

Abstract Booklet

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Abstract Booklet

Oral presentations

Session SL1

System Leadership – Public Health Leadership of Integrated Care Systems

Public Health in integrated care systems: experiences from an early adopter

Professor David Phillips, NHS Dorset; Sam Crowe, Acting Director of Public Health, Dorset

Session SL2

Influencing Systems by Working Together

Public Health's role in system leadership of integrating services for children and young people

Robert Pears, Consultant in Public Health; Jo Lockhart, Public Health Principal; Rachael Dalby-Hopkins, Integration Programme Manager Hampshire County Council

Aim: Extensive stakeholder engagement has resulted in system leaders wanting bold and ambitious integration. Successful integration would result in: more child and family centred care; a prevention, early intervention and assets based approach; multi agency working with improved staff retention; integrated IT and information sharing; cost efficiencies; and improved outcomes.

Introduction: Pressure is growing on public sector services provided to children and young people in Hampshire due to increases in need and demand; demographic pressure (especially 10-14yr olds); and ongoing austerity. There is a tension between focusing on core tasks and integrating with a view to improving outcomes despite budget reductions. Public Health has a strategic leadership role in the design and implementation of system integration

Methodology: Integration is being delivered through three approaches: focused partnership working, the implementation of a Children and Young People's integration outcomes framework and opportunities around aligned procurement. Individual approaches are necessary, but not sufficient, to deliver the integrated delivery system for services expected by stakeholders.

Operational barriers to be overcome include: system complexity; managing budget reduction impacts on partner organisations; the time needed to build trust; and a lack of shared governance arrangements between the NHS and local government.

Results: The final results of efforts to integrate public sector services for children and young people will be different to any one stakeholder's initial plan. We are in the process of agreeing shared outcomes that no one partner can deliver e.g. reduced numbers of children in care/in hospital, reduced childhood obesity, improved school readiness. Aligned procurements are intended to result in a new model of care that will incorporate Public Health nursing, CCG community services, some Childrens Services initiatives and CAMHS by 2022/23.

Conclusions: Integration is hard work but the potential benefits are large. As the evidence base is weak proper evaluation of integration is vital.

Hampshire High Impact Area Partnership Board

Jo Lockhart, Hampshire County Council

Aim: To deliver multi-agency commitment to improving outcomes for children and families using the Early Years High Impact Areas as a foundation to reduce duplication, join up existing workstreams and develop consistent messaging.

Introduction: Hampshire breastfeeding rates had declined and it was increasingly challenging to engage partners to review data quality and think differently about our approach. Breastfeeding is one of six high impact areas identified within the 4-5-6 model for Health Visiting but to truly influence change, commitment from a wider group of stakeholders is required with enough potential demonstrated to engage their time and energy. Pregnancy and the first years of life are one of the most important stages in the life cycle, when the foundations of future health and wellbeing are developed and parents are receptive to learning and making changes. In 2017, Public Health proposed a new partnership approach to drive this work forwards.

Methods: In November 2017, a multiagency workshop followed informal engagement to seek commitment to developing the Hampshire HIA Partnership Board. The membership was agreed and during the first year, seven

workstreams have been developed (partners specifically requested the seventh smoking in pregnancy HIA). The Board meets quarterly and workstreams bring updates and requests for assistance to break down barriers to progress. Some workstreams aligned with existing work (possibly broadening remit) whilst others filled gaps in either delivery or governance.

Results: One year on, there is strong partnership engagement with real evidence of workstreams pulling partners together (e.g. Services for Young Children and Public Health Nursing are working to develop consistent messages for families around readiness for school, parenting information has been added to Wessex Healthier Together, and a task and finish group has been set up to review Level 1 continence led by the CCGs). Multi-agency chairs (from maternity, CCG, PH, PH Nursing, and Children's Services) lead the workstreams. The Board contributes towards improving integration and will report to the Integrated Commissioning Board.

Conclusions: There is potential to set up the same format for school aged High Impact Areas in the future.

Using data to galvanise action on cardiovascular disease prevention in the South East

Jo Wall, Principal Knowledge Transfer Facilitator; Jodi Brown, Cardiovascular Disease Prevention Programme Manager; Mohit Sharma, Consultant Healthcare Public Health; Angela Gammage, Public Health Support Officer. Public Health England SE

Aim: Local data and intelligence was used with the aim of securing commitment and galvanising action on the CVD Prevention Programme from the six Sustainability and Transformation Partnerships (STPs) in Public Health England South East (PHE SE), based on the high-risk conditions of high blood pressure and Atrial Fibrillation (AF).

Introduction: A central aim of the Cardiovascular Disease (CVD) Prevention Programme is the mobilisation and engagement of local healthcare systems to come together to improve secondary prevention of AF, hypertension and raised cholesterol. Local level data is a compelling catalyst to initiate and support conversations and agreements about priorities based on population need.

Methodology: The PHE SE data pack was led by the Local Knowledge and Intelligence Service (LKIS) in partnership with Centre colleagues and provided data to make the case for CVD prevention at Clinical Commissioning Group (CCG) and STP level

demonstrating variations in:

- Risk factors
- NHS Health Check
- High blood pressure and AF diagnosis and treatment
- Estimates for strokes prevented and cost savings for AF treated to target

Effective CVD data pack dissemination and local socialisation was an important aspect of the PHE SE approach, facilitated by senior level dissemination to STP and Local Authority leaders.

Results: All STPs in the SE engaged with the data packs and associated actions discussed at a senior level triggering invitations to help shape STP CVD priorities. Where CVD prevention was not previously prioritised, the data packs proved instrumental making this a priority. The SE data packs informed the development of national data packs with the potential for much wider influence.

Conclusions: The PHE SE CVD data packs successfully demonstrate both the importance of well-presented compelling data and local socialisation to influence prioritisation and galvanise action in public health

Suicide prevention and self harm; opportunities for system leadership

Amy McCullough, Southampton & Portsmouth City Council

Jane Leech, Portsmouth City Council

Local Authorities have been tasked with reducing the number of suicides in their areas by at least 10% by 2021, and in reducing self harm; both as a risk factor for suicide and in its own right. This requires action across the health and social care system and beyond. As we know that a sizeable percentage of suicidal individuals and those that self-harm are not in contact with health or social care services, it is crucial to develop effective partnerships with the voluntary and community sector, education settings, and local employers.

Suicide Prevention Partnerships are crucial in bringing together all key partners to take collective action to reduce deaths by suicide. In this discussion, we will highlight examples of how the Partnerships in Southampton and Portsmouth have encouraged leadership on suicide prevention and self-harm across the system, and how we plan to progress this over the oncoming years.

Session SL3

System Leadership – Influencing Systems through Research

A systematic analysis of investment into Chlamydia, Gonorrhoea, Syphilis and Trichomonas Vaginalis (TV) research between 2000-2017

Nihal Mehra, M Head, Nuala McGrath, University of Southampton

Aim: To explore the allocation of research funding between 2000-2017 into Chlamydia, Gonorrhoea, Syphilis & TV, and compare how funding is used in each STI.

Introduction: The focus of this project is research funding into Chlamydia, Gonorrhoea, Syphilis and TV. These STIs are responsible for a huge burden of disease globally. In Sub-Saharan Africa (SSA) the burden is worsened due to poor diagnosis and management of STIs.

Methodology: Funding awards from 52 funders between 2000-2017 were downloaded from the UberResearch Dimensions database (<https://www.uberresearch.com/dimensions-for-funders/>). These were then assessed for their relevance to one of the four STIs and classified by type of science (pre-clinical, public health, phase 1/2/3 or Cross-disciplinary) and by research focus (therapeutics, vaccines, diagnostics and/or SSA). Descriptive statistical analysis was carried out in STATA (version 15).

Results: Total investment for the four diseases between 2000-2017 was £554.5m divided between 825 awards. Chlamydia research received the greatest funding (42%, £232.9m), followed by gonorrhoea (33.5% - £185,800,000), then TV (13.7%, £76.1m) and lastly syphilis (10.8%, £59.7). By product, diagnostics research received greatest funding (£70.9m, 12.8%), followed by vaccine (£44.8m, 8.1%) and therapeutics research (£39.3m, 7.1%). Most funding was for pre-clinical research (£262.2m, 47.3%). Of the 825 awards, 10(1.2%) focussed on SSA but received 9.5% of the overall funding public health (PH) research funding. Furthermore, 41.7% of the PH spending (42 awards) focussed on STIs in the US.

Conclusions: While TV and Syphilis have diagnostic tests which are rapid and affordable, similar tests are unavailable for Chlamydia and Gonorrhoea. Chlamydia research is presumably driven by a high prevalence amongst youth in the US and UK. Effective vaccines for these STIs don't exist, and antimicrobial resistance is increasingly problematic. Greater funding is clearly required for research into management and diagnosis of these STIs, particularly in high-burden areas such as SSA.

How well do national and local policies in England relevant to maternal and child health meet the international standard for non-communicable disease prevention?

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Aim: To identify national policies for England and local policies for Southampton City that are relevant to maternal and child health. (2) To quantify the extent to which these policies meet the WHO international standards.

Introduction: Although mortality and morbidity from non-communicable diseases (NCDs) occur in later life, exposure to risk factors begins in early life. Investing in initiatives that support young women and children to improve their dietary and physical activity behaviours are important for improved health across generations. The WHO Global Action Plan for the Prevention and Control of NCDs (WHO Action Plan) highlights the primary role of governments in responding to the NCD challenge and sets out a range of policy options at an international standard.

Methodology: The policy appraisal process involved three steps: (1) identifying policy documents relevant to maternal and infant health, (2) developing a policy appraisal framework from the WHO Action Plan, and (3) analysing the policies using the framework.

Results: Across the 57 national and 10 local policies identified, priority areas supporting public health processes, such as evidence-based practice, were adopted more frequently than the action-oriented areas targeting maternal and child dietary and physical activity behaviours. However, the policy option managing conflicts of interest was rarely considered in the national policies (12%). For the action-oriented priority areas, maternal health policy options were more frequently considered than those related to child health or strengthening health systems. Complementary feeding guidance (9%) and workforce training in empowerment skills (14%) were the least frequent policy options adopted among the national policies. The

maternal nutrition-focused and workforce development policy options were least frequent among local policies adopted in 10% or fewer.

Conclusions: Further action is needed to manage conflicts of interest and adopt policy options that promote a system-wide approach to address NCDs caused by poor diet and physical inactivity.

Building research capacity in musculoskeletal public health research: evaluation of a graduate Allied Health Professional and Nurse internship programme (2015-18)

David Wright*, Jo Adams, Mary Fry, Catherine Bowen, School of Health Sciences, University of Southampton

* Presenting author

Aim: To explore the experiences of participating interns and mentors and evaluate outcomes from the programme.

Introduction: Building research capacity is an effective mechanism for supporting evidence-based practice. In response, an internship programme involving five UK universities (2015-18) was developed specifically to engage Allied Health Professionals and Nurses in research. Each year this involved interns working on a research project focussed on musculoskeletal (MSK) public health issues, an eight-week programme of workshops and research training, and ongoing mentoring by experienced MSK researchers. Sixteen interns were recruited (7 physiotherapists, 5 podiatrists, 2 occupational therapists, 2 nurses).

Methodology: Mixed methods were used including: analysis of research metrics, an evaluation questionnaire sent to all interns, qualitative email interviews (10 interns, 11 mentors) which were conducted at the end of the programme.

Results: Early quantitative outcomes include three peer-reviewed publications and 13 conference abstract presentations. Interns reported positive changes in perceptions of research, MSK practice and public health, including a realisation that clinical academic pathways were possible. Skills attained included technical research, research process, MSK disease knowledge and general skills (e.g. communication). Four interns secured clinical academic positions and others were committed to pursuing research in the future. Impact on clinical practice included an ability to seek evidence for clinical decisions, increased confidence in communicating with colleagues and an increased awareness of patient-centred care. Clinical practice was also enhanced by an increased awareness of MSK diseases and the links with public health.

Conclusions: The programme has successfully supported MSK-public health research capacity building by introducing newly qualified allied health professionals and nurses to MSK-public health research. This has generated benefits including developing research skills, disseminating research outputs, and establishing a network and legacy of alumni interns. The programme has potential to be a model for other health conditions and wider public health professions.

The effectiveness of maternal influenza vaccination: A systematic review and meta-analysis of randomised controlled trials

Jessica Jarvis, Rob Dorey, Frazer Warricker, Nisreen Alwan, Chrissie Jones, University of Southampton

Aim: This systematic review aimed to determine the effectiveness of maternal influenza vaccination during pregnancy on mother and infant, whilst also considering gestational timing of maternal vaccination. Key outcomes included maternal influenza vaccine effectiveness for preventing laboratory confirmed influenza (LCI), influenza-like illness (ILI), medical visits, hospitalisation and other respiratory infections in mothers and infants <1 year old.

Introduction: Pregnant women and their infants are at increased risk from morbidity and mortality due to complications from influenza illness. The World Health Organisation recommends all women are vaccinated against influenza virus, primarily for the mothers' protection. Unfortunately no vaccine exists for infants <6 months old. This results in limited infant immunity against influenza infection. There is growing evidence that maternal vaccination reduces infant influenza-illness burden through maternal transplacental antibody transfer.

Methodology: An electronic search of 6 databases from 1996 to 29th June 2018, identified studies reporting on key outcomes. Meta-analyses were undertaken where studies were of low to moderate heterogeneity. Randomised control trials (RCTs) were included if they met predetermined criteria. Participants were pregnant women, exposed to inactivated maternal influenza vaccination during pregnancy.

Results: The initial search identified 7220 records. Among 4 RCTs identified, 8 published papers were high quality. In a pooled meta-analysis of 2 RCTs maternal influenza vaccination was associated with an overall reduction of LCI in infants of 35%. Pooled analysis of 2 RCTs showed no protective effect for maternal influenza vaccination on ILI in both mother < 6 months post-partum and infants < 6 months old (RR 0.88 (95% CI: 0.78-1.00), RR 0.99 (95% CI:

0.93-1.04) respectively). Pooled meta-analysis was not possible for other outcomes due to the use of different comparators. Evidence on gestational timing of influenza vaccination in pregnancy and vaccine effectiveness was inconclusive

Conclusions: Maternal influenza vaccination was protective against LCI infection in infants. This review supports the targeting of maternal influenza vaccination to partially reduce influenza illness in infants.

Session PMH1

Public Mental Health: Improving Adult Mental Health

Military and Veteran Mental Health

Col Julian Woodhouse, Army Training Centre, Pirbright

Aim: To raise awareness of Veterans' mental and physical health and sign post GPs to support available.

