

Bolton Council Public Health Bulletin – October 2017

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Bolton Blackrod Farnworth Horwich Little Lever South Turton Westhoughton... all the family



In this month's issue

Alcohol Misuse

- Public Health England guidance on the harmful effects of alcohol misuse
- The financial and health costs of such misuse
- The picture in Bolton

Flu plan

- What is it for?
- Myths and urban legends
- Bolton's performance for vaccinations

Free Play and Children's Mental Health

- Why is play important?
- The Bolton picture

Please note: All data included herein is the most recent available.

Alcohol Misuse

Public Health England has published its latest Health Matters guidance [here](#) which focuses on preventing ill health caused by both tobacco and alcohol use (this bulletin will focus on the alcohol information contained within this publication).

Harmful use of alcohol is amongst the most significant risk factors in the global burden of disease in England as 10.4 million people consume alcohol at levels above the [UK CMOs' low-risk guideline](#) and increase their risk of alcohol-related ill health.



Key Facts:

- Alcohol misuse contributes (wholly or partially) to 200 health conditions leading to hospital admission including: cancers, cardiovascular conditions, depression and liver disease.
- There are nearly 22,500 alcohol-attributable deaths per year.
- In 2015 to 2016, there were 1.1 million hospital admissions related to alcohol consumption
- The economic burden of alcohol is estimated between 1.3% and 2.7% of annual GDP.
- Alcohol misuse is estimated to cost the NHS £3.5 billion per year, and society as a whole £21 billion annually.
- Around three-quarters of the cost to the NHS is incurred by people who are not alcohol dependent, but whose alcohol misuse causes ill health.

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- Alcohol identification and brief advice (IBA) can identify and influence patients who are increasing or higher risk drinkers.

Alcohol identification and brief advice

Alcohol identification and brief advice (IBA) aims to identify and influence patients who are increasing or higher risk drinkers.

IBA is most effective when it helps identify and advise patients who are not dependent on alcohol, but whose drinking is increasing their risk of a wide range of ill health linked to drinking alcohol. In addition, the intervention will identify dependent drinkers who need further specialist support.

Healthcare professionals do not require a comprehensive knowledge of alcohol harm to deliver IBA well. IBA is effective and in its simplest form comprises:

- Asking patients the [AUDIT C 3 questions](#) about their alcohol habits and scoring their answers.
- Feeding back to the patient what their score indicates about their health risk.
- Providing a [patient information leaflet](#) with information about the harm, benefits and cutting down to patients who drink above low-risk levels (but are not dependent).
- For patients who are identified as potentially dependent drinkers, healthcare professionals will refer for a specialist alcohol assessment.

The Bolton Picture

Taken from the Public Health Outcomes Framework the table below show the number of hospital admissions and trends relating to alcohol from 2008 to 2016 for Bolton's population.

9.01 - Admission episodes for alcohol-related conditions (Broad) (Persons)

Bolton

Directly standardised rate - per 100,000



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North West	England
2008/09	●	4,294	1,744	1,692	1,798	2,055	1,639
2009/10	●	4,590	1,847	1,793	1,902	2,283	1,797
2010/11	●	4,976	1,987	1,931	2,043	2,415	1,954
2011/12	●	5,137	2,032	1,977	2,089	2,443	2,020
2012/13	●	5,308	2,091	2,035	2,148	2,440	2,020
2013/14	●	5,894	2,300	2,241	2,360	2,570	2,101
2014/15	●	5,910	2,297	2,238	2,356	2,602	2,126
2015/16	●	6,402	2,482	2,422	2,544	2,601	2,179

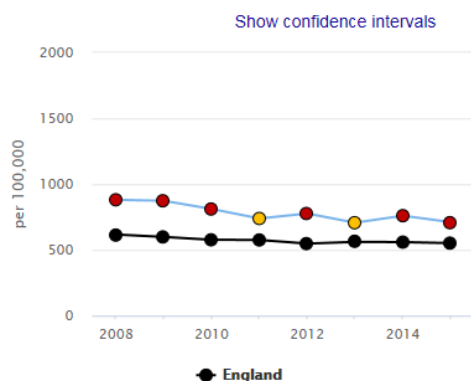
Source: Calculated by Public Health England: Risk Factors Intelligence team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

- There were 6,402 admissions for alcohol related conditions in 2015/16
- This equates to a rate of 2,482 admissions per 100,000 population
- This is higher than the England but lower than the North West averages
- There has been an upward trend in number of admissions since 2008

