract: This House of Commons Library briefing looks at the requirements on schools to provide nutritional meals, and the provision of free school meals. This briefing relates to England only.

Websites [House of Commons Library](#)

19. Children looked after in England including adoption: 2017 to 2018

Author: UNITED KINGDOM Department for Education

Date: 15 November 2018

Abstract: Information on looked-after children at both national and local authority levels for the financial year 2017 to 2018. Main points include:-

- At 31 March 2018, there were 75,420 looked after children in England, up 4% on 31 March 2017.
- Both the number of children starting to be looked after and the number ceasing to be looked after fell; 32,050 children started to be looked after (down 3% on last year) and 29,860 ceased to be looked after (down 5%).
- 3,820 children ceased to be looked after due to adoption, a decrease of 13% on 2017, continuing the drop in numbers seen last year and down from a peak of 5,360 adoptions in 2015.

Websites [DfE](#)

20. Health-related parental indicators and their association with healthy weight and overweight/obese children's physical activity

Author: SIGMUND, E

Journal: BMC Public Health Vol: 18: Pages: 676

Abstract: Although it is accepted that parents play a key role in forming children's health behaviours, differences in parent-child physical activity (PA) have not previously been analysed simultaneously in random

samples of families with non-overweight and overweight to obese preschool and school-aged children. This study answers the question which of the health-related parental indicators (daily step count (SC), screen time (ST), and weight status and participation in organized leisure-time PA) help their children achieve the step count recommendations. A nationally representative sample comprising 834 families including 1564 parent-child dyads who wore a pedometer for at least 8 h a day on at least four weekdays and both weekend days and completed a family log book (anthropometric parameters, SC, and ST). The findings show that the mother's health-related behaviours significantly affect the level of PA of overweight/obese preschool and school-aged children. PA enhancement programmes for overweight/obese children cannot rely solely on the active participation of children in organized leisure-time PA; they also need to take other family-based PA, especially at weekends, into account.

Websites [BioMed](#)

21. Association between body mass index and health outcomes among adolescents: the mediating role of traditional and cyber bullying victimization

Author: LEE, B

Journal: BMC Public Health Vol: 18: Pages: 674

Abstract: It is well-documented that obese children and adolescents tend to experience a variety of negative physical and psychological health consequences. The main objective of this study is to investigate the direct and mediating effects of traditional and cyber bullying victimization in explaining the relationship between the body mass index (BMI) and physical/psychological distress. Findings show that a significant direct association was found between BMI and both physical and psychological health, the indirect effect of BMI on physical distress was significant only via traditional bullying victimization. Both forms of bullying victimization had a mediating impact between BMI and psychological distress. However, the indirect effect on psychological distress was manifested through a negative mediating role of cyberbullying victimization. The negative relation between cyberbullying victimization and psychological distress warrants further exploration. If becoming a victim of traditional bullying mediates (specifically exacerbates) the level of physical and psychological distress among obese and overweight adolescents, health professionals need to focus on raising awareness of the importance of weight-based victimization for children and adolescents with obesity. School administrators and teachers could increase the efforts to identify school-age children who are stigmatized for their weight and recommend coping strategies for distressed victims of traditional and cyberbullying.

Websites [BioMed](#)

22. Sexual activity and sexual health among young adults with and without mild/moderate intellectual disability

Author: BAINES, S

Journal: BMC Public Health Vol: 18: Pages: 667

Abstract: There is widespread concern about the sexual 'vulnerability' of young people with intellectual disabilities, but little evidence relating to sexual activity and sexual health. This paper describes a secondary analysis of the nationally representative longitudinal Next Steps study investigating sexual activity and sexual health amongst young people with mild/moderate intellectual disabilities. This analysis investigated family socio-economic position, young person socio-economic position, household composition, area deprivation, peer victimisation, friendships, sexual activity, unsafe sex, STIs, pregnancy outcomes and parenting. Most young people with mild/moderate intellectual disabilities have had sexual intercourse by age 19/20, although young women were less likely to have sex prior to 16 than their peers and both men and women with intellectual disabilities were more likely to have unsafe sex 50% or more of the time than their peers. Women with intellectual disabilities were likely to have been pregnant and more likely to be a mother. Education and health services need to operate on the assumption that most young people with mild/moderate intellectual disabilities will have sex.

Websites [BioMed](#)

23. Cross-sectional and prospective associations between sleep, screen time, active school travel, sports/exercise participation and physical activity in children and adolescents

Author: DALENE, K

Journal: BMC Public Health Vol: 18: Pages: 705

Abstract: The aim of this study was to investigate how sleep, screen time, active school travel and sport and/or exercise participation associates with moderate-to-vigorous physical activity (MVPA) in nationally representative samples of Norwegian 9- and 15-y-olds, and whether these four behaviors at age nine predict change in MVPA from age nine to 15 years. Findings show that cross-sectional analyses indicated a modest, inverse association between screen time and MVPA among 9 and 15-y-olds. Compared to their peers with 0–5 min/d of active travel to school, 9- and 15-y-olds with ≥ 16 min/d accumulated 7.2 and 9.0 more min/d of MVPA, respectively. Nine-y-old boys and 15-y-olds reporting ≥ 8 h/week of sports and/or exercise participation accumulated 14.7 and 17.9 more min/d of MVPA, respectively, than those reporting ≤ 2 h/week. No cross-sectional association was found between sleep duration and MVPA in either age group. None of the four behaviors predicted change in MVPA from age nine to 15 years. In conclusion, active travel to school and sport/exercise participation may be important targets for future interventions aimed at increasing MVPA in children and adolescents. However, future studies are needed to determine causality.

