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PUBLIC HEALTH CONFERENCE 2020

NHS
Health Education England

Abstract Booklet

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Abstract Booklet

Oral presentations

Session 1

Markus Liebherr Lounge

Working Together to Prevent Harm: Collaborative Working

11:15

Sara Morgan[1], Beth McCausland[2], Julie Parkes[1]

[1]Department of Primary Care, Population Sciences and Medical Education, School of Medicine, University of Southampton; [2]Department of Clinical and Experimental Sciences, Faculty of Medicine, University of Southampton, United Kingdom

Baseline characteristics and outcomes of the main perpetrator programme within the Hampshire Domestic Abuse Prevention Partnership, UK: a mixed methods study

Background: Effective perpetrator programmes should be embedded within a community response, engage all types of perpetrators and involve an educational approach that integrates the victim's voice. The Domestic Abuse Prevention Partnership (DAPP) is a developmental partnership based in the UK that aims to provide an integrated approach for perpetrators and victims.

Aim: This mixed methods study was conducted to examine the baseline characteristics and individual outcomes of the main perpetrator programme within the DAPP.

Method: Applying a triangulation design, routine police re-offending aggregated data, pre- and post-perpetrator programme questionnaires, as well as in-depth interviews with victims and focus-group discussions with perpetrators (clients) were integrated. Statistical analysis and thematic analysis were applied to quantitative and qualitative data, respectively.

Results: The majority of clients (47%) referred through the DAPP described 'wanting to make their relationship better' as the main reason for engaging with the main perpetrators programme. Post-perpetrator programme questionnaires identified positive changes in both emotional behaviours and physical behaviours amongst clients, which were also supported by examples of improved relationships with their children described in victim interviews. Three themes were described: first,

"making positive progress;" second, "I think it was the child thing they had to do;" and "I can imagine it just drops off completely and my behaviours could just go back to the way they were." Over the monitoring period, 1 in 5 clients were either suspected or convicted of domestic abuse crimes following the programme.

Conclusions: This suggests that further maintenance of positive behaviours and reinforcements are required for some clients. Given that children were a strong motivation for clients to complete a programme, it seemed paradoxical that no specialist services were made available for them. Future reiterations of the DAPP model should at least address how best to work with children.

11:30

Mike Newman, Public Health, Hampshire County Council

Collaborative Working to Improve Population Health & Wellbeing

Background: The Public Health team in Hampshire County Council have taken the lead in collaborating with partners across mental health, substance misuse and the wider health and social care sectors to deliver improved access to services, response to emerging substances and a county-wide partnership approach to improving mental health and wellbeing.

Aim: To showcase how collaborative working can improve health and wellbeing outcomes for vulnerable populations through three locally delivered projects.

Method: Hampshire Public Health Team have delivered improved outcomes across substance misuse and mental health through: - Implementing the county-wide drugs alerts process: working with the police, scientific services, service providers and across public health teams to improve awareness of emerging substances in the community - Joint working protocol for co-occuring conditions: Developing joint working arrangements across providers to ensure service provision that meet the needs of people with co-occurring substance misuse and mental ill health. - Prevention Concordat for Better Mental Health: Working across health, social care, the community and voluntary sector to enable a whole system, partnership approach to preventing and improving mental health and wellbeing.

Results: These projects all required collaborative working to achieve their key aims of improving health and wellbeing. This has required public health leadership, in bringing partners together, improving communication across sectors, establishing joint governance, working arrangements and achieving improved outcomes for local people, with the following outcomes: - Drugs alerts process: Working across the STP geography has increased reach, helping to protect disadvantaged populations and coordinate intelligence from different organisations. - Co-occurring conditions protocol: Pooling resources and working in partnership to overcome organisational barriers, developing and piloting effective joint working arrangements across mental health and substance misuse services. - Prevention concordat: sharing new and innovative ways of improving, promoting and embedding mental health across organisations and sectors.

Conclusions: Collaborative working has improved health and wellbeing through enabling local innovation, pooled resources and improving coordination of service provision.

11:45

Hayley Haynes, Public Health Analyst, Public Health Dorset

Working together to identify vulnerable locations and adults at risk of exploitation from County Lines in Dorset

Background: County Lines describes gangs from cities expanding their operations to smaller towns using dedicated mobile phone lines. They use violence to drive out local dealers and exploit vulnerable people to sell drugs. Dealers will target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement. The dealers frequently take over a local property belonging to a vulnerable person and use it to operate their criminal activity (cuckooing).

Aim: To identify vulnerable locations and adults at risk of exploitation from County Lines in Dorset.

Method: An intelligence gathering group was set up including public health, local authority and police partners. We identified factors that would contribute to an individual or a location being at risk from County Lines. We then collected geographical data from each partner so we could map the vulnerable locations in Dorset.

Results: Using data visualisation software we produced an interactive tool to highlight geographically the vulnerable locations. This showed: • where higher concentrations of opiate users live, • locations of temporary accommodation and Houses of Multiple Occupancy. • areas identified as 'cuckooed addresses' • pharmacies used most for needle exchange and supervised consumption • areas where troubled families live • locations of adults with learning difficulties within vulnerable housing settings.

Conclusions: Multi-partner involvement has stimulated dialogue facilitating wider thinking on how to combat the harm caused by County Lines. The combination of intelligence pulled together in one tool has enabled partners and decision makers to drill down to specific vulnerabilities and risk issues, or locations of interest. These results will be used to highlight vulnerable locations, safeguard vulnerable adults, direct police resources, focus County Lines awareness to specific groups, and to aid in preventing further harm and infiltration by drugs gang into the local community.

12:00

Ryan Buchanan[2], Colin McAllister[1], Charlotte Cook[2], Mark Wright[3], Hannah Stevens[3], Rebecca Robbins[2], Julie Parkes[2], Salim Khakoo[4], Pamela Campbell[4]

[1]Southampton City Council; [2]Faculty of Medicine, University of Southampton; [3]University Hospital Southampton; [4]Solent NHS Trust, Homeless Healthcare Team

Towards the elimination of Hepatitis C from Southampton City using a multi-disciplinary task force

Background: Hepatitis C (HCV) causes liver cancer and liver cirrhosis. New therapies with high efficacy and few side effects are now available to treat HCV. The World Health Organisation and NHS England have set targets for the elimination of HCV. However, for these to be achieved barriers to testing and treatment need to be overcome.

Aim: To achieve Hepatitis C elimination from Southampton City by 2025.

Method: The Southampton City Hepatitis C Elimination (SOCHCE) task force has bought together professionals working in hepatology, virology, public health, homeless healthcare, housing, drug support services, and community pharmacy. The programme of work has included a public health campaign with the Mayor of Southampton, primary care engagement, novel community pharmacy based targeted testing services and outreach treatment clinics. In addition the task force has set up data capture practices to track progress towards elimination.

Results: The task force was convened in March 2019. Across community sites in Southampton overall testing activity has increased (Pearson correlation 0.934, p=0.02). This has corresponded with increased testing at drug support services (67 tests in 2019 vs. 22 tests in 2018) and the new pharmacy based testing service which conducted 12 tests in 2019. The number of people treated for HCV in Southampton City increased in 2019 (54 vs. 43 in 2018) and the number of people known to be living with HCV infection was 42 – the lowest level since 2014.

Conclusions: The SOCHCE task force has had a positive impact on engagement with testing and treatment for HCV in Southampton City and has demonstrated the feasibility of collecting routine data to track progress towards HCV elimination.

Session 2

Markus Liebherr Suite

Working Together to Prevent Harm: Workshop

13:40

Simon Bryant, Director of Public Health, Hampshire County Council & Isle of Wight Council, and Assistant Chief Constable Scott Chilton, Hampshire Constabulary.

Workshop: Developing a Public Health approach to Policing and a Policing approach to Public Health

This session will focus on the intersection between Police and Public Health. The workshop will include some professional input from Police and Public Health leads who will examine the areas of joint interest. The workshop will allow participants to help develop the work between Police and Public Health and further develop the partnership journey locally to further increase the positive outcomes from the local work.

Session 3

Matthew Le Tissier Suite

Working Together to Prevent Harm: Responding to Community Need

14:45

Rebecca Wilkinson, Wessex Global Health Network

A health needs assessment for asylum seekers and other vulnerable migrants in Southampton and Portsmouth

Background: Asylum Seekers (AS) are forced migrants. They have escaped persecution or conflict in their home countries and are seeking protection in another country. Their experiences before leaving their country of origin, on their journey and during the process of seeking asylum, have implications for their health and wellbeing; particularly physical and mental trauma. Southampton and Portsmouth are both Home Office dispersal centres so have significant numbers of AS and other vulnerable migrants. The Wessex Global Health Network identified a need for work with this disadvantaged group of people and formed a small steering group to guide a health needs assessment.

Aim: The aim of this assessment was to gather information on the health needs of AS (both adults and children) living in the cities of Southampton and Portsmouth and to describe the relevant services, and any gaps in those services, in order to make recommendations to better meet their needs.

Method: Four approaches have been used in this assessment; literature review, epidemiological data analysis, comparative and corporate needs assessment. The corporative approach involved consultation with over 40 stakeholders and included four focus groups with AS themselves.

Results: Various physical health issues were identified but mental health was found to be the key need. Additionally, issues in accessing health services such as language, culture and respect were revealed. Portsmouth was found to have unprecedented numbers of unaccompanied asylum-seeking children (UASC) who are likely to have significant physical and mental health needs. The assessment also found evidence of what works for meeting the health needs of AS, including detailed information from areas of best practice (such as Bristol).

Conclusions: A number of recommendations are made in the report; these include developing mental health services to better meet the needs of AS, continuing to improve the care of UASC, raising cultural awareness and supporting the development of trauma-informed communities. Implementing the recommendations is underway and there have already been several service improvements as a result.

15:00

Hannah Taylor, Portsmouth City Council

Conduct Disorder pathways in Portsmouth

Background: Conduct Disorder (CD) is the most common mental health disorder in England, affecting 5% of Children and Young people (CYP) and disproportionately, the most vulnerable CYP; the most socioeconomically deprived, with ill parents, co-existing mental ill-health or ADHD, and who have witnessed violence. CYP with CD experience poor long-term health and social outcomes; 40-50% progressing to antisocial personality disorder, a four-fold increase in drug dependency, six-times more deaths before 30, and 20-times higher chance of spending time in jail.

Aim: Determine the scale of CD in Portsmouth. • Understand routes of access to and capacity of Portsmouth's CD services. • Investigate how different services are offered as part of a consistent integrated local pathway.

Method: • Search of published literature, guidance and recommendations on interventions and local pathways for CD. • Stakeholder engagement and interviews building a picture of Portsmouth's CD prevalence, local pathways and existing services.

Results: Estimates suggests 2000 CYP in Portsmouth have CD: CAMHS recorded 192, reflecting national findings that these CYP are the most under-represented in CAMHS-led care. Services are available, but mostly offered pre-formal diagnosis. Generalised preventative support can be offered by health visitors and schools; Tier 1-2 interventional support to CYP and parents by ELSAs and School Nurses respectively. Tier 3-4 evidence-based-programmes are provided by Early-Help. However, access requires symptom recognition, parental engagement, and a Multi-Agency Safeguarding-Hub referral which is not always timely, consistently completed and some organisations preferentially refer to CAMHS.

Conclusions: Long-term impacts of CD on CYP, their families and society are significant. Evidence-based preventative and interventional programmes are cost-effective. To achieve locally equitable long-term outcomes, service provisions and access must be underpinned by consistent identification of CD, and utilisation of well-established integrated local care pathways. Stakeholders involved in identifying and refering CYP, and service provison, must work together to ensure all vulnerable CYP are encouraged to access appropriate services.

15:15

Ellie Gennings, University of Winchester

Conceptualising Adolescents' Wellbeing to Inform the Development of a Validated Scale of Wellbeing

Background: Adolescent's wellbeing is gaining increasing attention, with it being part of the United Nations sustainable goals (United Nations, 2019 [online]). The question regarding what adolescent's wellbeing is, however, has received no rigorous answer from scientists or philosophers (Alexandrova, 2017), even though it is regarded as a fundamental measure of learning and growing as a human being (Stevens & Jarden, 2019). Perceptions of adolescents and adults are likely to differ, meaning there is a significant implication for the assessment of and interventions to improve wellbeing (Bharara et al. 2019). Therefore, understanding what wellbeing means to adolescents is vital and an under-researched area (Dunlop-Bennett et al., 2019).

Aim: To investigate the perceptions which adults and adolescents have about wellbeing.

Method: The study consisted of two groups, group one was adults regarded as experts in the field of wellbeing (N= 6), group two were adolescents considered to have good wellbeing (Age = 11-16, N= 41). Individual interviews were conducted with group one and focus group interviews were conducted with group two. Interview transcripts were thematically analysed and comparisons between the three groups were made.

Results: Although there was crossover between findings, such as the need for social connections and both physical and mental health, adolescents identified parental support and resilience as two of the most important things for wellbeing, adults did not.

Conclusions: If adolescent's wellbeing is to be measured reliably and validly, researchers need to consider the conceptualisation of wellbeing from a young person's perspective. A tailored definition of and measure of wellbeing is needed for adolescents.

15:30

Dave Growcott, Test Valley Borough Council

A Community Based Approach to Improving Health and Reducing Harm

Background: The Council is committed to promote wellbeing and improve quality of life. We work with communities and partners to deliver projects which

respond to need and enable people to live safer, healthier lives.

Aim: Community Engagement Officers facilitate conversations between communities and agencies to design activities which prevent harm, reduce crime and protect the vulnerable.

Method: Using a range of techniques to communicate key messaging or promote healthy lifestyles at a community level. Examples include the Big Band Buffet, a free event for older people featuring a swing band alongside talks on fire safety, scam-awareness and mental health. The ICE project works with young people at risk of engaging in serious negative behaviours to build their understanding of consequences and increase self-confidence. Op Mazi engages with people living a street-attached lifestyle in Andover, engaging them 'on street' to understand their challenges and refer them to the right support. We support over 60 volunteers to run nine health walk groups throughout the borough.

Results: Big Band Buffet is massively oversubscribed each year, 95% of attendees say it helps them find out about services they can access locally and 98% say it is an opportunity to meet other people, which for many is sadly rare. ICE consistently receives excellent feedback from participants and partners, schools subsequently identify improved behaviour and attendace alongside moving testimony from families. A number of those engaged through Op Mazi have been rehoused or entered treatment and removed themselves from the street-attached lifestyle. Healthwalks are enjoyed by over 550 participants every month, improving health and reducing isolation.

Conclusions: By understanding key health and social needs in a population and recognising which activities are likely to make target communities engage, it is possible to bring organisations and communities together in a positive space and encourage behaviours which prevent harm, reduce crime and increase health.

Session 1

Matthew Le Tissier Suite

NHS Action on Prevention: Primary & Community

11:15

Emilia Holland[1], Jon Walker[2], Pete Cornish[1], Catherine Croucher[2], Michael Baker[1], Saloni Zaveri[1]

[1]Public Health England South East; [2]Surrey County Council

A project to explore patterns of use of online services in general practice across Surrey Heath CCG, and barriers to their uptake.

Background: NHS England, Public Health England, Surrey Heath Clinical Commissioning Group (SHCCG) and Surrey County Council collaborated to explore the general practice access needs of the SHCCG population, with a focus on GP online services.

Aim: To achieve a better understanding of the needs of segments of the SHCCG population in terms of the use of online services relating to general practice.

Method: • Review of the evidence relating to GP online services. • Analysis of online transaction data. • Mosaic segmentation of the SHCCG general and online service-registered population. • Qualitative exploration of patient, general practice staff and GP knowledge, attitudes and behaviours relating to GP online services.

Results: Literature Review • It is unclear whether online service use improves efficiency and patient health outcomes in general practice. • Whilst patient-reported experiences of online services are generally positive, clinician views are mixed. • Continuity of care in general practice is associated with improved health outcomes.

Data Analysis • Appointment and prescription management were the most popular services. • Registrations were highest amongst those aged 45-54 years. • Most people registered for appointment management had never actually used the service. Insight Gathering Work:• The scope and flexibility of online services is limited and inconsistent across practices. • Technical issues are a major barrier to use. • Safety (clinical/data) and workload are key staff concerns. • High value was placed on continuity of care.

