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Childhood Obesity

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

Sarah Rayfield, Oxford University Hospitals NHS Foundation Trust

PROMOTING HEALTHY WEIGHT IN CHILDHOOD: The role of an acute trust in a whole system approach

Oxford University Hospitals NHS

Sarah Rayfield, Andrew Marshall, Louise Marshall. Oxford University Hospitals NHS Foundation Trust

Wider context

In Oxfordshire 20% of reception children are overweight, rising to 30% by year 6. In June 2019, a Whole System Approach (WSA) to Obesity was launched by Oxfordshire County Council's Public Health team.

Oxford University Hospitals (OUH)

The Paediatric Department recognise their role in prevention, identification and management of childhood overweight. As part of the WSA, A Public health registrar worked with Paediatrics to develop a "Promoting healthy weight in childhood" strategy.

Data

12, 621 children (2-18 years) seen in outpatients, with BMI available from EPR (Electronic Patient Record) between May 2018 and July 2019.

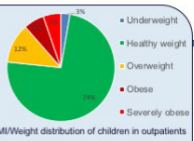


Fig 1: BMI/Weight distribution of children in outpatients

BMI classified using RCPCH (Royal College of Paediatrics and Child health) BMI centile charts for age and sex

Online survey of health care professionals (HCP)

- HCP are less confident talking about weight compared to immunisations or smoking.
- 15% of HCP surveyed never have conversations about weight with their patients
- Most common barriers: lack of time and not knowing where to signpost patients for support
- HCP wanted easy information to give to patients and specific training on raising the issue.

Promoting healthy weight in childhood at Oxford University Hospitals (OUH)

Raising awareness of healthy weight

- Grand Round and departmental presentations
- Junior doctor teaching
- Regular articles in the OUH "Paeds Pulse" newsletter
- Healthy weight champions
- New displays in Paediatric outpatients

Improving identification of overweight children in Outpatients

- Automation of BMI centile calculation on EPR
- New leaflet for Paediatric Outpatients
  - Inform patients of their BMI
  - Support services
  - To act as a conversation starter for HCP

Empower Paediatric staff in managing overweight in children

- Promote online Make Every Contact Count (MECC) training
- Provide Paediatric focused "healthy conversation" training
- New resources in clinical areas
- Develop a guideline for secondary care: Promoting Healthy weight in childhood and managing childhood overweight

Embed the Here for Health Centre in Paediatrics

Here for Health (H4H) is a Health Promotion Advice centre open to patients, visitors and staff at OUH.

- Increase Paediatric referrals by raising awareness of the service and how to refer
- Weekly presence of H4H in Paediatric outpatients
- H4H to provide Healthy Conversation training to Paediatric staff
- H4H to provide regular training for junior doctors

Robust management of childhood overweight as part of the whole system

- Bring HCP together to form a Healthy Weight in Childhood pathway group
- Produce a toolkit for all services: "Promoting Healthy Weight in Childhood"

Fig 2: Displays in Paediatric Outpatients: main waiting room and adolescent waiting room

Fig 3: BMI leaflet for Paediatric Outpatients

Fig 4: Developing a pathway for childhood overweight

2. 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.

Julia Cornish, GP Centre, Bournemouth University

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

Dr Julia Cornish, Dr E. Forde, Dr S. Chapman, Dr C . Wedderburn, Dr Caoimhe O'Sullivan, Bournemouth University and Public Health Dorset

BACKGROUND:

"Childhood obesity is one of the most serious public health challenges of the 21st century" (WHO)[1]. In the UK about 20% of children are overweight or obese when they start school[2]. These children are more likely than their peers to become overweight adults[3]. 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.

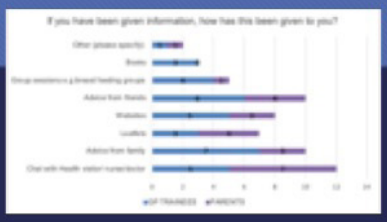
METHOD:

Final year GP trainees on the Dorset Vocational Training Scheme responded to an online questionnaire and consented to their anonymised data being used in this project. Parents were recruited through primary author's GP practice in Dorset. They were given the same questionnaires in paper format. All gave written consent before participating.

RESULTS:

Twenty-seven people took part: 17 GP Trainees and 10 parents. Only one GP trainee (6%) felt 'very confident' in their knowledge and overall these doctors were less confident than parents (30%). 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 (see Figure 11)

Figure 1.



Further education was wanted by 85% of all participants. GP Trainees were keen to receive this through workshops and signposting to relevant resources for self directed study, including websites, advice on suitable recipes for children, books, leaflets and videos.

GP trainees knowledge regarding existing relevant websites was often worse than parents:

- 18% GP trainees knew about resources available on NHS.UK
- 29% knew about Healthy Start (https://www.healthystart.nhs.uk)
- 21% knew about Start4life (https://www.nhs.uk/start4life)
- 6% knew of First Steps Nutrition (https://www.firststepsnutrition.org)
- 12% knew about British Nutrition Foundation (https://www.nutrition.org.uk)

In contrast, nearly half (44%) of parents knew about Start4life and Healthy Start.

CONCLUSIONS:

GP Trainees show a significant lack of confidence and knowledge in pre-school children's diet, compared to parents. There is an important mismatch here, between doctors' knowledge and patients' expectations, as parents often consult GPs about early feeding problems. GPs do not need to be experts in feeding problems and can liaise with their health visitor colleagues, but patients expect a basic level of knowledge.