Websites [BioMed](#)

24. Maternal experiences of parenting girls who are perceived as overweight or at risk for becoming so: Narratives of uncertainty, ambivalence and struggle

Author: PAFF OGGLE, J

Journal: Children & Society Vol: 32 Part: 4: Pages: 325-340

Abstract: This work explored U.S. mothers' experiences of parenting young adolescent girls who are perceived by their mothers as overweight or at risk for becoming so. Data were collected via in-depth interviews with 13 mothers and were analysed using a constructivist grounded theory approach. Many mothers experienced socializing their daughters about issues of the body, weight, diet, and health as marked by uncertainty, ambivalence and struggle, particularly relative to four subthemes: mothers' embodiment as challenge to 'good mothering', negotiating a dilemma of the 'healthy mind' versus the 'healthy body', managing discipline: how much to intervene?, and the challenge of interpersonal dynamics.

Websites [Wiley](#)

25. Vegetable consumption among university students: Relationship between vegetable intake, knowledge of recommended vegetable servings and self-assessed achievement of vegetable intake recommendations

Author: TESCHL, C

Journal: Health Education Journal Vol: 77 Part: 4: Pages: 398-411

Abstract: This cross-sectional nutritional study in a university setting aims to investigate the relationship between vegetable intake, knowledge of recommended vegetable servings and self-assessed achievement of vegetable intake recommendations. Findings show that mean vegetable intake was 176 ± 165 g/day for women and 179 ± 153 g/day for men. Overall, 7.3% of women and 9.8% of men achieved the recommended vegetable intake. Recommended vegetable servings were correctly identified by 68.5% of women and 47.1% of men. About 34.1% of women and 23.5% of men believed they could achieve the recommended intake of vegetables. However, of these, only 18.7% and 33.3% actually achieved the recommended intake. These students did not differ with respect to their knowledge of recommended vegetable servings from those who stated they achieved the recommended intake but in fact did not. In conclusion the study identified a potential target group who did not know that their vegetable intake was below the recommended level. It may be concluded that students have difficulty correctly estimating amounts of vegetables. From a health promotion perspective, this creates the need for the practice-oriented communication of dietary recommendations.

Websites [Sage](#)



HEALTH CARE PUBLIC HEALTH

26. End of Life Care Profiles: November 2018 data update

Author: PUBLIC HEALTH ENGLAND

Date: 06 November 2018

Abstract: The end of life care profiles data update for November 2018 has been published by Public Health England (PHE). The profiles provide a snapshot overview of end of life care across England. They are intended to help local government and health services to improve care at the end of life.

Websites [PHE](#)

27. Liver disease profiles: November 2018 update

Author: PUBLIC HEALTH ENGLAND

Date: 06 November 2018

Abstract: Liver disease is one of the main causes of premature mortality nationally. The profiles are designed to support local authorities by providing data in a user-friendly format to allow them to assess the effect of liver disease in their areas and take action to prevent it. This update of the liver disease profiles data tool includes:

- new mortality data for 2015 to 2017 for 4 indicators
- new vaccination coverage data for 1 indicator

Websites [PHE](#)

28. Urinary tract infection: diagnostic tools for primary care

Author: PUBLIC HEALTH ENGLAND

Date: 13 November 2018

Abstract: Quick reference materials for primary care on diagnosing and understanding culture results for urinary tract infections (UTI). This guidance describes when to:

- send urine for culture in adults and children
- consider a UTI in adults over 65 years
- consider a UTI in women under 65 years
- consider a UTI in infants and children

Websites [PHE](#)



HEALTH IMPROVEMENT

29. National Diabetes Audit Report 1 Care Processes and Treatment Targets 2017-18

Author: NHS DIGITAL

Date: 08 November 2018

Abstract: The National Diabetes Audit (NDA) measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales. The NDA collects and analyses data for use by a range of stakeholders to drive changes and improvements in the quality of services and health outcomes for people with diabetes. This short report details the top level findings for the 2017-18 audit. The audit collected data during May and June 2018, for the period 01 January 2017 to 31 March 2018. The top level findings, along with supporting data at Clinical Commissioning Group (CCG), Local Health Board (LHB), GP practice and specialist diabetes service have been made available to provide data back to services in a timely manner that can help drive improvements in the quality of diabetes care locally.

Websites [NHS Digital](#)

30. Prescribing for Diabetes in England - 2007/08 - 2017/18

Author: NHS DIGITAL

Date: 08 November 2018

Abstract: Prescribing for Diabetes reports on and examines prescribing trends on medicines prescribed in primary care in England for the treatment and monitoring of diabetes during the period April 2007 to March 2018. Prescribing for Diabetes reports on and examines prescribing trends on medicines prescribed in primary care in England for the treatment and monitoring of diabetes during the period April 2007 to March 2018. Key facts include:

- Drugs used in diabetes (British National Formulary (BNF) section 6.1) now make up 11.4 per cent of total primary care net ingredient costs (NIC) and 4.9 per cent of prescription items (See Figure 1).
- In the financial year 2017/18 there were 53.4 million items prescribed for diabetes at a total net ingredient cost of £1,012.4 million. Up by 22.6 million prescription items and £421.7 million since 2007/08.
- Antidiabetic drugs (BNF section 6.1.2) make up 47.1 per cent of the total net ingredient cost of drugs used in diabetes and accounts for 72.6 per cent of prescription items for all diabetes prescribing.