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1.02 - Years of life lost due to alcohol-related conditions (Persons) Bolton

Directly standardised rate - per 100,000



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North West	England
2008	2,346	882	700	1,083	814	618
2009	2,304	874	691	1,075	814	599
2010	2,154	812	633	1,008	743	577
2011	2,010	740	570	925	774	576
2012	2,125	777	606	967	744	549
2013	1,920	707	548	885	732	562
2014	2,041	761	591	947	753	560
2015	1,932	712	553	890	709	552

Source: Numerator: Analysis of Annual Mortality Extract from ONS by Public Health England Denominator: Mid-year population estimates published by ONS

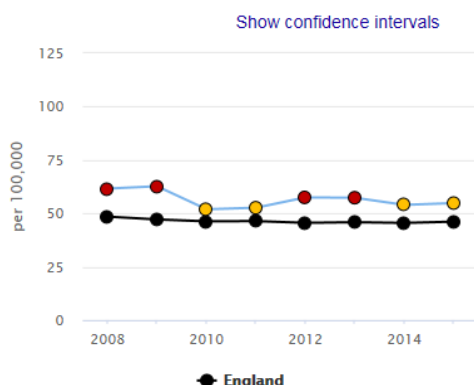
- Bolton's under 75 yrs population collectively lost 1,932 potential years of life in 2015 as a result of alcohol related conditions, a rate of 712 days/100,000 people.
- This is a higher rate than both the England and North West averages
- There has been a downward trend in lost life years due to alcohol since 2008

The table below shows the estimated number of deaths in Bolton due to alcohol in the same period.

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4.01 - Alcohol-related mortality (Persons) Bolton

Directly standardised rate - per 100,000



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North West	England
2008	146	61.6	51.9	72.6	59.1	48.5
2009	147	62.7	52.8	73.9	57.7	47.2
2010	126	51.9	43.2	61.9	55.3	46.3
2011	128	52.6	43.8	62.7	56.5	46.4
2012	142	57.5	48.3	67.9	55.4	45.6
2013	141	57.3	48.2	67.7	55.3	45.9
2014	134	54.0	45.2	64.0	55.6	45.5
2015	138	54.8	46.0	64.8	54.8	46.1

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

- There were 138 alcohol related deaths of Bolton residents in 2015, a rate of 54.8/100,000 population
- This is a higher rate than the national and exactly the same as the regional average.
- This is a slightly improving trend

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Bolton has recently (jointly with Salford and Trafford) redesigned its drug and alcohol services into a single integrated service offer. The contract has been awarded to Greater Manchester Mental Health Trust and following a period of transition the new service will be operational from January 2018.

National Flu Plan 2017/2018

The Flu plan is produced annually by Public Health England. It sets out a co-ordinated and evidence-based approach to planning for and responding to the demands of flu across England, taking account of lessons learnt during previous flu seasons. It is designed to aid the development of robust and flexible operational plans by local organisations and emergency planners within the NHS and local government. It provides the public and healthcare professionals with an overview of the co-ordination and the preparation for the flu season, and signposting to further guidance and information. The full flu plan for 2017/2018 can be viewed [here](#).

The plan states that local authorities, through their DsPH, have responsibility for:

- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

Impact of flu each winter on the population

The impact of flu on the population varies from year to year and is influenced by changes in the virus that, in turn, influence the proportion of the population that may be susceptible to infection and the severity of the illness.

There are two main ways of preventing or reducing your risk of flu:

- the flu vaccination,
- good hygiene (such as handwashing and cleaning)

Flu Vaccination:

The annual flu vaccine is freely available on the NHS to identified at risk groups: anyone aged 65 or over

- pregnant women
- children and adults with an underlying health condition
- children and adults with a weakened immune system
- and new this year anyone with a Body Mass Index of (BMI)>40

The annual nasal spray is also given to children aged 2 and 3, and to children in reception class and years 1,2,3, and 4

It is also recommended that health and social care staff receive the vaccination (via their employers) in order to protect the vulnerable people they care for. Bolton Council's staff flu programme runs from 23rd October to 31st December 2017

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Good hygiene:

To reduce the risk of getting flu or spreading it to others simple good hygiene practice is highly effective:

