

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 COLLABORATE IT SO YOU DON'T HAVE TO

2nd January 2019

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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. Older people living alone are 50% more likely to visit A&E than those who live with others

Author: HEALTH FOUNDATION

Date: 13 December 2018

Abstract: Research published by the Health Foundation to look at the health care needs of older adults finds that people aged 65 and older who live alone are 50% more likely to go to A&E than those who live with someone else. They are also at increased risk of being admitted to hospital as an inpatient. While the study, published in [BMC Geriatrics](#) (open access article), finds a link between living alone and increased use of health care services it is unclear exactly why this is. It could be that older people living alone are more unwell due to loneliness, known to negatively impact health. Another possible explanation is that people living alone may require more assistance from the NHS when they fall ill due to a lack of immediate support at home.

Websites [Health Foundation](#); [BMC Geriatrics Article](#)

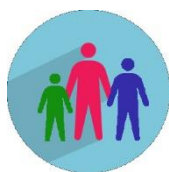
2. New models of home care

Author: BENNETT, L

Date: 11 December 2018

Abstract: Policy-makers have outlined their ambitions to provide joined-up care closer to home and enable people to remain independent and in their own homes. Home care will be a central component of realising these ambitions. However, there are serious concerns about the state of the home care market and the quality of care service users receive. Against this backdrop of varying quality of care and rising demand, some innovative models and approaches to commissioning and delivering home care are emerging. This report explores those new approaches and considers their potential to provide care that is more closely aligned with what people want.

Websites [King's Fund](#)



CHILDREN, YOUNG PEOPLE & FAMILIES

3. On the Right Course? A review of the quality of care provided to patients aged 24 years and under who were receiving systemic anti-cancer therapy and subsequently died or were admitted to critical care.

Author: HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP

Date: 13 December 2018

Abstract: Cancer outcomes in children and young people have improved dramatically over the last few decades with over 80% of those diagnosed now being cured of their disease. Of those who die, approximately half will do so from treatment related complications many of which are avoidable. This report deliberately focuses on a sample of patients who were a high-risk group who died or who had an unexpected admission to intensive care. The rationale being that this is where care-planning, service provision and communication should excel. Any remediable factors in care for this group would benefit all children, teenagers and young adults receiving SACT.

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

4. Paracetamol and alcohol are the most common substances taken by young people and rates of poisoning are increasing

Author: NATIONAL INSTITUTE FOR HEALTH RESEARCH

Date: 11 December 2018

Abstract: The rates of the five most common types of poisoning in young people have increased three to five-fold from 1998 to 2014 and is cause for concern. A study including more than 1.7 million young people aged 10 to 24 in the UK found records of 31,509 people who had been treated for poisoning (2% of the total). Where the substance was recorded, 40% of poisonings involved paracetamol, and 33% involved alcohol. Other substances used included non-steroidal anti-inflammatory drugs, antidepressants and opioid painkillers, but these were less common. The study found that 67% of poisoning episodes were intentional self-harm, while in 26% of cases the intent was unclear or not specified in the record. This study highlights the growing number of young people who are taking poisonous levels of readily accessible painkillers and alcoholic drinks.

Websites [NIHR](#)

5. Review of children in need

Author: UNITED KINGDOM Department for Education
Date: 10 December 2018

Abstract: Updated information on the government's policy to support children in need and build the evidence base on how to improve their educational outcomes. This updated includes the addition of 'Children in need: interim findings' and updated information links.

Websites [DfE](#)

6. Public Health Model to reduce youth violence

Author: UNITED KINGDOM House of Commons Library
Date: 12 December 2018

Abstract: This briefing was published in advance of a debate on this subject that was scheduled to take place on 13th December 2018. The public health approach to any problem is interdisciplinary and science-based. It draws upon knowledge from many disciplines, including medicine, epidemiology, sociology, psychology, criminology, education and economics. The public health approach also emphasizes collective action. It has proved time and again that cooperative efforts from such diverse sectors as health, education, social services, justice and policy are necessary to solve what are usually assumed to be purely "medical" problems. Each sector has an important role to play in addressing the problem of violence and, collectively, the approaches taken by each have the potential to produce important reductions in violence. This briefing takes a look at initiatives in Scotland and London to reduce youth violence.