Conclusions: • Increasing online service uptake requires improvements to appointment scope/range, technology and publicising of services. • Certain groups will continue to require face-to-face/telephone appointments. • Patients would welcome electronic communication with practices and standardisation of services. • Staff concerns regarding patients' access to their online full record need addressing. • Preserving continuity of care for certain vulnerable groups should be prioritised.

11:30

Ravina Barrett, University of Brighton

Quality evaluation of community pharmacy Blood Pressure (BP) screening services: an English cross-sectional survey with geospatial analysis.

Background: Hypertension is the most important modifiable risk factor for cardiovascular, cerebrovascular and renal disease, and avoidable cause of premature morbidity and mortality. Community pharmacists and their teams make an important contribution to the prevention, detection and management of high blood pressure (BP) via routine screening and public health promotion.

Aim: To assess the prevalence and accuracy of digital blood pressure (BP) monitors used within community pharmacy in England.

Method: A cross-sectional questionnaire survey of 500 primary-care retail-pharmacies. We mailed the survey with a follow-up (September to December 2018). Private contractors were excluded.

Results: 109 responses were received. 61% (n=66) of responding pharmacies provided a free BP check to their patients. 40 (61%) pharmacies used recommended validated clinical meters, 6 (9%) had failed validation, and 20 (30%) provided too little information to enable us to determine their monitor's status.

Conclusions: Responding pharmacies were able to provide useful BP monitoring services to their patients, though quality enhancements need to be implemented. Majority of pharmacies use validated BP monitors, however, there was a lack of range of cuff sizes, variation in replacement and calibration of monitors, and apparent absence of such practice in a minority of pharmacies alongside variation in training standards. We noted higher frequency of BP screening in the most deprived postcodes. We recommend in-service redesign and delivery improvements, and suggest experts create clearer frameworks for front-line practitioners, with appropriate incentives to facilitate service redesign. Funders and policy setters should consider the value added to the National Health Service and other healthcare agencies of such screening by pharmacy providers both nationally and internationally. It has the potential to reduce complications of undiagnosed hypertension and the medicines burden that it creates. Future work should examine the impact of pharmacist-led BP screening on patients.

11:45

Heidi Croucher, Poole Hospital NHS Foundation Trust and Public Health Dorset, and Jo Dakin, Independent Transformation Coach

Improving Patient Care in a Tobacco Dependency Programme (IPCTD) - A Quality Improvement Pilot for Smoking Cessation Support to Family Members Wishing to Quit Smoking to Improve the Quit Environment of the Smoking Pregnant Woman

Background: The Tobacco Control Plan for England 2017-22 'Towards a Smoke Free Generation' was published by the Government in July 2017 to continue leading the national effort on tobacco control. This exciting project uniquely links public health strategy collaboration between secondary and primary care health professionals, holistically focusing on a group of adult tobacco dependent patients who historically opt out of accessing health care and the importance of quitting smoking messages.

Aim: To reduce our prevalence of smoking in pregnancy to 6% or less by the end of 2022 by: • Increase engagement of pregnant smokers from 52% to 75%. • Increase the partner engagement rate from 4% to 30% and achieve a quit rate from 2.2% to 30%. • Tackle the public health benefits of the 20-45 year old targeted age group who smoke and usually do not access health care. • Reinforce the simple prevention strategy that prevention is better than cure.

Method: This unique and innovative Quality Improvement project is a new approach and the first in the UK for holistic smoking cessation led by the Smoking in Pregnancy Midwifery services at Poole Hospital Foundation Trust. For the first time direct supply of pharmacotherapies and combined behavioural counselling sessions to both the pregnant smoker and smoking partners/family members during the 12 week quit program at home.

Results: Early Results: 1. Engagement of pregnant smokers has increased from 52% to 85% (pilot target 75%) 2. Partner engagement rate has increased from 4% to 39% (pilot target 30%) 3. Two thirds of the family members are from the targeted 20-45 year olds who smoke and usually do not access health care.

Conclusions: Early indications are that this holistic project is successful at reinforcing the simple prevention strategy that prevention is better than cure to this important group of patients and this has the potential for national roll out.

12:00

Sue Clarke, South Eastern Hampshire CCG

Developing an STP Mental Health First Aid (MHFA) Faculty

Background: The health and social care workforce is undergoing a period of transformation the like of which has never been seen before. We no longer have enough resources in mental health services to meet the needs of a public and patient demographic that have increasing levels of mental health needs; in addition our health, social care and public sector partner organisations workforce are seeing increasing numbers of people living with mental health problems. There has been a policy shift over recent years that has raised awareness to the plight of our mental health services (The Mental Health Taskforce, 2016) and increased the priority afforded to this service. Specific recommendations have been made to strengthen the workforce in relation to mental health "to have training that equips them to understand mental health problems and to treat people with mental health problems with dignity and respect: treating 'the person, not the diagnosis' (The Mental Health Taskforce, pg. 43. 2016). Mental Health First Aid is a 2 day training course, accredited by the Royal Society of Public Health that teaches people to spot the symptoms of mental health issues, offer initial help and guide a person towards support (MHFA Portal, 2018). MHFA England offers a train the trainer (instructor course) approach to support organisations to deliver MHFA in their organisations. A number of HIOW organisations are developing in-house MHFA trainers, however it is clear we, as an STP, need to develop more MHFA trainers to make the MHFA course a sustainable and resilient offer over the coming years.

Aim: This project aims to develop a MHFA faculty for HIOW STP

Method: A sucussful bid to Health Education Engalnd, Wessex provided funds to develop a HIOW STP MHFA faculty. The project is ongoing.

Results: Eleven candidates to undertake the HIOW STP MHFA instructor course which is being delivered in Feb 2020. Commitment from HIOW organisations to support delivery of MHFA training through an STP wide faculty approach.

Session 2

Matthew Le Tissier Suite

NHS Action on Prevention: Utilising NHS Data for Prevention

13:40

James Morris[1], Simon Fraser[1], Lily Yao[2], Sam Crowe[3], David Phillips[3,4,] Paul Roderick[1]

[1]Faculty of Medicine, University of Southampton, [2]Department of Health Sciences, University of Leicester, [3]Public Health Dorset, [4]NHS Dorset Clinical Commissioning Group

Treatment burden experienced by people with multimorbidity: Dorset survey

Background: Treatment burden is the workload of healthcare, and its impact on patient functioning and wellbeing. Multimorbidity may lead to high treatment burden through activities such as taking and managing multiple medications, attending frequent healthcare appointments, and monitoring health. Such burden is not well described at population level. Public health interventions to reduce avoidable treatment burden require a better understanding of treatment burden at scale.

Aim: To assess the extent, distribution, and determinants of treatment burden in people with multiple long-term conditions across Dorset.

Method: A cross-sectional postal survey of people living with multimorbidity was designed. The sample comprised adults aged ≥55 years with at least three long-term conditions. The survey had online and postal response options and captured self-reported treatment burden via a ten-item, validated questionnaire returning a score from 0 (no burden) to 100 (maximum burden). 'High' burden was predefined as a score of ≥22. Other data captured included: sociodemographics; health conditions; prescribed medications; travel times; recent health service use; and quality-of-life data. Eight Dorset GP practices participated, sending out approximately 2000 survey invitations.

Results: 835 survey responses were received (response rate 42%). Mean age of respondents was 75 years, with 54% female, mirroring the invited sample. Respondents were typically white (98%), retired (86%), owned their own home (78%), were prescribed 4-6 medications (38%), and reported three long-term conditions (31%). Initial analyses suggest that making recommended lifestyle changes, and arranging appointments with

health professionals, caused particular treatment burden. 18% of respondents were classed as having 'high' treatment burden.

Conclusions: Full results will be available at the time of the conference, including an account of factors statistically associated with high treatment burden, and the relation between burden and quality-of-life. Findings will inform system-level interventions, applicable to Dorset, which could reduce avoidable treatment burden, thereby improving people's experience of healthcare.

13:55

Mark Edwards, Imogen Fecher-Jones, Murfin J, Berry S, Allan C, Dear Carin, Edwards M, Ansell G, Wakatsuki M, Levett D, University of Southampton

Implementation of a Risk Assessment, Health Promotion and Shared Decision-Making Clinic for High Risk Surgical Patients.

Background: Approximately 30% of the ten million people in the UK who undergo major surgery every year are at high-risk of postoperative complications due to medical comorbidity & lifestyle factors. Surgery in high-risk patients may shorten and reduce quality of life. High-risk patients should be identified early prior to decision to operate and be provided with: • The opportunity to discuss in-depth their own risks • Advice on lifestyle modification to mitigate risk • Advice on potential benefits of surgery & other treatment options. This process in known as "Shared Decision Making" (SDM) and may: • Improve postoperative outcomes & quality-of-life. • Reduce last-minute cancellations. • Reduce costs by avoiding surgery and thus prolonged admissions in patients who may not benefit.

Aim: To design and implement a service for high-risk patients to provide; early screening and risk assessment, personalised 1-to-1 consultation, optimisation planning and progress tracking, collection of Patient Reported Outcomes.

Method: The high-risk SDM clinic was developed by the UHS Perioperative Medicine team, alongside an established referral pathway for cardiopulmonary exercise testing (CPET), surgery school and the anaemia service. Negotiation with surgical teams enabled early access to patients. The format included i) Risk assessment using validated tools including CPET, Dukes Activity Status Index, Hospital Anxiety and Depression Scale, Edmonton Frailty Scale, Nutritional assessment, Anaemia assessment, Estimated median life-expectancy. ii) 1-to-1 discussion with patient and family iii) Management plan.

Results: 113 patients attended the clinic between April 2018 & Sept 2019, the age range 24-93yrs, Median 72. Referring specialities included Upper and Lower GI, Hepatobiliary, Urology, Thoracics, Orthopaedic & Maxfax. 65% of the patients' who attended the clinic required an optimisation plan with prescribed interventions including exercise prescription, weight loss, smoking and alcohol cessation. Outcome of the clinic resulted in 28% of patients deciding not to proceed to surgery. 7% having a different surgical procedure than planned and 11% delaying surgery to optimise health and well-being . Of the SDMQ9 responses received, 95% of patients reported they "strongly agreed" that the clinic was acceptable to them.

Conclusions: The high-risk clinic was found to be acceptable to patients, further investigation is required regarding the measurement of long term outcomes.

14:10

Aimee O'Neill, Gemma Simons, David Baldwin & Julia Sinclair, Centre for Workforce Wellbeing, University of Southampton & Health Education England Wessex

Break-Taking and Doctors' Wellbeing

Background: A survey conducted for the Health Education England Mental Wellbeing Review suggested 60% of clinical staff had not taken a lunch break at least weekly. Nationally, all Trusts have signed up to the BMA 2018 Fatigue and Facilities Charter (a good practice guide to improving facilities and rest opportunities), and further lobbying from the BMA secured an investment of £10 million from the Department of Health and Social Care to improve rest facilities across Trusts. These investments, together with findings that 80% of doctors are at high or very high risk of burnout, show a clear need for research on break taking in doctors

Aim: Gain an understanding of doctors' break-taking habits (or lack thereof), the landscape in which these behaviours take place, the facilitators and barriers to break taking, and the contribution of break-taking behaviours towards doctors' wellbeing.

Method: A systematic review of existing literature was conducted. A survey and individual interviews provided data on existing break behaviours, break culture, and the facilitators and barriers to break taking. Public engagement events provided an understanding of the landscape in which breaks take place.

Results: Literature on break taking in doctors is scarce. Survey results show that doctors believe break taking

is important to their wellbeing; however, many doctors are frequently unable to take their breaks. Public engagement with patients showed that, contrary to doctors' beliefs, patients are generally willing to wait for non-urgent treatment whilst a doctor takes a break, if this results in doctors being better rested when providing their care.

Conclusions: Any break-facilitating interventions in doctors will need to compete with a highly ingrained culture of missing breaks. The systemic and individual mechanisms that contribute to this culture are important to the design and implementation of much needed solutions to the high levels of burnout in doctors.

14:25

Nida Ziauddeen[1], Sam Wilding[1], Paul J Roderick[1], Nicholas S Macklon[2], Dianna Smith[3], Debbie Chase4 and Nisreen A Alwan[1,5]

[1]School of Primary Care, Population Sciences and Medical Education, Faculty of Medicine, University of Southampton, [2]Department of Obstetrics and Gynaecology, University of Copenhagen, [3]Geography and Environmental Science, Faculty of Environmental and Life Sciences, University of Southampton, [4]Public Health, Southampton City Council, [5]NIHR Southampton Biomedical Research Centre, University of Southampton

Predicting the risk of childhood overweight and obesity using population-level pregnancy and early-life healthcare data

Background: Nearly a third of UK children are overweight (≥85th centile), with the prevalence in most deprived areas more than twice that in least deprived. Evidence illustrating the developmental origins of obesity focuses on individual risk factors.

Aim: To develop and validate risk prediction models for childhood obesity using routinely-collected maternal and early-life population-level healthcare data in Hampshire, UK.

Method: A population-based anonymised linked cohort of antenatal and birth records registered at University Hospital Southampton, UK (2003-2018) and child health records. Childhood age- and sex- adjusted BMI at 4-5 and 10-11 years was used to define the outcome of overweight and obesity using the clinical cut-off of ≥91st centile. Logistic regression models together with multivariable fractional polynomials were used to select model predictors and to identify transformations of continuous predictors that best

predict the outcome. Models were developed in stages, incorporating data collected at first antenatal booking appointment, birth and early life predictors.

Results: Childhood BMI was available for 29060 children between 4-5 years (14.8% ≥91st centile) and 13482 children between 10-11 years (24.6% ≥91st centile). The area under the curve (AUC) was poorest (0.66 and 0.69 respectively) for the model only incorporating maternal predictors from the first antenatal appointment and highest for the model incorporating all factors up to weight at 2 years (0.83 and 0.75 respectively). Maternal predictors included BMI, educational attainment, partnership status, smoking at booking, ethnicity, first language English and folic acid supplement intake. Early life predictors included birthweight, sex and weight at 1 or 2 years. Maternal predictors remained consistent across the models indicating that high-risk groups could be identified at an early stage with more precise estimation as the child grows.

Conclusions: This prediction modelling can be used to strengthen targeted high risk approaches to obesity prevention in the antenatal and early years care by quantifying clustering of obesity risk as early as the first trimester of pregnancy.

Session 3

Presidents Suite

NHS Action on Prevention: Digital Health Tools

14.45

Hasan Ali, Public Health England and Nisreen Alwan, School of Primary Care, Population Sciences and Medical Education, University of Southampton

Workshop: Digital Health Tools for Prevention

This workshop will comprise of two distinct elements as follows:

A workshop for evaluating digital health products (35 minutes)

This element is for anyone who wants to understand how to assess a digital health product for effectiveness and impactfulness. Currently, a lot of digital health apps and websites are developed, without a clear benefit to public health. At Public Health England we want to change that, so all digital health products benefit the health of the people that use them. Attendees will

learn how to focus on the outcomes they're trying to achieve, and how best to understand whether they've reached those outcomes. We'll get hands-on starting by creating logic models for a digital health product. Logic models are useful in any project to focus on the outcomes you're trying to achieve, and what activities you'll carry out to get there. Next we'll focus on how to measure those outcomes, and what evaluation methods to use. In small groups we will discuss which methods are most appropriate for evaluating which outcomes. By the end, people will know how to create a logic mode and choose the right indicators and methods for their digital health product.

Applying a digital health prediction tool in everyday practice (25 minutes)

We, at the University of Southampton, have developed a Childhood Obesity Risk Estimation digital tool based on findings from the Studying Lifecourse Obesity PrEdictors population-based cohort in Hampshire (SLOPE CORE) to be used as an aid to obesity prevention conversations with families during pregnancy and early life. In this workshop we will, interactively with the audience, go through a few scenarios of using this tool in everyday practice to demonstrate the potential barriers and facilitators of using such tools if incorporated into routine practice or if self-administered. It would help as an introduction if you can attend our presentation (Ziauddeen & Alwan) on how we developed this tool earlier in the afternoon in the NHS Action on Prevention 2 session at 14.25 pm.