We suggest the opportunity to start discussions about healthy weaning, and the importance of weight and nutrition in toddlers, is not being maximised. We recognise that our sample was small and form one area in the UK but we suspect it is representative. Other studies have shown the importance of lifestyle (diet, exercise) are poorly taught at medical school and in postgraduate training programmes.[4] A cultural change is needed with urgent upskilling for practising clinicians.

DISCUSSION:

This project was disseminated to first author's peers on the Dorset GP training scheme and they have been signposted to the educational resources listed above., In discussion with the GP training scheme programme directors we have also reviewed the curriculum and are now incorporating more lifestyle medicine (advice on nutrition, exercise, sleep etc) into GP training in Dorset. Provisional pocket cards (Figure 2.) were created and may be useful to share with our colleagues and parents. These will be shown to Public Health Dorset for further discussion.

Figure 2. Pocket Card

1. Childhood overweight and obesity. World Health Organization, accessed 29/09/2016, available at [https://www.who.int/dietphysicalactivity/childhood/en/]
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3. Is maternal overweight and obesity associated with child development within the first year of life? Findings from the SLOPE (Studying Lifcourse Obesity PrEdictors) cohort.

Naomi Gadian, University of Southampton, Public Health Registrar Wessex

UNIVERSITY OF Southampton

Is maternal overweight and obesity associated with child development? Findings from the SLOPE (Studying Lifecourse Obesity PrEdictors) cohort

N Gadian[1], N Ziauddeen,[2] G Grove [2], N A Alwan,[2,3]

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3. NIHR Southampton Biomedical Research Centre, University of Southampton and University Hospital Southampton NHS, UK

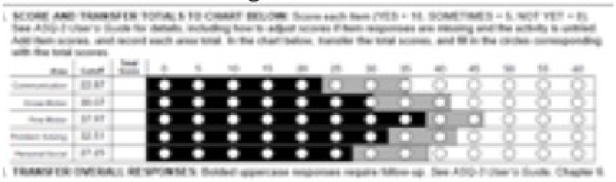
Background

In the UK, it is estimated that 21.3% of pregnant women are obese and 31.4% are overweight. Excess maternal weight has been associated with child neurodevelopmental disorders.[1,2] Health visitors in Southampton and Solent are commissioned to complete neurodevelopmental assessments, using the Ages and Stages Questionnaire (ASQ) before the child is 12 months old and at 2.5 years of age.[3]

To our knowledge, no previous research in England looked at the association between maternal obesity and ASQ measured children development delay.

Aim

To examine associations between maternal weight status in early pregnancy and child development measured using ASQ at 10 and 27 months of age.



Method

Data: Anonymised routinely collected maternity and linked child ASQ data recorded at University Hospital Southampton Foundation Trust and Southern/ Solent NHS respectively (2003-18). Approximate sample size for: 10 months 5,050; 27 months 2,150

Exposure BMI (measured by midwife in early pregnancy)		Outcome (ASQ)
<18.5 kg/m^2	Underweight	Literature analysis identified studies used varying cut off values to analyse ASQ data. After consideration, the clinical cut-off values used across England were used (see Figure1). These represented when midwives undertaking the ASQ assessment should consider referring to relevant professional specialists.
18.5<25	Normal (Reference)	
25=<30	Overweight	
>=30	Obese	

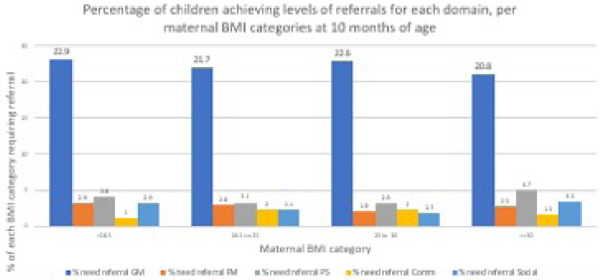
Adjusted for: gestational hypertension or diabetes; mental health; parity; premature; small for gestational age; maternal age; ethnicity; maternal employment; maternal education; smoking; conception method.

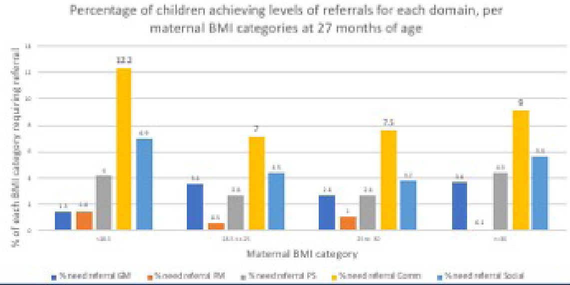
Analysis:

Logistic regression models were used to explore the relationship between maternal BMI category and child neurodevelopmental delay identified using ASQ.

Results

- At 10 months of age, GrossMotor(GM) had the highest number of children scoring low enough to consider referral
- At 27 months of age, Communication domain had the highest number of children scoring low enough to consider referral
- *10 months models*:
- There was an association between maternal obesity and increased odds of Problem Solving in the unadjusted model which attenuated after adjustment. Unadjusted OR 1.53 95%CI (1.06,2.21)
- Maternal overweight significantly decreased the odds of Fine Motor delay in an adjusted model OR 0.6 95%CI (0.38,0.95) but non-significantly increased the odds for those who's mother was obese.
- In subgroup analysis within premature children, maternal overweight was associated with increased odds of GM delay in the adjusted model: adjusted OR 2.64 95%CI (1.24,5.61)
- *27 months models:* There were no statistically significant associations between delay and maternal BMI categories.