Websites [House of Commons Library](#); [Briefing](#)

7. Centre to re-analyse wealth of existing education data focusing on children's social care

Author: WHAT WORKS FOR CHILDREN'S SOCIAL CARE
Date: 10 December 2018

Abstract: The What Works Centre for Children's Social Care (WWCCSC) is to re-analyse previous trials commissioned by the Education Endowment Foundation (EEF) to identify specific insights for children who have cleared a statutory threshold in the children's social care system. The purpose of the re-analysis is to identify which interventions work differentially for Children In Need (CIN) and Looked After Children (LAC) as opposed to the general population of young people or for young people in receipt of free school meals. The hope is that re-analysing the data from focusing on these young people will provide much needed insights that will help professionals - be they teachers, social workers or others - to make decisions to support these children and young people, as well as providing a spur for further research.

Websites [What Works for Children's Social Care](#)

8. Health of Refugee and Migrant Children: Technical Guidance

Author: WORLD HEALTH ORGANIZATION Regional Office for Europe
Date: 18 December 2018

Abstract: When considering health and health-care interventions for migrant children, areas that need specific attention include their diverse backgrounds, whether they are unaccompanied and separated from family, whether they have been trafficked, and whether they have been left behind. This technical guidance presents policy considerations for promoting refugee and migrant children's health and well-being, and particularly their mental health. It includes an intersectoral approach that targets risk factors at the individual, family and community levels. It emphasizes the important role of national/local governments in fostering or hindering equitable living conditions for refugee and migrant children in the areas of housing, health-care services and education. This technical guidance outlines current best practices, evidence and knowledge to inform policy

and programme development in the area of health promotion for refugees and migrants in the WHO European Region. It highlights key principles, summarizes priority actions and challenges, maps available resources and tools, and provides policy considerations and practical recommendations to improve health promotion activities.

Websites [WHO](#); [Report](#)

9. Chronic sleep deprivation and gender-specific risk of depression in adolescents: a prospective population-based study

Author: CONKLIN, A

Journal: BMC Public Health Vol: 18: Pages: 279

Abstract: Chronic exposure to sleep deprivation may increase the risk of depression in young people who are particularly vulnerable to changes in sleep and mental health. Sleep deprivation and incident depression may also differ by gender. This article investigated the prospective association between cumulative sleep deprivation and subsequent levels of depressive symptomatology among adolescents from a gender perspective. Cumulative sleep deprivation was associated with a monotonic increase in depression scores at follow-up in young women, but no consistent pattern was seen in young men. Results suggested that chronic sleep deprivation increases the risk of major depression among young women. Mental health promotion for young people should include relevant strategies to ensure young women can achieve recommended amounts of sleep.

Websites [BioMed](#)

10. Impact of public smoking bans on children's exposure to tobacco smoke at home: a systematic review and meta-analysis

Author: NANNINGA, S

Journal: BMC Public Health Vol: 18: Pages: 749

Abstract: A meta-analysis of the impact of public smoking bans on children's exposure to secondhand smoke (SHS) exposure at home was undertaken. The electronic databases of PubMed, Web of Science, PsycINFO, ASSIA, CINAHL were searched. Studies were included when they reported children's SHS exposure at home in relation to smoke-free legislation by measuring exposure before and after the introduction of a public smoking ban. Studies had to provide results on exposure prevalences of children aged below 18 years. Meta-analysis showed that the overall effect was a decreased exposure to SHS in the children's homes after introduction of a public smoking ban. Only two of the 15 studies indicated an increased exposure. Sensitivity analyses considering the type of smoke-free legislation, children's age group and study quality did not substantially alter the result. In conclusion, the assumption of a displacement of smoking into homes with children due to smoke-free legislation in public places could not be confirmed. Additional research is needed to analyse long-term trends.

Websites [BioMed](#)

11. Evaluating a community-led project for improving fathers' and children's wellbeing in England

Author: ROBERTSON, S

Journal: Health Promotion International Vol: 33 Part: 3: Pages: 410-421

Abstract: There is potential for the family setting to be harnessed to support the development of healthy children and societies and to reduce health inequalities. Within this setting, the role of fathers as health facilitators has yet to be fully understood and considered within health promotion. This paper draws on a two year evaluation of a community embedded intervention for fathers and children in an area of multiple deprivation in North West England. Findings suggest that allowing fathers to define their own concerns, discover solutions to these and design locally appropriate ways to share these solutions can result in significant change for them, their children and the wider community. This paper suggests that commissioning of services delivered 'to' people could be replaced, or supplemented, by commissioning appropriate organisations to work with communities to co-create solutions to the needs they themselves have recognized.