Websites [NHS Digital](#)

31. NHS population screening explained

Author: PUBLIC HEALTH ENGLAND

Date: 05 November 2018

Abstract: Screening is the process of identifying healthy people who may have an increased chance of a disease or condition. The screening provider then offers information, further tests and treatment. This is to reduce associated problems or complications. This guide sets out what NHS population screening is, how it works, its limitations and the role of Public Health England.

Websites [PHE](#)

32. Bowel cancer screening: programme overview

Author: PUBLIC HEALTH ENGLAND

Date: 08 November 2018

Abstract: Bowel cancer screening is offered every 2 years to men and women aged 60 to 74. People older than this can ask for a screening kit every 2 years by calling the Freephone number 0800 707 60 60. An additional one-off test called bowel scope screening is being introduced in England for men and women at the age of 55. In August 2018, ministers agreed that in the future bowel cancer screening in England will start at the age of 50. PHE and the NHS are looking at how this can be achieved. This updated overview provides information on the programme, including commissioning, quality assurance, education and training.

Websites [PHE](#)

33. Community-centred practice: applying All Our Health

Author: PUBLIC HEALTH ENGLAND

Date: 14 November 2018

Abstract: This resource helps health professionals prevent ill health and promote wellbeing as part of their everyday practice, including guidance on:

- why adopt community-centred approaches in your professional practice?
- understanding local needs
- measuring impact

Websites [PHE](#)

34. Tackling gambling related harm – a whole council approach

Author: LOCAL GOVERNMENT ASSOCIATION

Date: 15 November 2018

Abstract: Harmful gambling is increasingly cited as a public health issue which requires a broad response; that is to say, traditional approaches that focus on single interventions do not tend to work at a population level. Harmful gambling is a complex problem with a large number of different but often interlinked factors - no single measure is likely to be effective on its own in addressing it. This publication provides an overview of problem gambling, and how councils can begin to try to help local residents who are impacted by it.

Websites [LGA](#)

35. Fixed odds betting terminals

Author: UK House of Commons Library

Date: 16 November 2018

Abstract: Fixed odds betting terminals (FOBTs) (B2s) are electronic machines, sited in betting shops, which contain a variety of games, including roulette. Each machine accepts bets for amounts up to a pre-set maximum and pays out according to fixed odds on the simulated outcomes of games. Up to four machines can be sited on betting premises. The maximum stake on a single bet is £100, the maximum prize is £500. Critics point out that it is possible to lose large amounts of money and claim that the machines have a causal role in problem gambling. The gambling industry says there is no evidence of a causal link between B2s and problem gambling. It also claims that reducing the maximum stake to £2, as some critics have been campaigning for, would put betting shops and jobs at risk. This briefing paper looks at the controversy over fixed odds betting terminals.

Websites [House of Commons Library](#)

36. Learning Disabilities Health Check Scheme England, Quarter 2, 2018-19

Author: NHS DIGITAL

Date: 15 November 2018

Abstract: The learning disabilities health check scheme is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which will include producing a health action plan. The learning disabilities health check scheme operates on a quarterly basis. This release contains data for the second quarter of the 2018-19 reporting year.

Websites [NHS Digital](#)

37. Smoking in the home: New solutions for a Smokefree Generation

Author: BUCKLEY, K

Date: 20 November 2018

Abstract: This report considers the impact of smoking in the home and what policy measures could be taken across all housing tenures reduce its prevalence, with the aim of protecting children and adults and supporting healthy communities. The report calls for collaboration between partners including housing, public health, environmental health, trading standards and the fire service to address the harms from smoking and intervene in communities with the highest rates of smoking.

Websites [Report](#); [Executive Summary](#)

38. Age is just a number: Views among people aged 50 and over in the English Longitudinal Study of Ageing

Author: CENTRE FOR BETTER AGEING

Date: 20 November 2018

Abstract: Analysis of the most recent data from the English Longitudinal Study of Ageing carried out by the Centre for Ageing Better, shows the attitudes on ageing of over 50s in the country. Findings show that while most over 50s are largely positive about ageing, evidence shows there are large and consistent differences in attitudes across socio-economic groups. The data also suggests being pessimistic about getting older can be a self-fulfilling prophecy, leading to a negative experience of ageing. The analysis concludes that more needs to be done to help people to think about their health and how to keep active and socially connected as they grow older – particularly people who are less well-off, who are most at risk of missing out on a good later life.

Websites [CBA - Press Release](#); [CBA - Report](#)

39. Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity

Author: NORTHERN HEALTH SCIENCE ALLIANCE

Date: November 2018

Abstract: This report by Northern Health Science Alliance looks at the impact of poor health in the North of England on productivity and to explore the opportunities for improving UK productivity by unlocking inclusive, green, regional growth through health improvement. It makes recommendations to both central Government and local and regional stakeholders.

Websites [NHSA - Press Release](#); [NHSA - Report](#)

40. Acceptability of a sitting reduction intervention for older adults with obesity

Author: MATSON, T

Journal: BMC Public Health Vol: 18: Pages: 706

Abstract: Older adults spend more time sitting than any other age group, contributing to poor health outcomes. Effective behavioural interventions are needed to encourage less sitting among older adults, specifically those with obesity, but these programs must be acceptable to the target population. This study explored participant acceptance of a theory-based and technology-enhanced sitting reduction intervention designed for older adults (I-STAND). The 12-week I-STAND intervention consisted of 6 health coaching contacts, a study workbook, a Jawbone UP band to remind participants to take breaks from sitting, and feedback on sitting behaviours (generated from wearing an activPAL device for 7 days at the beginning and mid-point of the study). Semi-structured interviews were conducted with 22 participants after they completed the intervention. Participants reported that the intervention improved physical health, increased energy, increased readiness to engage in physical activity, improved mood, and reduced stress. This study concluded that the technology-enhanced sedentary behaviour reduction intervention was acceptable, easy to incorporate, and had a positive perceived health impact on older adults with obesity.