Conclusion

We found some associations between maternal weight status in early pregnancy and child development as measured by ASQ at 10 months but not 27 months. Further understanding of ASQ assessment cut-offs and how to apply them to aetiological epidemiology findings needs to be achieved.

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3. NHS England National Health Visiting Service Specification 2014/15 2014. Available from [illegible]
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This work is supported by a University of Southampton PhD studentship (NZ), the Academy of Medical Sciences/Welcome Trust (Grant no: AMS_HOP001\1060 to NAA), NIHR Southampton BRC.

www.soton.ac.uk/slope

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

Elizabeth Taylor, School of Primary Care, Population Sciences and Medical Education, University of Southampton.

NIHR Southampton Biomedical Research Centre

University of Southampton

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

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Background

Obesity in childhood and later adult life is a serious public health challenge. The Developmental Origins of Health and Disease (DOHaD) concept links exposures during the periconceptional and pregnancy period to subsequent susceptibility to non-communicable disease, including obesity.

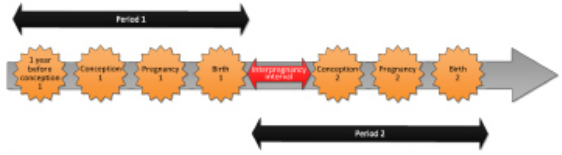
Numerous studies have examined associations in one pregnancy with the outcome for that child, but there is little research on whether this risk is fixed for subsequent children or if a change in exposures between pregnancies changes the risk for a subsequent child.

AIM: To systematically identify studies characterising change in modifiable maternal exposures and examine the association with adiposity in 2nd or higher order siblings.

Methods

Search strategy: An electronic search was conducted using the bibliographic databases EMBASE, MEDLINE, CINAHL, PsycINFO and Web of Science. Studies were restricted to those based on human participants and published in English since 1990. Only longitudinal studies were included.

Exposure measurements: At least one measurement of the exposure was required in Period 1 and at least one in Period 2 (see below). Everything, including the interpregnancy interval, but excepting age, ethnicity and genetics was considered modifiable.



Outcome measurements: Any measurement of adiposity in a 2nd or higher order sibling recorded after that child was aged 1.

Search results

Screening: 10,131 studies were initially identified; 7,323 remained after screening for duplicates. After title and abstract screening, full texts of 22 papers were assessed. 11 studies satisfied the inclusion criteria.

Synthesis: Since we had expected significant variations in study exposures and design, a qualitative synthesis was planned *a priori* rather than a meta-analysis.

Results

Exposures:

Outcomes:

Characteristics of included studies:

Outcome measurements were mostly objectively measured.

Exposures were mostly self-reported.

Outcome measurements were taken at varying times; from 19 months to 30 years.

Response rates to questionnaires and linkage rates were low.

Some studies used conscription data and so only had outcomes for male offspring.

There was considerable variability in the types of statistical analysis used and in the confounders controlled for.

All studies had underlying populations from high or middle income countries, affecting both prevalence and generalisability.

Associations found:

Substantial interpregnancy weight gain or loss, starting smoking between pregnancies or increasing the number of cigarettes smoked and longer interpregnancy intervals showed associations with greater adiposity in 2nd or higher order siblings.

Vaginal birth after a caesarean birth 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 exposures could inform the type and effectiveness of interventions for mothers who wish to become pregnant again. The interpregnancy period is an opportunity to optimise health for the mother and her whole family whilst still in relatively intensive contact with healthcare professionals.

This work is supported by an NIHR Southampton Biomedical Research Centre and University of Southampton Primary Care, Population Sciences and Medical Education PhD studentship (EJT), and an Academy of Medical Sciences/Wellcome Trust Grant (NAA) (Grant no: AMS_HOP001\1060).

www.southampton.ac.uk/slope

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

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

Community engagement in priority setting for improved mother and child nutrition pre-conception, pregnancy and post-delivery

INPreP

Daniella Watson[1], Sarah Kehoe[2], Agnes Erzse[3], Adelaide Compaore[4], Cornelius Debpuur[5], Engelbert Nonterah[5], Herman Sorgho[4], Karen Hofman[3], Shane Norris[6], Marie-Louise Newell[2,7], Kate Ward[2,7], Mary Barker[2,7,8] and the INPreP Study Group

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INTRODUCTION

- Sub-Saharan Africa has a 'double burden of malnutrition', where under-nutrition coexists with overweight and obesity leading to increased prevalence of non-communicable diseases (NCDs).
- Countries undergoing nutritional transition, such as Burkina Faso, Ghana and South Africa, are particularly vulnerable to this public health challenge.
- Maternal and child malnutrition is prevalent and contributes to adverse economic, social and health consequences across the lifecourse.

AIMS

- Understand community perceptions of factors influencing maternal and child nutrition
- Identify context-specific interventions to optimise nutrition in the first 1000 days of life.

METHODS

- Focus groups (FGs): 30 FGs, 10 in each country. Total participants = 235.
- Participant groups: Women 18-25 years, 25-40 years, 40-55 years; Men 18-55 years.
- FGs in local languages, audio-recorded, transcribed and translated into English.
- Analysis tool: NVivo 12 software, thematic analysis.

RESULTS Three emergent themes from FGs:

Transition: Stage of economic and social transition in each setting determined the communities'-

- experiences of NCDs as a major health issue;
- access to healthcare;
- family structure and socially-constructed gender roles.

Pressures: Underlying constraints of limited finances and opportunities affect communities'-

- poverty;
- lack of socio-economic opportunity;
- food security where, sufficient *quantity*, rather than *quality* of food was the major priority for families.

