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ADULT SOCIAL CARE

1. Market shaping in adult social care

   Author: INSTITUTE OF PUBLIC CARE
   Date: July 2017

   Abstract: The last five years have seen a reduction in the number of residential and nursing homes operating in England resulting in 1,400 fewer homes. The long-term trend of increasing numbers of nursing home beds and decreasing numbers of residential home beds has come to a halt. This analysis highlights the fragility of the care home market, although the home care market is equally under pressure. It argues that local authorities must be prepared to be bolder and do things differently in order to shape the market.

   Websites [IPC](#)

2. Home care services: What people told Healthwatch about their experiences

   Author: HEALTHWATCH
   Date: 24 August 2017

   Abstract: Across England there are more than 5,500 home care providers, collectively helping an estimated 673,000 people to continue living independently within their communities. Home care services help people live at home for longer by offering support, such as regular visits from a carer to help with personal care, getting dressed, using the toilet, shopping and preparing meals. This report analyses the experiences of 3,415 people, their families and front line staff across 52 local areas between August 2015 and June 2017.

   Websites [Healthwatch](#)

3. Estimating the variation in need for community-based social care by body mass index in England and associated cost: population-based cross-sectional study

   Author: COPLEY, V
   Journal: BMC Public Health Vol:17 Pages: 667

   Abstract: Adult obesity is linked to a greater need for social care because of its association with the development of long term conditions and because obese adults can have physical and social difficulties which inhibit daily living. Obesity thus has considerable social care cost implications but the magnitude of these costs is currently unknown. This paper outlines an approach to estimating obesity-related social care costs in adults aged over 65 in England. The study concludes that BMI is positively associated with self-reported need for social care. Adjusting for long term illness and sociodemographic characteristics it is estimated that the annual cost of local authority funded care for those who receive it is £599 at a BMI of 23 but £1086 at a BMI of 40. The increase in need for care with BMI gives rise to additional costs in social care provision which should be borne in mind when calculating the cost-effectiveness of interventions aimed at reducing obesity.

   Websites [BioMed](#)
4. Tobacco-free generations: protecting children from tobacco in the WHO European Region

Author: WORLD HEALTH ORGANIZATION
Date: 2017

Abstract: Several member states in the WHO European Region are moving towards becoming tobacco-free: a smoking prevalence of 5 per cent or less. Emphasis, in particular, is on protecting younger generations from smoking initiation and other tobacco-related harm. This report highlights ongoing and emerging tobacco-related issues that affect children in the region and examines the regulatory frameworks, commitments and other tools that member states should use to protect children from tobacco. This also includes more novel approaches that could – and should – be used to pave the way towards a tobacco-free European Region.

Websites WHO

5. Not by degrees: improving student mental health in the UK’s universities

Author: INSTITUTE FOR PUBLIC POLICY RESEARCH
Date: September 2017

Abstract: This report finds that levels of mental illness, mental distress and low wellbeing among students in higher education in the UK are increasing, and are high relative to other sections of the population. It calls for universities to make mental health a strategic priority and adopt a whole-university approach to prevention, promotion and support.

Websites IPPR

6. Young people not in education, employment or training (NEET), UK: August 2017

Author: OFFICE FOR NATIONAL STATISTICS
Date: 24 August 2017

Abstract: This release provides the most recent quarterly estimates of young people (aged 16 to 24) who are not in education, employment or training, by age and sex. For April to June 2017 there were 790,000 young people (aged 16 to 24) in the UK who were not in education, employment or training (NEET), a decrease of 10,000 from January to March 2017 and down 56,000 when compared with April to June 2016.

Websites ONS

7. How safe are our children? The most comprehensive overview of child protection in the UK 2017

Author: BENTLEY, H
Date: August 2017

Abstract: This annual report compiles and analyses the most robust and up-to-date child protection data that exists across the 4 nations in the UK for 2017. The report sets out 20 different indicators. Each indicator looks at the question of ‘how safe are our children?’ from a different perspective. They also include historic data, to help track progress over time. This year's report explains what the available data tells us about the current
child protection landscape. It also highlights the organisation’s call for a new UK-wide prevalence survey to give the clearest possible picture of the extent of child abuse and neglect.

Main points:

- In recent years there has been an increase in emotional abuse as a reason for children being on a child protection plan or register in England and Wales, and increasing numbers of contacts to the NSPCC helpline about the issue.

- There has been an increase in public reporting of child abuse. In 2016/17 the NSPCC helpline responded to its highest ever number of contacts.

- There have also been increases in police-recorded child sexual offences and indecent image offences across the UK and increases in child cruelty and neglect offences in all UK nations except Scotland.

The last decade has also seen increased numbers of children on child protection plans and registers and increased numbers of looked after children in the UK.

Websites NSPCC

8. 30 hours free childcare launches

Author: UNITED KINGDOM Department for Education
Date: 31 August 2017

Abstract: The government’s 30 hours free childcare offer for working parents has been launched and rolls out across the country from 01 September 2017. The offer should save families around £5,000 per year on childcare, helping them to balance their jobs and family lives, and around 390,000 working families are eligible to benefit. The national rollout will offer all 3- and 4-year-olds with working parents 30 hours of free childcare for 38 weeks each year. The scheme backed by an extra £1 billion per year by 2020.

Websites Department for Education


Author: CHILDREN’S SOCIETY
Date: 31 August 2017

Abstract: This is the sixth in-depth study by the Children's Society into children’s well-being. The charity produces the report in partnership with the University of York. Key findings include

- Young people’s happiness is at its lowest since 2010
- Fear of crime is the most common problem of all, affecting 2.2 million children
- One million children (18%) have seven or more serious problems in their lives
- Children facing seven or more of the 27 serious problems the Children's Society asked about were 10 times more likely to be unhappy than those with none

Websites Children's Society

10. Children in care with immigration issues

Author: CORAM CHILDREN'S LEGAL CENTRE
Date: August 2017

Abstract: A child with an immigration issue may end up in care for the same reasons as any other child, such as family breakdown, for child protection reasons, or because they have been abandoned. Most children who are in care do not have anyone acting as a parent in any respect. Whilst a local authority may take on the ‘corporate parenting’ function with regard to accommodation, education and welfare, a child’s immigration status is often ignored. This is particularly the case where a child does not seek asylum, or where a child has been in the UK for most or all of their lives. Coram Children's Legal Centre outlines the support owed to
children in care who have immigration issues and outlines the processes by which to challenge the support given or withheld.