Introduction: There are 2.8 million Armed Forces Veterans in the UK - almost as many as there are diabetics. Veterans have a unique set of physical and mental health problems including higher rates of severe hearing loss, blindness, limb loss and most have premature osteoarthritis (in their 40s rather than 70s). Psychologically most are able to cope with the trauma of war while serving with rates of PTSD as low as 7% while serving but most Service personnel that do present with psychological problems do so after leaving, many as late as 10 years after leaving. Veterans typically are resistant to treatment, particularly where they feel their therapists do not fully understand their issues. However there are a huge number of organisations who can help treat Veterans which enables many challenging patients to be seen and witnessing their recovery can be highly transformative.

Methodology: Through the delivery of day and half day educational events in 56 different locations all around UK, GPs receive a clear message to raise awareness of veteran mental health and understand the variety of support available to both the veteran and their families.

Results: From Jan 2015 Veterans Health has been part of the curriculum for the Royal College of GPs and since then 3,800 GP Registrars and GP trainees have attended a mixture of day and half day educational events. These events include representation from a range of organisations such as BLESMA, Blind Veterans and The Ripple Pond.

Conclusions: Future plans include greater use of live webinars, military GP Registrars running sessions within their civilian practice placements and further training

sessions in Prisons, for the BMA and RCGP. Discussions have been had with Royal College of Psychiatrists to add Veterans' health to their curriculum.

Localised, collaborative community approach to improving men's health and wellbeing on an international scale through the Interreg 2Seas SBS project (2017-2021).

Natalie Garwin, Hampshire County Council

Globally, men have poorer health outcomes than women, with lower life expectancies at birth and a widening gender gap. Locally, the Hampshire Suicide Audit identified 76% of recorded suicides were men, and almost half of these men had experienced relationship, debt or redundancy issues showing that it is not just people suffering from mental illness that are in need of improvements in mental wellbeing.

We identified a number of influencing factors that show men are less likely than women to seek help from a GP or healthcare professional and more likely to delay seeking help when it is needed, including stigma, traditional masculine social norms, and not wanting to waste their GP's time.

Previous attempts to attract more men into services have had limited success - We needed to take a different approach working with men to meet the unmet needs of a significant proportion of the population.

Hampshire County Council Public Health joined forces with Kent County Council to develop a joint funding bid with 10 partners from a range of organisation across the UK, France, Belgium and the Netherlands under the Interreg 2Seas Social Innovation strand. The result: a collaborative, cross-border project to improve men's health, wellbeing and employability, inspired by the success of the Men's Sheds movement in Australia and the growing appetite for men's sheds in the UK.

The project (SBS) has, with extensive input from men across geographical area, developed a new model of men's sheds that; supports mental wellbeing through community connectivity and 'having a purpose', supports physical health by influencing culture change among men through healthy conversations training, and improved employability, motivation and confidence among unemployed or under-employed men.

90 groups of men will help implement, test and refine the model and it will be fully evaluated by the University of Chichester.

Session PMH2

Public Mental Health: Building Capacity and Capability in Promoting Mental Health

Lifestyle Coaching for Mental Health Difficulties: A Scoping Review

Lauren Bishop, Bournemouth University

Aim: To understand the nature and scope of existing research into the application of coaching to mental health difficulties.

Introduction: UK mental health strategy calls for innovative approaches to empower people to manage their own wellbeing. Lifestyle coaching is such an approach that is being used increasingly in other areas of health improvement. There are mixed opinions presented in the literature about whether coaching is an appropriate form of mental health support, yet such claims have not been supported with evidence.

Methodology: Scoping review.

Results: A small but rapidly growing body of evidence highlights an array of applications of coaching in the realm of mental health. These include stress management in students, general life coaching for long-standing mental health problems and managing co-morbid physical and mental health difficulties. The studies have shown various benefits of mental health coaching, including symptom reduction, improved social functioning, enhanced self-management and achievement of life goals.

Conclusions: This review provides preliminary support in favour of utilising coaching to support people's mental health. Whilst the breadth and scope of the potential is yet to be fully understood, the public health implications of this could be substantial. Coaches need not be highly trained in mental health, thus widening the prospective public health workforce available to provide mental health support on some level. The nature of coaching means it can be applied to a wide variety of contexts and behaviours, as seen in the range of studies reviewed. Further applications beyond those seen in this review could include helping people to withdraw from psychiatric medications and building low-level or preventative psychological support into other parts of the health, education and social care system (and beyond). Whilst not a panacea, lifestyle coaching could be a crucial piece of the public mental health puzzle and warrants plenty of further exploration in research and practice.

Training in health and wellbeing education for pre-service teachers and the factors that influence them to promote health and wellbeing.

Jenny Byrne and Miranda Dodd, University of Southampton

Aim: This research aimed to investigate the impact of the training on pre-service teachers and the influences in them that affect their willingness and ability to promote health and wellbeing in school.

Introduction: Increasingly teachers are regarded as a crucial aspect of the public health workforce in promoting pupil health and wellbeing. At Southampton we have been training pre-service teachers in health and wellbeing education for over ten years. This takes the format of a whole day multi-disciplinary health and wellbeing conference with follow up tasks to do in school.

Methodology: Quantitative data were collected via an online questionnaire (n=114) to assess new teachers' attitudes, confidence and competence to teach and promote health and how this changes over time. Semi-structured interviews were conducted (n=14) to gather in-depth qualitative data to support the questionnaire and explored the factors that influence novice teachers engagement in health education.

Results: The impact of the pre-service training extends into the early years of teachers' careers with 74.6% thinking that the training had a positive influence on the way they teach about health and wellbeing. However academic attainment was thought to be prioritised over other elements of pupils' education by 81.6% and only 49% thought that senior leaders support staff to promote pupils' health and wellbeing and teach high quality PSHE. A complex range of factors influence them into either adopting a health promoting role or not, including the nature of school ethos and culture, the level or extent of support from experienced members of staff and the novice teachers' developing identity.

Conclusions: Support from senior leaders is essential to create an ethos within the school that supports health and wellbeing and will require commitment from senior leadership in schools. This has implications for resources including the need to prioritise CPD in health and wellbeing.

Prevention at scale for mental wellbeing; a system perspective in Dorset

Sophia Callaghan, Consultant in Public Health, Public Health Dorset

Introduction: Prevention at scale in Dorset is an integral part of the Sustainability and Transformation Partnership (STP). Behaviour change skills are not common or consistent across systems and there are many cultural barriers to change. There is an important opportunity now to be an agent of change as organisations transform to engage in positive mental health.

Aims: To work with partners and work stream leads to engage, influence and develop a coordinated health and wellbeing offer within the health and care system. To enable front line professionals to have quality, consistent healthy conversations across the system, which actively encourages healthier behaviours.

Method: The workforce programme established funding support with Health Education Wessex, identified sponsorship at multiagency board level, and key champions and leaders from organisations at different levels. Using a qualitative approach, gained insights into how staff felt about prevention, their barriers and desired improvements, developed system sign up to principles and plans, ensured availability of an easily accessible wellbeing workforce offer.

Results: In the first-year systems were engaged, workforce forums established, staff engagement exercises taken place to inform plans. Actions resulting included system sign up to mental wellbeing, organisational wellbeing plans in place, wellbeing skills and lifestyle interventions hardwired into the process, a system approach to MECC and MHFA skills in place with trainers being set up in every local NHS / LA organisation to develop a local network. The start of cultural changes taking place to show positive outcomes.

Conclusion: Offering training with no change in culture or process will not lead to change at scale. The programme encouraged system engagement. It gave staff value and a voice to influence and be part of change. It has given organisations the impetus for more meaningful initiatives to address factors associated with wellbeing. A collaborative approach in identifying priorities, developing plans and embedding actions is more effective than a top down approach.

Responding to the need for public mental health skills development in Hampshire and Isle of Wight

Simon Bryant, Hampshire County Council

Aim: To understand an approach to public mental health workforce development

Introduction & methods: There is a growing understanding of the mental health burden in the population. This session outlines some of the key interventions that have been developed nationally that are being rolled out across Hampshire to increase mental health and wellbeing skills. The skills form part of the wider agenda to improve health and wellbeing in the population and to upskill staff. The presentation will discuss the unique approach taken as part of EU funded work to improve Men's mental health focusing on capacity building within communities, to enable men to take action on health and wellbeing. It looks at three key influences in men's mental health – social isolation, physical health, and lack of productivity/not feeling 'useful' (this can mean unemployment, but can also include any type of contribution or 'providing for'). Importantly, it is about engaging with men on their own terms and in their own language, not approaching the project as a 'health intervention'.

Conclusions: Men are already working in the communities as volunteers, shed leaders, and team captains etc. They come into contact with other men who may be having mental health crises and they want to be able to do something to help. By training up these men to be Health Champions they will know what to say and how to say it so that their friends/teammates/communities know they can take action and get the help they want. It is hard to engage men in mental health due to denial and stigma, but by combining it with physical health and framing it as just 'health' it becomes more easily accessible.

Session PMH3

Public Mental Health: Mental Health in Teenagers

Mental health in teenagers workshop

Jo Wilson, Dorset County Council; Amy McCullough, Southampton and Portsmouth City Councils; Robert Pears, Hampshire County Council; Natalie Roberts, Sussex Foundation NHS Partnership Trust

Aim: To consider how we can best support teenagers to have good emotional wellbeing and mental health. Development is inevitable. Thriving is not. Adolescents face unique pressures and worries as they try to figure out who they are and what they want to do. As they journey into adulthood, behaviour such as risk taking, novelty seeking and boundary testing are part of healthy, typical development; but so too are intense self-consciousness, fear of social rejection, fear of failure. Whether related to school, friends, family or self-identity, the uncertainties and challenges young people experience can be overwhelming and some young people lack the psychological tools to deal with this stress in productive ways.

Consider role of Public Health in supporting the mental health of teenagers: what are we good at and where could we improve? Share best practice across Wessex.

Methods: Natalie and Wanda will introduce the workshop and give a presentation

A short presentation from a CAMHS service user

Short case studies will be presented from Dorset, the cities and Hampshire on local public health work to support emotional wellbeing and mental health in teenagers.

Panel discussion with CAMHS and Public Health children and mental health leads

Session ABN1

Acting on Basic Needs: Improving Health and Wellbeing of Vulnerable Groups

Anticipating the arrival of Universal Credit

Richard Povey, University of Oxford; Aoife Fortescue-Webb, Hampshire County Council; Duncan Fortescue-Webb, Public Health Specialty Registrar

Aim: To anticipate the financial consequences of

Universal Credit, to consider how different population groups may be advantaged or harmed, and to suggest how local authorities may mitigate consequent risks to public health.

Introduction: Universal Credit is a monthly payment being phased in to replace six other UK welfare benefits. It is intended to be more efficient to administer and simpler to claim, while reducing the 'benefits trap' that disincentivises employment. Its design and implementation carry consequences for the wellbeing and health of over five million families who receive it, with significant implications for local governments and their public health activity.

Methodology: We reviewed theories about optimal tax and benefits systems in the UK. Next we assessed key features of Universal Credit in light of these theories in order to predict the financial implications of Universal Credit for different populations. We then considered the health effects that these changes are likely to bring, and how local government may prepare in order to mitigate any harms.

Conclusions: Redesign of the benefits system has important implications for the incomes of a large part of the UK population. This will in turn affect the health of local populations, and therefore local government should anticipate how to respond in order to mitigate any harms.

Offenders on Court Orders - Basic Needs and Social Disadvantage

Emma Richards, Paul Roderick, Julia Sinclair, Julie Parkes, University of Southampton

Aim: To quantify the prevalence of these health problems and social disadvantage within a cohort of offenders newly sentenced with Court Orders, and follow them up over the duration of their Order to assess service access and impact.

Introduction: There is growing evidence on the association of health problems, such as mental health and substance use, along with social factors, with offending. Most research has focussed on prisoners, rather than community offenders. Little is known about offenders with Court Orders, yet this information is needed to shape service delivery.

Methodology: A mixed methods study using validated instruments and in-depth interviews

Results: Offenders were more disadvantaged than the general population with higher levels of unemployment, low educational attainment, homelessness and childhood experiences of care. There were high levels

of alcohol use, drug use and mental health problems which were similar to levels observed in prisoners. Those using class A/B drugs were over three times more likely to breach or commit further offences on their Court Order than offenders who did not take these drugs. Clustering of problems was observed. Those with identified needs did not always access services they required. At follow-up, some improvements were observed, but gaps between need and service access were still evident. Qualitative results described how material deprivation, homelessness and adverse childhood experiences contributed to problems with mental ill health and addiction alongside offending behaviour.

Conclusions: Offenders are a vulnerable population, where a single incident often leads to a downward spiral of complex needs. A multi-pronged and multi-agency approach is needed to tackle the problems faced by offenders in addition to a systematic way of identifying those at risk of offending, providing appropriate interventions at different stages through the life course.

Hydration in Hampshire County Council Care Homes

Abbie Twaits, Hampshire County Council

Aim: To investigate if training 'Champions' to increase hydration in Hampshire County Council (HCC) older peoples care homes is associated with a decrease in the rate of falls, and related injuries.

Introduction: Older people are at greater risk of dehydration, leading to an increased risk of falls, urinary tract infections, incontinence and mortality. Individuals admitted to hospital from care homes are more likely to be dehydrated than those admitted from their own homes.

Methodology: 57 Champions across 17 homes were trained on hydration, given resources to share their learning and tools to support residents to stay hydrated. Falls were recorded using existing criteria. Cross-sectional data was collated from June to November 2018 (6 months), to compare to an average of June-November 2015-17. Staff completed surveys and focus groups were held with residents and relatives in four care homes to capture their views.

Results: 100% of homes responded to the 3 month survey (77% of champions). 47% of homes (n=8) requested more support from colleagues and management. Champions who were managers were more likely to report they were very confident in delivering their action plans than all other roles. Crude analysis of falls (to September 2018) indicates there has been a 2% reduction in falls and a

15% reduction in injuries. Falls decreased in nursing homes but not in residential homes.

Conclusions: Conclusion/Implications: Early results indicate that this intervention is linked to a small decrease in falls in nursing homes. Many homes were not able to fulfil their actions plans. The project has shown that it is fundamental that staff feel confident and empowered for the intervention to meet its potential. Learning from the full quantitative and qualitative analysis will be used to inform future practice and staff development in care home settings.

The Nutrition Wheel: A simple interactive tool for use by volunteers to identify risk of undernutrition in older people in the community and provide advice and signposting

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Aim: The aim was to develop and test an interactive tool which could be used as a conversation starter by volunteers to help identify older people at risk of undernutrition in the community and provide basic advice and signposting.

