

Bolton Council Public Health Bulletin

September 2017

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



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- Smoking prevalence fell to lowest recorded
- Improvement in school pupil absence
- Fall in first time entrants to youth justice system
- Fall in first time offending
- Increase in mental illness in prison population
- Reduction in sickness absence
- Half of those offered have received an NHS health check
- Decline in chlamydia detection rate
- Flu vaccination coverage down in over 65s, up in children
- Two thirds of estimated dementia cases have been diagnosed

Making Cervical Screening More Accessible:

- Cervical screening rates continue to decrease
- HPV vaccination coverage extremely high
- Non attendance at screening biggest risk factor in developing cervical cancer
- Ideas for improving uptake

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Young people's Use of E-Cigarettes:

- The use of e-cigarettes and vaping is not a gateway to starting smoking in young people

Active 10:

- New One You App activity tracker launched

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Public Health Outcomes Framework

Much of the information reported in the monthly bulletin is taken from The Department of Health published Public Health Outcomes Framework (PHOF) - a set of indicators helping us to understand how well public health is being improved and protected. The framework was revised in August 2016, presenting a refreshed PHOF for England 2016-2019 and included (amongst other things) an improved facility for measuring trends over time. The data was most recently updated in August 2017 and Public Health England have produced a summary of the key findings from this latest data and can be found [here](#). The table below summarises the findings and shows how Bolton's data compares.

Finding	National	Bolton
Smoking prevalence fell to the lowest recorded	<ul style="list-style-type: none"> 15.5% of adults smoke which equates to around 6.7 million in the population. Smoking prevalence is higher among men (17.4%) than women (13.7%). 	<ul style="list-style-type: none"> Smoking prevalence for adults in Bolton is 17.9%
Improvement in school pupil absence	<ul style="list-style-type: none"> The percentage of half days missed by children of compulsory school age decreased in 2015/16, compared with the previous academic year. The trend based on the five most recent years has also been decreasing. Pupil absence varies by ethnic group, ranging from 2% in the Chinese group to 5% in the Mixed group. Absence is higher in boys than girls. 	<ul style="list-style-type: none"> Pupil absence rate in Bolton decreased in 2015/16. The Bolton rate is 4.46% (nationally 4.57%) this equates to 632,107 half days of absence. The trend based on the last five years data has also been decreasing
Fall in first time entrants to the youth justice system	<ul style="list-style-type: none"> The rate of first time entrants to the youth 	<ul style="list-style-type: none"> There has been a decrease in the number

	<p>justice system improved in 2016.</p> <ul style="list-style-type: none"> • However, there were still over 15,000 new entrants to the system. • The trend has also been improving. • The rate in the most deprived areas is more than double that in the least deprived areas. 	<p>of first time entrants into the youth justice system in 2016</p> <ul style="list-style-type: none"> • There were 90 new entrants to the system • The trend is improving with an ongoing decrease in numbers locally • The rate in the most deprived areas is more than double that in the least deprived areas.
Fall in first time offending	<ul style="list-style-type: none"> • The rate of first time offenders decreased in 2016 • There were nearly 120,000 new offenders. This was the second consecutive year where the rate reduced significantly. • The rate differs by deprivation with the more deprived areas having higher rates than the less deprived areas. 	<ul style="list-style-type: none"> • The rate of first time entrants into the criminal justice system decreased in Bolton in 2016 • The Bolton rate is higher than the national 235/100,000 compared to 218/100,000 • There were 662 new offenders. As nationally, there is an improving trend • The link to deprivation mirrors the national picture
Increase in mental illness amongst people in prison	<ul style="list-style-type: none"> • The percentage of people in prison with a mental illness increased in 2016/17 compared with 2015/16. • However this was a relatively small increase of 0.4 percentage points. 	<ul style="list-style-type: none"> • No data is available for Bolton in respect of this indicator. Reporting is by prison rather than local authority
Reduction in sickness	<ul style="list-style-type: none"> • Sickness absence 	<ul style="list-style-type: none"> • These figures are