Websites Coram Children’s Legal Centre

11. Children: parental responsibility - what is it and how is it gained and lost (England and Wales)
Author: UNITED KINGDOM House of Commons Library
Date: 09 August 2017

Abstract: This House of Commons Library briefing note concerns “parental responsibility” as a legal concept as set out in the Children Act 1989 as amended. It considers the meaning of parental responsibility, and the fact that it is not a constant right, but diminishes as the child gets older and so can reach a sufficient understanding and intelligence of the consequences of decisions relating to them. How parental responsibility can be acquired and lost can depend on the person concerned and certain court orders. There can be restrictions on how parental responsibility is exercised, including the gaining of court orders in order to settle or prohibit a particular action by someone with parental responsibility.

Websites House of Commons Library

12. Claiming after care: Care leavers and the benefits system
Author: CHILDREN'S SOCIETY
Date: August 2017

Abstract: This report provides further evidence of the financial difficulties faced by care leavers and shows how the benefits system is particularly tough for care leavers. With more joined-up interaction between JobCentre Plus and local authorities, increased understanding and some additional support, we are certain that more care leavers can go on to flourish in adult life.

Websites Children’s Society

13. Children's social care data in England 2017
Author: UNITED KINGDOM Ofsted
Date: 31 August 2017

Abstract: This data covers:

- inspection outcomes for local authority children’s services inspections, as at 31 March 2017
- inspection outcomes for all regulated, and other, children’s social care provision, 1 April 2016 to 31 March 2017
- information about the providers of children’s social care, including the numbers of providers and places, as at 31 March 2017

The release combines the Ofsted official statistics on children’s homes inspections and outcomes, children’s social care (excluding children’s homes) inspections and outcomes, social care providers and places and local authority children’s services inspections and outcomes.

Websites Ofsted

14. The mediating role of the home environment in relation to parental educational level and preschool children’s screen time: a cross-sectional study
Author: MAATTA, S
Abstract: Previous studies suggest that preschoolers from low socioeconomic backgrounds engage in more screen time. Still, the factors in the social and physical home environment driving these differences in preschool children's screen time are poorly understood. This study examines potential home environment mediators in the associations between parental educational level and preschoolers’ screen time. A total of 864 children aged 3–6 years and their parents participated in a cross-sectional DAGIS study in 2015–2016. Parents recorded their children’s screen time in a diary. Parental education was grouped into low, middle, and high education. The associations were tested by conducting mediation analyses adjusted by season and children’s sex and age. The significant mediators in the single-mediator models were included in the final multiple-mediator models. Parents with high education placed greater importance on limiting children’s screen time and felt less societal pressures about children’s screen time compared to parents with low education, and in turn, these factors were associated with less screen time among children from parents with a higher education level. When aiming to diminish socioeconomic status differences in preschool children’s screen time, the focus should be on parental role models, attitudes, and norm related to children's screen time.

Websites BioMed

15. “I would rather be told than not know” - A qualitative study exploring parental views on identifying the future risk of childhood overweight and obesity during infancy

Author: BENTLEY, F
Abstract: This study explores parents’ views on identifying future risk of childhood overweight and obesity during infancy and communicating risk to parents. Semi-structured qualitative interviews were conducted with 23 parents and inductive, interpretive and thematic analysis performed. 1) Identification of infant overweight and obesity risk. 2) Consequences of infant overweight. Parents expressed immediate anxieties about the impact of excess weight on infant ability to start walking. 3) Parental attributions of causality, responsibility, and control. Parents articulated a high level of personal responsibility for preventing and controlling overweight during infancy, which translated into self-blame. This is the first study to explore the use of obesity risk tools in clinical practice, the findings suggest that identification, and communication of future overweight and obesity risk is acceptable to parents of infants.

Websites BioMed

16. Assessment of nutrition and physical activity environments in family child care homes: modification and psychometric testing of the Environment and Policy Assessment and Observation

Author: VAUGHN, A
Abstract: Early care and education (ECE) settings play an important role in shaping the nutrition and physical activity habits of young children. Increasing research attention is being directed toward family child care homes (FCCHs) specifically. However, existing measures of child care nutrition and physical activity environments are limited in that they have been created for use with center-based programs and require modification for studies involving FCCHs. This paper describes the modification of the Environment and Policy Assessment and Observation (EPAO) for use in FCCHs. The EPAO underwent a thorough modification process that incorporated an updated format for the data collection instrument, assessment of emerging best practices, tailoring to the FCCH environment, and creation of a new scoring rubric. The EPAO for the FCCH instrument is a useful tool for researchers working with this unique type of ECE setting. It has undergone rigorous development and testing and appears to have good psychometric properties.

Websites BioMed

17. The effect of peer-led self-management education programmes for adolescents with asthma: A systematic review and meta-analysis

Author: DONALDSON-FEILERA
Abstract: Adolescents with asthma face unique challenges due to hormonal changes, psychosocial development and healthcare transition. Peer-led self-management programmes may increase treatment adherence and social adjustment by addressing these challenges. The purpose of this study was to assess whether peer-led self-management programmes improve health outcomes for adolescents with asthma. Sixteen databases were searched in May 2015 for published and unpublished studies. Studies had to be randomised controlled trials (RCTs), include participants aged 10–19 years old with asthma, use a peer-led educational intervention that addressed self-management of asthma, and report a measure of health status or behaviour as an outcome. Trial quality and data extraction were based on pre-specified criteria. Results were pooled using a random-effects model with mean differences (MDs). Subgroup analysis was not possible due to limited data. There is limited evidence that peer-led self-management programmes improve quality of life or lung function for adolescents with asthma. RCTs investigating more diverse and longer term outcomes are needed.