Websites [Oxford Journals](#)



COMMISSIONING AND ECONOMICS

12. Public health grants to local authorities: 2019 to 2020

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE

Date: 20 December 2018

Abstract: Local authorities (upper tier and unitary) are responsible for improving the health of their local population and reducing health inequalities. In the financial year ending 2020, local authorities will receive a £3.134 billion public health grant for their public health duties for all ages. The local authority circular sets out the allocations and conditions for using the grant. The local authorities in Greater Manchester piloting business rates retention will not receive grant from the government and are therefore not governed by the grant conditions.

Websites [DHSC](#)



HEALTH CARE PUBLIC HEALTH

13. National Bowel Cancer Audit – Annual Report 2018

Author: HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP

Date: 13 December 2018

Abstract: This is the ninth annual report from the National Bowel Cancer Audit which details data on over 30,000 patients diagnosed with bowel cancer between 01 April 2016 and 31 March 2017. This year's audit report describes some ongoing improvements such as mortality rates following both elective and emergency surgery falling over the past five years and increased numbers of operations being performed laparoscopically. This year's report has also described geographical variation in chemotherapy administration and further work is required to better describe and understand this.

Websites [HQIP](#)

14. Oesophago-gastric cancer

Author: NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Date: December 2018

Abstract: This quality standard covers assessing and managing oesophago-gastric cancer in adults. It describes high-quality care in priority areas for improvement.

Websites [NICE](#)

15. Strong, Steady and Straight: An Expert Consensus Statement on Physical Activity and Exercise for Osteoporosis

Author: NATIONAL OSTEOPOROSIS SOCIETY

Date: 12 December 2018

Abstract: Developed alongside leading clinical experts, this report from the National Osteoporosis Society aims to give healthcare professionals the information and tools needed to advise patients on correct exercises and movements that may:

- Promote bone strength to reduce fracture risk
- Reduce falls risk
- Help with the pain and symptoms associated with vertebral fractures

Websites [National Osteoporosis Society](#)



HEALTH IMPROVEMENT

16. The Independent Breast Screening Review 2018

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE

Date: 13 December 2018

Abstract: This report sets out the findings and recommendations of the Independent Breast Screening Review, established to look into the failings in the breast screening programme in England. The review makes 15 recommendations for the Department of Health and Social Care, Public Health England and NHS England.

Websites [Report](#)

17. Drug health harms: national intelligence

Author: PUBLIC HEALTH ENGLAND

Date: 11 December 2018

Abstract: Briefings on the health harms associated with drug use based on presentations and discussions at the meeting of the national intelligence network. They are for directors of public health, commissioners, drug treatment services and needle and syringe programmes provide information and intelligence on blood-borne viruses, bacterial infections, mental and physical health harms and drug-related deaths. They aim to inform commissioning and service provision to improve local services.

Websites [PHE](#)

18. Six months on from the implementation of Minimum Unit Pricing (MUP), what can we say about changes in alcohol sales in Scotland?

Author: NHS HEALTH SCOTLAND

Date: 04 December 2018

Abstract: Minimum unit pricing (MUP) was implemented in Scotland on 1 May 2018. The purpose of this briefing is to describe some of the available data sources, the measures available from those sources and what they show in the 6-month period post-MUP and also to describe the data that will be used in the evaluation of MUP being led by NHS Health Scotland.

Websites [NHS Scotland](#); [Alcohol Policy UK](#)

19. Fiscal and pricing policies: evidence report and framework

Author: PUBLIC HEALTH ENGLAND

Date: 11 December 2018

Abstract: This report and framework collect evidence on fiscal and pricing policies that aim to improve health outcomes by influencing consumer behaviour and producing goods and services. The framework has been produced to help policy and decision-makers when considering the introduction of new fiscal and pricing interventions, or amendments to existing ones, comparing different policy areas in terms of their impacts on health.