absence	<p>improved in 2013-15, decreasing for the percentage of employees who had at least one day off in the previous week and for the percentage of working days lost due to sickness absence compared with the previous period.</p>	<p>mirrored in Bolton with 1.9% of employees having at least one day's sickness absence in the previous working week (2.2% nationally), and 1.4% of working days lost due to sickness absence in the previous working week (1.3% nationally)</p> <ul style="list-style-type: none"> The trend is improving, and sickness absence is decreasing
Around half of those offered an NHS Health Check have received one	<ul style="list-style-type: none"> In year 4 of the first 5 year period of the NHS Health Check programme nearly three quarters of the eligible population have been offered an NHS Health Check. Of those offered an NHS Health Check, just under half have received a check, meaning over five and a half million checks have been carried out. 	<ul style="list-style-type: none"> The cumulative percentage of those offered who actually received a health check was 51.4% (48.9% nationally) The cumulative percentage of those reported to have received a health check in a five year period was 78.1% (36.2% nationally), this equates to 57,215 residents
Small decline in chlamydia detection rate	<ul style="list-style-type: none"> In 2016, over 1.4 million chlamydia tests were carried out in England among young people aged 15 to 24 years. A total of 128,098 chlamydia diagnoses were made equivalent to a detection rate of 1,882 per 100,000 population. In the five years since 	<ul style="list-style-type: none"> In 2016 there were 701 chlamydia tests carried out in Bolton There has been a slight increase in chlamydia detection in Bolton. The detection rate is 1998 per 100,000 (England rate 1882/100,000)

	the Chlamydia Testing Activity Dataset was implemented there has been a decline in the detection rate	<ul style="list-style-type: none"> The Bolton trend mirrors the national trend over the past five years
Flu vaccination decreased for those 65 and over, but increased for at risk individuals and children aged 2-4	<ul style="list-style-type: none"> In 2016/17 vaccination coverage for flu in those aged 65+ reduced slightly compared with the previous year. Coverage was 70.5% of the eligible population Coverage for at risk individuals and children aged 2-4 also improved to 55% and 65% respectively but still fell short of the national ambition of 75% 	<ul style="list-style-type: none"> In 2016 population coverage of eligible adults aged 65+ in Bolton was 72.5% Coverage for at risk individuals was 52.6% Coverage in 2-4 year olds was 29.8% All trends are decreasing, with lower numbers of residents being protected
Approximately two thirds of estimated cases of dementia have been diagnosed	<ul style="list-style-type: none"> This is the first publication of this indicator. The national ambition is for more than two thirds of cases in the population to be diagnosed. There is regional variation from 63% to 76% 	<ul style="list-style-type: none"> The estimated diagnosis rate for Bolton's population is 79.6% (67.9% nationally) There is no trend data as this is a new indicator on the PHOF

Making Cervical Screening More Accessible:

The latest edition of Public Health Matters [here](#) focuses on the decline in cervical screening attendance in England and outlines what can be done to boost screening coverage. The guidance includes a call to action to Local Authorities, Clinical Commissioning Groups (CCGs), Primary Care and the voluntary sector to work together to improve screening coverage and hence save lives.

Although cervical cancer mortality rates have decreased by up to 70 per cent since the introduction of the NHS Cervical Screening Programme in 1988, there were still 726 deaths from the disease in England in 2014 and a total of 890 in the whole of the UK.

Key Points:

- Screening coverage has fallen in the last ten years
- Coverage across all age groups is going down

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- At a regional level coverage ranged from 66.7% in London to 75.9% in the East Midlands with the majority of regions reporting a fall.
- The national target for cervical screening coverage is 80%
- In 2015/16 51 out of the 160 local Authorities achieved coverage of 75% or above.
- Declining coverage of cervical screening has serious implications not just for cervical cancer diagnosis rates and mortality, but also financial implications for the NHS, and the wider economy.

Human Papilloma Virus (HPV) Vaccination Programme:

The UK HPV immunisation programme started in 2008, all girls aged 12 to 13 are offered the HPV vaccine. Since the start of the programme in 2008 more than 8.5 million doses of HPV vaccine have been given in the UK, with close to 90% of eligible teenagers vaccinated. In Bolton in 2015/16 93.1% of 13-14 year olds were vaccinated, higher than the England average

Human papillomaviruses cause more than 99% of all cervical cancers. The HPV vaccine currently used in the UK programme protects against the 2 HPV types that cause most cases (over 70%) of cervical cancer. The vaccine also provides protection against other less common cancers and genital warts, the most common viral sexually transmitted infection in the UK.

Surveillance data already suggest that the programme is achieving its aims. The vaccine has contributed to a significant decrease in rates of infection with the 2 main cancer-causing human papillomaviruses in women and men. The UK programme is expected to eventually prevent hundreds of deaths from cervical cancer every year.