Websites [BioMed](#)

41. Diagnosis of diabetes mellitus and living with a chronic condition: participatory study

Author: ADAILTON da SILVA, J

Journal: BMC Public Health Vol: 18: Pages: 699

Abstract: Diabetes mellitus is one of the most serious chronic *illnesses* in the world *due to* its prevalence, economic and social effects, and negative impact on the quality of life of the affected people. The diagnosis implies changes in life habits especially related to feeding, physical activity, and constant self-care, requiring greater personal autonomy. This study aims to understand how individuals living with diabetes deal with the recognition of the chronic condition in their health care practices. Sixteen *people* with diabetes mellitus were intentionally chosen, and qualified to participate in the study. The selected methodology allowed the constitution of life stories and focused *on* the multiple ways human beings deal with their illnesses. The study concludes that the emotional aspects of subjects diagnosed with diabetes mellitus strongly influence the acceptance or denial of the illness, interfering in their personal adherence to treatment. As a chronic condition, involving life-longing care practices, which intervenes in therapeutic participation, it is indispensable to respect and to encourage the personal autonomy of the subjects.

Websites [BioMed](#)

42. Awareness of alcohol as a risk factor for cancer is associated with public support for alcohol policies

Author: BATES, S

Journal: BMC Public Health Vol: 18: Pages: 688

Abstract: The aim of this study was to investigate the relationship between awareness of the alcohol-cancer link and support for a range of alcohol policies in an English sample and policy context. A cross-sectional survey of 2100 adult residents in England was conducted in which respondents answered questions regarding awareness of the link between alcohol and cancer and support for 21 policy proposals. The study concludes that support for alcohol policies is greater among individuals who are aware of the link between alcohol and cancer. At the same time, a large proportion of people are unaware of the alcohol-cancer link and so increasing awareness may be an effective approach to increasing support for alcohol policies.

Websites [BioMed](#)

43. Obesity prevention: are we missing the (conception to infancy) window?

Author: HALE, I

Journal: British Journal of General Practice Vol: 68 Part: 671: Pages: 262-263

Abstract: Despite decades of research and public policy efforts, obesity continues to be a major public health threat. Effective, sustainable weight loss treatments in adults have been elusive and prevention and treatment efforts aimed at children, although somewhat more promising, have failed to have a significant impact on the obesity epidemic. More recently, some obesity researchers have started to focus on the earliest period of life, from conception to infancy, and have found compelling evidence to suggest that this period may be a critical window of opportunity for prevention of lifelong obesity. It is commonly believed that obesity is caused by a

simple thermodynamic equation (energy in, minus energy out) and that an individual's weight is the result of personal choices of excess consumption and inadequate activity. This assumption forms the basis of almost all of our obesity prevention and treatment programmes but it oversimplifies a very complex condition. In fact, individual choices may only be symptoms of an underlying problem in regulation of appetite or energy metabolism. We all know 'metabolically gifted' individuals who remain thin with no apparent effort or extraordinary willpower. Every individual seems to have a pre-determined weight 'set point' and a strong biologic tendency to defend it. Though much of this is genetically determined, there is a growing body of evidence to suggest that it may also be related to modifiable factors established early in life.

Websites [BJGP](#)

44. Obesity: when is specialist referral needed?

Author: ZAKERI, R

Journal: British Journal of General Practice Vol: 68 Part: 671: Pages: 264-265

Abstract: Obesity underlies much of primary care workload. Worryingly, the number of adults with severe obesity, which significantly reduces life expectancy, has doubled to approximately 2.6 million over the past decade. Obesity and related illnesses lead to significant healthcare costs, estimated at £6.1 billion per year in the UK, with additional societal costs of £27 billion from reduced productivity secondary to obesity-related ill-health. Obesity is a complex issue with no single or simple solution. Preventing incident obesity is crucial but for those people already affected there is a need to provide optimal, evidence-based care. Multidisciplinary weight management programmes that encompass changes in diet, behaviour, and physical activity need to be established and readily accessible across the UK. Prescription medications and bariatric surgery where indicated should be seen as adjuncts to facilitate such programmes rather than standalone alternatives.

Websites [BJGP](#)

45. Physical activity accrued as part of public transport use in England

Author: PATTERSON, R

Journal: Journal of Public Health: Early online

Abstract: Walking and cycling for transport (active travel) is an important source of physical activity with established health benefits. However, levels of physical activity accrued during public transport journeys in England are unknown. Using the English National Travel Survey 2010–14 this study quantified active travel as part of public transport journeys. Linear regression models compared levels of physical activity across public transport modes, and logistic regression models compared the odds of undertaking 30 min a day of physical activity. The study concludes that public transport use is an effective way to incorporate physical activity into daily life. One in three public transport users meet physical activity guidelines suggesting that shifts from sedentary travel modes to public transport could dramatically raise the proportion of populations achieving recommended levels of physical activity.