Websites [PHE](#)

20. Breast screening: helping women decide

Author: PUBLIC HEALTH ENGLAND

Date: 13 December 2018

Abstract: Public Health England have updated Information on the NHS breast screening programme to help eligible women make an informed choice about whether to participate.

Websites [PHE](#)

21. Government response to the Science and Technology Select Committee's report on e-cigarettes

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE

Date: 10 December 2018

Abstract: This command paper sets out the government's response to [the Science and Technology Committee's inquiry report into e-cigarettes](#), published by the House of Commons in July 2018.

Websites [DHSC](#)

22. The association between psychosocial factors and change in lifestyle behaviour following lifestyle advice and information about cardiovascular disease risk

Author: DENNISON, R

Journal: BMC Public Health Vol: 18: Pages: 731

Abstract: Physical activity (PA) and fruit and vegetable intake (FVI) are two key modifiable risk factors for cardiovascular disease (CVD). Achieving change in these behaviours is challenging and affected by many variables including psychosocial factors. This study aimed to investigate the association between social support, stress and mood, and change in PA and FVI following provision of CVD risk information and web-based lifestyle advice. The study concludes that high stress and low mood may reduce the likelihood and extent of reported change in PA and FVI following CVD risk information and advice. Greater social support may be associated with increased FVI. The role of psychosocial factors should be considered when developing, tailoring and evaluating future interventions.

Websites [BioMed](#)

23. Delivery and impact of the NHS Health Check in the first 8 years: a systematic review

Author: MARTIN, A

Journal: British Journal of General Practice: Early online

Abstract: Since 2009, all eligible persons in England have been entitled to an NHS Health Check. Uncertainty remains about who attends, and the health-related impacts. The aim of this study was to review quantitative evidence on coverage (the proportion of eligible individuals who attend), uptake (proportion of invitees who attend), and impact of NHS Health Checks. Since 2013, 45.6% of eligible individuals have received a health check. Coverage is higher among older people, those with a family history of coronary heart disease, those living in the most deprived areas, and some ethnic minority groups. Just under half (48.2%) of those invited have taken up the invitation. Attendance is associated with small increases in disease detection, decreases in modelled cardiovascular disease risk, and increased statin and antihypertensive prescribing. Published attendance, uptake, and prescribing rates are all lower than originally anticipated, and data on impact are limited, with very few studies reporting the effect of attendance on health-related behaviours. High-quality studies comparing matched attendees and non-attendees and health economic analyses are required.

Websites [BJGP](#)

24. Cigarette smoking as a risk factor for type 2 diabetes in women compared with men: a systematic review and meta-analysis of prospective cohort studies

Author: YUAN, S

Journal: Journal of Public Health: Early online

Abstract: Few studies have investigated the effect of smoking on type 2 diabetes in women compared with men, even though several epidemiological studies provided a clear picture of the risk among the entire population. PubMed and Embase were systematically searched up to August 2017 for prospective studies that were stratified by sex with measures of the relative risk (RR) for type 2 diabetes and current smoking compared with non-smoking. The sex-specific RRs and their ratios (RRRs), comparing women with men, were pooled using random-effects models. In conclusion the findings of this meta-analysis indicate that female smokers had similar risk of type 2 diabetes with male smokers.

Websites [Oxford Journal](#)

**HEALTH PROTECTION**

25. Radon exposure: occupancy factors for UK homes

Author: PUBLIC HEALTH ENGLAND

Date: 11 December 2018

Abstract: This report provides an update on occupancy factors for UK homes, to better assess potential exposure from indoor radon. Occupancy factors are an important element in assessing the exposure from indoor radon in UK homes. This document details:

- methods used in the review
- time spent at home by different population groups
- a discussion of the results

Six population groups were identified and assessed as part of this review.

Websites [PHE](#)

26. Pertussis (whooping cough): information for healthcare professionals

Author: PUBLIC HEALTH ENGLAND
Date: 07 December 2018

Abstract: Updated information for healthcare professionals to identify, manage and test cases of pertussis. This factsheet will help health professionals to identify and test cases of pertussis by providing:

- identification of cases
- treatment of cases
- laboratory testing for pertussis

Websites [PHE](#)

27. The duration of protection of school-aged BCG vaccination in England: a population-based case-control study

Author: MANGTANI, P
Journal: International Journal of Epidemiology Vol: 47 Part: 1: Pages: 193- 201

Abstract: Evidence of protection from childhood Bacillus Calmette-Guerin (BCG) against tuberculosis (TB) in adulthood, when most transmission occurs, is important for TB control and resource allocation. A population-based case-control study was conducted of protection by BCG given to children aged 12–13 years against tuberculosis occurring 10–29 years later. The study concludes that school-aged BCG vaccination offered moderate protection against tuberculosis for at least 20 years, which is longer than previously thought. This has implications for assessing the cost-effectiveness of BCG vaccination and when evaluating new TB vaccines.