Introduction: Most older people with or at risk of malnutrition (as undernutrition) live in the community and still remain under-detected and under-treated. This is despite national guidance recommending nutritional screening using validated tools such as the 'Malnutrition Universal Screening Tool' ('MUST'). The role that volunteers may have in supporting the early identification of undernutrition in the community is not understood, there is a need for a simple interactive tool for them.

Methodology: The Nutrition Wheel prototype was informed by a concept developed through a service improvement project undertaken by undergraduate healthcare students. It is based on the Patients Association Nutrition Checklist, which has been validated against 'MUST' to show moderate agreement. 17 volunteers from community organisations across Dorset and Hampshire participated in 10 focus groups and interviews to understand the feasibility and acceptability of using the Nutrition Wheel. Transcriptions from the interviews were analysed using thematic analysis. The findings from this research informed the development of the final version.

Results: Findings from the initial prototype were very positive, with volunteers reporting the Nutrition Wheel was easy to use and initiate a conversation about undernutrition. Further design and wording changes were required to make it more user-friendly and clarify its use for volunteers (not to be a diagnostic tool).

Conclusions: The Nutrition Wheel can be used in a variety of community settings, e.g. lunch clubs and community groups. A supporting toolkit (explanatory guide, tear-off advice sheets, promotional video) is also available from <http://wessexahsn.org.uk/nutritionwheel>. Next steps include influencing a 'call to action' to include the Nutrition Wheel as part of the malnutrition pathways used in the community.

Session ABN2

Acting on Basic Needs: Improving Air Quality to improve Quality of Life

Improving Air Quality to improve Quality of Life

Matt Loxham¹, Debbie Chase², Gemma Ward³

¹ University of Southampton

² Public Health Consultant, Southampton City Council

³ Public Health England South East

Air pollution is a national public health priority. Of all environmental factors, it has the largest impact on health in the UK. Air pollution is attributed to over 40,000 deaths per annum nationally and has health effects across the life course. This workshop provides attendees with an overview of national policies, strategies and evidence of the impact of air pollution and measures to mitigate risk, put into context with experiences in Southampton City in tackling this problem.

Gemma Ward is a Locum Consultant in Health Protection at Public Health England South East with responsibility for air quality, Matt Loxham is an air pollution toxicologist at University of Southampton who has studied the composition and potential impact on health of air pollution, and undertaken other research studies to measure and characterise air pollution in Southampton, and Debbie Chase is the Public Health service lead at Southampton City Council, and worked closely with elected members and lead officers in transport and environmental health to support local action.

This workshop will consist of three short presentations from the panel and then 30 minute discussion for all on opportunities and challenges presented by air pollution.

Session ABN3

Acting on Basic Needs: Housing and Homelessness

Paul Roderick¹, Julie Rugg², Myles Lewis³, Sharon George⁴, Teresa O'Toole⁴

¹ University of Southampton

² Centre for Housing Policy, University of York

³ Society of St. James, Portsmouth

⁴ Portsmouth City Council

This workshop will build on the plenary by Dr Julie Rugg which will address why understanding housing tenure is important for public health. It will explore the implications of housing precarity on all forms of homelessness (concealed/temporary/street) and the implications of the Homelessness Prevention Act. There will be case studies of the response of one local authority and one local provider to dealing with street homelessness, and with consideration of the underlying causes and the health consequences. There will be a panel discussion about what public health professionals can do to address the crisis in housing supply and quality, and to mitigate the impact on health inequalities.

Session LPH1

Local Public Health Action: Intervention, Development and Evaluation

Logic models in intervention development: an example from EACH-B, a health behaviour intervention in adolescents.

Sofia Strommer, David Farrell, Taylor Morris, Judit Varkonyi-Sepp, Mary Barker, University of Southampton

Aim: To develop logic models for the EACH-B intervention.

Introduction: Behavioural interventions require strong theoretical underpinning. Logic models are useful in intervention development, to define the needs and the approaches required to deliver the desired outcomes.

Methodology: EACH-B aims to engage adolescents in behaviour change. It builds on an intervention already widely used, namely LifeLab. This comprises a module of work focusing on the science behind the need for good health behaviours, and a visit to LifeLab in the University Hospital Southampton for an exciting science-based day to embed the health

messages. EACH-B extends LifeLab by providing two additional types of support to the adolescents in embedding behaviour change in their lives: 1. Teacher support using Healthy Conversation Skills, previously successfully used by health workers, and 2. A digital game developed specifically for EACH-B. A logic model was developed for the EACH-B intervention, with the following areas addressed the Problem, Needs, Evidence Base, Resources, Activities, Short-term outcomes, Medium-term outcomes, and Long-term outcomes. Each step was evidence-based, drawing on the literature. A further more detailed logic model was developed specifically for the digital game, based on psychological theory.

Results: The two logic models were developed successfully, underpinning EACH-B as a whole, and the digital game component. The EACH-B logic model was fundamental in clarifying thinking about the intervention and underpinned the successful funding application. The digital game logic model clarified the thinking on the development of the game and brought together researchers and game designers from widely different backgrounds.

Conclusions: Logic models are valuable in developing interventions, and assist in ensuring a strong theoretical underpinning to the intervention. They also ensure that all those working on the intervention from various backgrounds are clear in understanding the overall aims, what needs to be done and how it will be implemented.

Engaging Adolescents in Changing Behaviour: Does it provide a cost-effective use of resources from UK perspective?

Neelam Kalita, Jo Lord, Olu Onyimadu, & Keith Cooper, University of Southampton

Aim: To assess the cost effectiveness of LifeLab on improving diet and physical activity of adolescents, when compared with usual schooling.

Introduction: Unhealthy diet and lack of physical activity cost billions of pounds to the NHS every year and are responsible for early deaths in many. The motivation behind LifeLab, a teaching laboratory, initiated by University of Southampton is to investigate the behavioural aspects of young people that eventually influence long-term health outcomes. LifeLab aims to improve healthy behaviour by teaching school students to learn first-hand the science behind the health messages.

Methodology: We will conduct a structured literature review of the existing epidemiological and health economic evidence that have explored the impact

of diet and/or physical activity on four key aspects of well-being in adolescents: mental health, Type 2 diabetes, employment and pregnancy. The findings of the review will then help to develop and inform a health economic model that will assess the cost-effectiveness of LifeLab on improving diet and physical activity of adolescents aged 11-19 years. Costs and health outcomes (expressed in quality-adjusted life years (QALYs)) associated with short and long term impacts of healthy behaviour will be estimated from a UK societal perspective. NHS Reference Costs will be used to source unit costs, whilst resource use and effectiveness data will be sourced from the Engaging Adolescents in Changing Behaviour (EACH-B) trial.

Results: The main result of the economic model will be expressed in terms of costs per QALYs. Other outcomes will include quality of life, survival, and productivity and healthcare costs.

Conclusions: Based on the findings of the economic model, we will envisage whether LifeLab is likely to provide a value for money option in the UK in improving healthy behaviour in adolescents.

Evaluation of the Portsmouth Breathalyser Campaign: How Much is Too Much?

Emily Walmsley & Paul Roderick, University of Southampton

Aim: The evaluation of the campaign assessed how breathalysers were being used, the impact on alcohol-related crime, ambulance use, A&E attendance, use of late-night support services, and the attitudes of venue staff and the public.

Introduction: Background/Introduction: To challenge a growing culture of 'pre-drinking' in the City's night time economy, Portsmouth City Council implemented a campaign 'How Much is Too Much?' in which late-night bars and clubs used breathalysers on the doors of their venues.

Methodology: The evaluation adopted a quasi-experimental study design using the difference in differences method which compared change over time in outcomes in Portsmouth with a comparator city, Southampton. It included collection of quantitative and qualitative primary data, and review of secondary data from several sources.

Results: The campaign ran from September 2017 - January 2018 with five of eight venues in Portsmouth's central night time economy participating. In both cities, most violent crime, ambulance use and A&E attendance on Friday and Saturday nights involved young people aged 18-24. During the initiative, small decreases

in violent crime and ambulance use were seen in Portsmouth compared to the comparator city, but other outcomes were unchanged.

Interviews and focus groups with managers and door staff revealed mixed views focussing on the benefits of breathalysers as a useful tool and concerns about practical aspects of the devices and strategy of choosing who to breathalyse. A survey of the public revealed only a quarter of people had heard of the campaign and although there was concern about alcohol-related crime and disorder in Portsmouth, nearly half felt it would not make going out feel safer.

Conclusions: The campaign may have had small effects on some alcohol-related harms associated with pre-drinking but it is likely that the overall impact was affected by difficulties with implementation of the initiative across the night time economy.

Using the Person-Based Approach to develop and optimise successful health behaviour change interventions

Leanne Morrison, Psychology & Primary Care and Population Sciences, University of Southampton.

Katherine Bradbury, Psychology, University of Southampton

Introduction: Identifying the needs and experiences of the intended users of health behaviour change interventions can support the development of more effective interventions that are relevant, acceptable and persuasive. Featured in Public Health England's Behavioural and Social Sciences Strategy 2018, the Person-Based Approach provides a systematic methodology for using iterative qualitative research to develop and optimise health interventions.

Aim: This presentation will provide delegates with an introductory overview of the Person-Based Approach and how it can be applied in their own work.

Methodology: We will provide an overview of how the Person-Based Approach can be used to plan, and develop successful interventions, as well as to optimise interventions for implementation in real life settings. Specifically, the Person-Based Approach comprises two core elements. First, qualitative research is employed at every stage of intervention development, from initial planning through to trial and implementation. Second, guiding principles are formulated to inform the selection, prioritisation and design of intervention components. We will draw on examples to show how the Person-Based Approach can be used alongside theory- and evidence-based approaches and to support

rapid analysis of feedback from target users ensuring efficient optimisation of interventions.

Results: We will draw on our experiences of developing POWeR+, an effective and highly cost-effective digital weight management programme, now being disseminated through local authorities across Hampshire.

Conclusions: The Person-Based Approach offers a successful approach for prioritising and addressing the context-specific behavioural issues experienced by users and has been used to develop numerous, effective, health interventions. The approach can be used alongside and provide a unique contribution to theory- and evidence-based approaches to intervention development, to ensure that the design and delivery of an intervention is optimally acceptable and persuasive.

Session LPH2

Local Public Health Action: Assessing Health Needs

Safer Dancing in the South - A Health Needs Assessment of Recreational Drug Users at Festivals, Night Clubs and Music Venues in Portsmouth and Southampton.

Adam Holland, Penelope Nestel, Kinda Ibrahim, University of Southampton

Aim: To identify the unmet needs of drug users in these settings in Portsmouth and Southampton and produce recommendations to meet them.

Introduction: The use of ecstasy, amphetamines, cocaine and novel psychoactive substances is associated with music festivals and other nightlife settings. These drugs were mentioned 820 times on death certificates in 2017; an increase of 99.5% from 2007.

Methodology: Interviews were conducted with a purposive sample of nineteen stakeholders working in event planning (n=2), drug testing (n=1), councils (n=6), policing (n=3), healthcare (n=4) and welfare (n=3) and analysed with thematic analysis; observations were performed of drug testing and welfare providers.

Results: Frontline workers reported the frequency of drug use was variable but could be commonplace. Obvious physical harm was infrequent but can be severe, psychological harm may be more common and long-term harms are uncertain. Opinion on the best course of action starkly differed. Most were in favour of harm reduction measures such as drug testing. Some thought more security, sniffer dogs and searching were important, but others suggested this can cause harm if

drug users pre-dose before events or take their drugs in a panic. A need for clearer guidelines was identified. Observations highlighted the important roles of services and that drug users were receptive to harm reduction advice delivered non-judgementally.

Conclusions: There is a lack of consensus, but most interviewees were open to the harm reduction paradigm. Various recommendations were identified for adoption both within and outside of these settings.

Health Needs Assessment of Adults with Learning Disabilities

Abbie Twaits, Hampshire County Council

Introduction: Adults with learning disabilities (AWLD) are a vulnerable group in society. Improving lives is a national priority with reports, identifying common themes in mortality and care provision.

This Hampshire health needs assessment brings together a range of intelligence on the health and prevalence of AWLD and the risk factors they experience. Recommendations are provided to continue improvements and direct focus.

Results: Approximately 0.4% of the Hampshire population have a learning disability. Although life expectancy has increased, a significant gap of 18 years in females and 14 years in males, compared to the general population, remains. Aside from barriers to health care, premature death can be due to an accumulation of lifestyle factors. There is further opportunity for those caring for AWLD to empower them to make healthy choices.

For example, AWLD are at increased risk of obesity, yet anecdotal evidence suggests that traditional weight management services do not meet their needs.

AWLD experience a significantly higher rate of death from colorectal cancer than the general population. Frequent constipation, a symptom of colorectal cancer is commonly reported in AWLD- a consequence of poor diet, inadequate hydration, lack of exercise and side effects of medications. Treatment of constipation is usually by laxatives, rather than treating the cause. Frequent constipation can then mask cancer.

Conclusions: A set of recommendations were identified and three key priorities are being implemented first: Adapt the Weight Management package of care to be LD friendly and enable AWLD to use their service. To support health and social care teams to identify frequent constipation and enable AWLD to lead healthier lifestyles to prevent reoccurrence. Also, to review when concerns of frequent constipation should be escalated. To enable paid and unpaid carers to

empower AWLD to make healthier lifestyle choices, through embedding Making Every Contact Count.

Mapping social and health inequalities in local areas

Dianna Smith, Ian Waldock, Jason Sadler, Ravita Taheem, Debbie Chase, University of Southampton, Southampton City Council

Aim: To develop a website to support local-level mapping of health and social inequalities in Southampton, to extend across England.

Introduction: Responsibility for population health now lies with local authorities, including of the allocation of limited funds to maximise the benefit for populations. There are free resources available to support this process, such as Public Health England's (PHE) Fingertips data resource. These data are available at the scale of County & Unitary Authority or District & Unitary Authority; such relatively coarse geographies cover all of Southampton with one data point. Local-level variation would be masked, preventing effective targeting of resources. In addition, much of the data is sourced via the NHS or population-based estimates created to fit national patterns. As a result, the data provided may not best reflect either 1) the local factors/details of population demographics which influence poor health or social inequality and 2) the most relevant public health or social challenges in local areas. In order to better support the devolved administration of public health provisioning, more accurate data and tools need to be made easily available.

Methodology: Exemplar indicators such as food poverty risk, active travel options and a range of open data are made available through an interactive map with a range of scales available (Middle and Lower Super Output Areas, mean populations of 1500 and 7000 respectively). The active travel indicator and the web-based interface is developed in collaboration with Southampton City Council (Public Health).