Session 1

Presidents Suite

Tackling Social, Economic and Commercial Determinants of Health: Food and Environment

Terry Blair-Stevens, Public Health England

Workshop: Applying Place Based Approaches (PBA) to reducing health inequalities

In this workshop participants will be introduced to place-based approaches guidance and tools to reduce health inequalities developed by Public Health England, the Local Government Association and the Association of Directors of Public Health. The PBA describes what health inequalities are, why they matter, what causes them and the current national landscape for action. It includes the Population Intervention Triangle (PIT), a practical framework for acting on health inequalities, which organises action around civic, service and community interventions, along with system leadership

and planning. Participants will have an opportunity to explore its practical application in local systems through interactive exercises and become familiar with related helpful tools.

Session 2

Presidents Suite

Tackling Social, Economic and Commercial Determinants of Health: Environmental and Commercial Influences on Diet.

13:40

Preeti Dhuria[1], Wendy Lawrence[1,2], Sarah Crozier[1], Sarah Franciosi[1], Daniel-Penn Newman[1], Janis Baird[1,2], Christina Vogel[1,2]

[1]Medical Research Council Lifecourse Epidemiology Unit, University of Southampton, [2]National Institute for Health Research Southampton Biomedical Research Centre, University of Southampton and University Hospital Southampton NHS Foundation Trust

Women customers' perceptions of factors that influence their food shopping choices

Background: Supermarkets are a major source of food for families and women remain primarily responsible for food shopping tasks. The factors women perceive to influence their food shopping choices are poorly understood, particularly in relation to in-store layout.

Aim: To examine women's perceptions of factors that influence their food shopping choices, particularly in relation to store layout and product placement, and identify ways to support healthier food shopping choices.

Method: In this qualitative cross-sectional study, semi-structured telephone interviews were conducted with 20 women customers aged 18-45 years. Women were recruited from six supermarkets across England. Participants were asked to describe the reasons for their choice of supermarket and factors in-store that prompted their food selections. The actions supermarkets, governments and customers can take to encourage healthier food choices were explored. Thematic analysis was conducted to identify key themes raised.

Results: Participants had a median age of 39.5 years (IQR: 35.1, 42.3), median weekly grocery spend of £70 (IQR: 50, 88), and 44% left school aged 16 years. Women reported that achieving value for money, feeling hungry, tired, or stressed, and meeting family

members' food preferences influenced their food shopping choices. The physical environment was also important, including product quality and variety, plus ease of accessing the store or products in-store. Some participants described taking a conscious approach to food shopping (i.e. lists), but many described how they and their family made unintended food selections as a result of prominent placement of unhealthy products. Participants described healthy eating as a personal responsibility but some stated that governments and supermarkets could be more supportive.

Conclusions: This study identified a number of factors that influence women's food shopping patterns and described how current placement strategies can prompt unhealthy food choices. Creating healthier supermarket environments could reduce the personal responsibility of healthy eating and prompt better food purchasing patterns.

13:55

Dianna Smith[2], Sam Wilding[1], Nida Ziauddeen[1], Paul Roderick[1], Debbie Chase[3], Nisreen A Alwan[1,4]

[1]School of Primary Care, Population Sciences and Medical Education, Faculty of Medicine, University of Southampton, [2]School of Geography and Environmental Science, Faculty of Environmental and Life Sciences, University of Southampton, [3]Public Health, Southampton City Council, [4]NIHR Southampton Biomedical Research Centre, University of Southampton and University Hospital Southampton NHS Foundation Trust, Southampton, UK

Are environmental area characteristics at birth associated with overweight and obesity in school-aged children? Findings from the SLOPE (Studying Lifecourse Obesity PrEdictors) population-based cohort in the south of England

Background: Geographical inequalities in overweight and obesity prevalence among children are well established in cross-sectional research, less attention is given to area-level considerations.

Aim: To examine how environmental area characteristics at birth are related to these outcomes in childhood.

Method: Anonymised antenatal and birth data recorded by University Hospital Southampton (2003-2018) linked to school-measured weight and height data for children within Southampton, UK were utilised (14,084 children age 4-5, and 5,637 age 10-11). Children's home address at birth was provided at the Lower and Middle layer Super Output Area (LSOA/MSOA) levels

(areas with average populations of 1,500 and 7,000 respectively). Area-level indices (walkability, relative density of unhealthy food outlets, spaces for social interaction), natural greenspace coverage, supermarket density, and measures of air pollution (PM2.5, PM10 and NOx) were constructed. Overweight/obesity was defined as a Body Mass Index (BMI; kg/m2) greater than the 85th centile for sex and age. Population-average generalised estimating equations estimated the risk of being overweight/obese for children at both timepoints. Confounders included maternal BMI and smoking in early pregnancy, education, ethnicity and parity. We examined associations for a subgroup of children who moved residence between birth and outcome measurement.

Results: There was mixed evidnece for associations between area characteristics at birth and overweight/obesity at later ages. MSOA relative density of unhealthy food outlets and PM10 were positively associated with overweight/obesity, but not among children who moved. LSOA greenspace coverage was negatively associated with the risk of being overweight/obese at ages 10-11 in all children (Relative Risk Ratio 0.997, 95% Confidence Interval 0.995-0.999, p = 0.02), and among children who moved.

Conclusions: Local access to natural greenspaces at the time of birth was inversely associated with becoming overweight or obese by age 10-11, regardless of migration. Increased access/protection of greenspace may have a role in early prevention of childhood obesity.

14:10

Sarah Shaw[1], Georgia Ntani[1,2], Janis Baird[1,3], Christina Vogel[1,3]

[1]MRC Lifecourse Epidemiology Unit, University of Southampton, [2]UK Arthritis Research UK/MRC Centre for Musculoskeletal Health and Work, University of Southampton, [3]NIHR Southampton Biomedical Research Centre, University of Southampton and University Hospital Southampton NHS Foundation Trust

A systematic review of the influences of product placement in food stores on dietary behaviours and sales (Prospero CRD: 42016048826)

Background: The marketing techniques used in food stores can subtly influence the food choices of many families. Previous reviews have investigated price manipulation, swap suggestions and shelf prompts but none have comprehensively assessed how product placement influences the healthfulness of diet-related outcomes.

Aim: To review observational and intervention evidence for how food and beverage product placement (availability and positioning) in food stores influences diet and food purchasing behaviours.

Method: Nine databases were systematically searched, using both MeSH and free text terms, for articles published between 2005 and February 2019. All eligible studies went through data extraction and quality assessment by two reviewers. Results were synthesised using a vote counting technique which recorded the significance level and the direction of the effect in relation to the expected relationship with health improvement.

Results: The search yielded 16,342 potential articles. Seventeen observational and 21 intervention articles met inclusion criteria.

There is moderate evidence from observational and intervention studies to show that greater availability and more prominent placement of healthy foods, or reduced availability and less prominent placement of unhealthy foods, are associated with healthier dietary-related behaviours (diet/sales/BMI). A large number of results, however, were not statistically significant. Sales outcomes, assessed in the majority of intervention studies and almost half of observational studies, provided the most consistent results in the expected direction for health benefit. The least abundant and least consistent evidence was found for BMI outcomes. 59% of observational studies showed low risk of bias in relation to the research, while 91% of intervention studies showed high risk of bias.

Conclusions: This review provides sufficient evidence to support government intervention to ensure that product placement strategies in retail food stores are used to promote healthy eating. Future research priorities should focus on designing adequately powered cluster intervention studies that test both the independent and additive effects availability and positioning strategies.

14:25

Jo Nicholas, Dietary Improvement team, Diet, Obesity and Physical Activity Division, Public Health England

Reduction and reformulation programme overview

Background: Public Health England (PHE) oversees the reduction and reformulation programme on behalf of government, as set out in chapters one and two of the childhood obesity plan and the 2019 Prevention Green Paper. The voluntary programme applies across the food industry (retailers, manufacturers and the eating out of home sector) and covers sugar, calories, salt and work to improve the nutritional quality of commercial baby foods and drinks. The programme includes a focus on engagement with specific parts of the eating out of home sector.

Aim: The aim of the programme is to encourage reformulation of everyday products. It includes a variety of food categories, not just those specifically marketed at or produced for children as analysis shows that children and adults consume the same products. The programme benefits all consumers including those in lower socio-economic groups where obesity and tooth decay rates in children are higher.

Method: PHE provides advice to ministers in relation to the evidence for action, setting guidelines for the food industry to achieve, and monitoring progress.

Results: The second report on the food industry's progress towards meeting the government's ambition to reduce sugar by 20% by 2020 showed a mixed picture of progress, with more significant and quicker progress reported on drinks subject to the Soft Drinks Industry Levy. A report on progress towards meeting 2017 salt targets also showed mixed progress. In 2020 we anticipate publication of a further progress report on sugar (including the first assessment of industry's progress on sugar reduction in milk and juice based drinks). We also expect to publish the next wave of salt reduction targets, guidelines for calorie reduction, and guidelines to improve the nutritional content of commercial baby foods and drinks.

Conclusions: The commitment and creativity shown by some food businesses proves that it is possible to drive healthier consumption while meeting commercial needs, but much greater action is required across industry.

Session 3

Tackling Social, Economic and Commercial Determinants of Health: School and Community

14:45

Fiona Maxwell, Jude Ruddock-Atcherley, Grace Grove, Charlotte Matthews, Emma Seria-Walker University of Southampton, Southampton City Council, Public Health England

Domestic Violence and Abuse (DVA) in Hampshire: policy, profile, and prevention

Background: DVA is a significant and high profile public health issue which attracts considerable medial and political attention. Its impacts are high - both at a personal/family (victim) level and in terms of cost to the health, social care and justice systems. National policies have encouraged multi-agency approaches to DVA, which often does not occur in isolation and can be part of a picture of complex and multiple family need. Despite this it remains under-reported, under-detected and intervention often happens only at a late stage.

In Hampshire, Southampton and Portsmouth there is a strongly multi-agency approach to prevention at all levels, including provision of victim services through public health commissioning. Perpertrator services are also a key part of the prevention strategy and these, too, are commissioned by Public Health and have been evaluated by the University of Southampton. It is recognised that opportunities for early intervention can often be missed; and further work on developing a wider preventive approach is ongoing.

Aim: To note national and local policy on DVA and violence against women and girls (VAWG); to describe the extent and key features of the burden of DVA in the pan-Hampshire region; to highlight recent and ongoing work: e.g., perpetrator programme, Hampshire Making Safe Scheme, and initiatives to support children, in the context of a public health approach to domestic abuse.

15:00

Ruth Ancliff, GPST3 trainee; Emer Forde, Clare Wedderburn, GP Centre, Bournemouth University

Exploring the wider social value of breastfeeding peer support groups: perspectives from mothers and supporters

Background: Mother to mother peer support groups are one intervention aimed at improving the UK's current low breastfeeding rates. Evidence for the effectiveness of peer support on improving rates is mixed but qualitative studies have shown numerous psycho-social benefits for both peer supporters and mothers. In 2016 Public Health Dorset commissioned Families and Babies to provide breastfeeding peer support groups across the county. The current project was developed as part of a GP training community health fellowship in partnership with Families and Babies to explore the wider social value of the breastfeeding support groups.

Aim: To explore the wider social value of breastfeeding peer support groups

Method: We undertook a qualitative study consisting of 8 focus groups with mothers attending peer support groups and peer supporters at 4 locations across Dorset. A total of 12 peer supporters and 20 mothers took part in the study.

Results: Peer supporters reported a strong sense of achievement and satisfaction from their role, they enjoyed the challenge of learning and expanding their knowledge and gained confidence and interpersonal skills which were transferable to their wider personal and professional lives. Roles as peer supporters had led to career development and career change for some participants. For mothers attending the groups, the supportive environment provided a safe space to discuss difficulties and fostered a sense of solidarity amongst mothers. Friendship was seen as one of the main benefits of the group, and many reported forming strong, supportive networks. Mothers also reported gains in confidence as a breastfeeding mother and in breastfeeding outside the home.

Conclusions: The breastfeeding peer support groups provide holistic support to breastfeeding mothers that extends beyond the practicalities of breastfeeding. The peer supporter role provides fulfilment and develops mothers both personally and professionally.

15:15

Sarah Carter, Elaine Dennison, Kate Ward, Millie Parsons, Michael Clynes, Cyrus Cooper; MRC Lifecourse Epidemiology Unit, University of Southampton

Associations between social class and BMI and prudent diet score across generations: evidence from the Hertfordshire Cohort Study

Background: Studies concerning the intergenerational transmission of social class and the intergenerational transmission of body mass index (BMI) and obesity have reported that social class and BMI can perpetuate across generations. However, little research exists examining the influence of parental and grandparental social class on both BMI and prudent diet score across multiple generations. The Hertfordshire Cohort Study, which contains socioeconomic and diet information across multiple generations, provides a uniquely placed cohort in which to conduct this study period.

Aim: This paper aims to determine whether parental or grandparental social class is associated with child and grandchild BMI and prudent diet score.

Method: Using data from the Hertfordshire Cohort Study, relationships between social class and adult BMI and prudent diet score were analysed in generational pairs across four generations: great-grandparent (F0), grandparent (F1), parent (F2), and child (F3). Linear regressions examining social class and BMI, and social class and prudent diet score, were run from parent to child (F0 to F1, F1 to F2, and F2 to F3) and from grandparent to grandchild (F0 to F2 and F1 to F3). Models were adjusted for child and grandchild health indicators, educational attainment, and social class.

Results: Parental social class was significantly positively associated with adult BMI and prudent diet score in the F1 and F2 generations, with results robust to adjustment for the health, educational attainment, and social class of the child. Grandparental social class had a significantly positive association with BMI and prudent diet score for F2s, robust to adjustment. No significant associations were reported between parental or grandparental social class and F3 BMI or prudent diet score.

Conclusions: Adult prudent diet score and BMI are associated with parental and grandparental social class.

15:30

Lucy Horne, Ben Keens, Brad Magookin, Ben Kemplen, Edmund Anderson, Steve Ketteringham, Saints Foundation

Championing Wellbeing: The Impact of a Saints Foundation School Community Champion on Young People's Wellbeing.

Background: Last year Saints Foundation had a full-time Community Champion in six secondary schools across Southampton, whose purpose was to provide support via mentoring and diversionary activities to young people who were struggling with mainstream education.

Aim: To assess the impact of a full-time Community Champion on young people's wellbeing in secondary schools across Southampton.

Method: This study had a non-experimental design, consisting of two strands. The first being a questionnaire (which included bespoke measures, the Short-Warwick-Edinburgh-Mental-Wellbeing-Scale and open text questions) which was administered with young people at pre-intervention and again at post-intervention (base size 506). The second strand consisted of anonymous reflective online questionnaires focussing on core project domains, conducted with school teachers (base size 16).

Results: 54% of young people's wellbeing scores increased through working with a Community Champion, with this increasing to 73% for young people who had a below average wellbeing score versus national benchmarks (assessed using the New Economics Foundation wellbeing tool). Wellbeing scores increased for 71% of young people who received mentoring and 52% of young people who took part in diversionary activities. 75% of teachers stated that the programme had a large positive impact on young people's wellbeing. When determining the mechanisms that enabled this impact, data shows that 78% of young people tried something new through taking part in the programme, with coded comments highlighting that young people felt more confident (18% of comments) and that they have someone to talk to (12%).

Conclusions: The programme is effective in improving young people's wellbeing scores, particularly amongst those who need it most. The mentoring element of the programme is more effective in this area than diversionary activities, with the key mechanisms driving the programme's success focussing on providing young people with new opportunities, increased levels of confidence and an adult who they feel that they can talk to.

Session 1

Press Lounge

Local Public Health Action: Vulnerable Groups

11:15

Natalie Garwin and Mike Newman, Hampshire County Council

Men, employability and mental health

Background: Income and work are key factors in both individual and community health and wellbeing. For individuals, low income or unemployment can significantly impact on their quality of life and mental wellbeing. Nationally, around 1 in 8 men have a common mental health problem and rates of suicide are three times higher in men than women. Common risk factors include debt, financial anxiety, unemployment and insecure employment, exacerbated by a reluctance to seek support.

Aim: The Interreg 2Seas project, Step By Step (SBS) aims to improve health, mental wellbeing, employability and work readiness through engaging men in meaningful activities, supported by trained volunteers. Supported by the European Regional Development Fund, the partnership has collaborated to produce a new model of community health and employability improvement for men, based on 'Mens Sheds'.