Websites SAGE

18. How do primary healthcare and social services enable young people’s participation?

Author: RYTKONENA, M

Abstract: Participation is a crucial factor in primary healthcare and social services, enabling clients to maintain their own health and well-being. However, adolescents’ participation in service provision may be compromised because they are often not understood or heard as equal clients in encounters with primary services. The aim of this study was to describe 15- to 17-year-olds’ experiences of participation in primary healthcare and social services’ settings. The study concludes that young people’s participation in health services can be strengthened by creating a positive atmosphere, providing possibilities to be heard and ensuring that support corresponds with individual needs. The indications of aspects of atmosphere, interactions, and clients’ experience that promote or deter adolescents’ participation may assist efforts to improve health and social services by signposting ways to raise realization of participation to the ‘inviting’ level. Study findings are useful for evaluating, strengthening and raising awareness of the importance of participation in all aspects of health promotion (practice, management and education).

Websites SAGE

19. An innovative school-based intervention to promote healthy lifestyles

Author: PIANAA, N

Abstract: The object of this study was to describe an innovative school-based intervention to promote healthy lifestyles. To evaluate its effects on children’s food habits and to highlight the key components which contribute most to the beneficial effects obtained from children’s, teachers’ and parents’ perspectives. An educational tool to improve personal awareness, promote heal Project findings reveal positive effects on children’s food choices and increase children’s levels of physical activity was developed and evaluated.

Websites SAGE

20. Health literacy in an age of technology – schoolchildren’s experiences and ideas

Author: KOSTENIUS, C
Journal: International Journal of Health Promotion and Education: Early online Pages: 1-9

Abstract: The aim of this paper was to explore opportunities to promote schoolchildren’s health literacy based on their own experiences and ideas. Research suggests the necessity for health literacy to be included into the school curriculum, and to view health promotion as part of lifelong learning. There is also a need to involve schoolchildren in developing health literacy so they can find strategies to improve their health. The results show that people and interactive technology support schoolchildren’s health literacy. The schoolchildren highlighted the importance of being cared for, confirmed by and connected to others. They also stressed the
importance of being in an environment that enabled them to participate and thus be engaged, which made them empowered to take care of their own health and well-being. In addition, they identified empowering aspects of technology as a tool in health promotion that created health opportunities for the schoolchildren.

Websites Tandfonline

21. Linking routinely collected social work, education and health data to enable monitoring of the health and health care of school-aged children in state care (‘looked after children’) in Scotland: a national demonstration project

Author: CLARK, D

Abstract: Children in state care (‘looked after children’) have poorer health than children who are not looked after. Recent developments in Scotland and elsewhere have aimed to improve services and outcomes for looked after children. Routine monitoring of the health outcomes of looked after children compared to those of their non-looked after peers is currently lacking. Developing capacity for comparative monitoring of population-based outcomes based on linkage of routinely collected administrative data has been identified as a priority. National demonstration project testing the feasibility of linking routinely collected looked after children, education and health data was undertaken. The study concludes that this novel data linkage demonstrates the feasibility of monitoring population-based health outcomes of school-aged looked after and non-looked after children using linked routine administrative data. Improved recording of the unique pupil identifier number on looked after data returns would be beneficial. Extending the range of personal identifiers on looked after children returns would enable linkage to health data for looked after children who are not in publicly funded schooling (i.e. those who are preschool or postschool, home schooled or in independent schooling).

Website: Science Direct

22. Pathways between childhood/adolescent adversity, adolescent socioeconomic status, and long-term cardiovascular disease risk in young adulthood

Author: DOOM, J
Journal: Science Direct Vol: 188: Pages: 166-175

Abstract: This study investigated mediators between childhood/adolescent adversities (e.g., dating violence, maltreatment, homelessness, and parental death), low socioeconomic status (SES) during adolescence, and cardiovascular disease (CVD) risk in young adulthood. The purpose of these analyses was to understand whether SES during adolescence and childhood/adolescent adversities affect CVD risk through similar pathways, including maternal relationship quality, health behaviours, financial stress, medical/dental care, educational attainment, sleep problems, and depressive symptoms. Results show that childhood/adolescent adversity significantly predicted greater adult CVD risk through the following pathways: maternal relationship, health behaviours, financial stress, lack of medical/dental care, and educational attainment; but not through depressive symptoms or sleep problems. Childhood/adolescent adversities and SES affected CVD risk in young adulthood through both similar and unique pathways that may inform interventions.

Websites Science Direct

COMMISSIONING AND ECONOMICS
23. Sexual health, reproductive health and HIV: A review of commissioning

Author: PUBLIC HEALTH ENGLAND
Date: August 2017

Abstract: This report outlines the findings of a 2016 survey, carried out jointly with the Association of Directors of Public Health, which aimed to gain a clear picture of the commissioning arrangements for sexual health, reproductive health and HIV services. The survey found that whilst there has been progress in improving services and the development of collaborative approaches there is also evidence of structural concerns which have the potential to impede effective commissioning. Key findings from the survey highlight the fragmentation of commissioning, barriers to access for those at greatest risk, increasing financial pressures and patient demand, and workforce concerns.

Websites PHE

HEALTH CARE PUBLIC HEALTH

24. Childhood obesity and adult cardiovascular disease risk factors: a systematic review with meta-analysis

Author: UMER, A

Abstract: Overweight and obesity is a major public health concern that includes associations with the development of cardiovascular disease (CVD) risk factors during childhood and adolescence as well as premature mortality in adults. The purpose of this study was to use the aggregate data meta-analytic approach to address this gap. The results of this study suggest that childhood obesity may be a risk factor for selected adult CVD risk factors. However, a need exists for additional, higher-quality studies that include, but are not limited to, both unadjusted and adjusted measures such as BMI before any definitive conclusions can be reached.