- wash hands regularly with soap and warm water
- clean surfaces such as keyboard, phone and door handles
- cover your mouth when you cough or sneeze
- put used tissues in the bin

Flu Myths

There are a number of misconceptions about flu vaccination. The most common myths and the reality are outlined in the table below

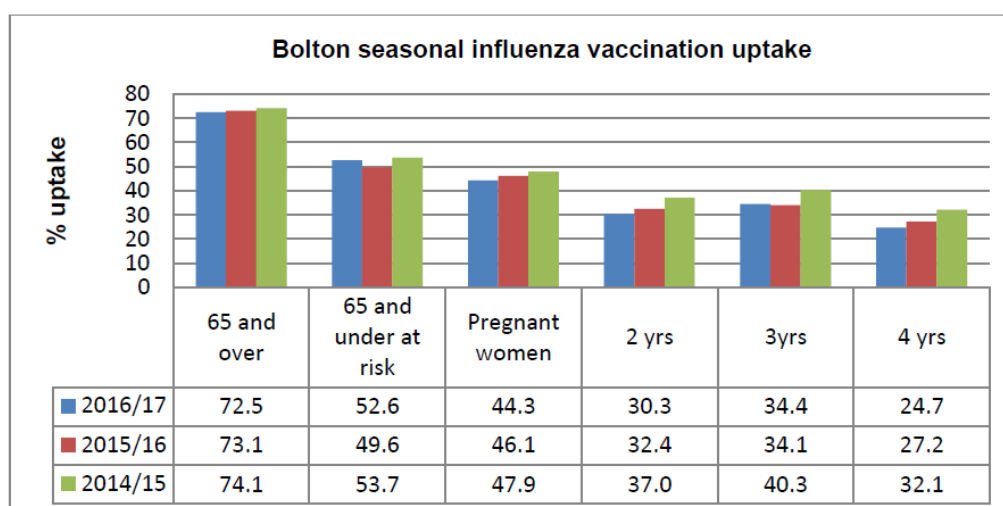
Myth	Reality
The flu vaccine gives you the flu	No, it doesn't. The flu vaccine that is given to adults contains inactivated or 'dead' flu virus so there is no way it can give you the flu. There may be minor, fleeting reactions to the injection like a sore arm or slight temperature but these are common reactions to any kind of injection. Any cough or cold that appears after you get the flu vaccine was probably already in your system or caught at the same time.
One flu vaccine covers you for life	The World Health Organization predicts which flu viruses will be circulating and these are different every year. One flu vaccine will provide protection for only the flu season that year.
The flu vaccine is grown in chicken eggs	Yes –the strains of the flu virus which are selected by the WHO are mixed with egg-adapted virus strains to make sure they grow well in chicken eggs and produce a lot of antigen. Antigen is the active substance in vaccines and having a lot of this is important so manufacturers can produce the high number of doses needed.
It's already too late if you've had flu this year	While it is better to have the flu vaccine as soon as it becomes available, it's always worth getting vaccinated before the end of the flu season (March). As there are usually several flu viruses circulating each year, you could go on to catch another strain.

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Children can't get the flu vaccine	They can – there is a nasal spray vaccine for children which contains live but extremely weakened flu viruses that will not give them flu. It's recommended for all healthy children aged over two years of age, right up until year 4 at school. At-risk children aged over six months can also be given the inactivated vaccine by their GP.
The children's nasal flu vaccine Fluenz contains porcine (pig) DNA	No; very sensitive scientific tests have shown that the flu vaccine does not contain any detectable DNA from pigs.
You can only get it from your doctor	While you can get the vaccination from your GP, many pharmacists have also been trained to administer the vaccination
Flu vaccines are only for the very young or the very old	While complications from the flu are most dangerous for the very young or elderly, the flu can hit strong and healthy people hard – it's more than a heavy cold.
Antibiotics will fight flu	No they won't – flu is caused by viruses not bacteria.

The Bolton Picture

In Bolton the number of people having the flu vaccination has reduced over the last few years and so this year the campaign to vaccinate as many members of relevant groups as possible is more important than ever .



Source: PHE Annual Flu Report 2016 Bolton

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Locally the Flu Plan response in Bolton is overseen by a multi-agency flu group, which aims to improve uptake of vaccination in at risk groups across the borough and ensure that Bolton's population is protected.

Free Play and Children's Mental Health

A recent article published in the Lancet [here](#) reviewed the evidence of the effects of free play on children's mental health.