Method: The SBS Model of Men's Sheds combines health, mental wellbeing and employability within a community setting and operates on three levels:• Creating an environment that provides men with structure and opportunities to learn new skills and build confidence • Supporting men to gain experience or access formal training through linking to local services and opportunities • Training Skills Development Coaches to provide additional one-to-one coaching to men, providing extra support for men to gain employment. Each SBS Shed is provided with training and support to attract new members who are socially isolated or unemployed, to help reach the population who would most benefit from the SBS Shed environment.

Results: 20 groups are currently involved in the SBS project in Hampshire, engaging men across the county. Training has been developed to upskill men within the Shed to become Skills Development Coaches, embedding employability into the model.

Conclusion: The SBS model showcases a sustainable model of engaging men in the community, improving

their skills, employability and mental wellbeing through active engagement, training and skills development. An evaluation of the SBS Model, including elements related to employability and employment readiness, is being undertaken by The University of Chichester and will be published in 2021.

11:30

Colin McAllister, Sophie Robin, Charlotte Matthews and Tim Davis, Southampton City Council

Reducing the risk of harm associated with on street sex work

Background: Women who sell sex 'on street' are at significant personal risk. Sex work also has associated risks for the wider community. There is not, currently, a common understanding of the needs of women who sell sex 'on street' in Southampton nor a stated strategic approach to meeting their needs.

Aim: Reduce the risk of harm for women in 'on street' sex work, starting by understanding local unmet need.

Method:

Rapid Needs Assessment, including evidence review and stakeholder views, to:

- Identify the needs of women who sell sex on-street in Southampton.

- Map current provision, assets and unmet need,

- Review the research evidence and recommend ways of meeting unmet need and

- To agree a strategic approach to reducing the prevalence and risks associated with on-street sex work, building on existing work and the findings of the needs assessment

Results: This is an ongoing piece of work - we will present our review, which shows high unmet need, and impact to date. We will also present our learning about working with others to give a profile to the needs of this group. The needs of other people who sell sex or are otherwise affected by sex work were beyond the scope of this specific review, but we hope to do further work in this area.

11:45

Polly Martin & Jay Balch, Daisy Reed, Forensic Learning Disability Services, Southern Health NHS Foundation Trust

Men's Health Group in a Forensic Learning Disability Inpatient Service

Background: Working in a low secure inpatient service for adult men diagnosed with learning disability, it was identified that the patients have a range of health and care needs that could be addressed through educational intervention. A Men's Health group was designed and facilitated by Occupational Therapy in addressing issues related to; healthy diet and exercise, oral hygiene, testicle self-examination

Aim: To enhance patient self-care in relation to both general and male-specific health issues through group educational intervention.

Method: A ten week programme with a different topic addressed each week. A range of handouts were shared for supporting retention of learning. Each session included interactive exercises to promote engagement and used quizzes to help consolidate learning.

Results: A consistent group of patients attended each week. Health benefits have been observed such as; commitment to healthy living ward activities such as the 'morning mile', hiking and the gym, better oral care and hygiene, and seeking and completing of healthier recipes to aid with weight loss.

Conclusions: As an male-only group, this provided a safe and friendly environment in which male patients could discuss their health needs and receive support and education appropriate to their level of understanding.

12:00

Robert Anderson-Weaver[1], Jo Atkinson[2], Su Mcsheaffrey[3]

[1]Public Health, Portsmouth City Council, [2]Portsmouth Clinical Commissioning Group, [3]South Central Ambulance Service

'Safespace' Portsmouth - 10 years on

Background: Safespace is one of the countries longest running Alcohol Intoxication Management Services (AIMS) servicing the night time economy in Portsmouth and those who use it. The site has been active for 10 years and has now moved in to its third home. Safespace aspires to do more than act as a 'drunk tank'. The site deals with presentations of all kinds but predominantly aims to take the strain off incredibly busy emergency and hospital services. The site is crewed by South Central Ambulance Service (SCAS), commisioned by Portsmouth Clinical Commisioning Group (CCG) and the University of Portsmouth, and supported and deveoped by Public Health within the local authority. The last three years of service have seen the site act as a staging ground for health promotion and development of the wider workforce - particulary around prevention and improving health literacy, often with staff who have received little or no training. An example of this is the delivery of Making Every Contact Count (MECC) to a group drawn from SCAS, the University and several independent student housing providers.

Aim: - Divert unnecessary Ambulance Conveyences & Emergncy Admissions; - Deliver opportunistic interventions and health promotion activity; - Build on existing partnerships with Portsmouth University and student housing providers to reduce vulnerability in those using the cities night time economy; - Provide a safe space for people when they need it.

Method: Safe Space has been open Friday & Saturday nights, 22:00 - 03:00, 52 weeks of the year - data is collected by SCAS wherever possible from those using the service and reported on by Public Health and Portsmouth CCG

Results: - Headline presentation and outcome data over the last 3 years of activity in Portsmouth's night time economy, insight into the demographics and potential opportunities. Strong partnerships developed with the University of Portsmouth, the City's Night time economy, local primary care networks and private sector housing providers. - In 2018/19 alone there were 397 attendances, with the majority of those in the 20-29 age bracket. It has been estimated that 167 ambulances were saved along with a potential 47 ED attendances. 'Get It On' training delivered to Student Union Team and Private 'Halls' Accomodation reps (allowing them to order and despense condoms and pregnancy test as well as the developing of skills to make an intervention). VBA around smoking training provided to Reslife teams at the University of Portsmouth in order for them to deliver their own interventions with students.

Conclusion: 'AIMS' are a vital contributer to night time economies, the NHS action on prevention and also partnership work to prevent harm to vulnerable people - In 2019 the service was extended to cover the incredibly busy Freshers period of September - this was commisioned by the Hampshire Constabulary and demonstrates how these valuable services can be developed in partnership with other groups or bodies. Portsmouth's Safespace also intends to tackle social

and economic inequalities by providing a service that is completely open access and non-judgemental at a place and time that works for people.Future plans include dedicated outreach to access some of the City's homeless residents. Safespace is recognised as a key asset in diverting strain away from ED, what isnt captured in the data is the very real benefit of not transporting people to the Hospital, needlessly and often very late at night - this could actually leave them more vulnerable, particularly if they are new to the City. Safespace provides a meeting point and hub that has imense potential for health promotion in adition to the clinical side of its activity

Session 2

Press Lounge

Local Public Health Action: Adolescents and Young People

13:40

Sarah Shaw[1,2],Sara Correia Simao[1,2],Sarah Jenner[1,2],Wendy Lawrence[1,2], Kath Woods-Townsend[2,3], Hazel Inskip[1,2], Janis Baird[1,2], Leanne Morrison[4,5], Mary Barker[1,2], Sofia Strömmer[1,2]

[1]MRC Lifecourse Epidemiology Unit, University of Southampton, [2]NIHR Southampton Biomedical Research Centre, University of Southampton and University Hospital Southampton NHS Foundation Trust, [3]Southampton Education School, Faculty of Social Sciences, University of Southampton, [4]Centre for Clinical and Community Applications of Health Psychology, Southampton, [5]Primary Care and Population Sciences, Southampton

Parental Perspectives on negotiations over diet and physical activity: How do we involve parents in adolescent health interventions?

Background: Adolescence is often characterised by unhealthy behaviours such as a high intake of energy-dense, nutrient-poor food and low physical activity levels. During this time, adolescents' capacity to make their own decisions is increasing, however, parents remain influential in shaping many of their behaviours.

Aim: This study aimed to explore parents' views of adolescent health behaviours and identify ways in which parental involvement can be incorporated into interventions to support health behaviour changes in their adolescents.

Method: A total of 24 parents with adolescents participated in explorative qualitative interviews to understand their perspectives on adolescent health behaviours. Data were analysed using inductive thematic analysis.

Results: Six themes were identified: (1) 'My role in maintaining my adolescent's heath' describes the way parents run their households and control their adolescent; (2) 'What I think about health' describes parents' past experiences and motivations for improving their own and their family's health; (3) 'Things outside my control that affect my adolescent's health' describes changing exposure to external factors that are having increasing influence on adolescents' health behaviours as they age; (4) 'What my adolescent wants' describes parental perceptions of what their adolescent asks them for as well as factors that will make them more likely to engage in healthier behaviours; (5) 'Negotiating control' describes the changing dynamics between parents and their adolescents; (6) 'What parents think could help support adolescent health' describes parents suggestions for health interventions that target adolescents and ways they think parents may want to be involved.

Conclusion: Qualitative approaches provide a deeper understanding of parental perceptions of family life and their adolescents' values and priorities. Parents offer support in varying ways and have changing levels of control over and input into their adolescents' lives over time. Finding ways to incorporate parental support into health behaviour change interventions targeting adolescents, in a manner that is acceptable to adolescents, has the potential to improve the engagement levels with and effectiveness of such interventions.

13:55

Amanda Lees & Sanjay Patel, University Hospital Southampton, University of Winchester

A health literacy intervention to increase parental confidence to manage minor childhood illness and navigate services

Background: In the UK there are upward trends in GP consultation rates and Emergency Department (ED) total attendances, for adults and children, particularly 0-4-year olds. Young children often present with self-limiting minor illness. 'Unnecessary attendance' has resource implications for services and can be stressful for children and families. Socio-economic deprivation is associated with high GP consultation and ED attendance rates. Parents report anxiety around decisions on how to manage childhood illness and when to seek medical attention.

Aim: We report an evaluation of health literacy resources implemented in Wessex to support parents to manage minor childhood illness and navigate services. These 'Healthier Together' resources consist of a website and paper handouts available in children's centres or from GPs/health professionals.

Method: We conducted 18 semi-structured interviews including a section in which respondents were asked to 'think aloud' as they read and navigated the resources. Data were transcribed and subject to thematic analysis

Results: Parents appreciated advice on 'what to do when' in cases of minor illness. Some gave examples of things done differently and several anticipated future behaviour change. Suggestions for improvement included a need to simplify information and website navigation due to heightened parental anxiety when children are ill. Parents felt it was important for health professionals who introduce health resources to communicate in an unrushed and reassuring way. A small number of parents stated they struggled to understand the resources and some refused to participate in the evaluation because they were not confident to discuss 'medical matters' or felt their English was not good enough. These participants exhibited characteristics of lower health literacy linked to socio-economic disadvantage

Conclusion: Health literacy resources offer potential to increase parental confidence to manage minor childhood illness. To address health inequalities, any additional support needs of parents with lower health literacy (for whom standard resources may be insufficient) must be investigated and responded to.

14:10

Andrea Wright, Portsmouth City Council

Childhood Obesity Superzone Pilot

Background: Public Health Portsmouth undertook a Whole Systems Obesity review using the Leeds Beckett toolkit, this highlighted the wider environment as having least activity. Our 2018 Director of Public Health annual report focused on childhood obesity with new ways of working required to reduce it. A councillor briefing, workshops (councillor/professional), evidence review and scoping project with a school were carried out, with the combined findings leading to the piloting of a 'superzone' (Jan-Dec 2020).

Aim: Pilot a community-focused approach to tackling childhood obesity within a small geographical location around Arundel Court Primary Academy.

Method: A superzone is a place-based approach in a very localised area, co-ordinating policy and community action, aiming to reducing childhood obesity, with co-benefits of cleaner air and promoting a safe environment. The pilot is based on four themes identified by the school children's project and built-upon within the workshops: *Healthy Food Environment, *Active Places, *Cleaner air, *Community and safety Each theme has agreed objectives which tailor community needs and assets with co-designed actions with communities, utilising internal/external partnership working to deliver, overseen by a multi-agency steering group.

Results: Post the superzone pilot the main findings will be published in 2021. However, key learning to-date is: *fully understanding the issue (desktop/primary research), although time-consuming, it's fundamental. *ensuring the right people are involved at the right time. *real change requires working with communities, rather than doing to. *changing the environment is challenging but the potential impact is huge.

Conclusions: Engaging children in understanding childhood obesity from their perspective and involving them (and their parents) in designing solutions is crucial to any success in reducing it. Working collaboratively and obtaining buy-in at all levels (strategic/operational) needs to happen before success can be seen, with a shift from indiviudalised action, to tackling environmental factors is essential to achieve change.

14:25

Megan Saunders & Jo Lockhart, Public Health, Hampshire County Council

Health in Educational Settings: reframing healthy schools

Background: Historically in Hampshire, Children's Services have led on Healthy Schools with some Public Health support. With recent resource challenges, Children's Services have had to prioritise statutory duties and therefore focus on healthy schools was reduced. Acknowledging the value in using whole setting approaches to improving health and wellbeing and therefore educational and health outcomes for children and young people, and in light of changes to OFSTED, new statutory Relationship, Sex and Health Education guidance, and increasing concern in schools on emotional wellbeing and health inequalities, Public Health have reviewed the health and wellbeing offer to educational settings. We are working to support early years settings and schools to understand their priority areas, and provide staff with the knowledge and resources to embed a whole school approach to health and wellbeing.

Aim: To support educational settings improve their

knowledge, skills, confidence and practice to ensure children and young people are provided with a healthy, supportive environment in which to learn and thrive.

Method: Initial engagement with settings informed a programme plan focussed on the creation and dissemination of tools, information and resources to support education settings deliver a relevant health offer. The programme has included the development of a new brand, a new website, school surveys for pupils, staff, and settings and procurement of an e-learning training package for schools (currently underway). A new Healthy Early Years programme has also been designed and piloted. Children, young people and setting staff have been engaged throughout each stage of the process.

Results: Over 6,000 pupils participated in the health and wellbeing survey, an increase on previous pupil voice surveys. Schools are sent a report of their data, and results are also being compiled into district- and county-level reports. A post doc student is currently undertaking analysis to explore how representative the sample is. The new datasets allow a greater knowledge and understanding of children and young people's needs and priorities, areas of best practice, areas for development and gaps in offer for and by education settings. The creation of a new website with new branding for early years, primary and secondary education staff provides a 'one stop shop' of resources, links to national guidance and free eLearning. This enables staff to confidently access evidence-based support and advice. The Healthy Early Years work is being piloted with 5 settings in Rushmoor, from child minder to all-day preschool provision. Feedback is constantly collected via an online forum and face to face visits by Childrens Services colleagues.

Conclusion: This work is nearing the completion of Phase 1 and will be an ongoing commitment with sustainability at its core to ensure educational settings know where to access the information they need to support the health and wellbeing of their children, young people and staff. Next steps include analysis of the survey results to inform future e-learning modules and review of the Healthy Early Years pilot ahead of county wide roll out in 2020.

Session 3

Markus Liebherr Lounge

Local Public Health Action

14.45

Workshop: Global Health research partnerships and opportunities in Wessex

Professor Nuala McGrath & Professor Merlin Wilcox, University of Southampton

Outline:

Short presentations on global health research partnerships and opportunities in Wessex:

a. NIHR global health funding strategy and opportunities: Dr. Sarah Puddicombe, Assistant Director, Global Health Research, NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC)

b. The CHERISH programme in South Africa: Prof Nuala McGrath, Professor of Global Health, School of Primary Care, Population Sciences and Medical Education, University of Southampton

c. Developing Family Planning Films using the person-based approach in Uganda; and Southampton-Beijing partnership on Traditional Chinese Medicine: Dr Merlin Willcox, Academic Clinical Lecturer, School of Primary Care, Population Sciences and Medical Education, University of Southampton

d. The Southampton – Ethiopia partnership: Associate Prof Simon Fraser, School of Primary Care, Population Sciences and Medical Education, University of Southampton

e. The Wessex Global Health Network: Dr John Acres (Chairman of Wessex Global Health Network)

A discussion on how to improve networking on global health amongst the Wessex Public Health Community.

Posters

Childhood Obesity

1

Ravita Taheem et al, University of Southampton and Southampton City Council

What Proportion of Local Authorities in England have Plans to Tackle Childhood Obesity?

Background: Local authorities (LAs) in England have a role in influencing the health of their population and are required to develop health and wellbeing strategies. In England 34.3% of 10-11 year olds are overweight or obese and the corresponding prevalence for adults is 61.3%. The UK government's ambition is to halve childhood obesity in England by 2030, necessitating action by local authorities. However there is no mandate for LAs to tackle obesity, and the proportion of English local authorities with plans in place to do so is not known.

Aim: This study assessed the proportion of councils in England with accessible obesity policies/plans.