Websites [Oxford Journal](#)

**MATERNITY AND INFANTS**

28. Abortion statistics for England and Wales: 2017

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE
Date: 11 December 2018

Abstract: This updated report sets out and comments on abortion statistics in England and Wales for 2017. The statistics are obtained from the abortion notification forms returned to the chief medical officers of England and Wales. Clinic statistics have been published for the first time.

Websites [DHSC](#)

29. Survive and thrive: transforming care for every small and sick newborn. Key findings

Author: WORLD HEALTH ORGANIZATION
Date: 13 December 2018

Abstract: According to this report, the world will not achieve the global target to achieve health for all unless it transforms care for every newborn. Without rapid progress, some countries will not meet this target for

another 11 decades. The report provides an overview of what will be presented in the full report. It outlines the global problem, showcases the progress, summarizes what can be done to transform inpatient care for small and sick newborns, and demonstrates the importance of data to guide investment and improve quality and equity. It presents a clear call to action to accelerate progress towards the Sustainable Development Goals to ensure every newborn has the chance to live a healthy and productive life.

Websites [WHO](#)

30. Use of paracetamol, ibuprofen or aspirin in pregnancy and risk of cerebral palsy in the child

Author: PETERSEN, T

Journal: International Journal of Epidemiology Vol: 47 Part: 1: Pages: 121-130

Abstract: It has been debated whether mild analgesics, mainly paracetamol, adversely affect aspects of neurodevelopment. This study examined whether mother's use of paracetamol, aspirin or ibuprofen in pregnancy is associated with increased risk of cerebral palsy (CP) in the child. The study observed an increased risk of spastic CP in children prenatally exposed to paracetamol and aspirin. Although the study controlled for several important indications for analgesic use, it cannot exclude the possibility of confounding by underlying diseases.

Websites [Oxford Journals](#)

31. A sibling study of whether maternal exposure to different types of natural space is related to birthweight

Author: RICHARDSON, E.A.

Journal: International Journal of Epidemiology Vol: 47 Part: 1: Pages: 146-155

Abstract: Birthweight is an important determinant of health across the life course. Maternal exposure to natural space has been linked to higher birthweight, but stronger evidence of a causal link is needed. This study uses a quasi-experimental sibling study design to investigate if change in the mother's exposure to natural space between births was related to birthweight, in urban Scotland. The study concludes that the importance of total natural space for birthweight suggests that benefits can be experienced near to as well as within natural space. Ensuring expectant mothers have good access to high quality neighbourhood natural space has the potential to improve the infant's start in life, and consequently their health trajectory over the life course.

Websites [Oxford Journals](#)

32. Re-examining the link between prenatal maternal anxiety and child emotional difficulties, using a sibling design

Author: BEKKHUS, M

Journal: International Journal of Epidemiology Vol: 47 Part: 1: Pages: 156-165

Abstract: Prenatal exposure to maternal anxiety has been associated with child emotional difficulties in a number of epidemiological studies. One key concern, however, is that this link is vulnerable to confounding by pleiotropic genes or environmental family factors. Data on 82 383 mothers and children from the population-based Mother and Child Cohort Study and data on 21 980 siblings were used in this study. Mothers filled out questionnaires for each unique pregnancy, for infant difficulties at 6 months and for emotional difficulties at 36 months. The link between prenatal maternal anxiety and child difficulties were examined using logistic regression analyses and multiple linear regression analyses for the full study sample and the sibling sample. The finding lends little support for there being an independent prenatal effect on child emotional difficulties; rather, the findings suggest that the link between prenatal maternal anxiety and child difficulties could be confounded by pleiotropic genes or environmental family factors.