Results: The web-based map has two key indicators available and the option to upload additional datasets for use in local teams to easily map data. Best practice guidance on data and mapping is provided on the website.

Conclusions: The mapping interface allows maps to be easily made to support JSNA and local reports. This enables more effective use of data to support decision-making and analysis in local areas.

Health Checks in Southampton: A service review of the 2017-2018 activity.

**Sabina Stanescu & Charlotte Matthews,
Southampton City Council**

Aim: To assess the situation of the NHS Health Check programme in Southampton, 2017/2018, in terms of attendance, cardiovascular risk, and implications for future referrals and follow up.

Introduction: The NHS Health Checks Service is a statutory service commissioned by Public Health for the population of Southampton. The programme aims to promote and improve the early identification and management of individual behavioural and physiological risk factors for vascular disease and the other associated conditions. It also supports individuals to manage and reduce behavioural risks and associated conditions through information and evidence-based clinical interventions. Local authorities offer a NHS Health Check to 100% of their eligible population (people aged 40-74, not currently on a vascular register) every 5 years. They must also demonstrate year-on-year improvement in uptake.

Methodology: The review included quantitative analysis of demographic and clinical data from patients who attended Health Checks, activity data from GP practice (to calculate uptake), qualitative data from surveys and conversations with primary care staff and patients who attended, as well as a literature review.

Results: In 2017/2018, 6583 patients attended a Health Check, just over 40% of those invited. They showed a large variety of demographic and clinical characteristics, particularly highlighting the relationship between deprivation and health risk. With Southampton being a city with above average deprivation, this had implication for demographic and clinical characteristics. For instance, smoking status, BMI and cardiovascular risk score significantly varied with deprivation, as calculated by residential postcode.

Conclusions: The implications of the findings of this service review will be discussed in this presentation, following discussion with local stakeholders, alongside wider findings about cardiovascular risk and behaviours in Southampton. Additionally, findings on referrals and brief interventions will be reported, alongside next steps for patients, primary care staff, and commissioners.

Session LPH3

Local Public Health Action: Prevention in Clinical Settings

Abreast of Health: Feasibility, Acceptability and Usability of an Opportunistic Digital Alcohol Brief Intervention in Women Attending Symptomatic Breast Clinics

Dutey-Magni PF, Copson ER, Priest C, Cutress RI, Anderson AS, McCann MM, Baird J, Barker M, Kaner EFS, Sinclair JMA, University of Southampton

Aim: To test the feasibility, usability and acceptability of Abreast of Health, an opportunistic digital alcohol brief intervention (eABI), targeting women attending symptomatic breast clinics and breast screening appointments.

Introduction: The World Health Organisation considers that sufficient knowledge is available to prevent 30-50% of cancer cases globally. In 2015, NHS England took a national commitment to 'significantly reduce cancers caused by behavioural, lifestyle and environmental factors'. Evidence is needed on the feasibility and acceptability of context-specific digital interventions using 'teachable moments' of cancer care services to address lifestyle determinants.

Methodology: A total of 1,347 women attending breast clinics and screening mammography at Princess Ann Hospital, Southampton co-created the development and optimisation of a web application delivering an eABI in clinic waiting areas. The study included a clinic survey (n = 877), semi-structured telephone interviews (n = 28), focus groups (n = 16), and user testing (provisional n = 426). User testing of the web application took place in clinics, using a mixture of 'think aloud' and 'teach me back' interviews as well as electronic tracking of interactions with the digital interface.

Results: Implementing the ABI in clinic waiting areas, reaching patients as they wait for their appointment, is feasible. Qualitative feedback demonstrates that women understand the personalised information provided by the web application and find it both relevant and empowering. Electronic tracking shows that 56% of women access supplementary alcohol tools and information after receiving personalised feedback on their alcohol risk levels.

Conclusions: An ABI embedded within a broader lifestyle information package about breast health and cancer prevention is both acceptable and feasible. This ABI is specifically developed for women drinking alcohol at all levels, not just increased and higher risk drinkers

The role of a “Fit 4 Surgery” School in Health Promotion

Imogen Fecher-Jones, University Hospital Southampton and University of Southampton, Mike Grocott, Denny Levett, Mark Edwards, Sandy Jack, Hannah Clarke, Stephanie Berry.

Aim: The aim of the school is to provide patients with advice and tools to enable behaviour modification and improve fitness prior to major elective surgery.

Introduction: A preoperative “Fit 4 Surgery” school was established at University Hospital Southampton in May 2016. The school consists of a two-hour classroom based session covering the benefits of exercise, nutrition, the Enhanced Recovery approach, and lifestyle modification advice regarding smoking and alcohol intake. All patients undergoing elective major colorectal, urological and upper GI resections are invited to attend.

Methodology: Data was collected between May 2016 and April 2018. All patients attending the school were asked to complete an evaluation of the session, as well as a lifestyle questionnaire post-surgery to ascertain patient reported behaviour changes. The responses to the lifestyle questionnaire were compared with those of a similar control group of patients who had not attended school.

Results: During the 2 year data collection period 848 patients were invited to the surgery school with 450 patients attending. 63% of school patients stated they intended to make a lifestyle change as a result of attending. 98% stated that they would recommend the school to a friend having surgery.

Of those who completed a lifestyle questionnaire postoperatively, 232 had attended school and 182 had not. Improvements in physical activity were higher in school attenders, 46% of patients attending school reported becoming more active compared with 25% who had not attended school. A particularly marked increase in reported activity was seen in those who were not physically active prior to school attendance. There were similar numbers of patients who smoked and drank alcohol in the school and non school attenders. The proportion of smokers who reduced tobacco consumption was similarly high in both groups (88% and 81%). Similarly reduction of alcohol intake prior to surgery was also seen to be high in both groups (71% vs 67%). With regard to diet modification, 42% of school patients made positive changes to their diet, compared with 36% of patients who did not attend school.

Conclusions: Fit 4 surgery school is found to be useful for patients and has been shown to have a role in influencing lifestyle change prior to surgery, particularly in relation to increasing exercise levels. More work is required to improve school attendance, and to focus more closely on targeted alcohol and smoking interventions.

Pragmatic mixed methods research into the implementation of brief health promotion in an urgent treatment centre for minor injuries and illness

Cindy C. Mannie, Mark Friend-Duff, St Mary’s NHS Treatment Centre

St Mary’s NHS Treatment Centre minor injuries/ illness unit was opened in December 2006. There is a high rate of adult presentations and possible opportunity for health promotion. With the number of adults presenting, missed GP opportunities and prevalent long term conditions we conducted research to identify the number of presenting clients that smoke, are overweight and obese and use of alcohol over the recommended units. Over 76% of our clients had unhealthy behaviour.

We conducted a randomized controlled trial to measure effectiveness of implementing brief health promotion intervention for the 3 high risk behaviours. Over 80% of the clients accepted the intervention and 22% were referred to the Wellbeing service.

Patient/client survey was conducted to explore their views on health promotion screening and brief intervention when they presented for an injury or illness. Over 80% of the clients accepted the intervention, less than 1% felt that they were in pain/ should be offered after treatment or it was not relevant. Over 80% would recommend the health promotion service and felt it should be part of care.

Interviews were conducted with clinical staff on their views in implementing brief health promotion intervention. Most of the nurses were not aware of the ease and feasibility of implementing brief health promotion. Nurses wanted to continue with service but requested training and support.

More research is needed on health promotion in urgent care centres. The success of the feasibility study enabled brief health promotion to be integrated into practice. We are now in the process of MECC training to ensure all health care professionals engage in brief health promotion.

Is maternal weight gain between pregnancies associated with risk of large-for-gestational age birth? Analysis of a UK population-based cohort.

Nida Ziauddeen, Paul Roderick, Nicholas Macklon, Nisreen Alwan, University of Southampton

Aim: To investigate the association between maternal weight change between consecutive pregnancies and risk of having a LGA baby.

Introduction: Maternal obesity during pregnancy increases the risk of large-for-gestational age (LGA) infant and childhood obesity

Methodology: A population-based cohort of routinely collected antenatal healthcare data between 01/01/2003 and 31/09/2017 at University Hospital Southampton, UK was utilised. No age restriction was applied and records of all women with their first two singleton live-birth pregnancies were analysed (n=15940). Regression analysis was used to examine the association between inter-pregnancy change in maternal body mass index (BMI) measured at first antenatal appointment of each pregnancy and LGA (adjusted for age, ethnicity, educational qualification, infertility treatment, smoking, employment status, infant gender, gestational diabetes in current pregnancy and inter-pregnancy interval). We also stratified by maternal BMI category and LGA outcome in first pregnancy

Results: Sixteen percent of women lost and 47.7% gained weight (≥ 1 BMI unit) between pregnancies. LGA incidence was 6.9% in first and 13.1% in second pregnancy; and was 12.4% in women who lost weight and 11.9% in women who remained weight stable between pregnancies compared to 14.5% in women who gained weight. Normal- and over-weight women who gained weight had an increased risk of LGA after having a non-LGA baby in the first pregnancy (adjusted odds ratio (aOR) 1.37, 95% CI 1.16-1.61, $p < 0.0001$ in normal weight and aOR 1.30, 95% CI 1.02-1.65, $p = 0.03$ in overweight). Overweight women who had a previous LGA birth were at lower risk of LGA in the second pregnancy if they lost ≥ 1 BMI unit (aOR 0.44, 95% CI 0.23-0.85, $p = 0.02$).

Conclusions: Losing weight after LGA birth in overweight women reduces the risk of subsequent LGA, while gaining weight increases its risk in women with no previous history of LGA. Preventing weight gain between pregnancies is an important preventive measure to achieve better maternal and offspring outcomes.

Poster Presentations

Posters located in the Mike Channon Suite from 12:30 until 13:45

Poster Reference 01

Collaborating for Healthy Workplaces in Southampton

Marsh, Rachael, Southampton City Council

Aim: For Southampton City Council to commission a provider to develop a new offer for Southampton's employers for 2018 that supports them to improve health in the workplace setting.

Introduction: The World Health Organisation considers workplace health programmes a best-buy option for prevention and control of non-communicable diseases. Engaging employers to improve the health of the workforce could have additional positive impacts on sickness absence rates and productivity.

Methodology: A rapid Health Needs Assessment and options appraisal of Workplace Health Offers were developed with and for the Economic Development team and was informed by a literature review, other local authority models, stakeholder engagement, local case studies, workplace health data and the business landscape mapping from Southampton's Economic Assessment.

Results: In 2016 there were 6,505 businesses in Southampton, the majority of which were micro (88.6%) or small (9.3%). The average sickness absence rate was higher than the England average (1.6% of working days lost). There was a relatively low employment gap between individuals with chronic disease compared to those without, however there was a high employment gap for people who had a learning disability or were in contact with mental health services.

It was agreed employers would be supported to complete the Workplace Health Needs Assessment, a survey developed by Public Health England, with a focus on Small and Medium-sized Enterprises. Economic Development agreed to match PH funding, each providing £12,000 to deliver a one-year contract. Additional funding is being applied for from Southampton Connect to create a joint health and economic post.

Conclusions: Using data and making recommendations relevant to Economic Development's needs is more likely to result in successful engagement, bringing about greater funding and a better targeted service.

Poster Reference 02

A local example of a city-wide partnership to tackle stigma around mental health: The Southampton Anti-Stigma Group

Stanescu, Sabina & McCullough, Amy, Southampton City Council

Introduction: It is estimated that 1 in 4 people in the UK will experience a mental health problem at some point in their lives. Of the people with mental health problems, 90% report having been affected by stigma, both at work and in their personal lives.

Southampton City Council signed the Time to Change pledge in 2017. This involves the promise of working with relevant partners and stakeholders to encourage open conversations and to tackle stigma surrounding mental health. The group aims to: provide strategic leadership in the development, implementation and sustainability of health and wellbeing programs and strategies; to provide advice, support and assistance in the implementation of the program; to assist in the promotion of a culture of health and wellbeing in Southampton; and to share learning, plans, and campaigns related to mental wellbeing and anti-stigma work between partners. Further to this, we submitting a bid to open a Time to Change Hub to take our anti stigma work to the next level; for instance, by encouraging employers in Southampton to sign the Time to Change pledge, by embedding positive attitudes and behaviours towards mental health in key strategies and plans, and ensuring those with lived experience are at the forefront of our mental health anti-stigma movement.

This presentation will address the setting up of a city-wide anti-stigma partnership, including representatives from Time to Change, Mind, the 2 Universities, the NHS, the City Council, the main charities, Police, and many others. The aims of the group, as well as the benefits of such a group will also be discussed. The actions, such as organising events around World Mental Health Day, and future steps, such as planning for the Time to Talk Day will be presented, in an attempt to create a stigma-free Southampton.

Poster Reference 03

How does the Wessex Public Health Practitioner Registration Support Programme help practitioners with their professional development?

Newton, J. Jones, L. Sykes, S., & Rahman, E.

Aim: Its objective is to enable practitioners to complete a retrospective portfolio demonstrating their knowledge, understanding and application of all UKPHR standards. However, a key element of this programme is its focus on professional development.

Introduction: The Wessex Public Health Practitioner Registration Support Programme (WPHPRSP) has been continuously developing and improving since the initial pilot in 2010.

Methodology: A personalised professional development framework is put in place for each practitioner. Following a rigorous recruitment phase, practitioners complete a detailed self-assessment against the UKPHR standards. One-to-one discussions with the provider are then used to identify opportunities for self-assessment and gaps in knowledge, understanding or application of the standards. Practitioners join a portfolio development group (PDG) and attend masterclasses designed to reflect identified learning needs.

Masterclasses use the most up to date evidence, policy documents and data. They use a variety of learning methods, including presentations, group work and case studies and offer an opportunity for practical application of learning.

Portfolio development groups (PDGs):

- Guide commentary writing, evidence building and UKPHR processes
- Use principles of peer and reflective learning
- Encourage consideration of application of standards to practice
- Provide individual coaching and regular progress reviews

Continuous evaluation is a key feature of the programme. Feedback forms following each PDG and masterclass are collated and analysed, ensuring that emerging themes inform the design of future PDGs, masterclasses and other learning support.

Results: From its inception in 2010 over 200 practitioners have participated in the programme. The programme has consistently received excellent evaluations from both practitioners and managers. Practitioners have

reported increased confidence and an improvement in their practice (quotes provided in poster).

Conclusions: Further in depth research is required to examine the impact of the Support Programme on practitioners' practice and professional development. This would be enhanced by examining the organisational impact of the Programme from an employer's perspective.