Solutions: Communities suggested family, community and structural solutions to gain control of food production-

- women generating income to feed their families;
- community groups and agricultural support;
- building infrastructure and creating healthy environments to access nutritious foods.

Community voices inform priority setting efforts to optimise nutrition in the first 1000 days.

Interventions that reflect local health needs, context & societal values.

CONCLUSION

- Interventions and policies should encourage community empowerment and address wider social determinants of nutritional status.
- DOHaD research should continue to explore community values and engage with all stakeholders including the end user to maximise feasibility and effectiveness of interventions.
- INPreP will implement a priority setting tool (Choosing Healthplans All Together-CHAT) with communities to identify interventions.

INPreP SAMRC NIHR National Institute for Health Research UKaid PRICELESS SA DPHRU

The NIHR Southampton 1000 DaysPlus Global Nutrition Research Group: leveraging improved nutrition preconception, during pregnancy and postpartum in Sub-Saharan Africa through novel intervention models, at the University of Southampton

This research was commissioned by the National Institute for Health Research (NIHR) Southampton 1000 DaysPlus Global Nutrition Research Group using Official Development Assistance (ODA) funding. The views expressed in this publication are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

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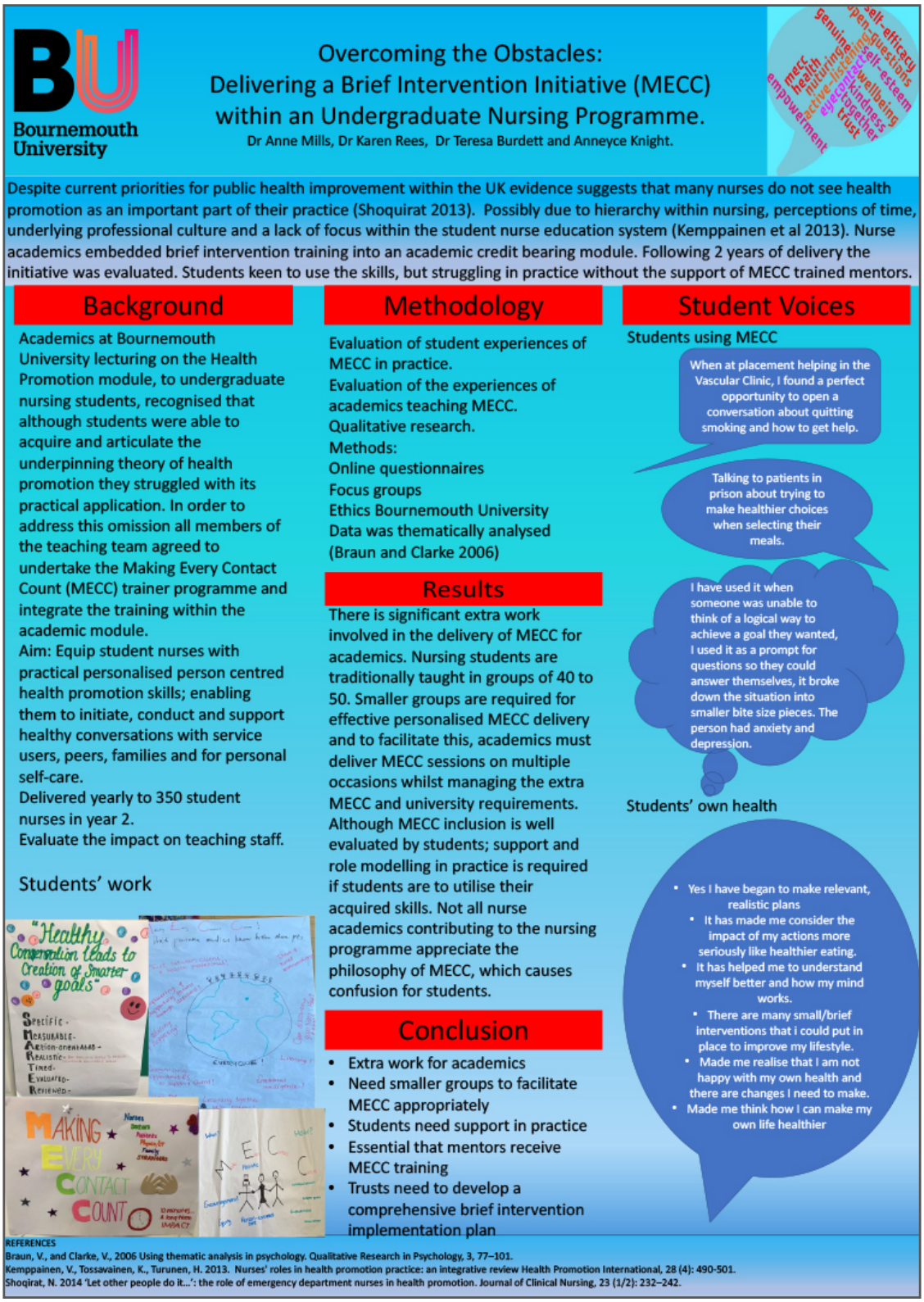
Workforce Development

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

Anne Mills, Faculty of Health and Social Sciences, Bournemouth University



7. The future nursing workforce: their health and wellbeing.
   Julie Ryden, et al Bournemouth University

The future nursing workforce: their health and wellbeing

Anneyce Knight, Anne Mills & Julie Ryden
Faculty of Health and Social Sciences, Bournemouth University, UK.

This study explored influences on the health and wellbeing of first year student nurses. The findings indicate that nursing students must juggle multiple competing demands upon their physical capabilities, personal resources, income, and time. Students are constantly seeking to achieve balance and personal equilibrium through the use of a variety of coping strategies.