Websites [Oxford Journals](#)

33. Longitudinal depression or anxiety in mothers and offspring asthma: a Swedish population-based study

Author: BREW, B

Journal: International Journal of Epidemiology Vol: 47 Part: 1: Pages: 166-174

Abstract: Previous research has found that maternal stress during pregnancy increases the risk of offspring asthma. However, whether this association is consistent with a causal interpretation has never been tested. The objective of this study is to determine whether there is a critical exposure period for maternal depression or anxiety on offspring asthma or whether cumulative exposure is most important, and to investigate evidence of confounding. The study concludes that the findings support an association between cumulative exposure to maternal depression or anxiety and asthma development in offspring. This association is unique for maternal depression or anxiety and not due to familial confounding. The clinical implication is that effective psychological management of women with chronic distress may reduce offspring asthma risk.

Websites [Oxford Journals](#)

**MENTAL HEALTH AND WELLBEING**

34. Mental Capacity (Amendment) Bill: equality analysis

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE

Date: 17 December 2018

Abstract: This document looks at the positive, neutral and negative effects that this legislation could have on people with protected characteristics and other groups, such as carers. This is in line with the Secretary of State's Public Sector Equality Duty, and duties under the National Health Service Act 2006. The [Mental Capacity \(Amendment\) Bill](#) sets out the measures the government will take to replace the Deprivation of Liberty Safeguards (DoLS) scheme in the Mental Capacity Act 2005. This is a process that authorises deprivations of liberty for the care and treatment of those who lack capacity. The new system is called liberty protection safeguards.

Websites [DHSC](#)

35. Mental Capacity (Amendment) Bill

Author: UNITED KINGDOM House of Commons Library

Date: 17 December 2018

Abstract: This briefing provides an overview of the Mental Capacity (Amendment) Bill, and the debates and amendments made during the Bills Lords stages. The intention of the Bill is to reform the process for authorising arrangements which enable people who lack capacity to consent to be deprived of their liberty (for the purpose of providing them with care or treatment).

Websites [House of Commons Library](#)

36. Health matters: reducing health inequalities in mental illness

Author: PUBLIC HEALTH ENGLAND

Date: 18 December 2018

Abstract: This edition of Health matters brings together informative data and evidence of what works in

removing health inequalities experienced by people living with mental illness. It focuses on some of the actions that local areas can take to reduce these health inequalities, so that people with mental illness can achieve the same health outcomes and life expectancy as the rest of the population. It is aimed at health and care professionals, local commissioners and system partners, including the community and voluntary sector. The focus is on adults and those with more severe and enduring mental illness, but many of the actions will be of benefit to all people experiencing mental illness.

Websites [PHE](#)

37. The Women's Mental Health Taskforce report

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE

Date: 19 December 2018

Abstract: The Women's Mental Health Taskforce was formed in response to a rise in mental ill health among women. The taskforce's final report sets out how women's experience of mental ill health can differ to men's. It covers:

- core themes in women's mental health
- the involvement of women with lived experience
- principles for service design
- future strategic priorities

The report urges commissioners and providers across the health and care system to take note of the report's findings and to embed these in their work.

Websites [DHSC](#)

38. Exercise and physical activity in asylum seekers in Northern England; using the theoretical domains framework to identify barriers and facilitators

Author: HAITH-COOPER, M

Journal: BMC Public Health Vol: 18: Pages: 762

Abstract: Many asylum seekers have complex mental health needs which can be exacerbated by the challenging circumstances in which they live and difficulties accessing health services. Regular moderate physical activity can improve mental health and would be a useful strategy to achieve this. Evidence suggests there are barriers to engaging black and minority ethnic groups in physical activity, but there is little research around asylum seekers to address the key barriers and facilitators in this group. A two-stage qualitative study used semi-structured interviews underpinned by the Theoretical Domains Framework was undertaken. The interviews were conducted in voluntary sector groups in four towns/ cities in Northern England. The results show that a number of barriers and facilitators were identified including a lack of understanding of the term physical activity and recommended levels but knowledge of the health benefits of physical activity/ exercise and the motivation to increase levels having engaged with activities back home. Living as an asylum seeker was considered a barrier due to the stress, poverty and temporary nature of living in an unfamiliar place. The outcome of the nominal group technique was that a lack of knowledge of facilities in the local area was the prevailing barrier that could be addressed. In conclusion, public health practitioners could develop interventions which capitalise on the motivation and knowledge of asylum seekers to encourage an increase in physical activity which may in turn reduce the breadth and depth of mental health needs of this group.