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NHS Cervical Screening Programme:

- Cervical screening is **not** a test for cervical cancer. Screening is intended to detect abnormalities within the cervix that could, if undetected and untreated, develop into cervical cancer.
- Women are offered screening every 3 or 5 years depending on their age. Women aged 25 to 49 are invited for routine screening every 3 years, whereas those aged 50 to 64 are invited for routine screening every 5 years.
- Following an evidence review in response to calls to lower the screening age to 20 have found that based on the balance of evidence inviting healthy women under 25 for cervical screening would be likely to do more overall harm than good.
- A study on the [impact of cervical screening on cervical cancer mortality](#) estimated that in England cervical screening currently prevents 70% of cervical cancer deaths. However, if everyone attended screening regularly, 83% could be prevented.
- The programme uses liquid based cytology (LBC) to collect samples of cells from the cervix. A cytologist will examine these samples under the microscope to look for any abnormal changes in the cells.

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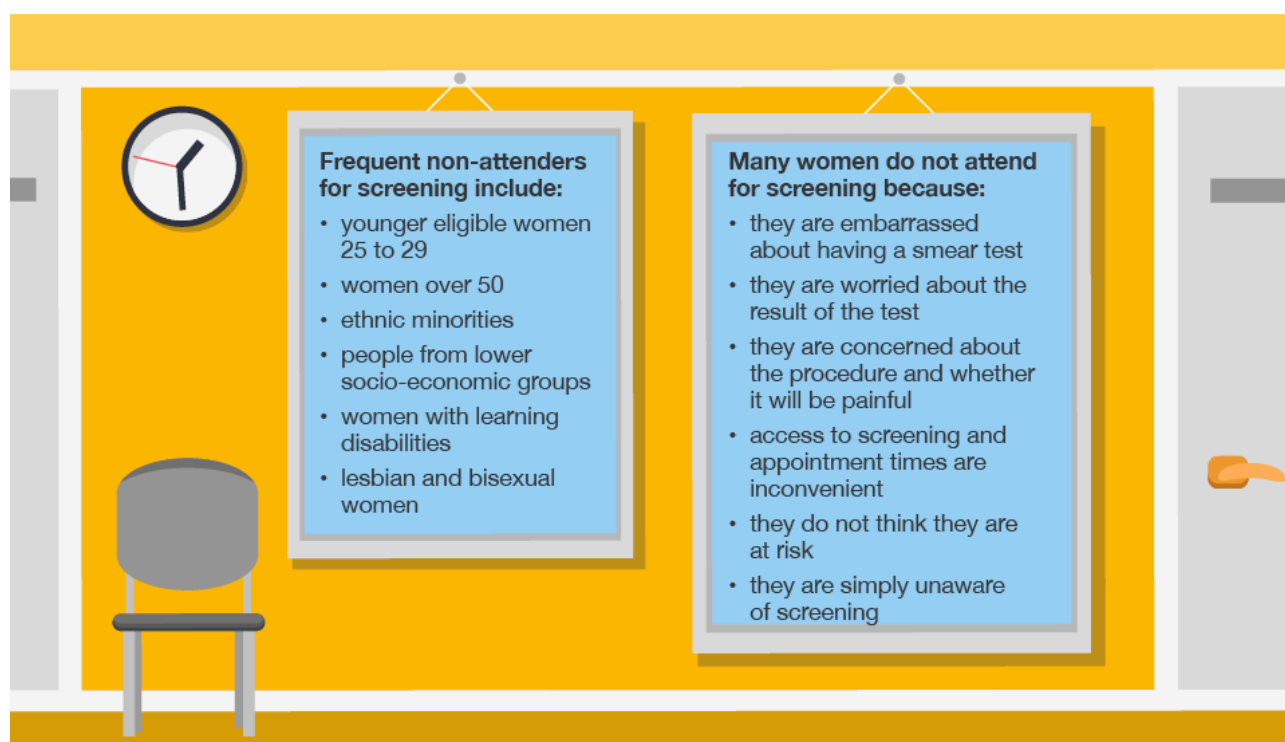
- HPV testing is also used in the programme to help manage women who have low grade abnormal cell changes and as a test of cure in women who have received treatment for abnormal cell changes.
- Following a successful pilot scheme, primary HPV testing will be introduced into the cervical screening programme during 2019. This means that all cervical screening samples will be tested for HPV first, and will only go on to have cytology testing if HPV is found. Primary HPV testing has been shown to be a more effective screening test.

Addressing Barriers to Screening Attendance:

Not going for cervical screening is one of the biggest risk factors for developing cervical cancer. The populations and reasons for non-attendance are well documented.



Healthmatters Barriers to cervical screening



Ideas for Improving Uptake:

The guidance suggests a number of ways in which different sectors can improve the coverage of cervical screening.