Aim

To investigate and present the personal experiences of first year undergraduate nursing students' perception of their health and wellbeing.

Methodology

Participants
The assessment for an academic module in year one requires students to compile a case study which explores the influences on their own health and wellbeing. These self-reported narratives of 100 first year student nurses are the basis of this study. Ethical approval and participant consent was obtained.

Data Analysis
Braun and Clark's (2006) thematic analysis was employed to analyse the data contained within the essays and themes of patterns were generated from the data. Inter-researcher consistency in coding was a key focus when analysing themes.

Findings

Nursing students indicated that they were required to juggle multiple competing demands upon their time, physical capacities, income and personal resources and were constantly trying to find balance and personal equilibrium. They also revealed the challenge to existing coping strategies and the development of new strategies.

"I was afraid to stop...for the fear I might let something slip."

Findings contd..

Juggling competing demands
These demands included amongst others, academic and clinical work, long shifts, family, social relaxation, learning the skills of independence, and caring responsibilities.

"Managing my workload, adapting to a new routine and working, long shifts alongside running a household, managing finances and carrying out daily tasks has impacted my physical and mental health."

Seeking balance and equilibrium
Many students identified the year as a "balancing act" with the balance tipped towards academic workload and a consequent sense of being "overwhelmed" or "isolated" through neglecting other aspects of their lives.

"I was struggling financially on a student budget and had immense feelings of guilt placing my son in childcare all week. Maintaining a home and work life balance was becoming less achievable resulting in me not going out or socialising and spending the majority of the time at home studying."

There was also a sense of not being able to 'turn the off switch', so that a constant state of alertness to course issues dominated daily life.

Findings contd..

Emergent coping strategies
Whilst a number of students talked of the challenge to existing coping strategies, others identified the emergence of new coping strategies and thus the development of resilience.

"this new knowledge [on managing stress] is essential to me as a learner because it has helped me to make a difference to my own health, I now focus on how I am feeling instead of what I need to do, this has helped me to take a step back and take time for myself.

Conclusions

- Student nurses invest heavily in their nursing programme and work hard to manage the multiple competing demands of this intense three year programme.
- Transitioning into the programme throws students into demanding and competing stressors.
- To survive the course requires students to learn to juggle the competing demands of all aspects of their lives, including; academic learning, practice learning, peer social time, self-care and family time.
- Understanding student experiences and the major stressors provides opportunities for the NMC in conjunction with HEIs to ensure that curricula avoid placing heavy unmanageable burdens on students.

Braun, V., and Clarke, V., 2006 Using thematic analysis in psychology. Qualitative Research in Psychology, 3, 77–101.

8. Wellbeing in doctors; measurement matters!

Gemma Simons et al, Centre for Workforce Wellbeing, University of Southampton and Health Education England Wessex

A Core Outcome Set for measuring doctors' wellbeing is being developed.

Follow us on Twitter: @C4WWellbeing

Take a photo of the poster

Centre for Workforce Wellbeing

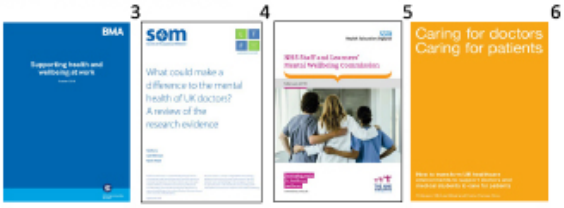
Dr Gemma Simons, Mrs Aimee O'Neill, Prof Julia Sinclair, Prof David Baldwin.

Background

80% of doctors are at high risk of burnout. [1]

9,183 doctor vacancies in the UK. [2]

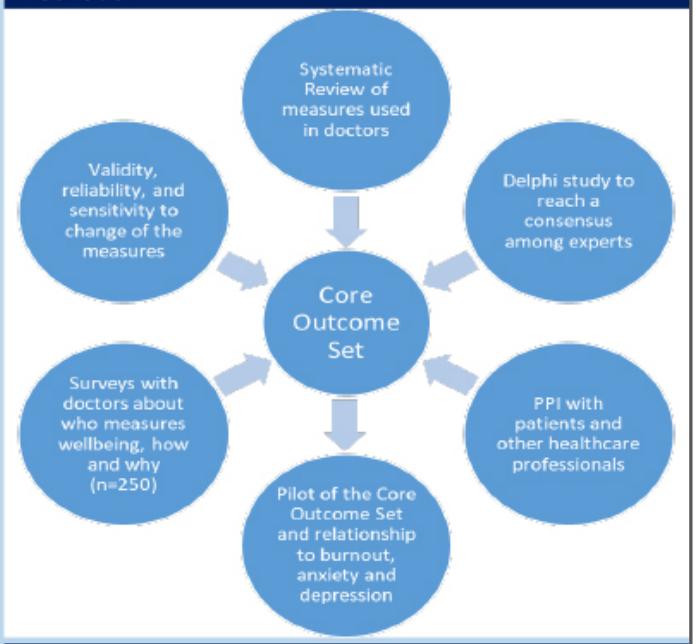
Many recent policy documents making recommendations. [3,4,5,6]



Core Outcome Sets are being increasingly used for health conditions, [7,8] why not for wellbeing.

COMET Initiative [7] ICHOM [8]

Methods



Results

UK Bodies measuring wellbeing currently:

Care Quality Commission · BMA · Royal College of Physicians · General Medical Council

Operational definition of wellbeing rarely given in research studies.