Method: An initial internet search followed by a search of councils' webpages was undertaken, using terms "healthy weight", "obesity" and "childhood obesity". For each search term the first 100 results from the council website were reviewed for up-to-date local plans, policies and strategies to tackle obesity in their area. This will be followed by interviews with a representative sample of LAs.

Results: In England 152 of the 353 councils (including 201 district councils covering smaller areas) have a public health function. Of these, only 51 (33.6%) had up-to-date and publicly accessible plans to tackle obesity. These included healthy weight, childhood obesity, whole systems approaches and healthy weight declarations. Councils without a plan may be taking action to tackle obesity, but within other public health or children and young people strategies.

Conclusion: Only one third of councils with public health functions had up-to-date and visible plans to tackle childhood obesity, which are required to translate priorities into action. If policies to address obesity in local government are included alongside other competing priorities rather than as a separate policy, it is unclear if childhood obesity in particular will be given the political commitment required to achieve national targets.

2

Sarah Rayfield et al, Oxford University Hospitals NHS Foundation Trust

Promoting healthy weight in childhood: The role of an acute trust in a whole system approach

Background: In Oxfordshire, 20% of reception children are overweight, rising to 30% by year 6. The NHS has a role in supporting children and families to change behaviour along with identifying and managing those with overweight. As part of the Whole Systems Approach to obesity in Oxfordshire, a Public Health registrar was based with Paediatrics at the acute trust, closely collaborating on work to prevent childhood overweight.

Aim: To develop a Promoting Healthy Weight in childhood strategy at Oxford University Hospitals NHS Foundation Trust

Method: 1.Data was obtained on height, weight and BMI centile of children attending paediatric outpatients over 15 months. 2.Online survey of all paediatric staff to identify barriers to raising healthy weight with children and families. 3.A task and finish group was convened to develop a toolkit for childhood overweight (Secondary care, Oxfordshire CCG, School Nursing, Health visiting, local authority Public Health, Community Dietitians and Active Oxfordshire). 4.The strategy was developed in consultation with paediatric staff

Results: 30,000 children (2-18 years) were seen in Paediatric Outpatients over a 15 month period. Height and weight data was available for 42%. During that time, at least 3,000 of children seen were overweight (28% of boys, 24% of girls). There were 55 responses to the staff survey. The top barrier cited was lack of time, followed by not knowing where to signpost patients to for support.

The Strategy was developed which included the domains of: • Raising awareness of healthy weight with children, families and staff • Making every contact count • Embedding a health improvement advice centre within Paediatrics • Improved identification of children who are overweight • Consistent approach to the management of children who are overweight

Conclusion: Acute trusts have a key role in preventing ill health. By implementing this strategy to promote healthy weight in childhood, we aim to prevent childhood overweight and its associated consequences.

3

Julia Cornish et al, GP Centre, Bournemouth University, Public Health Dorset

Do GP Trainees have the knowledge to consult with parents on the importance of good nutrition in preschool children? A collaborative pilot between Dorset Public Health and the Dorset GP training scheme to enable GP trainees to gain a broader experience of community health.

Background: "Childhood obesity is one of the most serious public health challenges of the 21 century" (WHO). In the UK about 20% of children are overweight or obese when they start school. These children are more likely than their peers to become overweight adults. GP's are well placed to provide interventions and signpost parents to good quality information about weaning and early nutrition.

Aim: To assess GP trainees' confidence and knowledge of nutrition in pre-school children, and to identify if further education was needed. GP trainee's knowledge was compared against parents.

Method: Final year GP trainees on the Dorset Vocational Training Scheme responded to an online questionnaire. Consent was obtained and data collection was anonymous. Parents were recruited through primary author's GP practice in Dorset. They were given the same questionnaires in paper format and also gave written consent before participating.

Results: Twenty-seven people took part: 17 GP Trainees and 10 parents. Only 1 GP trainee felt 'very confident' in their knowledge of what pre-school children should eat, and were less confident than parents. 95% of all participants felt they had received little to no education overall. Participants were asked where they obtained their information. 'A chat with HV/Nurse/Doctor' was the most common for parents; advice from family and friends for GP Trainees. Further education was wanted by 85% of participants. GPs Trainees were keen to receive this through signposting to websites, advice on suitable recipes for children, books, leaflets, videos and group workshops. GP trainees knowledge regarding existing relevant websites was often worse than parents.

Conclusion: GP Trainees show a significant lack of confidence and knowledge in pre-school children's diet, compared to parents. There is enormous potential here to provide health promotion and advice to address the crisis of obesity on health. The benefits to be gained from joining forces with Public health could be significant.

4

Naomi Gadian et al, University of Southampton

Is maternal overweight and obesity associated with child development within the first year of life? Findings from the SLOPE (Studying Lifcourse Obesity PrEdictors) cohort.

Background: Maternal obesity in pregnancy has been linked with neurological foetal complications including neural tube defects, however, evidence is inconsistent about general neurodevelopmental delay. Throughout England, the Ages and Stages Questionnaire(ASQ) forms part of child neurodevelopmental assessment.

Aim: Investigate associations between maternal overweight and obesity during pregnancy with child neurodevelopment in an English population-based cohort in Hampshire.

Method: Anonymised, routinely collected maternal data at the University Hospital Southampton (2003-2018) was linked with their singleton offspring's routine developmental ASQ score (N=68,676). Child characteristics using national defined ASQ neurodevelopmental delay (dd) scores for the five domains (Gross-Motor, Fine-Motor, Problem-Solving, Communications, Social) were analysed. The 10 month cut-off values were generated using two standard deviations from the mean score of 899 American children completing the assessment (2004-2008). The exposure, maternal early pregnany weight, was categrised using Body Mass Index (BMI). Logistic regression models, adjusted for confounders, analysed maternal BMI and associated child ASQ score cataegries for each domain. Additionally, subgroup associations at high risk of dd including premature and small for gestational age(SGA) births were analysed.

Results: Within adjusted models, maternal obesity was not significantly associated with dd in any domain and conversely, maternal overweight was protective for Fine-Motor domain (adjusted odds ratio (aOR) 0.62, CI 0.39,0.98). Within the subgroup analysis for prematurity, maternal obesity was associated with higher risk of having an ASQ score prompting referral for Problem-Solving (aOR4.7, CI 1.04, 21.15). Within the subgroup analysis for SGA, maternal overweight was protective for those who were not SGA for Fine-Motor (aOR0.58 CI 0.36, 0.94).

Conclusions: Maternal obesity was only associated with dd as measured by ASQ in children who were born preterm. Large scale studies are required to assess maternal BMI and their offspring's dd considering both the shorter and longer-term consequences and implications. Additionally, further studies are required to asses the validity of ASQ dd scores.

5

Elizabeth Taylor et al, University of Southampton

Change in modifiable maternal characteristics between consecutive pregnancies and offspring adiposity: a systematic review

Background: Childhood obesity is a serious public health challenge. There is evidence that modifiable maternal exposures during the periconceptional period are linked to offspring adiposity.

Aim: We aimed to systematically identify research which characterises change in modifiable maternal exposures between pregnancies and adiposity in second, or higher order, siblings.

Method: Published literature was identified using five online databases. Longitudinal studies which included measurements taken on at least two occasions in the period from one year prior to the conception of the first birth to the second birth and where there was a measure of adiposity in the second, or higher order, sibling after the age of 1 year were considered. Age, ethnicity and genetics were not considered modifiable. The length of the interpregnancy interval was specifically included.

Results: Eleven studies were identified which satisfied the inclusion criteria. These considered maternal weight and smoking status, mode of birth and the length of the interpregnancy interval as exposures. Outcomes included categorical and continuous offspring BMI, weight for height z-scores and body composition measurements. Most studies included only one time-point for the outcome measurement and the age at which these were taken varied from 19 months to 30 years. This heterogeneity meant a meta-analysis was not possible. Higher interpregnancy weight gain or loss, starting smoking, an increase in the number of cigarettes smoked and longer interpregnancy intervals were found to be positively associated with adiposity in second or higher order siblings. Vaginal birth after caesarean had a protective effect.

Conclusions: Further research is needed to ascertain whether the risk of childhood obesity is fixed based on past exposures or if a change between pregnancies alters the risk for a subsequent child. Identification of these exposures can inform the effectiveness of interventions where a mother is likely to become pregnant again whilst she is still in regular contact with healthcare professionals.

6

Daniella Watson et al, Human Development and Health, Faculty of Medicine, University of Southampton

What might we do to improve maternal and child nutrition in communities in sub-Saharan Africa? A qualitative study

Background: Poor maternal nutrition and child feeding practices can have a profound impact on development, and lead to adverse long-term economic, social and health consequences. Characterized by rapid nutritional transition, sub-Saharan Africa faces the increasing challenge of a double burden of malnutrition, where undernutrition coexists with overweight and obesity.

Aim: This study aimed to understand community perceptions of factors influencing maternal and child nutrition, and identify context-specific interventions to optimise nutrition in the first 1000 days of life.

Method: Thirty focus groups were conducted (10 in each country: Burkina Faso, Ghana and South Africa), with 235 participants in total. Participants were stratified according to gender and reproductive age: women 18-25 years, 25-40 years, 40-55 years; men 18-55 years. Focus groups were conducted in local languages, audio-recorded, transcribed and translated into English by local researchers, coded in NVivo 12 software, and thematically analysed. Secondary analysis was conducted to synthesise the cross-countries data.

Results: Overarching themes from the focus groups include the stage of economic and social transition in each setting, which was associated with the communities' disease status and socially constructed gender norms in terms of the domestic role of the woman in the family. In more transitioned communities, the double burden of disease coexists. For all communities, the underlying constraints of poverty and limited opportunities to gain income affected food security. Sufficient quantity, rather than quality, of food was the major priority for families. Communities suggested family, community and structural solutions to gain control of food production, such as livelihood support, agriculture, community groups, and building infrastructure to create healthy environments to access nutritious foods.

Conclusions: Interventions and policies should encourage community empowerment and address wider social and economic determinants of nutritional status. We will implement a priority setting tool (CHoosing All Together-CHAT) with communities in the three countries to further identify context specific maternal and child nutrition interventions.

7

Sara Simao et al, MRC Lifecourse Epidemiology Unit, University of Southampton

Systematic review of self-determination theory based interventions for dietary behaviour change in adolescents

Background: Nutrition interventions during adolescence can have a lasting health impact, affecting the adolescent themselves and potential future generations Little is known about how to motivate adolescents to improve their diets. According to self-determination theory (SDT), lack of attention to intrinsic motivations may be one factor that prevents adolescents engaging in health behaviour change.

Aim: The aim of the present systematic review was to examine the use of self-determination theory based interventions targeted at promoting healthier food choices in adolescents. The review aimed to examine:

1. What interventions used a SDT approach to support dietary change in adolescents; 2. What behaviour change techniques (BCT's) were used within the interventions, and whether some BCTs were more effective in eliciting autonomous motivation than others.

Method: Seven databases were systematically searched using MeSH terms and free text. Titles and abstracts were screened by the main reviewer against inclusion criteria, which included adolescents between 10 and 19 years old, SDT based interventions and measures of motivation, behavioural or behaviour related outcomes. Ten percent of the papers were screened independently by a second reviewer.

Results: The search yielded 497 potential articles, of which 9 met the inclusion criteria. Most interventions targeted both healthy eating and physical activity. Social Cognitive Theory was most commonly used alongside SDT to design the intervention, most studies were integrated in school settings and 2 were family based interventions. Studies were diverse and BCTs varied greatly between interventions. Most studies manage to increase autonomous motivation for healthy eating and resulted in eating fewer sweetened beverages and processed snacks, and eating more healthy foods.

Conclusions: The evidence suggests interventions based on self-determination theory to motivate healthier food choices can be engaging and effective. This review provides evidence to support using SDT as the basis of future interventions targeting dietary behaviour in adolescents.

8

Calum Shand et al, Medical Research Council, Lifecourse Epidemiology Unit, University of Southampton

Resources, rather than people, in women's social networks for food shopping are associated with better dietary quality: a cross-sectional study

Background: Women remain primarily responsible for household food-related tasks, including food shopping, and represent an important target group for heath research. When healthy people are part of an individual's social network they have better dietary quality. Little is known about whether social networks for food shopping, including both people and resources, are associated with dietary quality.

Aim: To explore the relationship between women's social networks for food shopping and their dietary quality, and whether this differs for people and resources.

Method: Women aged 18-45 years completed a cross-sectional questionnaire which included an ego-centric Social Network Analysis item and short Food Frequency Questionnaire. Social network composition was explored focussing on type of network member, perceived healthiness and support for healthy food shopping choices. Associations between these variables and diet quality were explored using linear regression models.

Results: A total of 129 women with mean age 35.7 (SD 6.5) years, participated in this study. Analyses revealed that participants who nominated people in their food shopping social network who eat healthily or support healthy food shopping had better dietary quality; these relationships were not statistically significant (ß=0.17, 95%CI -0.06, 0.40; ß=0.22, 95%CI -0.05, 0.48, respectively). Participants who indicated that resources in their food shopping social network promote healthy eating or support healthy food shopping had significantly better dietary quality (ß=0.31, 95%CI 0.05, 0.57; ß=0.39, 95%CI 0.05, 0.73). These relationships were maintained after adjusting for age, number of children at home, ethnicity, education level, Index of Multiple Deprivation (IMD), and employment status.

Conclusions: This study suggests that resources, like recipes, weight loss groups and advertisments, which promote healthy eating and healthy food shopping have a stronger affect on dietary quality than social support from people. Further research is required in a larger sample, including multiple time-points, to confirm the direction of this association.

Workforce Development

9

Anne Mills et al, Bournemouth University

Overcoming the Obstacles: Delivering a Brief Intervention Initiative (MECC) within an Undergraduate Nursing Programme.

Background: Academics at Bournemouth University lecturing on the Health Promotion module, to undergraduate nursing students, recognised that although students were able to acquire and articulate the underpinning theory of health promotion they struggled with its practical application. In order to address this omission all members of the teaching team agreed to undertake the Making Every Contact Count (MECC) trainer programme and integrate the training within the academic module.

Aim: Equip student nurses with practical personalised person centred health promotion skills; enabling them to initiate, conduct and support healthy conversations with service users, peers and families. Using an academic module; delivered yearly to 350 student nurses in year 2.

Method: Evaluation of the experiences of a small group of academics who completed the MECC trainer programme and embedded the MECC initiative. Evaluation of student experiences of MECC.

Results: There is significant extra work involved in the delivery of MECC for academics. Nursing students are traditionally taught in groups of 40 to 50. Smaller groups are required for effective personalised MECC delivery and to facilitate this, academics must deliver MECC sessions on multiple occasions whilst managing the extra MECC and university requirements. Although MECC inclusion is well evaluated by students; support and role modelling in practice is required if students are to utilise their acquired skills. Not all nurse academics contributing to the nursing programme appreciate the philosophy of MECC, which causes confusion for students.

Conclusions: Although MECC is well evaluated by students there is considerable extra work involved for academic staff. The department has embraced the inclusion of MECC in the future nursing curriculum however there needs to be extra support for academics in the delivery of MECC and training for all academics involved in the nursing programme and support for students in practice using MECC.

10

Julie Ryden et al, Bournemouth University

The future nursing workforce: their health and wellbeing

Background: While there is recognition that today's student nurses are tomorrow's workforce there are few initiatives which address the health and wellbeing concerns of student nurses. Undergraduate (UG) nursing students must successfully complete extensive hours and assessments in various placements in addition to their academic studies. Often they are required to travel long distances to placements and although they are deemed to be supernumerary to the workforce they are obliged to work lengthy and demanding shift patterns. There is much evidence that student nurses experience higher levels of stress, anxiety and depression than their student peers. Contributing factors may be the physical demands and mental challenges of placements and an extensive academic workload.

Aim: This project seeks to investigate and present first year UG student nurses' personal experiences of their health and wellbeing.