Local Authorities are asked:

- To prioritise increasing awareness of cervical screening

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CCGs:

- Use PHE data to target resources to increase uptake particularly within certain populations (e.g. ethnic minority groups, older women)
- Review practice variation and identify the numbers required to undertake screening in each practice to achieve improvement

Primary Care teams:

- Support women to make an informed choice about whether or not to undertake cervical screening (e.g by explaining fully what happens during a test, or the potential outcomes)
- Undertake and provide training to all staff in order that they can actively promote cervical screening to others
- Ensure easy access to screening (e.g. flexibility of appointment times)

Voluntary Sector:

- To raise awareness of cervical screening through their knowledge of local communities and outreach programmes

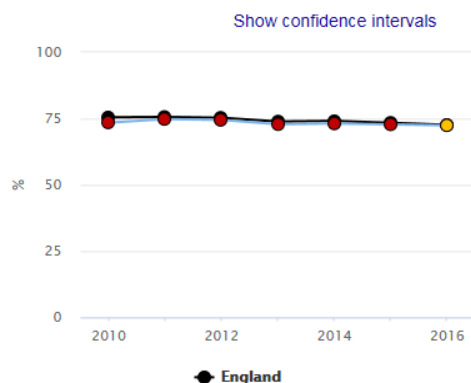
The Bolton Picture:

The table below shows the Bolton numbers and trend since 2010 for all eligible women

2.20ii - Cancer screening coverage - cervical cancer

Bolton

Proportion - %



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	North West	England
2010	53,543	73.5	73.2	73.8	72.5	75.5
2011	53,518	74.9	74.5	75.2	74.9	75.7
2012	53,482	74.5	74.2	74.9	74.8	75.4
2013	52,435	72.9	72.6	73.2	73.1	73.9
2014	53,075	73.2	72.9	73.5	73.0	74.2
2015	53,363	72.8	72.5	73.2	72.8	73.5
2016	53,736	72.5	72.2	72.8	72.3	72.7

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

- Cervical screening coverage for eligible women in Bolton is 72.5%, slightly higher than the regional and slightly lower than the national averages.
- The Bolton data closely mirrors the national, showing a downward trend since 2010
- In the 25-49 year cohort coverage is 69.5%, an additional 5,294 women would need to be screened locally to reach the national target.
- In the 50-64 years cohort coverage is 77.8%, an additional 532 women would need to be screened to meet the 80% target.

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Young People's Use of E-Cigarettes

A recent paper in the International Journal of Environmental Research and Public Health [here](#) brought the welcome news that young people's use of e-cigarettes does not, translate into regular smoking use, and that smoking rates in young people continue to decline.

The report, the largest study yet undertaken of young people's use of e-cigarettes and smoking in the UK concluded that fears of e-cigarettes becoming a gateway to tobacco for young people are largely unfounded. The study, which was based on five separate surveys gathering data from 2015 to 2017, is from a collaboration including experts from Public Health England.

A tenth to a fifth of 11 to 16 year-olds had tried e-cigarettes, but only 3% or fewer used them regularly and those were mostly already tobacco smokers. Among young people who have never smoked, regular use of e-cigarettes was negligible, at between only 0.1% and 0.5%.

"This pattern was consistent across different surveys from around the UK and suggests that, for now, experimentation with e-cigarettes does not necessarily translate into regular use, particularly among never smokers," say the authors of the study.

The Bolton Picture:

The Bolton data seems to support the findings of this study. The 2015 Growing Up in Bolton Survey showed that

- 4% of Year 5+ pupils responded that they have tried or used e-cigarettes or shisha pens in the past, or use them now.
- 1% of Year 5+ pupils responded that they used e-cigarettes or shisha pens in the 7 days before the survey.
- 24% of Bolton's secondary pupils had tried e-cigarettes in the past or used then now
- 13% had tried smoking tobacco cigarettes
- 5% were current smokers

Smoking prevention forms part of the schools science and Personal, Social and Health Education (PSHE) curricula. Young smokers in Bolton are supported via the 5-19 Children and Young People's Integrated Health and Wellbeing Service

Active 10

As part of its ongoing One You campaign Public Health England has launched the [Active 10 App](#). A brisk 10 minute walk every day can make a difference to your health. Each 10 minute burst of exercise is known as an "Active 10". Brisk walking is simply walking faster than usual, at a pace that gets your heart pumping. Start with a 10 minute brisk walk a day and then see if you can gradually build up to more. The app tracks your daily, weekly and monthly progress, encouraging you to do a little more each day.

As 35% of adults nationally (41% in Bolton) do not meet the recommended level of physical activity every week it's an easy way to start to improve your health and wellbeing.

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