Poster Reference 04

How to evaluate Making Every Contact Count: a learning programme.

Jane Wills, Susie Sykes, Viv Speller

Aim: The aim of this project was to provide a learning programme for those who are planning, commissioning, implementing and/or evaluating MECC. The objectives are to:

- Clarify the assumptions that underpin MECC and its purported pathways to impact
- Critically review the evidence base relating to MECC
- Enable practitioners to apply a theory of change to MECC and through using a logic model, provide a robust rationale for MECC

Introduction: Making Every Contact Count (MECC) is a national initiative that is now well established. Establishing the business case for its implementation in the absence of an evidence base of effectiveness and cost effectiveness is a challenge.

Methodology: A learning programme was developed and offered across London and the South East in 2018.

Results: The project was very well evaluated and produced two outputs: a scoping review and a handbook for planning and evaluating MECC

Conclusions: There is a need to support practitioners and the learning programme could be rolled out.

Poster Reference 05

Socioeconomic inequalities in risk of small for gestational age birth in primiparous and multiparous women: analysis of a population-based cohort in the south of England

Sam Wilding; Nida Ziauddeen; Paul Roderick; Nisreen Alwan, University of Southampton

Aim: We aimed to examine socioeconomic inequalities in SGA risk, and explore potential mediators and effect modification by parity.

Introduction: Small for gestational age (SGA) babies have increased risk of later morbidity, with greater incidence among those born to socioeconomically disadvantaged mothers. Birth of the first child is a life-changing event that affects biology, behaviour, and social circumstances, therefore inequality may vary in further births.

Methodology: We used the first antenatal care record for each mother aged 18 years or older presenting before 24 weeks gestation with a live singleton birth at University Hospital Southampton, UK (2004–16). Logistic regression models estimated SGA risk by maternal educational qualification, employment, partner's employment status, and lone motherhood, recorded at the first antenatal appointment, adjusting for maternal age, ethnicity, blood pressure and mediators (maternal body-mass index and smoking status). We tested for effect modification by parity, and then stratified by it if there was evidence of interaction.

Results: There were 44, 168 births (28, 470 primiparous and 15, 698 multiparous women). The association with SGA was modified by parity status for maternal education status and employment (interaction p-values 0.03 and 0.02 respectively). In fully-adjusted stratified models, women with no university degree had higher SGA risk than those with a degree, with the association being stronger in multiparous mothers (adjusted odds ratio (aOR) primiparous 1.16, 99% CI 1.04–1.30; multiparous 1.35, 1.08–1.68). Women in unemployment had higher SGA risk than those in employment (aOR primiparous 1.32, 1.17–1.50; multiparous 1.22, 1.03–1.43). Smoking mediated the association between lone motherhood and SGA (1.16, 1.00–1.34).

Conclusions: Inequalities in SGA risk using all socioeconomic indicators were evident, with a stronger association with maternal educational attainment in multiparous women. Maternal smoking is a possible explanation for the association for lone motherhood. SGA preventive interventions should target the socially disadvantaged including postpartum smoking cessation.

Poster Reference 06

Illness Perceptions in Multimorbidity: A Systematic Review

Stanescu, Sabina (PhD Candidate, University of Southampton); Holmes, Michelle (Lecturer, AECC University College)

Aim: To conduct a systematic review exploring illness perceptions in people with multimorbidity

Introduction: Multimorbidity refers to the co-existence of a chronic condition and at least one other chronic or acute condition, biopsychosocial factor, or somatic risk factor. Multimorbidity is becoming a norm in western populations. Multimorbidity impacts quality of life, self-management, and increases disability. As self-management is crucial to obtaining positive outcomes in multimorbidity, uncovering the cognitions people have about their multimorbidity is essential to understanding and helping the management of their conditions.

Methodology: A database search was carried out in MEDLINE, PsycINFO, EMBASE, CINAHL, Cochrane Library, and Web of Science, using key terms expressing multimorbidity and illness perceptions. Included papers were primary studies, in English, with adults as the primary populations. Critical interpretative synthesis was used to translate the findings of included papers in order to find common themes.

Results: Thirty-eight eligible studies were identified including a variety of conditions. Six synthetic constructs were developed within the synthesis exploring illness perceptions with multimorbidity. These are: beliefs about cause, adjustment to multimorbidity, prioritisation, management of multimorbidity, coping, and impact of multimorbidity.

Conclusions: Studies reported changes in illness perceptions with additional conditions, as well as emotional, treatment and symptom burden. Furthermore, an overall "multimorbidity illness perception" and a shift from traditional single-illness perceptions was found. This shows interesting further lines of inquiry such as change in cognitions with each additional chronic condition; however, more research is needed before a review can draw clear conclusions about illness perceptions in multimorbidity.

Poster Reference 07

A qualitative exploration into the benefits of an online mindfulness meditation intervention for people with asthma, recruited in primary care

Sabina Stanescu; Ben Ainsworth; Sarah Kirby, University of Southampton

Aim: We aimed to understand the experience and perceptions of people with asthma who used 'Headspace', an online mindfulness intervention, for six weeks.

Introduction: Asthma is a common non-communicable disease, characterized by inflammation in the airways. It is estimated that 235 million people are living with asthma worldwide. Previous studies found a complex and often negative experience of living with asthma, including activity limitation, effects on social life and relationships, problems with finding and keeping employment, days lost of employment and lack in productivity and a significant decrease in quality of life.

Methodology: Twenty-seven participants (purposively selected from 160 participants in the trial) completed semi-structured interviews 6 weeks after entering the trial. Interviews were analysed with inductive thematic analysis. They addressed the experience of living with asthma, and the relevance and usefulness of non-pharmacological interventions for people with asthma, and costs/benefits of digital interventions for asthma.

Results: Participants all agreed that quality of life is an important outcome for interventions. They described quality of life mainly in terms of activity limitation, and anxiety about specific activities triggering asthma attacks. Participants valued non-pharmacological interventions but noted that interventions should be asthma-specific (rather than general mindfulness or anxiety-reducing). Finally, participants appreciated the newly-acquired awareness of their breathing as well as the accessible nature of the digital intervention

Conclusions: Our findings have important implications for the development of future digital interventions for people with asthma that target quality of life, highlighting the need for disease-specific components to ensure interventions are engaging and acceptable.

Poster Reference 08

Celebrating 5 years of the Public Health Community Fellowship in Wessex

Sarah Webb, Wessex Public Health Registrar

Aim: 1) To understand what motivates foundation trainees to apply for the PHCF; 2) To outline the variety of successful projects undertaken by the fellowship over the past 5 years; 3) To understand how the PHCF has contributed to the careers of past fellows; 4) To present a model of what a successful fellowship programme for GP trainees might look like

Introduction: The Public Health Community Fellowship (PHCF) is now in its 5th year and has been growing in scope and success. The scheme brings together Public Health Specialty Registrars, Foundation year 2 doctors, GP trainees and local community organisations to work in collaboration to produce a quality improvement project which benefits the local population. The fellowship offers doctors a unique opportunity to develop skills and gain experiences in public health practice, leadership, project management and community engagement whilst giving a valuable resource to a community organisation that may not otherwise benefit from such work.

Methodology: Multi-method approach. Report of online surveys and interviews with past and present fellows, case examples of where the PHCF has made a significant contribution to an individual's career or has been of particular benefit to the community organisation, examples of engaging trainees with meaningful and current public health work in local authorities or clinical settings to improve patient care and population health.

Results: Work still ongoing- expect to be able to answer all above aims comprehensively

Conclusions: I hope to be able to produce a report detailing the successes and opportunities for development of the PHCF. I intend to share this within public health and foundation programme organisers and with past and present fellows. This document could be used to explain and promote the benefits of the fellowship. I hope to be able to develop a GP trainee "arm" to the fellowship working in close collaboration with Dorset County council in the years to come. I intend that this evaluation will support such a project.

Poster Reference 09

Health Champion Development Programme Michael Holden and Deborah Evans

Aim: The programme aimed to support up to 160 pharmacy team members to attain this Award across Wessex.

Introduction: Every Healthy Living Pharmacy (HLP) requires a qualified Health Champion who has attained the Royal Society for Public Health (RSPH) Level 2 Award in Understanding Health Improvement. The role of Health Champion is to proactively engage with the public making every contact count through brief interventions on healthy lifestyles. The NHS and HEE in Wessex recognise the difference HLPs can make to the health and wellbeing of communities and commissioned Pharmacy Complete to deliver a part-funded Health Champion development programme with pharmacies funding the RSPH assessment.

Methodology: Seven half day events were run across the region. Pharmacy Complete managed the process from recruitment to delivery.

- 1) Flyer communicated via local network channels
- 2) Recruitment via Eventbrite
- 3) Candidates sent an engaging distance-learning workbook for completion prior to attending workshop
- 4) Candidates taken through community pharmacy's role in supporting the public's health, the purpose of HLP, a revision session, an invigilated assessment and tips on implementing their knowledge
- 5) Pharmacy Complete, as the RSPH accredited training centre, managed the assessment and quality assurance processes
- 6) RSPH certificates and a Health Champion badge sent to successful Health Champions
- 7) Model allowed for in-pharmacy assessment where a candidate could not attend an event.

Results: A total of 80 enrolled:

- 77 successfully qualified
- 2 were already qualified
- 1 assessment sent to a pharmacy but not returned
- 62 learners took their assessments at one of the half-day events
- 15 learners took their assessment in-pharmacy
- event evaluation gave a mean overall satisfaction score of 4.9 out of 5

Conclusions:

- Half-day workshops with revision and assessment received positive
- Feedback
- Pharmacy's financial contribution to the award reduced DNAs
- Flexibility to offer in-pharmacy assessment invigilation was beneficial

Poster Reference 10

A systematic review and meta-analysis of school-based educational interventions to improve BMI and body composition in adolescents (aged 10 to 19)

C.M. Jacob and P. L. Langdon, H. M. Inskip, T. Morris, C. Parsons, M. Hanson K. Woods-Townsend and J. Baird, University of Southampton

Aim: To conduct a systematic review of the effectiveness of school-based educational interventions in reducing body mass index (BMI) in adolescents (aged 10 to 19).

Introduction: Adolescence is a transitional period marked by critical changes in behaviours and body composition that place adolescents at risk of becoming overweight and obese. Health education in school can improve health behaviours by encouraging critical thinking about these issues. To develop sustainable interventions to prevent obesity, it is necessary to understand which intervention elements are effective.

Methodology: In October 2016, a search of MEDLINE, PsycINFO, CINAHL, and ERIC was conducted. Two independent researchers assessed titles and abstracts. Review inclusion criteria were: a) health education intervention studies conducted in schools in high income countries with a control group b) participants aged 10-19 years, c) studies reporting BMI/ BMI Z-score at baseline and follow-up.

Results: Searches identified 29,174 publications, of which 312 studies full texts were selected as potentially meeting the inclusion criteria. Finally, 25 studies met the inclusion criteria. Most (n=18) were delivered by teachers in classroom settings, followed by researchers, schools nurses and student representatives. Additional methods used in the intervention included out-of-class components, physical activity sessions, digital interventions and parent involvement. Mediating factors associated with intervention effectiveness included providing training for teachers delivering the intervention and involvement of parents or families. A meta-analysis was conducted on data from 13 studies using a random effects model. The overall pooled estimate of change in BMI Z-score in the intervention group, compared with the control group was statistically significant [-0.10, 95% CI (-0.14, -0.05); p<0.001], but with a high level of heterogeneity (I² = 65.1%).

Conclusions: This systematic review demonstrates that it is possible to achieve a healthy BMI and prevent obesity in adolescents using school-based educational interventions.

Poster Reference 11

Professional Career of Physicians in General Medical Practice

Dr Boryana Parashkevova-Simeonova, Trakia University, Stara Zagora, Bulgaria

Poster presentation only

Poster Reference 12

Making a Portsmouth Playpark Smoke Free

Tomos Jones, FY2 Doctor, PHP; Amanda McKenzie, Public Health Development Manager, PHP; Claire Currie, Public Health Consultant, PHP

Aim: The objective of this project was to implement a voluntary code of not smoking tobacco or using e-cigarettes in Landport playpark in Portsmouth, with an aim to make smoking less visible to children and reduce uptake of smoking later in life

Introduction: A child's immediate environment is important in portraying what is considered normal behaviour. Prohibiting smoking in playparks makes smoking less visible to children, with the intention of de-normalising it as a socially acceptable behaviour.

Methodology: An initial evaluation of smoking levels was conducted through counting smokers directly as well as counting smoking related litter. Engagement with the public was then conducted through face to face surveys with users of the playpark, as well as those using the adventure playground next door. Following the public engagement phase, a sign was designed by local school children to display in the park, reminding people not to smoke.

Results: Nearly 29% of residents who were surveyed said they saw people smoking in the playpark either very often or often. Over 94% of residents surveyed supported Landport playpark being made smoke free and over 86% supported extending the policy to include electronic cigarettes. Survey findings were similar for respondents who smoked as those who didn't. The results of this public engagement were very persuasive to elected members of Portsmouth City Council to support the proposal

Conclusions: Public support to make Landport playpark smoke free was strong. Based on this, we implemented a voluntary code of not smoking in the playpark, by displaying no smoking signage designed by local schoolchildren. As far as we are aware, this is

the first playpark in Wessex to implement this type of policy. This policy extends to e-cigarettes also. Based on the overall outcome of this policy, we will assess whether extending the policy to other playparks in Portsmouth would be possible.

Poster Reference 13

ICON Babies Cry, You Can Cope: Pilot of abusive head trauma prevention campaign in general practice

Kim Jones, Jenny Rattray, West Hampshire CCG and Suzanne Smith

Aim: The purpose of the pilot was to design and evaluate use of a bespoke consultation template that includes all of the above factors and incorporates the ICON message about coping with infant crying

Introduction: The correlation between the peak incidence of abusive head trauma (AHT) and the peak of normal infant crying at 6-8 weeks is well documented. ICON is a growing AHT prevention programme designed to help parents cope with infant crying. GPs routinely see parents of infants at 6-8 weeks coinciding with the peak of normal infant crying. The format of the 6-8 week postnatal check varies throughout the UK. NICE guidance recommends the appointment should offer parents opportunity to discuss physical and mental health, emotional and social well-being, domestic abuse and child abuse risk factors.

Methodology: 12 GPs covering 3 practices participated in the pilot over a three-month period. All participating clinicians were trained to use the consultation template and discuss the ICON coping with crying message. Practices were given ICON leaflets and posters. Clinicians were asked to give feedback using a written questionnaire and to encourage parents to provide feedback via a questionnaire to complete post appointment.