Method: An academic module in year 1 requires students to compile a case study which recognises the influences on their own health and wellbeing. These case studies are the basis of this study. Ethical approval was obtained and students were invited to participate (n=100). Consent was gained and the data from the essays was thematically analysed

Results: Three themes predominated. Students indicated that they were forced to juggle multiple demands on their time, physical capacities, income and personal resources. They were constantly attempting to find balance and personal equilibrium and develop coping strategies to support their emotional, mental and physical life in addition to the programme workload requirements

Conclusions: Current UG nursing programmes have a longer academic year than other UG degrees combining both an apprenticeship system and an undergraduate degree, making substantial demands of students. In order to have a healthy future nursing workforce extra support must be made available to student nurses to help them navigate their demanding nursing programmes.

11

Dr Gemma Simons, Mrs Aimee O'Neill, Prof Julia Sinclair, Prof David Baldwin, Centre for Workforce Wellbeing, University of Southampton

Wellbeing in doctors; the measure matters!

Background: The importance of doctors' wellbeing to us as individuals and to everyone using our National Health and Social Care System, is evidenced by 80% of doctors being at high risk of burnout and 11,576 doctor vacancies. Many recent policy documents make recommendations for the wellbeing of doctors, but do not guide how interventions should be evaluated.

Aim: To achieve a consensus on a Core Outcome Set (COS) for measuring wellbeing in doctors.

Method: The Centre for Workforce Wellbeing (C4WW), a collaboration between Health Education England Wessex and the University of Southampton, has been established to prevent silo working in the field. A Systematic Review of wellbeing measures used in doctors and the robustness of those measures, along with surveys and interviews of doctors and patient and public involvement, has informed what a Core Outcome Set could be. A Delphi Study among experts has been initiated to establish the consensus Core Outcome Set.

Results: Health and Social Care Organisations are keen to "do something" and are spending money on wellbeing interventions with little, or no, evidence base. Interventions may not reach those they are intended for and may even cause harm, but there is a lack of appropriate comparable evaluation. A Core Outcome Set for measuring wellbeing in doctors is needed.

Conclusions: Wellbeing measures that actually measure wellbeing, and not burnout, which are validated, reliable and practical are needed to inform local and government policy. The local and NHS action on prevention should be to measure in what contexts we thrive, and not just survive. If everyone used the same Core Outcome Set to measure wellbeing, we could make direct comparisons and invest money in creating infrastructure, processes and cultures that really work.

12

Lisa Bagust et al, LifeLab, Southampton Education School, University of Southampton

Developing Healthy Conversation Skills Training for Teachers and Education Practitioners

Background: Childhood obesity is a major public health problem in the UK. A healthy lifestyle at an early age can have profound consequences on long-term health, and on the health of future children - we need to get the message across to adolescents before they have children of their own. Our previous research has shown sustained changes in student knowledge and motivation to be healthier over time, but did not indicate changes in related behavours.To address this we extended the intervention by adding Healthy Conversation Skills (HCS) training.

Aim: To train teachers to be confident in using HCS to enable them to support their students in making healthy behaviour changes.

Method: We modified a previously designed behaviour change training programme developed for health and social care practitioners and adapted it to this new audience. Prior to teaching the LifeLab module, secondary teachers attend a professional development day where they are introduced to HCS, alongside an online version to support them back in school.The training focuses on developing five key skills: creating opportunities for healthy conversations; asking open discovery questions; listening; reflecting; and supporting goal-setting using SMARTER action-planning.

Results: Since April 2015, 97 qualified teachers have been trained in HCS. 100% rated the quality of the training as good (5%) or very good (95%). 75% commented on the positive impact the HCS training will have, not only in their own teaching but also in raising their awareness of the potential of affecting the lives of their students.

Conclusions: We have shown the positive impact on teachers of being trained in supporting their students in making health behaviour changes. The UK government's new Personal, Social, Health and Economic education curriculum for 2020 makes the Health and Wellbeing curriculum statutory in all schools in England, which offers a timely opportunity to further develop HCS in schools.

13

Rowan Edwards, Southampton Education School, University of Southampton

Promoting children's mental wellbeing through school-based initiatives

Background: Research shows that good mental wellbeing positively impacts children's learning and performance at school. However, nearly 10% of primary-aged children have a diagnosable mental health issue, creating inequality. The World Health Organisation recognises that mental health promotion can facilitate children to develop a mental wellbeing 'toolkit' and the UK government proposes that a whole-school approach is evidenced as most effective. Whilst mental health education will become a manadatory part of the curriculum from September 2020, training for teachers is limited and research shows many teachers feel underprepared to deliver these interventions

Aim: To understand exemplary practice within primary schools promoting children's mental wellbeing.

Method: A literature review of schools-based mental health promotion in primary schools within the last 10 years.

Results: Mental health promotion is an umbrella term for a diverse range of interventions. Short-term classroom-based programmes may be used with specific ages to improve skills linked with improving wellbeing such as emotion recognition and management, resilience and social skills. In contrast, long-term, whole-school approaches seek to make more fundamental changes to the ethos of the school, its environment, improve children and staff mental wellbeing as well as supporting and collaborating with parents. The review established a series of key factors and implementation characteristics which were commonly shared by interventions evidenced as exemplary examples of practice. It also recognised contextual factors which improved or hindered the process of promoting mental wellbeing.

Conclusions: 1) Using whole-school mental health promotion has the potential to address inequalities in children's readiness for learning. 2) This review may provide practical knowledge useful for primary schools seeking to implement mental health promoting activities. 3) It provides an understanding of how mental health promotion positively impacts the key school goals of learning and attainment. This may make promoting mental wellbeing appear attractive rather than burdensome to teaching staff.

Using Data

14

Rebecca Perrin et al, School of Primary Care & Population Science, University of Southampton

Predictors of children's health system use: cross-sectional exploratory study of linked data

Background: Use of health services is increasing in many countries. Most health service research exploring determinants of use has focused on adults and on secondary care. Less is known about factors associated with use of particularly general practice, and among young children.

Aim: To explore factors associated with frequent use of general practice and acute secondary health services among children under five in a single UK city.

Method: Cross-sectional exploratory study using anonymised individual-level health service use data for children aged 0-4 from 21 general practices in Southampton, UK, linked to emergency department (ED) data, over a one-year period. Descriptive statistics were used to describe the number and percentage of children using either or both services. Univariate and multivariable logistic regression were used to explore the association of sociodemographic factors (using the 2015 Index of Multiple Deprivation (IMD) to define socioeconomic status) with high service use (defined as more than eight GP consultations and /or two ED attendances respectively).

Results: Among 11,062 children there were 76,092 GP consultations and 6107 ED attendances. 3233 (29%) children were high users of GP and 564 (5%) of ED services. Greater socioeconomic deprivation was independently associated with high use of GP and ED services separately (odds ratios (OR) for most vs. least deprived IMD quintile 1.45 (95%CI 1.20 to 1.75) and 2.23 (95%CI 1.43 to 3.48) respectively), and together (OR 2.64 (95%CI 1.49 to 4.67)).

Conclusions: Young children are frequent users of health services, particularly general practice. Socioeconomic deprivation is an important factor. Parents, carers and health services may benefit from interventions that support parents and carers in their management of children's health.

15

Matthew Gummerson et al, Portsmouth City Council

Using Emergency Department Data to Understand Violence-Related-Injuries presenting to Portsmouth Hospitals Trust

Background: Knife-related harm is a significant public health issue. Research has shown that the police are unaware of up to a third of victims of violence that present to emergency departments(ED). Therefore, by using ED data, a greater understanding of violence can be achieved.

Aim: To study the demographic characteristics and outcomes of patients that presented to Portsmouth Hospitals Trust (PHT) with violence related injuries.

Method: A Descriptive observational study of violence related injuries presenting to PHT (Queen Alexandra Emergency Department and Gosport Minor Injuries Unit) was conducted between 1st January 2018 to 31st December 2018. Patients were included if they stated they were a victim of 'assault'. Data was collected by reception staff, analysis of ED and hospital software Oceano, ICE and ePRO. Data collection was supplemented by case note review for victims of knife injuries.

Results: Overall, 991 violence related attendances were recorded (<1% total ED attendances) with the majority due to assaults by a body part or blunt object (n=739, 74.6%). There were 28 presentations where the injury had been sustained by a knife/bladed-weapon (2.8%). Most cases presenting were males(n=719,72.5%). Overall, and for knife related injuries, approximately 60% of attendances were in those aged<29 years. Notably, a larger proportion of knife-related injuries arrived by ambulance, compared to the other cohorts who predominantly self-presented. Overall, 5.5% (n=55) of cases presented via the police. Generally, Saturday and Sunday saw the highest number of attendances. Overall, most injuries could be directly discharged from ED (n=759, 76.5% overall and n=15, 53.5% for the knife-related injury cohort), but serious cases including peritonitis and extradural haematoma did occur requiring immediate surgery. All of the knife-injury cohort appeared to have had appropriate safeguarding referrals made where indicated.

Conclusions: This study describes that assaults by body part is the greatest burden of violence-related emergency department activity at PHT. Knife related attendances are substantially smaller. Males and younger individuals constitute the greatest proportion of the affected population. This work has enabled a flow of ED data to the local authority to inform evolving preventative strategies.

16

Saloni Rana et al, School of Primary Care, Population Sciences and Medical Education, University of Southampton

The role of physical activity in the prevention of Chronic Kidney Disease

Background: Chronic Kidney Disease (CKD) is an issue of public health importance, strongly associated with age, affecting up to a third of people aged 75 or older. Outcomes are linked to vascular determinants with the greatest adverse outcome being cardiovascular disease. CKD is also associated with socioeconomic inequalities, poor quality of the life and high degree of comorbidity. Physical activity (PA) has proven to be beneficial in reducing mortality and reduce disease progression in cardiovascular disease. It is also known to positively influence CKD risk factors including metabolic syndrome, insulin sensitivity, high blood pressure, and body mass. However, its role in the prevention of the CKD is not clear.

Aim: To summarize prospective/ observational studies and trials exploring the relationship between PA and the incidence of CKD (in lower versus higher PA groups) in both general and high-risk populations.

Method: Three databases (EMBASE, CINAHL and Ovid Medline, from inception to June 2019) were searched for terms relating to CKD, PA, prevention and incidence. Inclusion criteria required studies with human participants aged 18 or over with normal renal function at baseline and one of the biomarkers of CKD /Clinically Coded CKD as an outcome at follow up. Only Cohort, RCT and case-control studies were eligible and must have included physical activity as an exposure. To assess study quality, the Newcastle Ottawa (for observational studies) and Cochrane Risk of Bias (for RCTs) tools were used. Descriptive synthesis was used to collate and present the findings. Sixteen studies met the inclusion criteria of which eleven were in general populations and five were in high-risk groups including older participants(65 and above), type 2 diabetes and Hepatitis B patients. Of the 15 Cohort studies, 5 studies were rated "Good".8 were 'Fair' and 2 were 'Poor' quality. The single RCT included was judged fair quality.

Results: Out of sixteen included studies, ten (five in general populations, five in high-risk groups) identified a preventive relationship where higher PA was associated with a lower incidence of CKD. Five out of eleven studies in the general population showed no relationship between PA and CKD incidence and only one study found higher PA was associated with higher CKD incidence. Included studies were heterogeneous in terms of physical activity assessment, outcomes, follow-up duration, and statistical methods, therefore, pooling of results was difficult and

meta-analysis was not done. Physical activity was mainly assessed subjectively which presented the main bias (information) in the included studies.

Conclusions: The majority of studies to date exploring the relationship between PA and CKD incidence showed a protective effect of higher PA. However, the included studies were mainly prospective therefore the conclusions should be regarded with caution.

Vulnerable Adults

17

Chris Davey et al, Forensic Learning Disability Services

Implementation of a Good Lives Approach to supporting patients in a Low Secure Forensic Learning Disability ward

Background: A Good Lives approach is currently being implemented on Ashford low secure forensic learning disability ward. This is an inpatient service for people diagnosed with learning disability who have committed offences. This Good Lives Model (GLM) is being used to inform care plans and to structure Multidisciplinary Team Meeting (MDT) and Care Programme Approach meetings (CPA). A GLM approach is being adopted because it recognises the needs of patients holistically and takes a person-centred approach to not only addressing risks of reoffending, but also to enhancing social, emotional and cognitive skills integral to living a healthy and rewarding life. The MDT have identified that current approaches to care reviews and CPA meetings can be quite complicated for our patients and for their families and other services involved in their care. From a forensic perspective, research highlights that a Good Lives approach can enhance motivation to engage with intervention and treatment because it focuses on a person's strengths and goals for the future.

Aim: The traditional eight primary goods GLM model into four goods. These are; 'Getting on with Others', 'Keeping Busy', 'Living Healthy' and 'Taking Responsibility'. The model has been developed from a multidisplinary perspective, recognising input from Forensic Nursing, Occupational Therapy, Speech and Language Therapy, and Psychology. The model has been used to enhance the quality of care for our patients by simplifying the process of care review, MDT discussion and CPA review for our patients.

Method: A service user leaflet about the GLM has been developed for patients and staff are receiving GLM training. The GLM will also be implemented in the Forensic Community Learning Disability Team in supporting patient transition.

Results: The GLM is currently being piloted with a new admission on the ward. Data will be gathered as care plans are developed with the patient and used to inform MDT and CPA meetings.

Conclusions: The GLM is being developed in inpatient forensic services for patients with learning disability to enhance the accessibility of our processes for our service users, their families and their support services. The GLM is a strengths-based person-centred approach to care and risk management that works with patients collaboratively in enhancing their health and wellbeing.

18

Emma Marks et al, Forensic Learning Disability Services

Effectiveness of a Good Thinking Skills group for forensic service-users with intellectual disabilities.

Background: The Good Thinking Skills group is based on developing skills around factors that may influence offending behaviour. These factors, as evidenced by the research base, are emotional regulation, problem-solving and social skills. The programme is based on the Cognitive Behavioural Therapy (CBT) model, with adapted concepts designed to assist and support our learning disabled population. Group interventions are widely used and offer an opportunity for members to form appropriate relationships, feel like valued members and encourage social skill development.

Aim: To reduce rates of reoffending in participants who have a history of offending behaviour by encouraging them to develop the skills needed for effective emotional regulation and management, increase understanding in the importance of good problem solving skills and develop appropriate social skills, thereby increasing their quality of life.

Method: The programme consists of three modules; Emotion Recognition, Problem-Solving and Social Skills. The modules are held for 1 hour per week, 10-12 weeks in total. Participants can join at the start of a new module and may complete the full programme or individual modules dependant on their needs. Each module will be made up of participants from a low secure inpatient unit and individuals from the community. The participants will either be referred in to the Forensic Community Learning Disability Team from a number of external agencies or the team will decide that an existing patient could benefit from the work.

Results: The group is currently in the second run of the programme. Once this has been completed, the data will be analysed and produced in a clinical audit report.

19

Ciara Luscombe et al, Foundation Year 2 Doctor, Public Health Placement at Portsmouth City Council

Suicides in Portsmouth - Where can we intervene to prevent loss of life?

Background: Suicide is a traumatic, tragic event for the person involved, their family and friends, and the wider community. Portsmouth City Council has completed an audit of Portsmouth Coroner's records of deaths due to suicide or undetermined intent for the period 2017-2018.

Aim: To explore the cases of Portsmouth Residents who died in Portsmouth, as a result of suicide, in the time period 2017-2018. To identify trends and learning points that may inform and support stakeholders in suicide prevention work.

Method: Case files from HM Coroner Records were audited to collect key qualitative and quantitative data: Demographic details, Coroner related information, past medical and psychiatric history, information relating to contact with Primary Care, information relating to secondary care.

Results: We will present key findings; based on these we will offer suggestions to stakeholders to support their continued work in reducing deaths due to suicide.

Conclusions: Detailed analysis of deaths due to suicide may inform services in contact with persons at risk to support current practice. This report highlights areas where interventions to prevent suicide could be considered.

20

Rachael Middle et al, Southern Health NHS Foundation Trust

Accessibility of health promotion applications

Background: Adults with learning disabilities are known to be at greater risk of experiencing health inequalities. Lower levels of health literacy is an important factor in explaining why this group of people are more likely to experience health inequalities. Increasingly, information relating to health promotion is available online and through technology such as apps. For adults with a learning disability, this could mean key health information can be presented in a more interactive and accessible format. However, there are varying confidence levels among adults with learning disabilities in relation to technology. There are also a large number of different websites and apps available in relation to health promotion and health professionals are not always aware of the most appropriate to signpost adults with learning disabilities to.