Wellbeing research often measures burnout. An absence of burnout is not the same as wellbeing.

66 potential subjective wellbeing measures. [9]

Discussion

Move away from repeated pathogenic analysis, measure thriving and not just surviving.

Minimum set of reliable, valid and practical measures

- Improves research quality and comparability
- Resource for quality evaluation of NHS organisation interventions
- Prevents research waste
- Improved investment return for wellbeing interventions

Funding source: Health Education England (HEE) South has provided financial support for a postgraduate student fellowship for 3 years.

University of Southampton · NHS Health Education England

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9. Developing Healthy Conversation Skills Training for Teachers and Education Practitioners.

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

Developing Healthy Conversation Skills Training for Teachers and Education Practitioners

Bagust L[1], Barker M [2,3], Godfrey K[2,3,4], Grace M[1] , Griffiths J[1,5], Hanson M[3,4], Inskip H[2,3], Lovelock D[1], Woods-Townsend K[1,2], Lawrence W[2,3]

[1]Southampton Education School, Faculty of Social Sciences, University of Southampton, Southampton, UK, [2]MRC Lifecourse Epidemiology Unit, University of Southampton, Southampton, [3]UKNIHR Southampton Biomedical Research Centre, University Hospital Southampton NHS Foundation Trust, Southampton, UK, [4]Institute of Developmental Sciences, Faculty of Medicine, University of Southampton, Southampton, UK, [5]Mathematics and Science Learning Centre, University of Southampton, Southampton, UK

Healthy Conversation Skills

Healthy Conversation Skills (HCS) is a programme of skills to support behaviour change developed at the University of Southampton.

Introduction

- Childhood obesity is a major public health problem in the UK. Current national statistics show 20% of children aged 10-11 years are classified as obese. Only 18% of children aged between 5 and 15 years consumed the recommended 5 or more portions of fruit and vegetables a day, with 51% consuming fewer than 3 portions a day.
- There is scientific evidence that 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.

Aim

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

Method

- 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[1]. To address this we extended the intervention by adding HCS training, upskilling teachers in skills to support student behaviour change.
- We modified a previously designed behaviour change training programme developed for health and social care practitioners[2] and adapted it to this new audience.
- Prior to teaching the LifeLab module, secondary teachers attend a professional development day (PDD) where they are introduced to HCS, and an online version to support them back in school.
- We measured the impact by running focus groups with teachers after the PDD to gauge their views of HCS and by asking them to complete an online questionnaire to evaluate the training day.

The training focuses on developing five key skills:

- creating opportunities for healthy conversations
- asking open discovery questions
- listening more than giving information
- reflecting on practice
- supporting goal-setting using SMARTER action-planning (Specific Measurable, Action-oriented, Realistic, Timed, Evaluated, and Reviewed)

Results

Since April 2015, 105 qualified teachers have been trained in HCS.

We have shown the positive impact on teachers being trained to support students in making healthy behaviour changes.

100% rated the quality of the training as good (5%) or very good (95%).

"I think that this course will have a huge impact on my personal practice. A complete change in my perspective on questioning."

"I am leaving today with lots of enthusiasm and inspiration."

"It will certainly make me think about my questioning skills. I will also hope to embed this idea of making changes to your health into our non curriculum days."

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.

"Hugely valuable, it will have a massive impact on the way that I interact with, support and encourage my students. One of the most beneficial CPD sessions that I've ever had."

"More able to help students evaluate their lifestyle choices and their effects."

"This has made me think about how I address and solve problems with my students, and made me excited to teach health again!"

Figure 1: Health pledge worksheet

Discussion

- In our current randomised control trial, 'Engaging Adolescents in CHanging Behaviours', (EACH-B) we are aiming to initially train a further 50 teachers.
- We are developing the current student health pledge worksheet (*Figure 1*) to further support students and help identify whether changes are actually being made.
- The next step will be to see how this strategy impacts on the students, i.e. by collecting quantitative data to measure behaviour change.
- 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 in order to support positive health behaviours.

References

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Funding sources

LifeLab is supported by NIHR Southampton Biomedical Research Centre in Nutrition, UoS and University Hospital Southampton NHS Foundation Trust and has received research funding from the Wellcome Trust, the MRC, CRUK, RCUK, the BUPA Foundation, Rotary, the BHF and Wessex Heartbeat.

Acknowledgements

All the teachers who completed the HCS training, and all the schools, students and their teachers who participate so enthusiastically in the LifeLab programme.

University of Southampton | University Hospital Southampton NHS Foundation Trust | MRC Lifecourse Epidemiology Unit

Using Data

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

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

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

Rebecca Perrin[1], Sanjay Patel[2], Amanda Lees[3], Dianna Smith[1], Tina Woodcock[4], Scott Harris[1] and Simon Fraser[1]

[1]University of Southampton, [2]University Hospital Southampton NHS Foundation Trust, [3]University of Winchester, [4]Southampton City Clinical Commissioning Group

Background

Increasing use of health services is driven by aging populations, prevalence of chronic disease and advances in health technology[1,2]. Factors influencing use of services by young children in both general practice and secondary care are not well described.

Aim of the Study

To explore the use of general practice and emergency department, and associated factors, in children under 5 years of age in Southampton using a linked dataset.

Methods

An exploratory cross-sectional study between June 2017 and May 2018 using

- an anonymised dataset of all 0-4-year olds registered at 21 out of 27 practices
- Number of general practice (GP) consultations and emergency department (ED) attendances, converted into high (>8 GP consultations and >2 ED attendances) and lower groups
- linked via their NHS number.