Results: Prior to using the template only 1 out of 12 GPs reported they would have discussed coping with crying routinely. 92% of GPs in the pilot felt that using the consultation template had changed their practice. 100% of the GPs found that the ICON message and training had helped them to discuss coping with crying. 70% of parents said they would change their behaviour in response to their baby's crying after hearing the ICON message from their GP. 100% felt confident to share the ICON message with other caregivers.

Conclusions: Use of a standardised postnatal template coupled with training on discussing coping with crying led to a positive change in both clinician practice and

parenting behaviour. The ICON leaflet and poster were extremely well received by both groups. This builds on robust findings in the US which inspired this work. As a result of the pilot, roll out is planned across all practices in the region.

Poster Reference 14

Using Plan-Do-Study-Act cycles to increase statin prescription for primary and secondary CVD prevention in Hampshire and Isle of Wight

Robert Pears, Consultant in Public Health (Hampshire County Council), Jodi Brown, Cardiovascular Disease Prevention Programme Manager (PHE SE), Mohit Sharma, Consultant Healthcare Public Health (PHE SE)

Aim: To increase statin prescriptions for the primary and secondary prevention of CVD in those with a high QRISK or with high total cholesterol.

Introduction: One in four adults have an increased risk of CVD equating to a QRISK2>20%. It is estimated only 35% of QRISK2>20% and only 13.8% of QRISK2>10% take statins as recommended by NICE (Finnikin et al., 2017). Public Health England South East (PHE SE) is supporting Hampshire and Isle of Wight Sustainability and Transformation Partnership (HLOW STP) to address low statin prescription. Most PHE CVD prevention is currently targeting hypertension or AF.

Methodology: Methods: PHE convened a local CVD prevention steering group of key stakeholders to drive the programme, including Local Authority, NHS, RightCare, British Heart Foundation and NICE. HLOW has strong local leadership and the flagship Wessex Familial Hypercholesterolaemia service. The priority was to address the lack of current baseline data for high cholesterol. The first Plan-Do-Study-Act (PDSA) cycle is to calculate the percentage of 40-74yr olds with a QRISK2>20% without a statin prescription. Future PDSA cycles aim to implement an initial target of 50% statin prescription in QRISK2>20%; increase statin prescription in patients with existing CVD; and increase referrals into the Wessex FH service. Pilots in two GP practice clusters will identify those at the highest risk of CVD not currently on statins. Practice workload will be minimised by using prescribing pharmacists, remote prescribing and an adapted Bradford Healthy Hearts approach. A PDSA approach will enable innovations to be tested and rapid service improvement. Local leadership has been developed and this is now a STP priority.

Results: Work would not have started without PHE. It is early days but there is good momentum. It is a challenge to resource the prescribing pharmacists and

get GPs engaged. However enthusiastic local leadership increase chances of success.

Conclusions: The PHE SE CVD data packs successfully demonstrate both the importance of well-presented compelling data and local socialisation to influence prioritisation and galvanise action in public health.

Poster Reference 15

Cute, cuddly and Crypto - an investigation into a large Cryptosporidium outbreak on a working farm in Sussex in Spring 2018

Helen Kermode (PHE), Kevin Carroll (PHE), Tracey Wood (PHE), Alison Mason (PHE), Lisa Harvey-Vince (PHE), James Sedgwick (PHE), Amanda Wright (PHE), Maria Saavedra-Campos (PHE), Rachel Chalmers (Public Health Wales)

Introduction: Cryptosporidium, a zoonotic parasite, is commonly associated with water exposure but can also be spread from animals via the faecal oral route. An outbreak linked to a working farm open to the public for lambing was reported to the Surrey and Sussex Health Protection Team. Many of those affected were children on school/nursery outings. Seven cases were hospitalised during the outbreak.

Methodology: A multi-agency outbreak control team was convened and a farm visit was undertaken by PHE, HSE and Environmental Health. Following an outbreak control meeting HSE served a prohibition notice and the farm closed. Farm animal samples were tested and all local laboratory confirmed samples were sent to the Cryptosporidium Reference Unit to be tested for the outbreak strain. An online questionnaire was developed and letters containing a link to this were sent to parents at 16 schools and nurseries that visited the farm. Warn and inform information was sent to all schools in the region. Posters advising avoidance of swimming were displayed in local pools. Cases were advised about exclusion and hygiene.

Results: 119 laboratory confirmed and 82 probable cases were reported as having a known link to the farm. *C. parvum* was isolated from 95 samples, with 38 isolates possessing the outbreak strain (gp60 genotype IIaA15G2R2). The farm was the only exposure for 30 (79%), of these cases.

Conclusions: Better risk assessment awareness is required for schools visiting working farms and more awareness is needed on working farms regarding their industry code of practice and their responsibilities when opening to the public. Successful implementation of control measures and effective multi-agency working

contributed to the outbreak management. During the same period there were three similar, smaller, outbreaks also in the South East. A debrief of all agencies involved was held and an action plan was drawn up.

Poster Reference 16

Accessing the Inaccessible: An innovative approach to Hepatitis C testing and treatment in the community

Louise Hansford, Midlands Partnership NHS Foundation Trust

Aim: To pilot an innovative integrated public health initiative in Andover to evaluate effectiveness of non-hospital based HCV treatment service models. The project includes actively targeting those at risk of HCV and supporting and encouraging those already with a diagnosis into specialist treatment.

Introduction: Background: It is estimated that 160,000 people are chronically infected with Hepatitis C (HCV) in England. The majority of these people come from poor and disadvantaged backgrounds and most often they inject drugs. Injecting drug use continues to be the biggest risk factor for HCV infection. However, only half of drug users with HCV are aware of their infection. Inclusion is currently the commissioned provider for substance misuse services for Hampshire. A key element of service delivery to support service users is to routinely offer Hepatitis C testing. However a key barrier for some service users to access treatment is travelling to access specialist care at hospitals

Methodology: The National Drug Treatment Monitoring System (NDTMS) was used to generate reports on service users with injecting drug use, Blood Bourne Virus status and risk. Service users were identified and invited to monthly outreach hepatology clinics. BBV Champions engaged with service users, providing peer support and acted as a liaison for the hepatology unit. Patients that needed hospital appointments were taken and supported.

Results: Prior to the start of the project there were 28 individuals with a diagnosis of HCV. However, through robust and dedicated testing a further 20 patients were identified. 38 service users accessed outreach clinics. 14 service users are undergoing treatment with another 7 due to start soon

Conclusions: Peer to peer education and support combined with specialist outreach clinics has been an effective community-based model. This integrated method increased engagement and delivered a higher proportion of service users with Hepatitis C engaging in treatment to recovery and HCV cure

Poster Reference 17

An assessment of the barriers to seeking support amongst men affected by cancer

Public Health Community Fellowship: Jack Tooze, Alice James, Adam Daneshmend, Benjamin Walters, Aamna Ali, Emilia Holland

Aim: The identification of barriers encountered by men affected by cancer in seeking help from cancer support charities and services.

Introduction: Wessex Cancer Trust is a charity which delivers community based services for those affected by cancer. Despite a range of support services being provided – including support groups, individual counselling, activities, and transport – the services are significantly under-utilised by men. This qualitative study aims to assess the barriers experienced by men affected by cancer in seeking support from cancer support charities/services.

Methodology: Qualitative data was obtained through a questionnaire, focus group and a series of individual interviews with patients, health care professionals directly involved in patient care, relatives and carers affected by cancer.

Poster Reference 18

Examining the association between maternal interpregnancy weight change and preterm birth in an English cohort.

Grace Grove, Nida Ziauddeen, Scott Harris and Nisreen Alwan, University of Southampton

Background: Preterm birth (PB) (<37 weeks gestation) is linked to maternal weight. However, the impact of maternal interpregnancy weight change on PB is unclear.

Aim: To examine the association between maternal interpregnancy weight change and PB, in a population-based cohort.

Methods: Routinely collected maternity data from 2003 to 2018 from one maternity centre covering Southampton and the surrounding areas was used to produce two cohorts. The primary cohort (n=14,961 women) consisted of first and second live-birth pregnancies. The secondary cohort (n=5,108 women) consisted of second and third live-birth pregnancies. Logistic regression models were used to look for associations between interpregnancy weight change

and PB whilst adjusting for co-variables. Subgroup analyses were carried out including splitting the analysis by starting body mass index (BMI) group and analysing spontaneous and indicated PB separately.

Results: Weight loss (>3 kg/m²) between first and second pregnancy was associated with increased odds of PB (adjusted OR:3.50, 95% CI:1.78-6.88), and spontaneous PB (adjusted OR:3.34, 95% CI:1.60-6.98), in women who were normal weight (BMI 18.5-25 kg/m²) at first pregnancy. Gaining >3 kg/m² in normal weight women increased odds of indicated PB (unadjusted OR:2.30, 95% CI:1.15-4.58), although this was attenuated in an adjusted model (OR:1.84, 95% CI:0.86-3.95).

Losing >3 kg/m² between second and third pregnancy was also associated with increased odds of PB (adjusted OR:2.01, 95% CI:1.05-3.87), when analysing the secondary cohort as a whole.

Conclusions: Interpregnancy weight loss in women who were normal weight in their first pregnancy was associated with increased risk of PB. No such association was found when the analysis was restricted to women who were overweight or obese in their previous pregnancy. Interpregnancy weight gain was not associated with PB. Current national guidelines encouraging obese women to lose weight before a pregnancy should be followed, in order to reduce other maternal and offspring adverse outcomes of maternal obesity.

Poster Reference 19

On Crying 'Nanny State'

Coggon, John, University of Bristol Law School; Vass, Caroline, Public Health Specialty Registrar; Fortescue-Webb, Duncan, Public Health Specialty Registrar

Aim: We carefully unpick charges of nanny statism and their role in public health discussion. We then identify other rhetorical devices that function in similar ways, and develop ways to resist them. By considering these case studies we hope to support advocates of public health to be more persuasive.

Introduction: Public health advocates must persuade others of the need to protect and promote the public's health. Metaphors such as 'nanny state' function as political slurs that hinder discussion. We consider here the diverse ways such linguistic traps are deployed, the effects they have, the motivations behind them, and ways we can resist.

Methodology: The conceptual territory of the 'nanny

state' was traversed and mapped. A non-systematic review of research, government publications, tabloid headlines, and social media was then undertaken to collate other metaphors, thought-terminating clichés, sleights of hand, and smokescreens that are frequently used to shut down, re-frame, or distract from meaningful public health discussion. We assessed commonalities and differences between these rhetorical devices, and developed suggestions for how to resist them.

Conclusions: Enlightened policies to protect and promote the public's health require sincere discussion of empirical evidence and ethical priorities. By understanding the mechanics of persuasive and resilient advocacy, we improve our ability to focus public discussion on those issues that matter most.

Poster Reference 20

Funding High Quality Research for Frontline Public Health Professionals

Helen Walters and Hannah Dorling, University of Southampton

Aim: NETSCC develops research briefs to prompt researchers to apply for funding. A new approach is being tested on some key health challenges. This presentation would aim to explore the new method.

Introduction: The National Institute for Health Research (NIHR) Evaluation, Trials and Studies Coordinating Centre (NETSCC) is the UK's largest funder of public health research. NETSCC commissions research to enable local public health action and is exploring new methods of identifying important areas of research.

Methodology: The new approach involves a range of stakeholders, including frontline public health professionals, in co-producing the commissioning briefs. Topics are identified and prioritised systematically based on the importance of research area. The result of this process is the provision of high-quality evidence for frontline public health professionals.

For a brief on tobacco, in-house expertise is used to scope the area. An initial draft is sent to evidence-users such as Directors of Public Health, local government councillors, Action on Smoking and Health (ASH) and academics. The brief was taken to two national committees – PHE's Tobacco Control Plan Implementation Board and the CRUK Tobacco Advisory Board. At each stage the brief is redrafted in response to comments.

Results: Frontline public health professionals welcomed the opportunity to comment on the draft brief. Their comments influenced the content of the

final brief and its relevance to public health practice. Reviewers gave useful responses and the committees gave agenda time for discussion. This new approach could be used to commission future research.

Conclusions: Involving frontline public health professionals in the development of research briefs is practical, welcomed by the professionals and improves the quality and relevance of NETSCC's calls for research. NETSCC is developing a flexible and responsive process to address identified research needs for local public health action in rapidly changing field. Its success will be measured by the number of applications and how many are fundable.

Poster Reference 21

Training PGCE students in Emotional First Aid

Miranda Dodd, University of Southampton

Aim: The research project (focusing on the 2015-16 cohort) aimed to understand the impact of undertaking this training during the PGCE year on the trainee teachers and the children they were working with.

Introduction: The University of Southampton has a long-standing tradition of focusing on health and wellbeing with PGCE students training to be teachers. In 2015-16 and 2016-17 this was supplemented with all of the Primary PGCE cohort receiving Emotional First Aid (EFA) training. This training sets out to prepare teachers to create a healthy emotional environment and support the children and young people they are working with to deal with emotional distress

Methodology: The EFA course involved 6 afternoon sessions. The research used the existing pre and post course questionnaires (n=51), comments on the 'Preparedness to teach survey' completed by trainees twice before the end of the course and two focus group interviews with trainee teachers (n=12) at the end of the PGCE year to evaluate the effect of the course on the teachers' development and preparation for their work in schools.

Results: The findings demonstrated the positive impact on the trainee teachers, giving them time to consider critical issues, improve their knowledge of this key area and develop their teacher persona. The findings indicate that even at this early stage of their careers there was a positive impact on some of their interactions with children.

Conclusions: Given the positive impact noted and the increased demands on mental health services for children, consideration needs to be given as to how this understanding and knowledge can be built into

every teacher's training and ongoing professional development so that they can contribute more fully to improving the health and wellbeing of children and young people.

Poster Reference 22

Early LifeLab: Feasibility study on the use of wearable fitness trackers in children aged 8-11

Davey, Hannah¹, Barker, Mary^{2,3}, Christodoulou, Andri¹, Griffiths, Janice^{1,4}, Grace, Marcus¹, Godfrey, Keith M^{2,3,5}, Hanson, Mark^{2,5}, Inskip, Hazel^{2,3}, Leat, Holly⁶ and Woods-Townsend, Kathryn^{1,2}

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Aim: To evaluate the feasibility of carrying out research using commercially available, wearable fitness trackers in a group of 8-11 year old school pupils.

Introduction: A recent study found that only 3% of Year 5 children were achieving the recommended target of 60 minutes physical activity a day. Early LifeLab (ELL) is an educational intervention for primary schools. It aims to engage children in the science behind health messages, thus improving their health literacy and hence their health behaviours.