Websites BioMed

HEALTH IMPROVEMENT

25. Health matters: making cervical screening more accessible

Author: PUBLIC HEALTH ENGLAND
Date: 31 August 2017

Abstract: Attendance for cervical screening has been falling year on year. This professional resource aims to address this decline in attendance by presenting recommendations that can help increase access to screening and awareness of cervical cancer.

Websites PHE
26. Pharmacy: a way forward for public health - opportunities for action through pharmacy for public health

Author: PUBLIC HEALTH ENGLAND
Date: September 2017

Abstract: This document sets out a range of opportunities for pharmacy teams working in communities, and through their daily interactions with patients and the public, to play an important role in protecting and improving the health of the nation.

Websites PHE

27. Size matters: the impact of upselling on weight gain

Author: ROYAL SOCIETY FOR PUBLIC HEALTH
Date: September 2017

Abstract: This research that the average person consumes an additional 330 calories each week – 17,000 per year – as a result of businesses upselling high calorie food and drink. Over the course of the year that could result in an estimated weight gain of 5lbs (2.3kg). The report, which includes a survey of 2,055 UK adults, shows that consumers face an average of 106 verbal pushes towards unhealthy choices each year as they are asked whether they would like to upgrade to larger meals and drinks, add high calorie toppings or sides to their order or take advantage of special offers on unhealthy food and drink.

Websites RSPH

28. 10 minutes brisk walking each day in mid-life for health benefits and towards achieving physical activity recommendations Evidence summary

Author: PUBLIC HEALTH ENGLAND
Date: 24 August 2017

Abstract: This report reveals that over 6.3 million adults aged 40 to 60 do not achieve 10 minutes of continuous brisk walking over the course of a month and are missing out on important health benefits. The findings also reveal how lifestyles have changed over time, showing that people in the UK are 20% less active now than they were in the 1960s and on average walk 15 miles less a year than 2 decades ago. The sedentary nature of modern, busy lives makes it difficult for many to find the time for enough exercise to benefit their health. PHE’s new One You physical activity campaign is encouraging adults to build 10 minutes continuous brisk walking into their day as a simple way to improve their health. This is particularly aimed at those who have an inactive or low activity lifestyle and may find incorporating activity into their day challenging. The ‘Active 10’ app has been developed to show how much brisk walking a person is doing each day and how to incorporate more of it into their lifestyles.

Websites PHE

29. Falls

Author: WORLD HEALTH ORGANIZATION
Date: August 2017

Abstract: The World Health Organization (WHO) has updated its fact sheet on falls. Key facts include:

- Falls are the second leading cause of accidental or unintentional injury deaths worldwide.
- Each year an estimated 646,000 individuals die from falls globally of which over 80% are in low- and middle-income countries.
- Adults older than 65 years of age suffer the greatest number of fatal falls. 37.3 million falls that are severe enough to require medical attention occur each year.
Prevention strategies should emphasize education, training, creating safer environments, prioritizing fall-related research and establishing effective policies to reduce risk.

Websites [WHO](https://www.who.int)

30. Missed opportunities in the evaluation of public health interventions: a case study of physical activity programmes

Author: HANSON, S
Journal: BMC Public Health Vol: 17: Pages: 674

Abstract: Evidence-based approaches are requisite in evaluating public health programmes. Nowhere are they more necessary than physical activity interventions where evidence of effectiveness is often poor, especially within hard to reach groups. This study reports on the quality of the evaluation of a government funded walking programme in five ‘Walking Cities’ in England. Cities were required to undertake a simple but robust evaluation using the Standard Evaluation Framework (SEF) for physical activity interventions to enable high quality, consistent evaluation. The study of the evaluations demonstrated a missed opportunity to confidently establish what worked and what did not work in walking programmes with particular populations. A lack of conceptual clarity means that replicability and scaling-up of effective interventions is difficult and the opportunity to learn from failure lost.

Websites [BioMed](https://www.biomedcentral.com)

31. Epidemiology of adult overweight recording and management by UK GPs: a systematic review

Author: McLAUGHLIN, J
Journal: British Journal of General Practice: early online

Abstract: Primary care guidelines for managing adult overweight/obesity recommend routine measurement of body mass index (BMI) and the offer of weight management interventions. Many studies state that this is rarely done, but the extent to which overweight/obesity is recognised, considered, and documented in routine care has not been determined. For overweight/obese patients alone, 43–52% had a recent BMI record, and 15–42% had a documented intervention offer. BMI documentation was positively associated with older age, female sex, higher BMI, coexistent chronic disease, and higher deprivation. BMI is under-recorded and weight loss interventions are under-referred for primary care adult patients in the UK despite the obesity register in the Quality and Outcomes Framework (QOF). The review identified likely underserved groups such as younger males and otherwise healthy overweight/obese individuals to whom attention should now be directed. The proposed amendment to the obesity register QOF could prompt improvements but has not been adopted for 2017.

Websites [BJGP](https://www.bjgp.org)

32. The Angelina Jolie effect – Impact on breast and ovarian cancer prevention A systematic review of effects after the public announcement in May 2013

Author: TROIANOA, G

Abstract: On 14 May 2013, Angelina Jolie (AJ), revealed herself to be the carrier of a BReast CAncer 1 (BRCA1) gene mutation and announced her decision to undergo a prophylactic mastectomy, followed by a laparoscopic bilateral salpingo-oophorectomy. This review explores the impact of the ‘Angelina Jolie Effect’ in order to reveal whether her announcement led to a change in the attitude of patients, and in decisions regarding healthcare options focusing especially on referrals, on genetic tests and on prophylactic mastectomies. The study concludes that celebrity disclosures, such as AJ’s revelation of her BRCA1 status and her decision for a prophylactic mastectomy, can influence patients’ behaviour leading to important effects on attitudes towards screening. Organisations should assist patients appropriately, but at the same time should consider the available resources, and should interface with journalists and the social media in order to guarantee the validity of the information.