Websites [BioMed](#)



WIDER DETERMINANTS

39. The experience of the transition to retirement: Rapid evidence review

Author: CENTRE FOR BETTER AGEING

Date: December 2018

Abstract: Retirement from work is a major life transition. For many, retirement from paid employment is something to look forward to. But for others, retirement can pose many challenges and they find it difficult to adjust to their new role and circumstances. The nature of retirement is itself undergoing a period of transition. Governments in many countries have enacted policies to encourage people to work until later in life. Alongside a general increase in labour market participation amongst older workers, we are also witnessing the emergence of new forms of working in later life, such as partial retirement, bridge jobs and un-retirement. The purpose of this rapid evidence review is to synthesise the existing research on the experience of the retirement transitions to better understand how best to help individuals navigate this transition.

Websites [Centre for Better Ageing](#)

40. Socio-economic trajectories and cardiovascular disease mortality in older people: the English Longitudinal Study of Ageing

Author: STRINGHINI, S

Journal: International Journal of Epidemiology Vol: 47 Part: 1: Pages: 36-46

Abstract: Socio-economic status from early life has been linked to cardiovascular disease risk, but the impact of life-course socio-economic trajectories, as well as the mechanisms underlying social inequalities in cardiovascular disease risk, is uncertain. This study assessed the role of behavioural, psychosocial and physiological (including inflammatory) factors in the association between life-course socio-economic status and cardiovascular disease mortality in older adults. Findings during the 8.4-year follow-up show that, 1301 study members died (438 from cardiovascular disease). A stable low-social-class trajectory was associated with around double the risk of cardiovascular disease mortality compared with a stable high social class across the life course. Individuals in the lowest relative to the highest life-course cumulative socio-economic status group were also more than twice as likely to die of cardiovascular. Behavioural factors and inflammatory markers contributed most to explaining this gradient, whereas the role of psychosocial and other physiological risk factors was modest. To conclude, in a population-based cohort of older individuals living in England, this study provides evidence that disadvantage across the life course is linked to cardiovascular mortality. That behavioural factors and inflammatory markers partially explain this gradient may provide insights into the potential for intervention.

Websites [Oxford Journals](#)

41. Re-employment, job quality, health and allostatic load biomarkers: prospective evidence from the UK Household Longitudinal Study

Author: CHANDOLA, T

Journal: International Journal of Epidemiology Vol: 47 Part: 1: Pages: 47-57

Abstract: There is little evidence on whether becoming re-employed in poor quality work is better for health and well-being than remaining unemployed. This study examined associations of job transition with health and chronic stress-related biomarkers among a population-representative cohort of unemployed British adults. The study concludes that formerly unemployed adults who transitioned into poor quality work had greater adverse levels of biomarkers compared with their peers who remained unemployed. The selection of healthier unemployed adults into these poor quality or stressful jobs was unlikely to explain their elevated levels of chronic stress-related biomarkers. Job quality cannot be disregarded from the employment success of the unemployed, and may have important implications for their health and well-being.

Websites [Oxford Journals](#)

42. Childhood socioeconomic status and longitudinal patterns of alcohol problems: Variation across etiological pathways in genetic risk

Author: BARR, P

Journal: Social Science & Medicine Vol: 209: Pages: 51-58

Abstract: Childhood socioeconomic status (SES) is an important aspect of early life environment associated with later life health/health behaviors, including alcohol misuse. However, alcohol misuse is modestly heritable and involves differing etiological pathways. Externalizing disorders show significant genetic overlap with substance use, suggesting an impulsivity pathway to alcohol misuse. Alcohol misuse also overlaps with internalizing disorders, suggesting alcohol is used to cope. These differing pathways could lead to different patterns over time and/or differential susceptibility to environmental conditions, such as childhood SES. This study examines whether: 1) genetic risk for externalizing and internalizing disorders influence trajectories of alcohol problems across adolescence to adulthood, 2) childhood SES alters genetic risk these disorders on trajectories of alcohol problems, and 3) these patterns are consistent across sex. We find modest evidence of gene-environment interaction. Higher childhood SES increases the risk of alcohol problems in late adolescence/early adulthood, while lower childhood SES increases the risk of alcohol problems in later adulthood, but only among males at greater genetic risk of externalizing disorders. Females from lower SES families with higher genetic risk of internalizing or externalizing disorders have greater risk of developing alcohol problems.