Methodology: 30 female participants were recruited as part of the St. Anne's Catholic School primary liaison programme. Parents and pupils completed questionnaires before the study and at the end of the 4-week study period. These explored the attitudes and beliefs of participants towards health and evaluated their experiences of using fitness trackers. Participants were provided with a commercial, affordable, wearable fitness tracker (a Fitbit) for a 4-week period. Pupils were asked to complete their own record of physical activity. Pupils completed an ELL module of work during the study period. Teaching was led by a secondary science teacher as part of the liaison programme. The module supported pupils to understand the science behind heart health.

Results: According to the Fitbit data, the average number of daily active minutes was 29. No pupil met the 60 active minutes target. In contrast, the average number of self-reported minutes of activity per day was 67, with many entries being highly improbable. Pupils enjoyed wearing the trackers, and qualitative questionnaire data suggests that they responded well to the module and trackers in combination.

Conclusions: This feasibility study further highlights the probable overestimation of physical activity levels in children. Children themselves should be at the heart of our conversations to tackle physical inactivity, and wearable fitness trackers have the potential to allow children to take charge of their own health behaviours.

Poster Reference 23

Co-design of an oral health promotion animation with families in Portsmouth

Currie, C. Scott, D. Stones, T. Wanyoni, K.

Aim: To co-design an animation with parents and young communicating messages in the 'Delivering Better Oral Health' toolkit. To evaluate difference in knowledge and behaviours before and after exposure to the animation in a Family Hub using survey measures.

Introduction: Family Hubs (formerly children's centres) are community settings attended by more disadvantaged families. Little is known about how to frame oral health messages to engage children and whether digital media in this setting is useful in promoting good oral health. Having won funding from the 2018 Public Health England South East Dragon's Den competition, Portsmouth City Council and the Dental Academy, University of Portsmouth explored this area with support for delivery of the intervention and evaluation measures from the NIHR Clinical Research Network.

Methodology: Portsmouth City Council design team created three storyboard concepts which were tested using experience based co-design with families at Milton Family Hub. Co-design output informed creation of the animation with a second round of co-design offering further refinement. For the intervention phase the animation was played regularly in Somerstown Family Hub for two weeks. Families reported baseline oral health knowledge and behaviour through a survey. The 'after' survey will be undertaken in December and compared with the baseline measures.

Conclusions: Results from the before-after survey measures will be presented alongside consideration of practicalities of this type of intervention.

Poster Reference 24

There and not back again: a Hospital Homecoming Tale

Jemma Shanley, Clare Shere, Hannah Parker, Jack Bradley, Clay Robinson, Noah Evans-Harding, Natalia Sterling, Public Health Community Fellowship

Aim: Evaluate Communicare's Hospital Homecoming scheme, a service where volunteers offer community for five days following hospital discharge. Provide suggestions for improvement of the service.

Introduction: The UK's population is ageing. The last 10 years has seen a 38% rise in hospital admissions for over 75s, and an 86% rise in readmissions within this population. This puts considerable burden on NHS services, prompting implementation of strategies to prevent hospital readmission. A similar Royal Voluntary Service (RVS) 'Home from Hospital' scheme found improvement in wellbeing and a potential reduction in readmissions.

Method: Semi-structured interviews of service users (n=2), volunteers (n=3), NHS healthcare professionals (n=8) and ED discharge facilitators (n=6). Thematic analysis was undertaken.

Results: Several themes ran through interviews of all groups. The flexibility and ability to dedicate time was highly valued, and empowerment to help service users regain their confidence and independence was highlighted. There was a wish to recreate a sense of neighbourly community spirit which was felt to have been lost in recent years. Social isolation and loneliness was identified as a potential driver of hospital readmission by volunteers and NHS staff, with a stark difference in companionship noted between the hospital and patients' community environments. The scheme was recognised as spanning a gap between hospital and home, especially in those not requiring a formal social care package. Despite enthusiasm, uptake of the service has been poor, and we identified potential barriers. NHS staff raised concerns regarding the safety of sending a volunteer into a vulnerable patient's home, with associated misgivings in endorsing the project.

Conclusions: Despite clear benefits of the scheme, reluctance to refer patients from NHS staff may limit effectiveness. Our recommendations include appointing an in-hospital champion to promote the scheme and provide reassurances, and targeting long-stay hospital areas.

Poster Reference 25

Lifestyle Coaching for Mental Health Difficulties: A Scoping Review

Lauren Bishop, Bournemouth University

Aim: To understand the nature and scope of existing research into the application of coaching to mental health difficulties.

Introduction: UK mental health strategy calls for innovative approaches to empower people to manage their own wellbeing. Lifestyle coaching is such an approach that is being used increasingly in other areas of health improvement. There are mixed opinions presented in the literature about whether coaching is an appropriate form of mental health support, yet such claims have not been supported with evidence.

Methodology: Scoping review

Results: A small but rapidly growing body of evidence highlights an array of applications of coaching in the realm of mental health. These include stress management in students, general life coaching for long-standing mental health problems and managing co-morbid physical and mental health difficulties. The studies have shown various benefits of mental health coaching, including symptom reduction, improved social functioning, enhanced self-management and achievement of life goals.

Conclusions: This review provides preliminary support in favour of utilising coaching to support people's mental health. Whilst the breadth and scope of the potential is yet to be fully understood, the public health implications of this could be substantial. Coaches need not be highly trained in mental health, thus widening the prospective public health workforce available to provide mental health support on some level. The nature of coaching means it can be applied to a wide variety of contexts and behaviours, as seen in the range of studies reviewed. Further applications beyond those seen in this review could include helping people to withdraw from psychiatric medications and building low-level or preventative psychological support into other parts of the health, education and social care system (and beyond). Whilst not a panacea, lifestyle coaching could be a crucial piece of the public mental health puzzle and warrants plenty of further exploration in research and practice.

Poster Reference 26

Determining the views of residents of Boscombe regarding a new community food centre

K. Edwards, R. Forrest, R. Green, S. Lennox, A. Proctor, H. Vigar.

With Sarah Watson of Sustainable Food Cities, and supervised by Dr J Jarvis.

Sustainable Food Cities (SFC) is a network across the UK encouraging organisations and communities to improve their food system and drive positive food change. SFC Bournemouth and Poole have recently procured funding for a Community Food Centre (CFC) and this project looks to research how this can best serve the population of Boscombe. The aim of this project was to facilitate the development of this CFC by engaging with individuals across a wide variety of demographics to determine how service users would most benefit from the centre to maximise its potential. The groups of individuals identified who may benefit from use of the CFC, and therefore who we hoped to collect data from, included drug and alcohol users through local support networks, young people, homeless people, families with young children, elderly people and ethnic minorities.

A variety of methods were used to collect data including focus groups and semi-structured interviews. The results were positive with all those involved reporting they would be keen to use the CFC. Based on the data collected, all subgroups except representatives of the elderly population were keen that cooking classes were a key element of the CFC. The classes should also address healthy eating, nutrition and cooking on a budget. Therefore, we would recommend a purpose built kitchen to accommodate this. Other prominent themes emerging from our data collection included the importance of affordability of food and space for socialising within the CFC and we would therefore recommend these are taken into consideration in the design of the food centre.

Poster Reference 27

Every baby born in the right place: towards a whole system approach to maternity and neonatal escalations

Walker, Inna^{1,2}, Lawson, Fiona², Northover, Emma², Wilson, Peter², Fraser, Simon¹

¹ Primary Care and Population Sciences Academic Unit, University of Southampton

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Aim: The aim of this service improvement project was to devise and implement a whole system approach to escalations at Princess Anne Hospital, which is both a standard care provider and a regional fetal medicine centre, with a neonatal intensive care unit and provision of neonatal surgery and cardiology.

Introduction: An appropriate level of care in the right facility can make a lifelong difference to the mother and newborn by preventing or reducing the severity of significant health problems. Increasing pressures to provide complex and timely services to women and babies coincide with a drive for patient choice and personalisation of care. The term escalations in relation to hospital capacity refers to coordinated, progressive responses, required to maintain adequate bed or cot availability when pressures on services rise.

Methodology: Opinions and ideas were gathered in interviews and focus groups with 32 midwives, neonatal nurses, clinicians, service and data managers, and regional operational delivery network leads. Quantitative data from various sources were used to reveal trends and associations.

Results: An extensive range of relevant factors were summarised in a spider diagram and presented in a dynamic system map. Successes and areas for improvement were identified. Working closely with trust management and frontline staff, actions were prioritised under the following categories: communication within and between teams; midwifery and nursing staffing; data collection and quality. This work is continuing, bringing teams together and enabling a helicopter view in order to derive solutions to issues, with several examples to date of effective improvements to processes.

Conclusion: Escalations are a whole-system issue, which requires a coordinated and consistent approach and close collaboration between maternity and neonatal services. This approach signifies an overdue departure from disjointed and reactive actions, often aimed at whole-system issues in healthcare.

Poster Reference 28

A collaborative approach to improving cervical screening uptake across Wessex

Nikki Osborne, Laura Watson (Macmillan GP) and colleagues

Aim: NHS England Public Health Commissioning Team launched an incentive scheme for GP surgeries, the aim being for surgeries to focus on improving screening uptake, share best practice, with financial rewarded for their efforts.

Introduction: Cervical screening uptake in the UK has been declining in recent years, with coverage falling to 73.6% in Wessex in December 2016, with this figure masking wide variation between different areas.

Methodology: The screening team worked collaboratively with the Macmillan GP team, CRUK facilitators, Wessex voices, CCGs and GP practices. Education sessions were arranged for GPs and practice nurses at Target teaching across Wessex. Macmillan GPs and CRUK facilitators visited over 100 of the most poorly performing practices. A 'practical guide' to the screening programme which included a range of practical tools was produced by the Screening and Immunisation Team to supplement the incentive scheme and visits programme. Wessex Voices undertook engagement work with the Polish ladies, and women over 50, who had not attended screening.

Results: The visits were well received and practices have embraced the opportunity to look at ways to improve their handling of cervical screening, from appointment availability, to staff training, to reviewing recall systems. The most recent screening figures show a 0.7% increase in coverage compared to the baseline (December 2016), and we still have four months of data before to go.

Conclusions: The project has been an exemplary collaborative piece of work, practices have embraced the challenge, and it looks as though screening coverage is finally on the up again. Findings from the engagement work will inform the strategy for promoting screening in hard to reach groups.

Poster Reference 29

Christchurch Open Awards Centre - A healthy place to achieve and learn.

Harris, Jae, Christchurch Open Awards Centre (COAC), Somerford Youth and Community Centre (SYCC), Pritchard Bernadette, Public Health and Well-being Officer, Christchurch and East Dorset Councils.

Aims: Provide programmes/skill based activities which enhance life opportunities with a particular focus on supporting disadvantaged young people and their families who face significant barriers towards their personal, social and emotional development. Provide programmes and skill based activities that complement young people's formal education. Create opportunities for school-age low achievers to acquire basic skills to lay foundations for future learning and employability. Upskill adults to improve employment well-being outcomes. Provide awards and/or qualifications for young people and their families including Youth Achievement Awards, ASDAN Programme, AQA Unit Award Scheme, Duke of Edinburgh Award and Arts Award. Provide volunteering opportunities for young people and their families which will enable them to develop skills for life and access future opportunities. Identify what achievements look like to individuals and to place equal importance on this than is currently set in the more traditional achievement criteria. Provide a safe and welcoming environment where young people and their families can access information, support, and training leading to improved emotional well-being and social inclusion.

Objective: To improve residents' well-being by developing a Skill Centre in Somerford run by and for local people.

Introduction: Christchurch Open Award Centre (COAC) is an incorporated charity committed to improving opportunities for young people and their families which develop skills for life. Set up in 2016, it took over the Somerford Youth Club (now SYCC) which had been run and owned by Dorset County Council but was being closed down as part of the local authority funding cutbacks. COAC now supports local deprived and disadvantaged young people and their families providing the opportunity to improve their skills, health and wellbeing. This was in direct response to identified needs for more varied out of school skill development and filled a gap in local provision to support the whole community. Located within Somerfield Estate, Christchurch, COAC is a non-education based training centre that provides qualifications and awards that acknowledge achievements no matter how far they

progress. COAC is unique in that it delivers a service for young people and their families, trained by COAC to enable delivery COAC has built trusting relationships with the community and engages with over 500 local people weekly. COAC has learnt that the best way to engage is informally. Taking part in skills-based programmes, social and recreational activities, young people and adults tend to open up about their needs, issues and ask for advice and guidance. This has led to needs around school readiness, access to affordable nutritious food, and mental health being identified and acted upon.

Results: Youth Club – 8 sessions per week; The People's Pantry – 4 sessions per week; Stay and Play - 2 sessions per week; After school safe place programme – 3 sessions per week; Duke of Edinburgh – 1 session per week; Youth Achievement Awards; Community Gym

We are soon to host a food readiness group in partnership with the Health Visiting Team. By request we are offering parent/carer Mental Health First Aid training on site. In the next few weeks we will also be welcoming the Happy Learning Centre, which is an out of school provision for children who cannot access mainstream education. We will be delivering a sport and health activity session for them twice a week.

Poster Reference 30

Professional Satisfaction of Hospital Physicians - Contemporary Problems and Solutions

Dr Peter Atanasov, Trakia University, Stara Zagora, Bulgaria

Poster presentation only

Poster Reference 31

Falls Prevention in Rushmoor

Nicola Kelly, Hampshire County Council

Aim: Increase awareness about how to prevent falls amongst the population of Rushmoor, using targeted social media to recruit people to attend sessions.

Introduction: Around 79,000 older people fall in Hampshire each year. Rushmoor is the borough with the highest recorded rate of falls in the county.

Methodology: A one hour falls prevention session 'Falls Friends' was developed, based on the current evidence base. This was tested on 184 people including professionals, volunteers and members of the public.

The content and delivery was adapted in response to feedback. A train the trainer model, 'Falls Friends Champions', was designed to increase capacity to deliver Falls Friends to more people. Social media was used to promote the sessions and recruit participants, targeting people who work with older people, as well as men and women with parents aged over 65 around the area of Rushmoor.

Results: Social media analytics showed that messages about the Falls Friends programme reached over 11,000 people, with 330 link clicks during a 30 day period. The reach was mainly to women (75% female) and resulting action of clicks to the link was also predominantly by women (83% female). In the first six weeks of the programme, 93 people attended Falls Friends sessions and 26 people were trained as Falls Friends Champions.