Websites [SAGE](https://www.sagepub.com)
33. Impact of ambient air pollution on physical activity among adults: A systematic review and meta-analysis

Author: RUOPENG, A
Journal: Perspectives in Public Health: Early online

Abstract: This study systematically reviewed literature regarding the impact of ambient air pollution on physical activity among children and adults. Seven studies met the inclusion criteria. Among them, six were conducted in the United States, and one was conducted in the United Kingdom. The study concluded that the existing literature in general suggested that air pollution discouraged physical activity. Current literature predominantly adopted a cross-sectional design and focused on the United States. Future studies are warranted to implement a longitudinal study design and evaluate the impact of air pollution on physical activity in heavily polluted developing countries.

Websites SAGE

34. The application of traffic-light food labelling in a worksite canteen intervention in Taiwan

Author: CHEN, H.J

Abstract: This study evaluated customer attitudes, perceptions, and utilisation of a traffic-light food labelling (TFL) programme before and after the TFL was implemented in a worksite canteen in Taiwan. Customers were invited to take a survey regarding the TFL programme, the food environment in the canteen, and their lunch choices. Logistic regression models examined the changes in customers' attention and attitudes towards the labelling and their food choices between the two surveys. The customers reported positive attitudes towards the TFL. The proportion of customers who reported choosing foods based on the recommendations increased from 38% to 50%. The proportion of the buffet customers who chose green-light entrées and red-light entrées changed from 13% and 63% to 36% and 21%, respectively. The availability of green-light entrées in the buffet increased as well. The conclusion is that TFL is acceptable and well understood by this population and may assist customers in choosing healthier items when healthier choices are available.

Websites Science Direct

35. Per-protocol investigation of a best practice exercise referral scheme

Author: STEWART, L

Abstract: The purpose of this study was to investigate the effects of an exercise referral scheme (ERS) aligned to the UK best practice guidelines on a range of outcomes including those associated with key health concerns of the Scottish population. The study concludes that an ERS aligned to the UK best practice guidelines can positively influence a range of health outcomes including those associated with lung function and cardiovascular fitness which are prevalent medical conditions in Scotland. In addition, results indicate that ERS can positively affect outcomes related to functional capacity as well as mental well-being and perceptions of health. The findings of the study identify the need for further investigation including consideration of the initial health status of referred clients.

Websites Science Direct

36. Is there a relationship between adverse childhood experiences and problem drinking behaviours? Findings from a population-based sample

Author: FANG, L

Abstract: This study investigated the relationships between adverse childhood experiences (ACEs) and heavy and binge drinking, stratified by gender. The results show that only a few relationships between ACEs and problem drinking were observed. Among men, living with a drug abuser as a child was significantly associated with both heavy and binge drinking compared to men who did not reside with a drug abuser as a child. Childhood verbal abuse was linked with men's binge drinking compared to men who were not verbally abused
as children. Among women, none of the nine ACEs examined in the study were associated with their heavy drinking. Only one ACE, verbal abuse, was found to be correlated with binge drinking, compared to women who did not experience childhood verbal abuse. The risk of heavy drinking was greater if the individual was exposed to four or more childhood adversities among both men and women. Future studies should unpack the interplay among gender, socio-economic status, ACEs, and problem alcohol consumption.

Websites Science Direct


Author: BENNETT, D

Abstract: This article evaluates the £ for lb. Challenge, a novel country-wide, workplace-based, peer-led weight management programme with participants from a range of private and public organisations in Northern Ireland. The intervention was workplace-based, led by volunteer co-worker champions and based on the NHS Choices 12-week weight loss guide which incorporates dietary advice, physical activity, behaviour change methods and weekly weight monitoring. Overweight and obese adult workers were eligible. Training of peer champions involved two half-day workshops delivered by dieticians and physical activity professionals. Employers and/or participants pledged £1 to charity for every pound of weight lost. Weight was reported at enrolment and at either 12 weeks (2014) or at 12 weekly intervals (2015–16). Results show that the £ for lb. Challenge was an effective, low-cost health improvement intervention with meaningful weight loss for many participants, particularly male workers. With high levels of engagement and ownership, and successful collaboration between public health, voluntary bodies, private companies and public organisations, it is a novel workplace-based model with potential to expand.

Websites Science Direct

38. The role of alcohol in identity construction among LGBT people: a qualitative study

Author: EMSLIE, C
Journal: Sociology of Health & Illness: Early online

Abstract: Research suggests that alcohol use and misuse are higher among lesbian, gay and bisexual than heterosexual populations, yet the social context of drinking in sexual minority communities has rarely been examined. To explore lesbian, gay, bisexual and transgender (LGBT) people’s relationship with alcohol, this study conducted seven focus groups with pre-existing groups of friends and work colleagues (18 to 52 years) in Scotland, UK. Respondents perceived heavy drinking as central to the commercial gay scene. Choice of drink and drinking vessel was an important part of identity construction. Respondents discussed the perception that gay men would drink alcopops and cocktails while lesbians would drink pints of beer. Even when stereotypes were dismissed as inaccurate, they were still thought to pressure people to drink ‘appropriately’. Respondents who did not identify as male or female, and those who used drag, were particularly aware of their choice of drink as a means to express identity or to challenge people’s preconceptions about gender. Researchers developing interventions to reduce alcohol-related harm in sexual minority populations need to take account of the central role of identity construction in LGBT drinking practices.