Websites [Oxford Journals](#)



HEALTH PROTECTION

46. Hepatitis E: symptoms, transmission, treatment and prevention

Author: PUBLIC HEALTH ENGLAND

Date: 07 November 2018

Abstract: Public Health England have updated their guidance on Hepatitis E. Hepatitis E is an illness of the liver caused by hepatitis E virus (HEV), a virus which can infect both animals and humans. HEV infection usually produces a mild disease, hepatitis E. However, disease symptoms can vary from no apparent symptoms to liver failure. In rare cases, it can prove fatal particularly in pregnant women. Normally, the virus infection will clear by itself. However, it has been shown that in individuals with suppressed immune systems, the virus can result in a persistent infection which in turn can cause chronic inflammation of the liver.

Websites [PHE](#)

47. Weekly national flu reports: 2018 to 2019 season

Author: PUBLIC HEALTH ENGLAND

Date: 08 November 2018

Abstract: These reports summarise UK surveillance of influenza and other seasonal respiratory illnesses for the 2018 to 2019 season.

Websites [PHE](#)

48. Tetanus: guidance for health professionals

Author: PUBLIC HEALTH ENGLAND

Date: 09 November 2018

Abstract: This updated guidance document provides recommendations on the diagnosis and treatment of tetanus, including:

- the use of immunoglobulins for the treatment of clinical tetanus
- the management of tetanus prone wounds
- revised guidance for classifying tetanus-prone injuries

Websites [PHE](#)

49. Antibiotic awareness: posters and leaflets

Author: PUBLIC HEALTH ENGLAND

Date: 08 November 2018

Abstract: Posters and leaflets (in 11 languages) for the public and healthcare professionals to support antibiotic awareness campaigns in the UK. This update includes Antibiotic Guardian leaflet.

Websites [PHE](#)

50. Tackling the taboo of menstrual hygiene in the European Region

Author: WORLD HEALTH ORGANIZATION

Date: 08 November 2018

Abstract: Globally, 52% of women and girls are of reproductive age – around 1.9 billion people. Yet, a massive taboo and stigma still surrounds the topic of menstruation, and it is often difficult for girls and women in many countries and regions to practice optimal menstrual hygiene. WHO/Europe has been working with Member States to better understand the magnitude of the problem and to support the development of policies to tackle the inequality surrounding menstrual hygiene management (MHM). Health and education sectors came together to discuss joint action at the third expert meeting on water, sanitation and hygiene (WASH) in schools, held in Bonn on 23–24 October 2018. Inequality in relation to MHM has many causes, such as lack of information about menstruation, unsatisfactory sanitation infrastructure and the fact that menstrual management supplies are often unavailable or unaffordable. Participants at the meeting in Bonn recognized

that MHM is a matter that concerns the dignity and well-being of all women and girls, particularly school-aged girls who often miss classes due to inadequate MHM, and one that underpins rights to sanitation and gender equality in education. At the meeting, Member States shared examples of good practice on how to measure the scope of the problem, identify the needs of those affected, improve facilities in schools and strengthen school education on menstruation.

Websites [WHO](#)

51. Health matters: air pollution

Author: PUBLIC HEALTH ENGLAND

Date: 14 November 2018

Abstract: Long-term exposure to air pollution reduces life expectancy by increasing deaths from cardiovascular and respiratory conditions, and from lung cancer. It is estimated that long-term exposure to air pollution in the UK has an annual effect equivalent to 28,000 to 36,000 deaths. We know that air pollution disproportionately impacts those who live in less affluent areas, broadening health inequalities. This edition of Health matters focuses on air pollution and discusses how local authorities, supported by national policies, have an important role in assessing and improving local air quality - and how the cumulative effects of local action can be significant. It will be of particular value to local authority commissioners, directors of public health, environmental health officers, health and wellbeing boards, CCGs and health professionals.

Websites [PHE](#)

52. Tetanus: epidemiological data

Author: PUBLIC HEALTH ENGLAND

Date: 15 November 2018

Abstract: Public Health England has added supplementary epidemiological data tables to its [annual report](#) on cases of tetanus in England.

Websites [PHE](#)

53. Hepatitis C: patient re-engagement exercise

Author: PUBLIC HEALTH ENGLAND

Date: 13 November 2018

Abstract: Untreated hepatitis C infection causes cirrhosis and liver cancer. Very effective, well tolerated oral therapies are now available on the NHS. To enable people previously diagnosed with hepatitis C to be treated for their infection, NHSE and Public Health England (PHE) have organised a national 'patient re-engagement exercise' to help find and treat people with hepatitis C virus (HCV) infection.

Websites [PHE](#)

54. Measles outbreaks across England

Author: PUBLIC HEALTH ENGLAND

Date: 12 November 2018

Abstract: Between 1 January 2018 and 31 October 2018, there have been 913 laboratory-confirmed measles cases in England. This steep rise in cases (when compared to 259 lab-confirmed measles cases in 2017), was associated with outbreaks linked to importations from Europe that have led to some limited spread in the community, particularly teenagers and young adults who missed out on their MMR vaccine when they were younger. The measles outbreaks previously reported in different parts of the country are now under control, and we have seen a sharp decline in the number of measles cases reported. Public Health England is advising

the public to ensure they have had 2 doses of MMR vaccine.

Websites [PHE](#)

55. Public Health England warns travellers of rabies risk

Author: PUBLIC HEALTH ENGLAND

Date: 12 November 2018

Abstract: PHE is reminding travellers to avoid coming into contact with animals when travelling to rabies affected countries due to the risk of catching the disease. Rabies is passed on through injuries such as bites and scratches from an infected animal. There are no documented instances of direct human to human transmission. This reminder comes after a UK resident sadly died after becoming infected with rabies following a cat bite during a visit to Morocco. There is no risk to the wider public in relation to this case but, as a precautionary measure, health workers and close contacts are being assessed and offered vaccination when necessary.