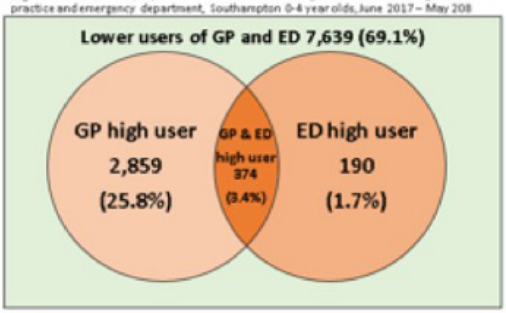
Sociodemographic characteristics of the children were described (age, sex, neighbourhood deprivation (IMD 2015) and distance to GP and ED), and the association between these and high use of GP and ED was explored using logistic regression.

Results

The study included 11,062 children; the number and percentage who were high and lower users of GP and ED are represented in figure 1. Nearly half of all children lived within 2km of their registered GP surgery and 5km of the ED.

- In comparison to children in the least deprived areas, children living in the most deprived were two and a half times more likely to be high users of both GP and ED (odds ratio (OR) 2.64, 95% CI 1.49 – 4.67).
- Children were less likely to be high users of GP (OR 0.68, 95% CI 0.66 – 0.71), ED (OR 0.94, 95% CI 0.88 – 1.00) and both services (OR 0.83, 95% CI 0.77 – 0.90) with increasing age.

Figure 1: Number and proportion of children who are high and lower users of general practice and emergency department, Southampton 0-4 year olds, June 2017 – May 208



Discussion

- This study has demonstrated high use of GP services by over 25% of young children in Southampton. It identified a small group as high users of both GP and ED, indicating frequent attendance by some families across the health system.
- Younger children were more likely to be high users of both services; local qualitative research identified that parental anxiety is heightened when children are very young[3]. They were also more likely to be socioeconomically deprived in comparison to children who were lower users, a finding supported by other studies[4].
- Future studies which include data on the reason for and time of attendance would further enhance our understanding of families' health seeking behaviour, as would ethnicity.
- A co-designed and evaluated community-based intervention involving families from lower socioeconomic backgrounds and local health and social care professionals would add to the evidence base concerning how best to meet the needs of children and families who are high users of GP, ED or both. This could include enhancing their health literacy to support navigation of the health system.

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Acknowledgements: The authors wish to thank Phil Lovegrove and Tim Davis at Southampton City CCG for supporting data extraction.

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

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

Physical activity in the prevention of chronic kidney disease

Saloni Rana, Simon Fraser

University of Southampton

Background

- Chronic Kidney Disease (CKD) is a long term condition of public health importance, strongly associated with age.
- It affects up to a third of people aged 75 or older in the UK and prevalence may increase in the future with the ageing population.
- It is also associated with socioeconomic inequalities, poor quality of the life and a high degree of comorbidity.
- Cardiovascular disease is an important CKD outcome but less is known about the relationship between cardiovascular risk factors, such as physical inactivity, and incident CKD

Aims

The aim of this study was to conduct a systematic review of studies examining the role of physical activity in CKD prevention.

Methods

Search strategy

Three databases (EMBASE, CINAHL and Ovid Medline) were searched from inception to June 2019 for terms relating to CKD, PA, prevention and incidence since the date of inception till June 2019.

Inclusion criteria

- Human participants aged 18 or over with normal renal function at baseline and one of the biomarkers of CKD(eGFR, ACR) /Clinically Coded CKD as an outcome at follow up.
- Only Cohort, RCT and case-control studies were eligible with measured physical activity either objectively or subjectively.

Study Quality Assessment

The following were used to assess study quality:

- Newcastle Ottawa for observational studies.
- Cochrane Risk of Bias for RCTs.

Descriptive synthesis

The findings were collated and presented in terms of findings in general population and high risk populations

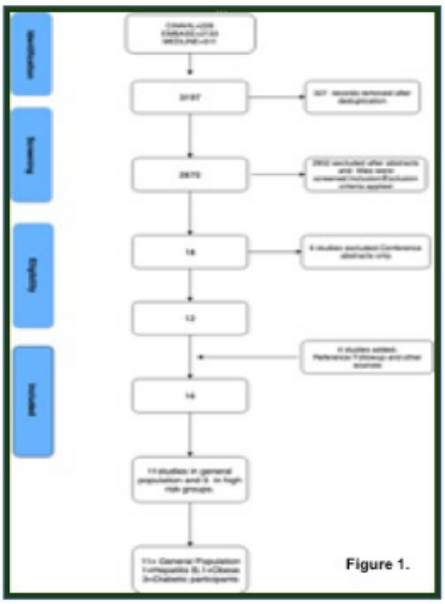


Figure 1.

Figure 2.

Results

Sixteen studies met the inclusion criteria of which eleven were in general and five in high-risk populations (Fig. 1).

Of the 15 Cohort studies, 5 studies were rated "Good".8 were 'Fair' and 2 were 'Poor' quality. The RCT was judged fair quality.

The Included studies were heterogeneous in terms of PA assessment, CKD definitions, outcomes, follow-up duration, and statistical methods, therefore meta-analysis was not attempted.

PA was mainly self-reported though two studies used objective measures of PA. Studies varied widely in the method used to identify and define CKD. (Figure 2.)

MAIN FINDINGS:

- Ten studies (five in general populations, five in high-risk) identified a preventive relationship (**higher** PA associated with **lower** incidence of CKD).
- Five out of the eleven studies in general populations showed **no relationship** between PA and CKD incidence
- One study found **higher** PA was associated with **higher** CKD incidence. (Figure 3.)