Websites Wiley
39. Influenza vaccine effectiveness: 2016 to 2017 estimates
Author: PUBLIC HEALTH ENGLAND
Date: 31 August 2017

Abstract: Summary of flu vaccine effectiveness (VE) estimates for adults and children in primary care in the UK, during the 2016 to 2017 flu season. The summary shows that the flu vaccine nasal spray reduced the risk of vaccinated children getting flu by 65.8% in the 2016 to 2017 season in England, Wales, Scotland and Northern Ireland. Effectiveness of flu vaccine in younger adults aged 18 to 64 years reduced the risk of flu by 40.6% among those who received the vaccine in the 2016 to 2017 season, which is within the range expected. The flu strain and the flu vaccine, recommended by the World Health Organization, changes every year and the flu vaccine generally provides an important level of protection. This year the vaccine was not significantly effective in protecting against influenza for the over-65 population. This highlights the importance of the vaccine programme in children, which is intended to indirectly protect other vulnerable members of the community, as well as the children themselves.

Websites PHE

MATUREITY AND INFANTS

40. Births by parents' country of birth, England and Wales: 2016
Author: OFFICE FOR NATIONAL STATISTICS
Date: 24 August 2017

Abstract: This release from the Office for National Statistics provides annual statistics on live births. Includes countries of birth for non-UK-born mothers and fathers. Main points include:

- Over a quarter (28.2%) of live births in England and Wales in 2016 were to women born outside the UK, the highest level on record.
- The estimated total fertility rate (TFR) for foreign-born women decreased slightly in 2016 to 2.06 children per woman, the lowest level on record; figures are available from 2004.
- The estimated TFR for UK-born women decreased slightly in 2016 to 1.75 children per woman, the lowest level since 2006.
- Poland has been the most common country of birth for mothers born outside the UK since 2010.
- Pakistan has been the most common country of birth for fathers born outside the UK since figures were first produced in 2008.

Websites ONS

41. Conceptions to women aged under 18 in England and Wales: Apr to June 2016
Author: OFFICE FOR NATIONAL STATISTICS
Date: 22 August 2017

Abstract: This document provides the quarterly number of conceptions to women aged under 18 for England and Wales by regions and other local authority areas.

Websites ONS
42. Does aerobic exercise reduce postpartum depressive symptoms? A systematic review and meta-analysis
Author: PRITCHETT, R
Journal: British Journal of General Practice: early online
Abstract: There is currently no specific guidance on the role of exercise in managing postpartum depression in the UK and US, and international guidance is inconsistent. The aim of this review was to assess the effectiveness of aerobic exercise on postpartum depressive symptoms. The databases MEDLINE, EMBASE, Cochrane Library, PsycINFO, SportDiscus, Clinical Trials.gov, and the World Health Organization International Clinical Trials Registry Platform were searched. Titles and abstracts, then full-text articles, were screened against inclusion criteria. This systematic review provides support for the effectiveness of exercise in reducing postpartum depressive symptoms. Group exercise, participant-chosen exercise, and exercise with co-interventions all may be effective interventions. These results should be interpreted with caution because of substantial heterogeneity and risk of bias.

Websites BJGP

MENTAL HEALTH AND WELLBEING

43. Prevention concordat for better mental health: planning resource
Author: PUBLIC HEALTH ENGLAND
Date: 30 August 2017
Abstract: The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public’s mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. This resource has been developed to help local areas put in place effective arrangements to promote good mental health and prevent mental health problems. It does so by offering a five-part framework of focus for effective planning for better mental health.

Websites PHE

44. Better mental health: JSNA toolkit
Author: PUBLIC HEALTH ENGLAND
Date: 30 August 2017
Abstract: This toolkit aims to support the joint strategic needs assessment (JSNA) process in relation to mental health needs. It links mental health data, policy and knowledge to help planners understand needs within the local population and assess local services.

Websites PHE

45. Stocktake of local mental health prevention planning arrangements
Author: PUBLIC HEALTH ENGLAND
Date: August 2017
Abstract: This report, commissioned by PHE and written by The King’s Fund, provides a high-level summary of
how local areas are currently incorporating mental health promotion and prevention of mental ill-health in their planning processes. The findings are based primarily on a content analysis of key planning documents in 35 local areas. This included a random sample of 16 areas across England and 19 areas selected as possible examples of transferable effective practice.

Websites PHE

46. Mental health services: cost-effective commissioning
Author: PUBLIC HEALTH ENGLAND
Date: 30 August 2017
Abstract: This report, commissioned by PHE and written by the Personal Social Services Research Unit (PSSRU), summarises the evidence on promoting good mental health and reducing the impact of poor mental health, generated through a rapid evidence review. The accompanying return on investment tool and user guide aims to support economic evaluation of mental health interventions and prevention of mental ill health.

Websites PHE

47. Mental health at work: the business costs ten years on
Author: CENTRE FOR MENTAL HEALTH
Date: September 2017
Abstract: This report finds that mental health problems in the UK workforce cost employers almost £35 billion last year. The largest part of this business cost is in the form of reduced productivity among people who are at work but unwell: or ‘presenteeism’. This costs businesses twice as much as sickness absence relating to poor mental health.

Websites CMH

48. Mental health data and analysis: a guide for health professionals
Author: PUBLIC HEALTH ENGLAND
Date: 30 August 2017
Abstract: This updated guidance explains how commissioners and health professionals can use data and analysis for decisions about mental health services and interventions.

Websites PHE

49. Suicide
Author: WORLD HEALTH ORGANISATION
Date: August 2017
Abstract: The World Health Organization (WHO) has updated its fact sheet on suicide. The key facts include:

- Close to 800 000 people die due to suicide every year.
- For every suicide there are many more people who attempt suicide every year. A prior suicide attempt is the single most important risk factor for suicide in the general population.
- Suicide is the second leading cause of death among 15–29-year-olds.
- 78% of global suicides occur in low- and middle-income countries.
- Ingestion of pesticide, hanging and firearms are among the most common methods of suicide globally.
50. Divided by choice? Private providers, patient choice and hospital sorting in the English National Health service

Author: BECKERT, W; KELLY, E INSTITUTE FOR FISCAL STUDIES
Date: 09 August 2017

Abstract: This study examines the impact of the NHS reforms of the 2000s which enabled privately-owned hospitals to enter the NHS market. It finds that post-reform, poor and ethnic minority patients were much less likely to choose private hospitals; and that the key factors in choice related to the geographic distribution of hospitals and health-based criteria for treatment from private providers.