Websites [PHE](#)

56. SPI-M Modelling Summary for pandemic influenza

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE

Date: 16 November 2018

Abstract: This document summarises the Scientific Pandemic Influenza Group on Modelling's advice for policy makers on dealing with a pandemic influenza outbreak.

Websites [DHSC](#)



MATERNITY AND INFANTS

57. Newborn blood spot screening: programme overview

Author: PUBLIC HEALTH ENGLAND

Date: 08 November 2018

Abstract: This updated overview is aimed at professionals working in the NHS newborn blood spot (NBS) screening programme. The NHS recommends NBS screening because it can improve health and prevent severe disability or even death. However, screening is always a choice and parents can decline it for their baby if they wish. PHE produces information about [patient confidentiality in population screening programmes](#). It is committed to reducing inequalities and variation in participation to help make sure everyone has fair and equal access to screening services.

Websites [PHE](#)

58. Each Baby Counts: 2018 progress report

Author: ROYAL COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Date: November 2018

Abstract: This report presents key findings and recommendations based on the analysis of data from 2016 relating to the care given to mothers and babies throughout the UK, to ensure each baby receives the safest possible care during labour. The review finds that of the nearly 700,000 babies born in 2016, 1,123 babies fulfilled the Each Baby Counts criteria. There were 124 stillbirths, 145 babies who died early and 854 babies who sustained severe brain injuries during labour at term (babies born after 37 completed weeks of gestation).

Websites [Report](#); [More Details](#)

59. Maternity DMA Report – Digital Maturity Assessment of Maternity Services in England 2018

Author: NHS ENGLAND

Date: 13 November 2018

Abstract: The Digital Maturity Assessment (DMA) is a complete picture of the digital maternity landscape across England – a baseline for improvement at both a national and local level.

Websites [NHS England](#)

60. Mind the Gap: An Investigation into Maternity Training for Frontline Professionals across the UK (2017/18)

Author: BABY LIFELINE

Date: 12 November 2018

Abstract: Three out of every four baby deaths and injuries could be prevented with different care. The tragic human and financial consequences of these incidents however, remain. For more than two decades, successive reports have recommended training for frontline staff in targeted areas as a key way to improve outcomes. This report has surveyed the national response to these recommendations and provides the most up-to-date picture of maternity training for healthcare professionals in the UK.

Websites [Baby Lifeline](#)

61. Factors associated with the maintenance of breastfeeding for 6, 12, and 24 months in adolescent mothers

Author: MUELBERT, M

Journal: BMC Public Health Vol: 18: Pages: 675

Abstract: Previous studies have demonstrated that adolescent mothers present a higher risk of not breastfeeding or of early interruption of this practice. Considering the scarcity of studies investigating the determining factors of breastfeeding in adolescent mothers, and the absence of studies exploring the determining factors of breastfeeding maintenance for different periods of time in a single population of adolescent mothers, the aim of this research was to identify factors associated with breastfeeding maintenance for at least 6, 12, and 24 months in adolescent mothers. Findings show only one factor was associated with breastfeeding maintenance at all outcomes: infant not using a pacifier showed a higher probability of breastfeeding maintenance in the first 2 years. Maternal grandmother breastfeeding support and exclusive breastfeeding duration were associated with breastfeeding maintenance for 6 and 12 months. In order to contribute to the challenge of increasing BF duration among adolescent mothers interventions aimed at boosting breastfeeding maintenance among this population should take into consideration the determining factors here identified. Additionally, breastfeeding education and support should be provided continuously as factors influencing these practices vary with time. Thus, support for adolescent mothers during the different stages of breastfeeding need to be tailored to have a positive impact on breastfeeding experience.

Websites [BioMed](#)



MENTAL HEALTH AND WELLBEING

62. Focused review of suicides among armed forces personnel

Author: MINISTRY OF DEFENCE; DEFENCE SAFETY AUTHORITY

Date: 09 November 2018

Abstract: Defence Safety Authority focused review of suicides among armed forces personnel.

Websites [MoD](#); [DSA](#)

63. Suicide prevention profile: November 2018 update

Author: PUBLIC HEALTH ENGLAND

Date: 06 October 2018

Abstract: The suicide prevention profile has been produced to help develop understanding at a local level and support an intelligence driven approach to suicide prevention. It provides planners, providers and stakeholders with the means to profile their area and benchmark against similar populations. A statistical commentary has also been produced which provides a summary of what is new in this release.

Websites [PHE](#)

64. Management of physical health conditions in adults with severe mental disorders

Author: WORLD HEALTH ORGANIZATION

Date: November 2018

Abstract: Preventable physical health conditions lead to premature mortality in people with severe mental disorders, reducing their life span by 10-20 years. The majority of these premature deaths are due to physical health condition. The physical health of people with severe mental disorders is commonly overlooked, not only by themselves and people around them, but also by health systems, resulting in crucial physical health disparities and limited access to health services. Many lives can be saved by ensuring that people with severe mental disorders receive treatment. These guidelines provide evidence-based, up-to-date recommendations to practitioners on how to recognize and manage comorbid physical and mental health conditions.