Websites [Science Direct](#)

**OTHER**

43. What matters most: Healthwatch England Annual Report 2017-18

Author: HEALTHWATCH

Date: 13 December 2018

Abstract: Healthwatch heard from over 400,000 people during the last year about what they think of health and social care. The thousands of stories which people shared show a real mix of views. Despite pressures, some people continue to receive outstanding care, much of which, they say, is down to the dedication shown by the staff who keep things running. However, many others struggle to get the support they need, with some services failing to deliver the basics. In this annual report to parliament, Healthwatch call on services to listen to what matters most to people when it comes to their care and asks services to look beyond their performance statistics and explore people's real day-to-day experiences, to help make care better.

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

44. National framework for NHS continuing healthcare and NHS-funded nursing care

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE

Date: 13 December 2018

Abstract: This updated guidance sets out the principles and processes of the national framework for NHS continuing healthcare and NHS-funded nursing care.

Websites [DHSC](#)

45. Health state life expectancies, UK: 2015 to 2017

Author: OFFICE FOR NATIONAL STATISTICS

Date: 12 December 2018

Abstract: The Office for National Statistics has published data on the number of years people are expected to spend in different health states among local authority areas in the UK. Main points include:-

In the period 2015 to 2017, males in the UK had a life expectancy (LE) of 79.2 years at birth while females had a life expectancy of 82.9 years.

- Male life expectancy (LE) at birth increased by seven months since 2009 to 2011 while female LE increased by four months only.
- The region of London improved its life expectancy at birth more quickly than other regions since 2001 to 2003 (the start of the life expectancy series) and in 2015 to 2017 had the highest life expectancy in the UK for females and the second-highest for males.
- The London Borough of Camden had the highest life expectancy at birth for females across all local authority areas of the UK.
- In the UK in 2015 to 2017, healthy life expectancy (HLE) at birth was 63.1 years for males and for females was 63.6 years.
- Female HLE at birth in the UK decreased by three months since 2009 to 2011 (the start of the HLE time series) while HLE for males increased by five months over the same period.
- HLE at birth across local authority areas of the UK varies by 21.5 years for females and 15.8 years for males in 2015 to 2017.

Websites [ONS](#)

46. Recent trends in mortality in England: review and data packs

Author: PUBLIC HEALTH ENGLAND

Date: 11 December 2018

Abstract: Public Health England (PHE) was commissioned by the Department of Health and Social Care (DHSC) to review trends in life expectancy and mortality in England. This report summarises the findings from the commission and suggests further work that could be undertaken, by PHE or others. The aims of the report are to provide:

- a review of official data, to advance understanding of the trends in life expectancy and mortality in England
- further detail on specific population groups and specific causes of death
- insight into possible explanations for the trends observed

Websites [PHE](#)

47. Chief Medical Officer Annual report 2018: better health within reach

Author: DEPARTMENT OF HEALTH AND SOCIAL CARE

Date: 21 December 2018

Abstract: This is Professor Dame Sally Davies's tenth report as Chief Medical Officer. The report considers what the state of the public's health in England in 2040 could look like. The report concludes that there are reasons to be optimistic but that greater effort to improve the health environment is required – it should be easier to take the healthy option. There are 4 main sections in the report, discussing:

- health as the nation's primary asset
- the health environment we live in and build together
- using emerging technologies to improve health for everyone
- effective planning for the future

Professor Dame Sally Davies's report is independent of government and is aimed at government, regulators, policy-makers and healthcare professionals. Each recommendation is targeted at specific organisations. The report has been developed with the help of expert academic input.

Websites [DHSC](#)

48. What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?

Author: GUNJA, M. Z.

Date: 19 December 2018

Abstract: Women in the United States have long lagged behind their counterparts in other high-income countries in terms of access to health care and health status. This brief compares U.S. women's health status, affordability of health plans, and ability to access and utilize care with women in 10 other high-income countries, including the United Kingdom and Australia, by using international data.

Websites [Commonwealth Fund](#)