51. Psychosocial pathways and health outcomes: Informing action on health inequalities

Author: PUBLIC HEALTH ENGLAND
Date: September 2017

Abstract: This report, commissioned by PHE and written by the UCL Institute of Health Equity, highlights the current evidence that exists about the relationships between social determinants, psychosocial factors and health outcomes. It also provides a conceptual framework that focuses on the psychosocial pathways between factors associated with social, economic and environmental conditions, psychological and psychobiological processes, health behaviours and mental and physical health outcomes.

52. Future of the sea: health and wellbeing of coastal communities

Author: GOVERNMENT OFFICE FOR SCIENCE
Date: August 2017

Abstract: This report summarises the evidence on the drivers of and growing threats to the health and wellbeing of coastal communities. These include the current health status of UK coastal communities; economic and demographic drivers of change; and threats to health from the changing environment.

53. Reducing health inequalities: system, scale and sustainability

Author: PUBLIC HEALTH ENGLAND
Date: August 2017

Abstract: This document identifies steps to support local action on health inequalities to improve outcomes. It is aimed at local authority leaders, chief executives, other senior officers and councillors, directors of public health, public health specialists, and commissioners.
54. Housing our ageing population: learning from councils meeting the housing need for our ageing population

Author: LOCAL GOVERNMENT ASSOCIATION
Date: September 2017

Abstract: This report argues that the number of specialist homes for older people will need to increase by 400,000 units in less than 20 years as a result of our ageing population. It calls for the government to help support a residential revolution for older people's housing by giving councils the tools to deliver more housing that supports positive and healthy ageing. This includes planning powers to ensure developers build quality homes and infrastructure that are well designed to support positive ageing and long term sustainable funding for councils to adapt existing homes to help support older people remain in their homes for longer and to support positive ageing.

Websites LGA

55. Health and wellbeing: The role of health and wellbeing in planning

Author: Department for Communities and Local Government
Date: 28 July 2017

Abstract: Local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making. Public health organisations, health service organisations, commissioners and providers, and local communities should use this updated guidance to help them work effectively with local planning authorities in order to promote healthy communities and support appropriate health infrastructure.

Websites Department for Communities and Local Government

56. Modern slavery is closer than you think

Author: UNITED KINGDOM Home Office
Date: 25 August 2017

Abstract: The Home Office has published updated resources on the issue of modern slavery in order to raise awareness. These include an infographic, briefing document, posters (in various languages) and wallet cards. In addition there are industry specific factsheets and posters.

Websites Home Office

57. Working and workless households in the UK: Apr to June 2017

Author: OFFICE FOR NATIONAL STATISTICS
Date: 30 August 2017

Abstract: This bulletin provides statistics on the economic status of households in the UK and the people living in them. Main points include:

- Of the 20.7 million households (where at least one member is aged 16 to 64) in the UK, 11.9 million (57.8%) had all household members aged 16 and over in employment, up 166,000 or 0.8 percentage points over the past year.
- There were 5.7 million households (27.7%) with a mix of at least one working and one workless adult, down 85,000 or 0.4 percentage points over the year.
There were 3.0 million households (14.5%) where no member of the household was in employment, down 89,000 or 0.4 percentage points over the last year.

Growth in the share of working households in the UK has been driven partly by increased proportions of lone parents working, which has risen 1.5 percentage points to 68.0% over the last year.

Author: OFFICE FOR NATIONAL STATISTICS
Date: 30 August 2017
Abstract: This release looks at avoidable mortality in 2015 for England and Wales using the Index of Multiple Deprivation (IMD) to measure socioeconomic inequalities. Main points include:

- Avoidable, amenable and preventable mortality is strongly related to area deprivation in England and in Wales.
- In England in 2015 there were 16,686 deaths from avoidable causes in the most deprived areas whereas there were less than half that number (7,247 deaths) in the least deprived areas.
- In the most deprived areas of Wales there were 1,054 deaths from avoidable causes in 2015, compared with 509 deaths in the least deprived areas.
- Absolute and relative inequalities in avoidable mortality between those living in the most and least deprived areas were sizeable and highly significant, but the excess was larger for males than females in all cases.
- The largest relative inequality in avoidable mortality was for deaths from respiratory diseases which were 4.8 times (males) and 7.7 times (females) more likely in the most deprived populations compared with the least deprived.
- The largest absolute difference in avoidable mortality between the most and least deprived deciles was from cardiovascular disease and cancer.

Author: PEKKALA, J
Journal: BMC Public Health Vol: 17: Pages: 670
Abstract: Musculoskeletal diseases and mental disorders are major causes of long-term sickness absence in Western countries. Although sickness absence is generally more common in lower occupational classes, little is known about class differences in diagnostic-specific absence over time. Focusing on Finland during 2005–2014, this study set out to examine the magnitude of and changes in absolute and relative occupational class differences in long-term sickness absence due to major diagnostic causes. The study focused on female and male, upper and lower non-manual employees and manual workers. By far the largest occupational class differences in long-term sickness absence concerned musculoskeletal diseases, followed by injuries. The results highlight potential targets for preventive measures aimed at reducing sickness absence and narrowing class differences in the future.

60. Why older workers work beyond the retirement age: a qualitative study
Author: SEWDAS, R
Journal: BMC Public Health Vol: 17: Pages: 672
Abstract: The aims of the present study were to: gain insight into reasons for working beyond the statutory retirement age from older workers' perspectives, and explore how the domains of the research framework
Study on Transitions in Employment, Ability and Motivation (STREAM) can be applied to working beyond retirement age. A qualitative research design included individual interviews and three focus groups conducted with older workers aged 65 years and older continuing in a paid job or self-employment. The most important motives for working beyond retirement age were maintaining daily routines and financial benefit. This study offers important new insights into the various preconditions and motives that influence working beyond retirement age. This knowledge contributes to the development of work-related interventions that enhance older workers’ motivation to prolong their working lives.