Websites [WHO](#)

65. Self-harm and Suicide Prevention Competence Framework

Author: UNIVERSITY COLLEGE LONDON

Date: 11 November 2018

Abstract:

The Self-Harm and Suicide Prevention Competence Framework is now available on the University College London CORE webpage. This site gives open access to the framework, including background documentation that explains how it was developed, what it contains, and how it can be used. The framework and documents cover the following areas:

- working with children and young people (from 8 years upwards)

- working with adults and older adults (from 18 years upwards)
- working with the public (community and public health)
- Service users and carers

Websites [UCL](#)

66. Right treatment, right time

Author: RETHINK MENTAL ILLNESS

Date: 19 November 2018

Abstract: A survey conducted by Rethink Mental Illness of over 1,600 people on their experiences of care and treatment shows that people severely affected by mental illness are often waiting the longest for treatment and then receiving inadequate care. Findings show that

- 28% were not referred to an appropriate service by their GP
- 56% did not receive treatment in the appropriate time
- 51% found they did not receive treatment for a sufficient and appropriate length of time
- 20 people* said they had thought about suicide following inadequate treatment for their mental health condition

Websites [Report](#); [Press Release](#)



WIDER DETERMINANTS

67. Health on the High Street: Running on Empty 2018

Author: ROYAL SOCIETY FOR PUBLIC HEALTH

Date: October 2018

Abstract: In 2015, the Royal Society for Public Health published their report Health on the High Street. It started a conversation about the impact of different outlets on health and the potential cumulative effect these outlets could have on a local population. The high street has continued to undergo much change in the last three years and this new report seeks to assess to what extent these changes have affected the health impact of the UK's high streets. The research extended their 2015 analysis to include vape shops, convenience stores, off-licences, cafes, and empty shops – and used this measure to rank Britain's major towns and cities by the impact of their high streets on the public's health and wellbeing. A key finding was around the proliferation of empty shops on Britain's high streets – their clustering in more deprived areas, and the negative impact they can have on community wellbeing and spirit, representing a decline in community assets. As a result of their analysis the RSPH have put forward a number of recommendations that aim to inject new life into our high streets and also make the business offer that retailers provide more health promoting.

Websites [Report](#); [Press Release](#)

68. Kindness, emotions and human relationships: The blind spot in public policy

Author: UNWIN, J

Date: November 2018

Abstract: There is growing recognition of the importance of kindness and relationships for societal wellbeing. But talking about kindness does not fit easily within the rational lexicon of public policy. This report from Julia Unwin CBE argues that there have been very good reasons for keeping kindness separate from public policy; but that the great public policy challenges of our time demand an approach that is more centred on relationships; and, with technology and artificial intelligence transforming the way we do things, it is imperative that we focus equally on our emotional intelligence.

Websites [Carnegie UK](#)

69. Wider Determinants of Health: November 2018 update

Author: PUBLIC HEALTH ENGLAND

Date: 06 November 2018

Abstract: This tool brings together available indicators at England and local authority levels on the wider determinants of health with links to further resources. The Wider Determinants of Health tool is designed to:

- draw attention to the broad range of individual, social and environmental factors which influence our health
- provide the public health system with intelligence on the wider determinants of health, to help improve population health and reduce health inequalities

Websites [PHE](#)

70. Homelessness: duty to refer – for NHS staff

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE

Date: 14 November 2018

Abstract: On 1 October 2018, the Homelessness Reduction Act 2017 introduced a new legal duty on specified public services to refer service users they consider may be homeless or threatened with homelessness to a local housing authority. This guidance provides an overview of the duty to refer for NHS staff, including how to make a referral to a local authority.

Websites [DHSC](#)

71. How much do you really know about crime?

Author: OFFICE FOR NATIONAL STATISTICS

Date: 12 November 2018

Abstract: Crime is something that most people will come across at some point in their lives, or some may have first-hand experience of being victim or witness to a crime. But although we encounter crime in one way or another, whether through headlines, conversations, or experience, it's easy for our perception of crime to be distorted. This report provides a better understanding of what the latest data show is happening with crime in England and Wales.

Websites [ONS](#)

72. Community perceptions of the implementation and impact of an intervention to improve the neighbourhood physical environment to promote walking for transport: a qualitative study

Author: ADAMS, E

Journal: BMC Public Health Vol: 18: Pages: 714

Abstract: Using community engagement approaches to develop and deliver interventions targeting small-scale physical environmental improvements in neighbourhoods is a potential strategy for increasing walking for

transport. This study aimed to qualitatively assess community perceptions of the implementation and impact of the Fitter for Walking (FFW) intervention, which encouraged communities to work together to improve the street environment on local routes and promote walking for transport. The study concludes that community perspectives provided important insights into the barriers and facilitators for the implementation of the FFW intervention and its' potential impacts. Using community engagement approaches can lead to perceived improvements in the physical and social environment resulting in increased street use, which may lead to increases in walking for transport in the longer-term. Recommendations are provided for researchers, practitioners and policy makers in planning and delivering future interventions. Future research should determine optimal implementation strategies, investigate the relative importance of improving physical environments, social environments and using individual behaviour change strategies, and determine how physical and social environments interact to maximise intervention impact on walking for transport.

Websites [BioMed](#)

73. Feasibility and acceptability of a cancer symptom awareness intervention for adults living in socioeconomically deprived communities

Author: SMITH, P

Journal: BMC Public Health Vol: 18: Pages: 695

Abstract: Cancer survival rates in the UK are lower in comparison with similar countries in Europe and this may be linked to socioeconomic inequalities in stage of cancer diagnosis and survival. Targeted cancer awareness interventions have the potential to improve earlier symptomatic diagnosis and reduce socioeconomic inequalities in cancer outcomes. The health check is an innovative, theory-based intervention designed to increase awareness of cancer symptoms and risk factors, and encourage timely help seeking among adults living in deprived communities. A prospective, non-randomised evaluation was undertaken to test the feasibility and acceptability of the health check for adults aged 40 years and over living in deprived areas of Wales. The study concludes that recruitment was feasible in community and healthcare settings, with good reach to adults from low socioeconomic groups. The health check intervention was acceptable and demonstrated potential for improved cancer awareness and symptom presentation, especially for non-specific symptoms, in communities most affected by cancer.