Aim: To review the accessibility of apps promoting key public health messages in four different areas. While promoting public health messages to adults with a learning disability.

Method: Working with a group of adults with learning disabilities, sessions ran once a month reviewing apps and educating on healthy eating, physical activity, dental hygiene and mental wellbeing. Used 'talking mats' as a way of supporting group to express their opinions of apps reviewed. The group then visited day centres to demonstrate their learning to peers. The group also presented to health professionals.

Results: Results still being compiled (will be available by March 2020), but key characteristics of apps which the group rated highly in terms of accessibility are being identified.

Conclusions: The use of technology and particularly apps provides another means of communicating public health messages. However, the needs of people with communication difficulties need to be considered when designing apps so these can be accessed and used to empower people to look after their own health.

21

Author: Sabina Stanescu et al, Public Health, Southampton City Council

Southampton Suicide Audit

Background: The rate of suicide in Southampton City is 12.7 per 100,000; this is significantly worse than the England average. Suicide affects people across the lifecourse, whether by taking their own life or as a person bereaved by suicide. It is a complex issue and can change with circumstances, with a variety of risk and protective factors.

Aim: To explore patterns in suicides that occurred in Southampton in 2017 and 2018, and to explore potential differences in provisional data from 2019.

Method: Demographic, clinical and personal characteristics were extracted from each of the available cororner files in Southampton City. Risk and protective factors were explored, using both qualitative and quantitative methods of analysis. Emerging patterns were developed and reported.

Results: The main at risk demographic group remains men aged 45 to 49. While individual characteristics vary greatly, several risk factors, such as mental health

problems, relationship problems or financial worries emerged. Other risk and protective factors are also discussed.

Conclusions: The audit, alongside national prevalence data and local real-time surveillance data informed the local Suicide Prevention Plan. The main priorities and actions will be discussed as part of implications of the audit to wider suicide prevention.

Service Development

22

Robert Pears et al, Hampshire County Council

Public Health Nursing - a joint procurement for a transformed service

Background: The Hampshire Public Health nursing services were due for procurement and required a transformative specification to enable the service to continue to improve outcomes throughout the life of a new contract. As Hampshire and the Isle of Wight Public Health teams move towards a more formalised relationship, it was agreed that a joint procurement would be a constructive approach.

Aim: To procure new Public Health nursing 0-19 services with a transformative specification to improve outcomes for children, young people and families for the next 5 to 7 years

Method: It was agreed that Hampshire would lead on the procurement and that the specifications should mirror each other, though be lotted separately. The relevant agreements were put in place. Hampshire Public Health led on the development of the specification and once the working relationships were formally agreed, worked closely with IOW colleagues to agree the transformative elements (including digital approaches) and finalise both the specification and the relevant accompanying appendices. IOW colleagues brought fresh thinking and effectively peer reviewed the draft specfication. There are minor differences between our specifications relating to context, demographics and population need. Collaborative question setting approaches and joint procurement panels were completed and the results are impending.

Results: It is expected that strong providers will be identified for both PH nursing services

Conclusions: Given capacity challenges across Wessex shared approaches to commissioning across Public Health teams provide the potential to work efficiently and improve outcomes. A joint procurement may have increased the number of bids for the IOW tender. Two

different organisations bring two sets of challenges, some aligned, some not so aligned and teams have had to be creative and resilient throughout this journey. There were particular challenges around time pressures and governance. The teams feel well placed to support each other throughout their respective mobilisation periods and into service transformation

23

James Faulkner et al, University of Winchester

HELP Hampshire Stroke Clinic: Preliminary physiological and psycho-social data from a community-based, exercise and education programme

Background: The HELP (Health Enhancing Lifestyle Programme) Hampshire Stroke Clinic was launched by the University of Winchester in March 2019, in collaboration with Hampshire Hospitals NHS Foundation Trust (HHFT) and Hobbs Rehabilitation, to provide community-based, accessible, exercise and educational opportunities for individuals who are eligible to take part in stroke rehabilitation

Aim: To assess the short-term benefit of the HELP Hampshire Stroke Clinic by examining a series of physiological and psychosocial outcomes.

Method: Individuals who are diagnosed with stroke and eligible to engage in stroke rehabilitation are referred to the HELP Hampshire Stroke Clinic from either HHFT (TIA clinic, hyper-acute stroke unit or early supportive discharge) or local GP practices. All referrals complete a screening/baseline assessment at the University of Winchester that examines participants' health history, body composition, blood pressure (BP), balance, walking symmetry and various functional outcomes (timed up and go [TUG], 10 m walk, 6-min walk test). Individuals complete a series of psycho-social questionnaires (anxiety, depression), and also receive a one-to-one consultation with a physiotherapist to identify which of the exercise classes the clinic provides is suitable to the individual. Exercise classes include Move on Up (chair-based, circuit class), Pilates and Get Active (aerobic-focused class). Following 12 weeks participation, a follow-up assessment is undertaken, replicating the measures undertaken at baseline.

Results: To date (January 2020), the HELP Hampshire Stroke Clinic has received 75 referrals (63 [14]y, age range 23-87y) to the programme from either HHFT (n = 52) or local GP practices (n =23), of which 45 participants have completed both baseline and follow-up assessments. Large reductions in systolic BP (-10mmHg) and diastolic BP (-5 mmHg) have been

reported, without change in medication. Improvements in TUG, 6-min walk test and walking speed, as well as measures of psycho-social health (anxiety, depression, well-being) have been observed, as well as individual engagement in more moderate-to-vigorous physical activity days.

Conclusions: The HELP Hampshire Stroke Clinic is demonstrating encouraging improvements in health outcomes for individuals living with the debilitating effects of a stroke. Further data synthesis, the assessment of outcome measures over the longer period of time and a detailed analysis of the psycho-social benefits of the programme are needed to demonstrate the importance of such community programmes to this population group.

24

Carol Stevens et al, Portsmouth Health Visiting Service Solent NHS Trust

ECHO - Targeted Health Visiting Programme

Aim: As part of the Solent NHS Trust and Portsmouth Local Authority Early Help and Prevention Strategy the ECHO Programme delivered by health visitors across Solent East and West has been implemented to respond to the need for increased Early Help across 0-19 services. Drivers for transformation include the research on the importance of the First 1001 Days of life on long term outcome for children; 6 High Impact Areas for Health Visiting practice, National Public Health Outcome Frameworks and Financial Sustainability Plans. The redesign of the 0-5 service has involved a project team working in collaboration with stakeholders to develop an outcome focused programme of health visiting interventions and support at Universal Partnership Plus level aimed at improving outcomes for children, reducing health inequalities and demand for higher tier services.

Method: Quarterly Audit and Case Evaluation and Case Studies. Focused research studies in collaboration with the University of Southampton looking at a range of outcomes including, healthy weight, improved bonding and attachment, improved speech and language development and contribution to the reduction in numbers of children in Local Authority Care, parental engagement and practitioner experience.

Results: Early audit and case evaluation results demonstrating improved trust and client health visitor relationships reflected in more effective interventions, parental disclosures and engagement with the service.

Conclusions: Further research and development is required.

25

Ravina Barrett, School of Pharmacy and Biomolecular Sciences, University of Brighton

An evaluation of community pharmacists' readiness to implement the Falsified Medicines Directive (Directive 2011/62/EC): An English cross-sectional survey with geospatial analysis.

Background: The World Health Organization (WHO) identifies 'Substandard and Falsified (SF) Medical Products' that demonstrate public harm. Falsified medicines and medical devices are problematic in both primary and secondary care as they are not subject to the rigorous quality standards and can create difficulty in identifying sources of contamination and public harm. Pharmacist's ability to identify SF medication can help in thwarting public harm alongside implementation of the Falsified Medicines Directive (FMD).

Aim: The primary objective of this study was to evaluate the readiness to implement FMD (Directive 2011/62/EC) by 9 February 2019 by community pharmacies in England. Secondary objectives were examine association with geospatial location and Index of Multiple Deprivation (IMD) scores.

Method: A cross-sectional questionnaire survey of 501 primary-care retail-pharmacies. We mailed the survey with a follow-up (October 2018 to January 2019). Private contractors were excluded.

Results: In total, 102 responses (20.44% response rate) were received. We enquired how ready respondents were to implement this directive. Forty (39.2%) said not at all, 29 (28.4%) said not really, 14 (13.7%) were undecided, 12 (11.8%) said somewhat and 4 (3.9%) said very much, 3 (2.9%) missing. We enquired if adequate equipment and expenses were prepared (e.g. computer terminals, scanners, compliance software, include initial set-up, IT, both software and hardware, plus ongoing operational costs). Twenty-two (21.6%) said not at all, 26 (25.5%) said not really, 12 (11.8%) were undecided, 31 (30.4%) said somewhat and 11 (10.8%) said very much.

Conclusion: Most responders were not ready to implement FMD on the deadline, except four pharmacies and many did not know that this implementation was imminent. Policy changes in the area of public health education, regulation and enforcement, supply chain management, serialisation and reporting are important. Geospatial analysis revealed more SFs were identified in deprived areas, potentially putting these patients at greater risk of harm from SF medicines.

26

Rebecca Rowe et al, University Hospital Southampton (UHS) NHS Foundation Trust.

To reduce the rates of women who are smoking at time of delivery (SATOD) in Southampton

Background: Smoking in pregnancy (SiP) is the largest modifiable risk factor for many poor birth outcomes including miscarriage, stillbirth and neonatal deaths. High quality interventions delivered by trained professionals can reduce the smoking rates, making a major contribution to the safety of individual pregnancies and overall outcomes of services. PHE figures for Southampton in 2018/19 report that 12.3% pregnant women are SATOD, significantly higher than the national figure. Following changes in the provision of smoking cessation support, UHS are developing a new service model for midwifery-led stop smoking service for Southampton women.

Aim: To reduce the rates of women who are SATOD in Southampton.

Method: Before implementation of the Smoke Free Pregnancy (SFP) midwifery team, women were referred to external smoking cessation services; relying heavily on women's commitment to engage. The new service offers convenience and continuity to women, with follow ups throughout pregnancy, multiple opportunities to engage in a quit attempt with minimal disruption from decision to quit to treatment implementation. SFP midwives offer a personalised 12week structured quit programme, delivered through a mixture of face-to-face and telephone/text support following the Babyclear model, using motivational interviewing techniques alongside nicotine replacement therapies. All quit attempts are CO validated at four and twelve weeks. Near developments involve implementing Risk Perception; a hard hitting intervention that is recommended for women not engaging with routine SFP care. Research demonstrates this increases quit rates in non-engaging women by 50%.

Results: Following a period of planning, the SFP service was implemented officially in September 2019; statistical results are difficult to quantify presently. Data is currently being collected on all Southampton City women that are SiP. Currently 12 midwives are SFP/Babyclear trained offering care to around 45 new women each month. More training in early 2020 will help expand/support the service.

Conclusion: Continue with the Maternity Services, Smoking Cessation Plan for the short, medium and long term, with regular monitoring of progress and impact.

27

Amanda Moores, Dorset Local Pharmaceutical Committee

Dementia Friendly Pharmacies

Background: In 2017, English community pharmacies were incentivised through a Quality Payment Scheme to ensure that 80% of pharmacy staff in patient facing roles were dementia friends. In Wessex uptake was high, with 96% of pharmacies (approx 500) achieving this status. Given this uptake, the Wessex Pharmacy Local Professional Network (LPN) and commissioners decided to further invest in community pharmacy through access to NHS primary care transformational funding to develop and recognise dementia friendly pharmacies.

Aim: To develop and roll out a dementia friendly framework for community pharmacies and to determine uptake and adherence with the framework.

Method: The Wessex framework adopted seven domains, which were: the pharmacy environment; the pharmacy team; public health messages including lifestyle; over-the-counter medicines; prescription ordering including collection and delivery; medicines adherence and signposting. Under each of the seven domains both essential and desirable criteria were incorporated. All essential criteria [n=38] had to be met for certification. The framework went through several iterations and involved internal pharmacy stakeholders as well as representatives from the Alzheimer's Society. To launch the framework, nine engagement events were held in January 2018 which were attended by 346 people representing 238 pharmacies. Pharmacies had until March 31st 2018 to submit evidence that they complied with the essential criteria.

Results: Data, via an online platform, were received from 355 pharmacies, of which 31 were non-compliant on at least one essential criteria. These pharmacies were given an additional 7 days to meet all criteria, of which six did meaning 330 pharmacies across Wessex were accepted as Dementia Friendly Pharmacies. Twenty-seven pharmacies included information about work they had done above and beyond the essential criteria. Two months later a series of validation events took place across Wessex pharmacies to ensure self-certification was appropriate; only 1 pharmacy was found to be non-complaint.

Conclusion: The dementia friendly framework was successfully introduced across Wessex pharmacies with high uptake and compliance. In 2019 a second wave of certification was introduced and work is on-going to look at the initiatives sustainability.

28

Mirembe Woodrow, University of Southampton

Review of Hampshire local authority policy on tackling the social determinants of health and health inequality

Background: It is ten years since the Marmot Review of health inequalities (HI) was published, yet HI in England have increased, and life expectancy is stalling for the first time in 100yrs. Whilst there is compelling evidence that inequality in the conditions in which people are born, grow, live, work and age leads to inequality in health, there is little published research on how local authorities tackle these social determinants of health (SDH) successfully.

Aim: This study aims to identify and appraise current policies and strategies of Hampshire LAs to reduce the impact of SDH and narrow gaps in HI.

Method: This qualitative policy review adopts a dual approach of content and thematic analysis to build a theory about how LAs act on SDH/HI and the factors affecting progress. Policy documents of three Hampshire LAs were reviewed using content analysis techniques. Transcripts of semi-structured interviews with key informants were thematically analysed.

Results: Whilst no policies specific to SDH or HI were identified, most policies acknowledged them as relevant concepts and indicated an intention to act. Policies included wide-ranging ways to tackle SDH/HI (theoretical and practical), with emphasis on using evidence, fostering engagement and partnership-working. Interviewees amplified this, demonstrating deeper understanding of methods and strong ambitions to act.

Conclusions: LAs are well-placed to reduce the impact of SDH and HI, but face difficulties in doing so. Lack of resources can lead to reduced policy attention on SDH/HI, and more effort to bridge silos and draw LA activities together is required for improved SDH policy coherence. A lack of SDH evidence that can be used persuasively by PH teams, and the dominance of the medical paradigm can discourage facilitation of the upstream interventions required to have impact at scale. Public policy is unlikely to move toward this approach without improved policy attention and greater awareness of SDH.

29

Matthew Williams et al, Wessex AHSN

Using Teledermatology for remote diagnosis of patients in primary care on the Isle of Wight

Background: The Isle of Wight faces particular challenges with regards to skin lesion service provision with the highest categorised incidence of skin cancers and sun related damage. In addition there is a higher than national average of elderly residents on a geographically isolated island with limited access to large secondary care locations. The Dermicus Teledermatology platform was founded in 2010 by Johan Heilborn of Gnosco AB in association with Karolinska University Teaching Hospital, Stockholm, Sweden. As of December 2018, there had been over 15,000 consultations in Sweden using the platform with over 60,000 associated images taken. Gnosco, in partnership with Wessex AHSN approached teledermatology services across the region to understand if there was a need that could be met by this service. The sub-contracted service provider for the Isle of Wight (Lighthouse Medical) expressed an interest as they were planning to add a teledermatology service to their bid for services to the CCG. The Dermicus platform was proposed and accepted by Lighthouse Medical, IOW CCG and the IOW NHS Trust.

Aim: Implementation of a teledermatology platform in all GPs on the Isle of Wight to reduce unnecessary patient travelling, referrals into secondary care and improve patient experience of dermatology screening. An evaluation, made by the Wessex AHSN Insight team will also help determine if there is a cost saving for the CCG in comparison to the previous patient pathway.

Method: Structured rollout of software platform and dermatoscopes to provide a consistent and clearly defined patient pathway for dermatology referrals in primary care. Evaluation is being completed using the MAST framework (Model of Assessment of Telemedicine 2010) and a rapid cycle formative evaluation with review at 3 and 6 months. In addition to the quantitative data provided from the IOW Trust there are to be staff interviews, questionnaires and patient case studies.