Websites BioMed

61. Healing and/or breaking? The mental health implications of repeated economic insecurity

Author: WATSON, B

Abstract: Current literature confirms the negative consequences of contemporaneous economic insecurity for mental health, but ignores possible implications of repeated insecurity. This paper asks how much a person's history of economic insecurity matters for psychological distress by contrasting the implications of two models. Consistent with the health capital literature, the Healing model suggests psychological distress is a stock variable affected by shocks from life events, with past events having less impact than more recent shocks. Alternatively, the Breaking Point model considers that high levels of distress represent a distinct shift in life state, which occurs if the accumulation of past life stresses exceeds some critical value. Using five cycles of Canadian National Population Health Survey data (2000–2009), we model the impact of past economic insecurity shocks on current psychological distress in a way that can distinguish between these hypotheses. In conclusion the results suggest that although Canadians are resilient to one-time insecurity shocks, males most vulnerable to repeated bouts suffer from elevated levels of psychological distress.

Websites Science Direct

62. Intergenerational social mobility and subjective wellbeing in later life

Author: IVESON, M

Abstract: Whereas a great deal of literature has been devoted to investigating the link between intergenerational social mobility and health, the few studies that have examined the association between social mobility and life satisfaction have produced conflicting findings. This study attempts to rectify several shortcomings common to previous work by examining the association between intergenerational social mobility and both life satisfaction and self-rated health as measured in later-life. The sample consisted of individuals born in Scotland in 1936, who took part in the Scottish Mental Survey 1947 and were subsequently followed-up into later-life. Regression analyses demonstrated that satisfaction with life at age 78 was not significantly predicted by childhood or adulthood socioeconomic status, or by the amount of social mobility experienced from parental occupational social class. In contrast, self-rated health at age 78 was significantly predicted by adult socioeconomic status and by education, but not by social mobility from parental occupational social class. These results suggest that efforts to promote upwards social mobility may not result in better subjective wellbeing, despite the apparent benefits for health.

Websites Science Direct

63. Neighbourhood SES is particularly important to the cardiovascular health of low SES individuals

Author: BOYLAN, J
Journal: Social Science & Medicine Vol: 188: Pages: 60-68

Abstract: Health disparities defined by neighbourhood socioeconomic status (SES) are well established; it is less well understood whether neighbourhood SES is differentially associated with health depending on one’s own SES. This study examined competing hypotheses with prospective associations between cardiovascular (CV) health and individual SES, neighborhood SES, and their interaction. Results are consistent with the double jeopardy hypothesis, the collective resources model, and the fundamental cause theory, but not with a relative
deprivation hypothesis. Results suggest that additional attention to the neighborhood socioeconomic context of lower SES individuals may reduce SES disparities in cardiovascular health.

Websites Science Direct

OTHER

64. Managing risk in health and care this winter: update
Author: NHS PROVIDERS
Date: September 2017

Abstract: This report assesses NHS planning for the upcoming winter season and finds whilst the level of planning and support is more developed than last year, the system still requires emergency funding to ensure patient safety. NHS Providers warns that a failure to make an emergency investment of £200-£350 million will lead to longer patient waiting times and increased patient safety risks.

Websites NHS Providers

65. Mapping the coverage of health other and work topics in healthcare and business undergraduate and postgraduate degree courses in England
Author: PUBLIC HEALTH ENGLAND
Date: July 2017

Abstract: This is the final report for a study mapping the coverage of health and work topics in healthcare and business degree courses. The study was commissioned by Public Health England and conducted by ICF Consulting Services. It began in February and was completed in April 2017. It mapped the coverage of six core health and work topics in a selection of business, healthcare and social work courses in England.

Websites PHE

66. Hospital-community partnerships to build a culture of health: a compendium of case studies
Author: HEALTH RESEARCH AND EDUCATIONAL TRUST
Date: August 2017

Abstract: This compendium brings together case studies from across the U.S. that describe how community partnerships have made improvements in addressing priority health needs within the local area.

Websites HRET

67. Sector-led improvement for public health, prevention and early intervention
Author: LOCAL GOVERNMENT ASSOCIATION
Date: September 2017

Abstract: This publication outlines how LGA will work together with Public Health England and the Association for Directors of Public Health to deliver sector-led improvement activity through a Department of Health funded programme, the Care and Health Improvement Programme (CHIP).
68. UK population by country of birth and nationality: 2016
Author: OFFICE FOR NATIONAL STATISTICS
Date: 24 August 2017
Abstract: The latest population estimates for the UK by country of birth and nationality, covering the period from 2004 to the year ending December 2016. Some of the main points include:
- Of the usually resident population in the UK, around 1 in 7 (14%) were born abroad and 1 in 11 (9%) had non-British nationality in 2016.
- Non-UK populations continued to increase between 2015 and 2016; the non-UK born population from 8.6 million to 9.2 million (up 7%) and the non-British population from 5.6 million to 6.0 million (up 8%) (both statistically significant changes).

69. Acid attacks: NHS offers public advice on how to respond
Author: NHS ENGLAND
Date: 31 August 2017
Abstract: NHS England, in partnership with the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) has published new advice for anyone falling victim to acid attacks, including new online guidance and support to victims as well as friends or family of people affected by burns. The first aid guidance – Report, Remove, Rinse – has been developed with specialist BAPRAS burns and trauma surgeons, who have treated victims of these attacks. So-called ‘acid attacks’, where corrosive substances are used as part of a violent assault or robbery, have become increasingly prominent, with a series of high-profile incidents this year. The attacks cause significant harm to individuals, as the victim may require specialist burns treatment, eye care, rehabilitation and mental health treatment. People are advised to take three simple steps in the event they witness or are victim of an attack:
- Report the attack: dial 999.
- Remove contaminated clothing carefully.
- Rinse skin immediately in running water.