Websites [BioMed](#)



OTHER

74. Public health outcomes framework: November 2018 data update

Author: PUBLIC HEALTH ENGLAND

Date: 06 November 2018

Abstract: Public Health England (PHE) has published the Public Health Outcomes Framework (PHOF) quarterly data update for November 2018. The data are presented in an interactive tool that allows users to view them in a user-friendly format. The data tool also provides links to further supporting information, to aid understanding of public health in a local population. This update contains:

- more recent data for 44 indicators
- equalities and inequalities breakdowns for 18 indicators
- 2 indicators with revised data source
- revised back series data for 13 indicators

Websites [PHE](#)

75. Understanding the health care needs of people with multiple health conditions

Author: STAFFORD, M

Date: November 2018

Abstract: As the number of people with multiple health conditions grows, meeting their needs will be one of the biggest challenges facing the NHS. In 2006/07, one in 10 patients admitted to hospital as an emergency had 5+ conditions. In 2015/16, the figure was one in three. People with multiple conditions often have poorer quality of life, greater risk of premature death, and may need substantial NHS support. But the ability of the NHS to plan care that responds to these needs has been hampered by a lack of information about the conditions that people have and their existing patterns of care. This briefing describes what NHS care looks like for patients with multiple conditions. It also shows what proportion of NHS resources is used to provide care for these patients. The report argues that designing high-quality care for patients with multiple conditions should be an essential part of any NHS strategy – be it for primary, secondary, community, emergency, or integrated care. It emphasises that multiple conditions are a concern for all patients, not just elderly ones, particularly in deprived areas, and that having an additional condition can increase the complexity of a patient's health needs and their need for support and treatment from the NHS.

Websites [Health Foundation](#)

76. Call to Action: a series of practical resources to support health and social care staff to reduce delayed transfers of care

Author: NHS ENGLAND

Date: 13 November 2018

Abstract: These guides are aimed to help health and social care colleagues to take prompt practical actions and use every opportunity to prevent delayed transfers of care. Through using these guides, health and social care staff can address the evidence that staying in hospital for longer than required drives adverse outcomes for patients.

Websites [NHS England](#)

77. The health care workforce in England: make or break?

Author: KING'S FUND

Date: 15 November 2018

Abstract: In advance of the publication of the NHS long-term plan, this briefing highlights the scale of workforce challenges now facing the health service and the threat this poses to the delivery and quality of care over the next 10 years. It sets out the reasons why the long-term plan and supporting workforce strategy must address the urgent and mounting challenges facing the health care workforce.

Websites [King's Fund](#)

78. Shifting the centre of gravity: making place-based, person-centred health and care a reality

Author: LOCAL GOVERNMENT ASSOCIATION

Date: 14 November 2018

Abstract: The examples in this report show what can be achieved by system leaders and staff from local government, the NHS, the voluntary, community and social enterprise sector, and service user and carer groups working together to improve health and deliver person-centred care.

Websites [LGA Press Release](#); [LGA Report](#)

79. Vital statistics in the UK: births, deaths and marriages - 2018 update

Author: OFFICE FOR NATIONAL STATISTICS

Date: 15 November 2018

Abstract: Annual UK and constituent country figures for births, deaths, marriages, divorces, civil partnerships and civil partnership dissolutions. Some of the main points from latest release include:

- In 2017, there were 755,042 live births in the UK, a decrease of 2.6% from 774,835 in 2016 and the lowest number of live births since 2006.
- There were 3,200 stillbirths in the UK in 2017; the corresponding stillbirth rate was 4.2 stillbirths per 1,000 total births, which is the lowest rate on record.
- There were 607,172 deaths registered in the UK in 2017, an increase of 1.7% from 597,206 in 2016 and the highest number registered annually since 2003.
- There were 3,408 deaths registered to children aged under five years in the UK in 2017, the lowest number on record; the corresponding mortality rate was 4.5 deaths per 1,000 live births, unchanged since 2014.

Websites [ONS](#)

80. Population and fertility by age and sex for 195 countries and territories, 1950–2017

Author: COLLABORATION

Journal: Lancet Vol: 392 Pages: 1995-2051

Abstract: Population estimates underpin demographic and epidemiological research and are used to track progress on numerous international indicators of health and development. This study presents single-calendar year and single-year of age estimates of fertility and population by sex with standardised and replicable methods. Some of the findings show that from 1950 to 2017, total fertility rates (TFRs) decreased by 49.4%. The TFR decreased from 4.7 livebirths to 2.4 livebirths, and the age specific fertility rates (ASFR) of mothers aged 10–19 years decreased from 37 livebirths to 22 livebirths per 1000 women. Despite reductions in the TFR, the global population has been increasing by an average of 83.8 million people per year since 1985. The study concludes that population trends create demographic dividends and headwinds (i.e. economic benefits and detriments) that affect national economies and determine national planning needs. Although TFRs are decreasing, the global population continues to grow as mortality declines, with diverse patterns at the national level and across age groups.

Websites [Lancet](#)