Results: Results from first two champion sites indicate that approximately 1/3rd of the patients referred remotely could be answered with remote advice only without the requirement for a face to face assessment. Patients have also been booked straight to biopsy from the referrals as this both reduces frequency and time away from other commitments to attend multiple appointments, providing an improved patient experience

Conclusions: Initial findings are positive from the first 2 champion sites, with a reduction in face-to-face referrals and associated costs already indicated. 6 further locations were implemented in November 2019 which provide a larger sample size to prove scalable benefits across the IOW primary care system and results have been consistent with those seen in the first 2 sites. The Dermicus solution is currently being considered by other CCG's for commissioning as a result of the work done on the Isle of Wight

Community Initiatives

30

Lizzie Blundell et al, Public Health Services for Berkshire

Identifying Social Isolation and Loneliness in Berkshire

Background: Social isolation and loneliness are associated with poor health outcomes. The Marmot Review (2010) highlighted that: "Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely." In the Community Life Survey (2018) 6% adults in England reported feeling lonely "always or often." It is not only older people who are affected; 11% of individuals aged 10-15 and 8% of individuals aged 16-34 reported regular feelings of loneliness. The Jo Cox Commission on Loneliness (2017) led to publication of the Government's first Loneliness Strategy in 2018. This set out goals to improve the evidence base and to consider social isolation and loneliness in broader policy development.

Aim: This project aimed to provide insight on populations at greatest risk of social isolation and loneliness across six Local Authorities in Berkshire.

Method: A review of the literature was undertaken to understand determinants of social isolation and loneliness. Relevant indicators were accessed from Fingertips Public Health Profiles (PHE), the Berkshire Data Observatory (Public Health for Berkshire) and Age UK. Data was analysed at Local Authority and Lower Layer Super Output Area (LSOA) level.

Results: Heatmaps showing indicators of social isolation and loneliness identified the Berkshire neighbourhoods with residents at greatest risk, based on factors such as household characteristics, marital status, health, crime levels and deprivation

Conclusion: Risk of social isolation and loneliness can be profiled for individual neighbourhoods using a range of public health indicators. This can enable Public Health teams and their partners to develop effective interventions and take preventative action, ultimately reducing the adverse health consequences. Data on social isolation and loneliness, collected through regular national surveys, is due to be introduced within the Public Health Outcomes Framework in the future.

31

Alastair Loadman, Stanmore Walking Football Project

Stanmore Walking Football Project

Background: This on-going project addresses the part of the UK Government's (2017) Industrial Strategy concerned with healthy ageing. It does this by creating opportunities for older people from the local community to engage with physical activity.

Aim: The overall aim of the project is to encourage older residents from the local Stanmore estate to take part in regular, age-appropriate physical activity, supported by student volunteers from the University of Winchester.

Method: Free walking football sessions, held on campus, provide enriching opportunities for all participants and encourage older citizens to lead "independent, fulfilled lives". Walking football is intended for players over the age of 50. It is a slower form of football which minimises physical contact. However, it requires the application of a range of physical skills, encourages decision making and promotes social engagement. Social and inter-generational mixing were considered important elements of the experience. Students helped manage sessions, welcoming and interacting with visitors. Social media supported the developing group identity.

Results: Four main observations can be made. First, technology was used as a tool for communication and friendship development. This contradicted earlier expectations that older people might not engage with social media. A WhatsApp group and Facebook page stimulated interest and engagement in the activity. Social media also encouraged humorous exchanges between participants and recorded 'champagne moments' from sessions. Second, opportunities for social mixing 'around the football' enabled older people to be seen as multidimensional individuals with a number of different selves and life stories. Third, few participants came from the Stanmore estate; they travelled from other Winchester suburbs and surrounding areas. Finally, participants have largely been white, middle class males.

Conclusions: Whilst some objectives have been achieved, others – especially recruiting participants from the Stanmore estate - are still being worked towards.

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Helen Simmons et al , Public Health, Portsmouth City Council

Portsmouth Wellbeing Service Use Of Patient Activation Measure In Enabling Effective Support To Encourage Behaviour Change

Background: Portsmouth Wellbeing Service's use of Patient Activation Measure (PAM) as a tool to enabling effective support to change behaviour. PAM Survey is a reliable and validated tool that measures the knowledge, skills and confidence that someone has to manage their own health. Highly activated people are more likely to engage in healthier behaviours, have clinical markers in a normal range, attend screenings and regular check-ups and manage their condition. If someone's health activation increases this can result in improved self-care behaviours, better health outcomes, and lower utilisation of healthcare services

Aim: To effectively tailor support/approach/intervention to the level of knowledge, skills and confidence an individual has to make change.

Method: Clients complete an initial PAM at their first appointment, the results will initiate a conversation identifying barriers, solutions to change and ensuring clients are at the centre of decision making, an approach called 'coaching by activation'. This is repeated 4 weekly whilst clients are engaging in support.

Results: Since July 2017 the Wellbeing Service has completed 1892 initial PAM screenings. 566 clients have been rescreened, a 29.9% rescreen rate. Clients initially identified as: PAM level 1 - 94.5% improvement in activation score; PAM level 2 - 71% improvement in activation score; PAM level 3 - 68.5% increase in activation score; PAM level 4 - 34% increase in activation score.

Conclusions: Using the PAM survey to identify knowledge, skills and confidence an individual has enables a 'Coach by Activation' approach to support behaviour change at a level the client can achieve. A significant majority of Wellbeing Service client's activation level has increased; demonstrating the effectiveness of the PAM approach in supporting behaviour change.

33

Ahmed Zabeen et al, Public Health Community Fellowship

The pattern of pregabalin misuse and unmet needs amongst the service users that access substance misuse programmes in Portsmouth

Background: Several case reports and epidemiological studies have highlighted the growing concerns for the potential of gabapentinoids including pregabalin to be abused. In England and Wales, between 2012 and 2016, the number of deaths related to pregabalin increased from 4 to 111. Laws have been implemented to make gabapentinoids Controlled Drugs. The aim of this study was to identify the pattern of pregabalin use and establish unmet needs amongst service users that access substance misuse programmes in Portsmouth.

Aim: The aim of this study was to identify the pattern of pregabalin use and establish unmet needs amongst service users that access substance misuse programmes in Portsmouth in order to improve service provision.

Methods: A questionnaire was formulated to establish the knowledge and pattern of pregabalin use at The Society of St James (SSJ) in Portsmouth, a charity providing Drug and Alcohol Recovery services. The collected data was analysed using a quantitative data analysis tool.

Results: 80% of interviewees were unaware that pregabalin was a Controlled Drug. All participants in the study used pregabalin together with other drugs of abuse. 70% of participants did not know of any harmful side-effects of pregabalin.

Conclusion: The study identified that there was both a lack of awareness surrounding pregabalin use, as well as a lack of services to offer support to pregabalin misusers at the SSJ. Pregabalin is often used in conjunction with other drugs, suggesting that pregabalin misuse services should focus on treating substance misuse in general rather than pregabalin abuse in isolation to reduce intake and pregabalin related deaths.

34

Luke Buckner et al, Public Health Community Fellowship

Evaluating the impact of a sustainable kitchen supplying affordable surplus-food based meals to local communities in Winchester.

Background: Community kitchens comprise of small groups of people who meet regularly to prepare meals. This concept was originally created as a strategy for dealing with food insecurity. They have since been used as a means to develop kitchen skills, improve nutrition and diet diversity, and to reduce social isolation. FirstBite Café is a community kitchen based in Winchester, Hampshire founded in 2016 that has aimed to re-use food that would otherwise be destroyed from mislabelling or over-ordering, to produce high quality and affordable meals for its local community

Aim: We sought to evaluate the impact FirstBite has had on its customers and volunteers, and the impact on the wider community. Concurrently we hoped to produce local data on the role of community kitchens, and possible recommendations on the continued development of the Café.

Methods: We developed a questionnaire that had iterative evaluation, designed to capture simple demographic information, attitudes and perceptions of customers towards the café, and the impact the café has had on them. Further to this we conducted two separate focus groups for volunteers, in which we asked what values attracted them to the café, what prompted re-attendance, who benefits from the café, and where they see the café going forward.

Results: There were 67 respondents to the questionnaire, broadly split into 64.2% female, 32.8% male. The largest proportion of customers were aged between 55 and 75, and 41.7% lived alone. The majority of respondents had been attending greater than 12 months. The factors most appreciated by customers were the food (87%), company (78%), affordability (75%) and core values of the kitchen (48%). The two focus groups corroborated the greatest benefit came from developing social skills and confidence, giving a sense of purpose and community, and reduced social isolation in the elderly, those with mental health issues, and background of substance misuse.

Conclusions: The results of this evaluation were overwhelmingly positive, with the impact of the café on reducing social isolation and providing nutritious and affordable food echoed throughout. The barriers that FirstBite is now facing revolve around infrastructure and accessibility, and a permanent location with greater space would continue to extend its effectiveness

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SJ Woolford et al Public Health Community Fellowship

Provision of Services for People with Autism Spectrum Disorder

Background: Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterised by impairment in social communication and restricted behaviours or interests. Adults with ASD are at a greater risk of having a co-existing mental health condition. However, mental health services are rarely tailored to the specific needs of people with ASD. Solent Mind Southampton (SMS) is an independent registered charity which offers support for people with mental health problems across the Hampshire region. Therefore, we aimed to identify the service load that people with ASD represent within SMS's service user population, to analyse SMS staff's current understanding of their service provision in relation to ASD and to identify areas for improvement for service provision for people with ASD.

Methods: Anonymised service user data was collected from SMS databases and semi-structured interviews were carried out with both SMS staff and staff members from Autism Hampshire, a local charity which provides care and support for people with ASD across the Hampshire region.

Results: 305 out of 21,092 (1.45%) of all SMS service users reported a diagnosis of ASD and the most common source of referral amongst all service users was in person (57.44%). Key themes that emerged during interviews with both SMS and Autism Hampshire was the complexity of managing both ASD and mental health diagnoses and the importance of adapting environments to avoid sensory overload. All SMS staff stated they would like further ASD-related training.

Conclusion: We have found that people with ASD form a small, but important, cohort within SMS's service user population, and the way they may interact with SMS services may be different to how the majority of other people with mental health conditions may do so. Key recommendations for SMS include; adapting existing SMS spaces for the needs of people with ASD, providing additional services for both people with ASD as well as their support network and instilling an internal culture in SMS of awareness and self development regarding ASD.

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W Hamilton et al Public Health Community Fellowship

Nature Based activities in Dorset: An investigation into awareness amongst healthy professionals and the effectiveness of targeted educational sessions to improve signposting

The 2020 Wessex Public Health Community Fellowship Team for Dorset aimed to build on the work of previous Public Health fellowship groups, which had looked at the chronic underuse of social prescribing in Dorset; specifically of the nature-based activities organiser Natural Choices. Previous Public health Fellowship groups had proven statistically significant health benefits associated with using Natural Choices, but had found it to be a chronically underused resource. Our aim was to: assess the current level of referral to Natural Choices by HCPs; see if this could be improved with targeted education sessions; and then to finally assess whether this had had any effect. For our method we targeted 10 different GP practices which were stratified according to the English Index of Deprivation into more deprived, and less deprived areas. We surveyed Healthcare Professionals at these GP Practices to assess their current awareness/use of Natural Choices, and then immediately followed this with a brief targeted education session to increase knowledge of Natural Choices and to promote use. We then repeated surveys at these practices 6-8 weeks later. Our research found that, following the education session, awareness of Natural Choices amongst HCPs increased from 23% to 96%. Furthermore, initially we found that 0 of 22 HCPs had referred to Natural Choices prior to the education session; but follow-up surveys showed that 14 HCPs had referred 1-5 patients, and 4 HCPs had referred 6-10 patients. Based on these results we believed we had good evidence that the education sessions were helping to improve HCP referrals to Natural Choices, and our recommendations were that: educational sessions to HCPs in primary care continue; that these education sessions be expanded to include health professionals in hospital; and that literature promoting Natural Choices be disseminated amongst all healthcare settings.

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Evaluating the Operation Encompass Scheme: A Qualitative Scoping Study

Background: Childhood exposure to domestic violence and abuse (DVA) is associated with poorer academic attainment, later criminal behaviour, mental health difficulties and increased likelihood of perpetrating, or being a victim of, further DVA. Given the impact of exposure to DVA in childhood, early identification and safeguarding of children who are exposed to DVA are paramount. Operation Encompass (OE) is a nationwide multi-agency safeguarding initiative which focuses on information-sharing between police and schools after incidents of DVA. However, there is currently limited knowledge about how OE is being applied across police forces, and how children under the scheme are being assessed and treated within schools.

Aim: This qualitative scoping study aims to explore the ways in which the OE scheme is being implemented in the UK. It looks to gain multiple perspectives across organisations about: 1) the parameters of the OE scheme, 2) potential barriers and facilitators to implementation, 3) factors influencing agencies' decisions to enrol (or not) onto the OE scheme, and: 4) the nature of identification, safeguarding and intervention for children exposed to DVA.

Method: 25- 30 semi-structured interviews are being carried out with individuals involved in the OE initiative within police forces and schools. Data is currently being analysed using thematic analysis.

Results: Preliminary results (to be finalised early next year) show that OE is widely accepted as a positive initiative, although there are considerable differences in how the scheme is operationalised across regions, particularly in terms of the extent, and nature of, information sharing.

Conclusions: This study will provide initial findings and recommendations for future development of OE. This research has the potential to inform future priorities and policies around interventions and commissioning of services in this area, as well as to guide the development of a further survey study aiming to carry out an in-depth quantitative evaluation of the OE initiative.

Hampshire Healthy Hearts: Focus on Familial Hypercholesterolemia (FH)

Jayne Haigh, Rory Honney & Robert Pears

Background: Familial Hypercholesterolemia is a genetically inherited condition which predisposes to high serum cholesterol levels and as a consequence the acquisition of Cardiovascular Disease (CVD) at a much younger age than the rest of the population. In England only 7% of those patients with FH have currently been identified. The NHS Long Term Plan aims to increase diagnosis rates from 7% to 25% in the next five years, recognising the improvements in mortality that could be achieved with early initiation of lipid modification therapies.

Building on learning from the nationally recognised Bradford Healthy Hearts programme and colleagues in the West Yorkshire and Harrogate Integrated Care System (ICS), the Hampshire Healthy Hearts (HHH) programme aims to optimise Statin prescribing and cholesterol management across Hampshire. A specific programme objective relates to FH and with 370 patients predicted to have FH across our two pilot Primary Care Networks (PCNs), 66 additional high risk individuals could be identified.

Aim: To contribute to the Hampshire & Isle of White Sustainability & Transformation Partnership's (STP) commitment to the NHS Long Term Plan's objective of increasing FH detection and in doing so improve Cardiovascular Disease (CVD) outcomes for this population.

Method: Widespread stakeholder engagement has helped to locally refine the identification methodology and assessment protocol in conjunction with the Wessex FH Service. Pre-existing software (FAMCAT) built by the PRIMIS team at the University of Nottingham has been run on GP clinical systems in the Andover PCN. The patient records identified by the FAMCAT algorithm as 'very high risk' were then reviewed by a Pharmacy Technician imbedded in the PCN, who subsequently arranged an up to date fasting lipid blood test, administered a Simon Broome questionnaire to the patient and where appropriate referred to the Wessex FH service for genetic testing.

Results: At the time of writing we have data from three of the five Andover practices with a total population of 35,733 people. FAMCAT identified 114 patients of which, upon review of the notes by the Pharmacy Technician, 58% were felt to have been appropriately identified as 'very high risk' of FH and suitable candidates for further work up. These patients were then contacted and to date 8% of the original cohort identified by FAMCAT (n=114) were suitable for referral to the genetics service.

Blood test results are still outstanding for some patients.

Conclusion: At this interim reporting stage, broad modelling would suggest our approach will identify 70% of the additional FH patients the programme aspires to identify. Results from the genetic tests undertaken in those referred to the FH service are needed to further understand the value of this approach to FH identification and will be collected as part of the pilot. The FAMCAT tool is simple to install and run on GP clinical systems. Deploying Pharmacy Technicians to deliver this service is minimising additional workload on an overstretched GP workforce. Collaborative and integrated working with PCNs and Clinical Commissioning Groups is presenting opportunities to influence and embedded public health work-streams in health care organisations which has the potential to allow rapid scaling and ensure long term sustainability of the programme aims.