The growing crisis in children's mental health in the UK is widely recognised. Data from children's charities, including Childline and the National Society for Prevention of Cruelty to Children, have shown substantial and worrying increases in demand for their support

- [Childline reported](#) a 36% increase from 2013 to 2016 in calls from children seeking help for serious mental health issues.
- A [2016 report](#) from Public Health England estimated that 695,000 children in England aged 5–16 years (ie, 10% of all children in England) had a clinically significant mental health illness and a life expectancy of 16–25 years less than the general population.
- Evidence indicates that free time use has greatly changed in the past few generations. A report for the [UK National Trust](#), showed that the area where children are allowed to roam unsupervised around their homes has shrunk by 90% since the 1970s. At the same time, changes in education policy have substantially restricted the amount of learning done through play and increased pressures on children at school, with very high levels of stress related to examinations reported. A study in the USA explicitly linked this decline to a parallel increase in mental health problems.

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The review found that play:

- is strongly connected to children's ability to form and maintain friendships
- this ability to form strong emotional attachments enhances a child's capacity to deal with stress and anxiety
- enables differentiation between stress that is toxic and stress which is positive
- toxic stress is associated with poor mental health
- "risky" or adventurous outdoor play is an important contributor to positive stress as children challenge themselves, test their limits and learn to self-regulate their emotions
- the use of play therapy can lead to improvements in building friendships, improving social interactions, family relationships, coping and social competence

Play is sometimes dismissed as trivial however, this review of the data regarding the role of play in mental health suggests that children's natural playfulness might have some crucially important functions for healthy physical and mental development. Evidence of a lack of typical play development can be a key indicator of serious and potentially damaging mental health difficulties and concluded:

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- Professionals working in childcare, education, and paediatrics need to be aware of the importance of children's play, in all its many forms.
- Parents and other caregivers need to be made aware of the importance of providing opportunities for their children to play freely.
- Therapeutic approaches geared towards children with mental health difficulties can often benefit from the inclusion of practices designed to support and encourage children's free, autonomous play.

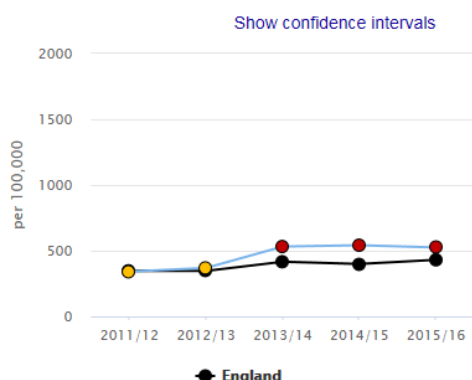
The Bolton Picture

Nationally, the rate of young people aged under 18 being admitted to hospital as a result of self-harm is increasing, and this is also the case in Bolton. Nationally, levels of self-harm are higher among young women than young men. The table below shows the number and trend of hospital admissions for self-harm in young people for the period 2011 to 2016. As the table shows Bolton has higher rates of admissions for self-harm than both nationally and regionally with 274 admissions in 2015/16.

Hospital admissions as a result of self-harm (10-24 years)

Bolton

Directly standardised rate - per 100,000



Recent trend: --

Period	Count	Value	Lower CI	Upper CI	North West	England
2011/12	183	341.1	293.5	394.4	423.9	347.4
2012/13	199	368.7	319.2	423.7	433.0	346.3
2013/14	283	531.7	471.5	597.5	515.1	415.8
2014/15	285	541.5	480.3	608.2	514.5	398.8
2015/16	274	524.5	464.2	590.6	520.5	430.5

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

There is much work being carried out locally to support and improve young people's mental health and wellbeing and reduce a crisis response, some of the key workstreams include:

- The early years new delivery model which supports prevention, early identification of and intervention in maternal and children's mental health and wellbeing
- Emotional health and wellbeing is a core strand of healthy schools accreditation, and the wider integrated 5-19 service offers 1 to 1 support for young people
- The community and voluntary sector are currently commissioned to provide a "THRIVE alliance" in Bolton; this is a collective of emotional health and wellbeing services for children and young people
- The Child and Adolescent Mental Health Service (CAMHS) has recently been redesigned, the service is currently out to tender
- Young people form a core workstream of the suicide prevention strategy

The collective impact of these and other initiatives across the borough should offer enhanced support and improve wellbeing across the borough.

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