Conclusions: The Falls Friends model has demonstrated that a train the trainer model can be used to increase awareness about falls prevention. It has been shown that social media can be an effective method of reaching people in a targeted way, but different methods may be needed to engage men, and older people who do not use the internet. Evaluation of the Falls Friends and Falls Friends Champions sessions will be used to inform development of the programme.

Poster Reference 32

A quality improvement project for the Wellbeing Service in Portsmouth City Council: Improving alcohol screening completion rates with new clients

Jessica Banks, Dominique le Touze,
Portsmouth City Council

Aim: To achieve 100% of Audit-Cs completed at initial contact with new clients by December 2018.

Introduction: The Wellbeing Service in Portsmouth City Council launched in October 2015 to help Portsmouth residents quit smoking, drink less alcohol, eat well and move more. As part of the triage process it is recommended that new clients complete an Audit-C questionnaire - three questions which quantify client's alcohol consumption and highlights excessive drinking. In a baseline assessment, we established that currently only 40% of clients are asked about their drinking, using the Audit-C screening questionnaire, at first assessment.

Methodology: The service use scratch cards as a health promotion tool for the public to complete in order to establish how safe their drinking levels are. Our hypothesis was that if we attach Audit C scratch cards

to new client paperwork, more would be completed. Scratch cards provide an eye-catching visual prompt to staff and are completed by clients, thus saving staff time. The outcome measure was the percentage of Audit C questionnaires completed for new clients.

Results: We are still evaluating the impact of these changes and intend to plot completion rates as a run chart to establish effectiveness over time. We anticipate that these measures will improve the rate of Audit-C completion and not be too onerous for already busy staff. At time of presentation, we will have results ready to publish.

Conclusions: Using quality improvement methods we were able to come up with change solutions that addressed real, not assumed, root causes. This project was conducted by a small project team over 6 weeks in normal work time. Only one of the team had any experience in using quality improvement methodology. We have demonstrated that small, but significant, sustainable changes can be made by teams who have limited experience and time available.

Poster Reference 33

What would be the local impact of a change to the national breast screening programme to include breast density assessment and supplementary ultrasound for women with dense breasts?

Rebecca Wilkinson, Public Health Specialty Registrar

Aim: This paper aims to explore the potential impact, for a local breast screening unit, of changing the UK Breast Screening Programme (BSP) to include breast density assessment and supplementary ultrasound for women with dense breasts.

Introduction: Breast cancer is the most common type of cancer in the UK; one in eight women will be diagnosed with breast cancer during their lifetime. The UK National Screening Committee is currently reviewing its recommendation on breast cancer screening for women over 50 with a particular consideration of whether supplementary ultrasound should be offered to women with dense breasts. Breasts are made up of a mixture of fibrous and glandular tissue and fatty tissue. Breasts are considered dense if they have a lot of fibrous or glandular tissue but not much fat. Having dense breast tissue may increase the risk of getting breast cancer plus dense breasts also make it more difficult to spot cancer on mammograms.

Methods: This study will use routinely available data from the Breast Screening Programme and bespoke

data from research studies. Estimates of prevalence, diagnostic accuracy and mortality will be applied to the local screening population to give an indication of the impact of a change to the BSP. The paper will also consider other benefits and harms of this proposed change.

Conclusions: This work will further understanding of the potential local impact of a proposed change in the NHS BSP. It will also highlight uncertainties in the available evidence and make recommendations for further research.

Poster Reference 34

The Ladder of Intervention 10 years on

Caroline Vass, Public Health Specialty Registrar

Aim: I will explore the reality of the Council's proposed use for the intervention ladder in light of current practice and also of population outcomes. The aim is to better understand the ethical issues associated with public health interventions and the challenges to achieving population health outcomes. This will help us to better frame our public health activities to support the best outcomes within an explicit ethical framework.

Introduction: In 2007 the Nuffield Council of Bioethics published their report 'Public Health: Ethical Issues'. This report proposed the 'intervention ladder' as a useful way of thinking about different interventions that can support population outcomes. They explore interventions in terms of their degree of imposition. Interventions that are higher up the ladder are more intrusive and therefore it is suggested that they require a stronger justification for their use. I aim to review the intervention ladder and its relevance for use in public health today and compare it to the CDC model developed by Tom Friedan exploring interventions and impact on population outcomes.

Conclusions: I conclude that the intervention ladder is not used in a stepped way according to the Council's proposal, and that the more effective measures to support population outcomes are those that have the greatest degree of intrusion and are thus often presented (potentially erroneously) as the least palatable.

Poster Reference 35

The Ripple Effect

Julia Molony & Joanna Lockhart, Hampshire County Council

Aim: To help family members recover from the trauma of a loved one receiving an emotional / physical trauma by reducing their sense of isolation and fostering independence and autonomy.

Introduction: In 2009 Julia's second son was seriously injured in Afghanistan leading to his family members suffering secondary trauma. As a psychotherapist, Julia understood the power of group support and set up a national network of local self-help peer-led support groups. Family members are seen and heard by others in similar circumstances, enabling them to feel validated without judgement. The network reduces the sense of isolation that so often attaches to such injuries and members learn coping mechanisms and hear about organisations that have helped others and which may be of interest to them and their family. In taking ownership and making their own choices as to what direction they want to go in, they begin to use their energy to take control of an often otherwise chaotic situation. They gain strength from others to make changes which hopefully will make their lives easier and ultimately this impacts on the injured, making his/her life more tolerable too. This abstract fits alongside that of Lt Col Julian Woodhouse who is raising awareness of such charities with health professionals.

Methodology: Setting up local peer-led self-help support groups across the UK, with a buddy system to welcome and support members and Facebook page (members can post without their family members knowledge which creates a safe and confidential space for them).

Results: The Ripple Pond became a charity in 2012 and membership now stands at 626 with 15 active groups across the UK (including Aldershot, Basingstoke, Portsmouth, Isle of Wight), an active buddy system and a Facebook page where members can post safely amongst others in a similar position. Members report feeling positively supported during their journey through this caring role. There is a self reported positive effect on individual emotional wellbeing and mental health.

Conclusions: Self-help peer-led support is an effective approach for supporting families living with the burden of physical or mental health as a result of service.

Poster Reference 36

Health Checks in Southampton: A service review of the 2017-2018 activity

**Sabina Stanescu & Charlotte Matthews,
Southampton City Council**

Aim: To assess the situation of the NHS Health Check programme in Southampton, 2017/2018, in terms of attendance, cardiovascular risk, and implications for future referrals and follow up.

Introduction: The NHS Health Checks Service is a statutory service commissioned by Public Health for the population of Southampton. The programme aims to promote and improve the early identification and management of individual behavioural and physiological risk factors for vascular disease and the other associated conditions. It also supports individuals to manage and reduce behavioural risks and associated conditions through information and evidence-based clinical interventions. Local authorities offer a NHS Health Check to 100% of their eligible population (people aged 40-74, not currently on a vascular register) every 5 years. They must also demonstrate year-on-year improvement in uptake.

Methodology: The review included quantitative analysis of demographic and clinical data from patients who attended Health Checks, activity data from GP practice (to calculate uptake), qualitative data from surveys and conversations with primary care staff and patients who attended, as well as a literature review.

Results: In 2017/2018, 6583 patients attended a Health Check, just over 40% of those invited. They showed a large variety of demographic and clinical characteristics, particularly highlighting the relationship between deprivation and health risk. With Southampton being a city with above average deprivation, this had implication for demographic and clinical characteristics. For instance, smoking status, BMI and cardiovascular risk score significantly varied with deprivation, as calculated by residential postcode.

Conclusions: The implications of the findings of this service review will be discussed in this presentation, following discussion with local stakeholders, alongside wider findings about cardiovascular risk and behaviours in Southampton. Additionally, findings on referrals and brief interventions will be reported, alongside next steps for patients, primary care staff, and commissioners.

Poster Reference 37

Engaging new fathers to build healthier populations

Julian Bose, Inspire Cornwall C.I.C

Aim: The DadPad and DadPad app is a new innovation which seeks to address this obvious and affectable gap in provision. It acts as an engagement tool, breaking down the communication barriers between health professionals in maternity and related services, and the new dads, who through the DadPad's use get tailored and trusted information to help them build self-efficacy and reduce anxiety, through increasing the confidence and self-belief they need in their role as a new dad.

Introduction: Background: All parents-to-be enter the Maternity pathway which is currently changing through the national Maternity Transformation Programme, and Better Births Initiative (in year 3 of 5 years). The need to engage and include new fathers to avoid poor mental health/physical health/safeguarding outcomes for their partners, themselves and their babies is now well evidenced, yet the resourcing and approach to achieve this has been non-existent, with men still being excluded from the maternity process and hidden from the safeguarding picture. They are also unreached by public health messaging as through the current system they are ignored, and therefore see no real need to change their behaviour/engage.

Methodology: Co-production and partnerships to create content and delivery models with the health professionals and organisations who deliver every service available, or in design for the future.

Results: The DadPad and DadPad app educates and encourages new dads to communicate with their partners/share care and engage with professionals about their new-born. Most importantly it prepares the dad for fatherhood, and supports him in bonding and attachment with their baby.

Conclusions: With cross service implementation buy-in at various touchpoints, it widens the ability of men as dads to be involved, and thus looking after their mental/physical health and vicariously their partner's and baby's overall health too. This knocks on to populations, as the dads, mums and babies are all better equipped to fulfil their potential. This reduces the amount of human costs of suffering, and economic costs to the economy of remedial healthcare in all its forms, but instead providing a healthier future for the communities in which they live. This is achievable prevention in action, with minimal investment in this value-for-money preventative approach. Measurable through outcome evaluation and ongoing development, stakeholders

across the piece can be assured of real-time on-the-ground cause and effect information.

The DadPad and DadPad app has been commissioned and embedded in one or more of the Public Health, Maternity and Perinatal Mental Health or Safeguarding authorities, in Cornwall, Devon, Bristol, Bath, Swindon, Wiltshire, Greater Manchester & Eastern Cheshire, Gloucester, and Hampshire.

Poster Reference 38

Exploring the health and wellbeing benefits of nature-based activities

Mukkavilli, Arun (Dorset County Hospital NHS Foundation Trust); Conway, Katherine (Dorset County Hospital NHS Foundation Trust); Adams, Helen (Dorset County Hospital NHS Foundation Trust)

Aim: To assess the benefits to health and wellbeing provided by nature-based activities, to explore potential barriers to access for service users, and to suggest how local authorities and health bodies may increase the uptake of these activities

Introduction: Chronic medical conditions such as coronary heart disease and diabetes have been shown to account for a significant burden of disease in the UK population. Nature-based activities such as gardening and walking can play a significant role in amelioration and prevention of such conditions according to available literature, as well as offering benefits related to psychological wellbeing and social contact.

Methodology: We created a paper and web-based questionnaire to investigate the benefits of nature based activities, in the domains of physical health, mental wellbeing, and social interaction; as well as potential barriers to access. We distributed this to 154 service users of a range of nature-based activities administered by Natural Choices, a Dorset Local Nature Partnership programme seeking to improve the benefits of the natural environment. We then analysed the resulting data and explored emergent themes from whitespace responses.

Conclusions: Our results demonstrate that nature-based activities offer significant benefits primarily in the domains of physical health and social interaction, but also for mental wellbeing. While a number of barriers to access exist, there is the substantial scope to leverage these benefits for the general population. This would be significantly aided by support and cooperation from local authorities and health bodies.

Poster Reference 39

Homelessness and Access to Healthcare in Portsmouth

Dr Jennifer Robinson, Dr Williams Gubbins, Dr Darrean Richards, Dr Tori Dawe, Dr Natal Holmes

Aim: We aimed to assess how homeless people in Portsmouth were accessing healthcare, what unmet needs exist and compile recommendations to improve access.

Introduction: With rates of homelessness increasing year on year and life expectancy of rough sleeping homeless people being so low (47 for men and only 43 for women), addressing the healthcare needs of this vulnerable population requires urgent attention. As well as tackling the route causes of homelessness, we must work to improve health outcomes and life expectancy for homeless people.

Methodology: We ran a focus group with staff members from the homeless day service and conducted semi-structured interviews with homeless people engaging with the service. Electronic notes were made in real time throughout, we then carried out thematic analysis. 5 key themes were identified; GP registration, Appointments, Acute Medical Care, Personal Experience and Mental Health. This guided the production of a questionnaire which we took to Hope House Hostel, 11 homeless people participated in the questionnaire.

Results: Key findings include that over 60% had attended A&E within the past year, more than half self-reported experiencing problems with their mental health and that over a third had been treated for pneumonia in the past 3 months.

Conclusions: Limitations included the lack of representation of the female homeless population, small sample size and the fact that those interviewed were already engaging with homeless services, therefore they are not likely to be representative for the more isolated, vulnerable individuals. Trust in health services was identified as an issue. To combat this, we recommend a weekly primary care clinic based at the homeless day service. There is also a need to raise awareness of services available and how to access them and more needs to be done to strengthen support available for mental health.

Poster Reference 40

Assessing equity of National Institute of Health Research Evaluation, Trials and Studies Coordinating Centre (NETSCC) commissioned research: A feasibility study

Rebecca Wilkinson & Duncan Fortescue-Webb, Public Health Specialty Registrar

Background: It is well established that individuals involved in research have better outcomes. In addition, if certain population groups are not represented in research, there is a risk that the findings will not be applicable to those groups. Previous studies have demonstrated that, for example, women are systematically excluded from many pharmaceutical trials. As a result, several drugs have been withdrawn from market after causing serious adverse effects that could have been detected during clinical trials if female research participants had been included.

Aim/Objective: This is a study to assess the feasibility of analysing NETSCC research to ascertain whether research participants are representative of the population that the research aims to benefit. In particular, by looking at the protected characteristics of the Equality Act 2010 (which includes sex, age, ethnicity and socio-economic status), this study aims to assess the feasibility of an equity analysis of NETSCC-commissioned research.

Methods: In this study, public health research commissioned by NETSCC, is systematically assessed for the demographic characteristics of the research participants. The results from this are then compared against the UK population (or the population sub-groups that the research is aiming to benefit) in order to assess whether research participants are representative, and to identify any underrepresented groups.

Conclusions: This 'research on research' is part of a wider work stream within NETSCC to explore whether it is commissioning research in the UK populations where the need is greatest. This study will inform NETSCC about the feasibility of on-going monitoring and assessment of equity of research. The findings will also indicate any inequalities which can be addressed by changes to NETSCC requirements in future commissioning.

Poster Reference 41

The Physicians' Oath through the Eyes of the Medical Students

Dr Juliana Marinova, Trakia University, Stara Zagora, Bulgaria

Poster presentation only