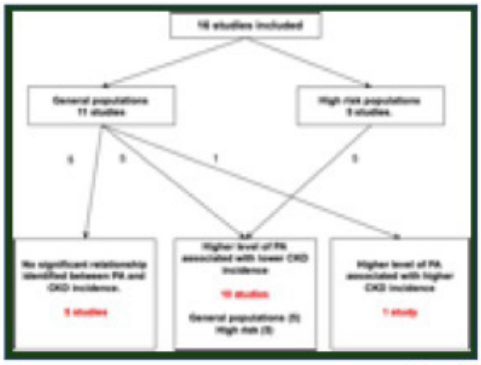


Figure.3

Discussion

The findings are limited by considerable study variation in terms of:
Populations included, exposure measurement, length of follow up, outcome assessment, classification of CKD, laboratory assays and estimating equations used, confounding factors considered and the measures of effect used

Despite these limitations, the predominant finding was of a protective effect of PA, particularly in high risk populations.

A protective effect may occur through a direct effect on the kidney or through a combination of indirect effects such as those on blood pressure, lipids, diabetes control, cardiac function (and kidney perfusion) or oxidative stress

Strengths: Broad search strategy, quality assessment of included studies.
Limitations: Limited grey literature searching, unable to perform meta-analysis

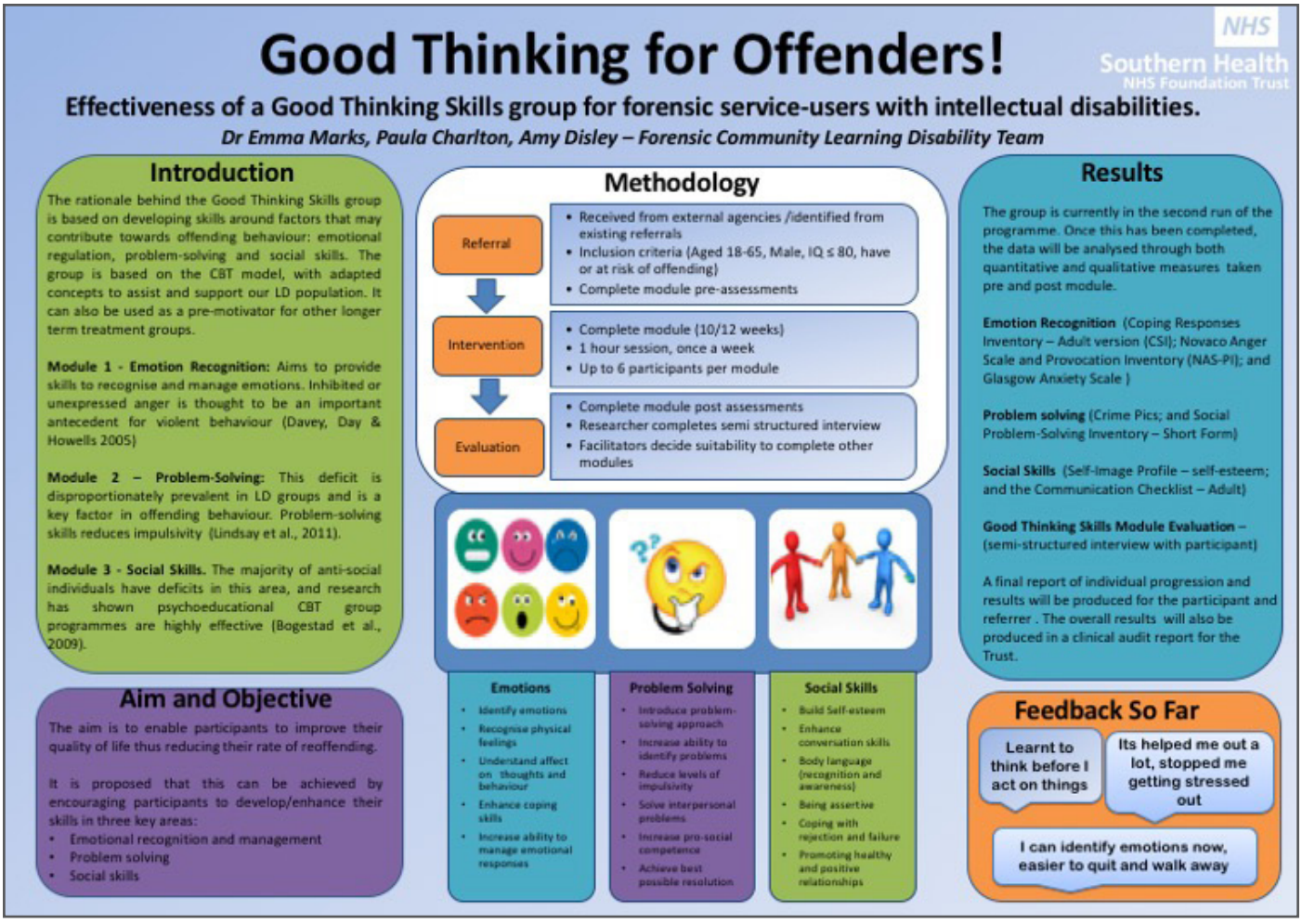
Conclusion

Although findings were not consistent, across studies the review suggests that, on balance, physical activity is likely to have a protective role in reducing the risk of incident CKD both in the general population and in high-risk groups.
It should be remembered that CKD is just one condition for which PA is likely to be beneficial.

Vulnerable Adults

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

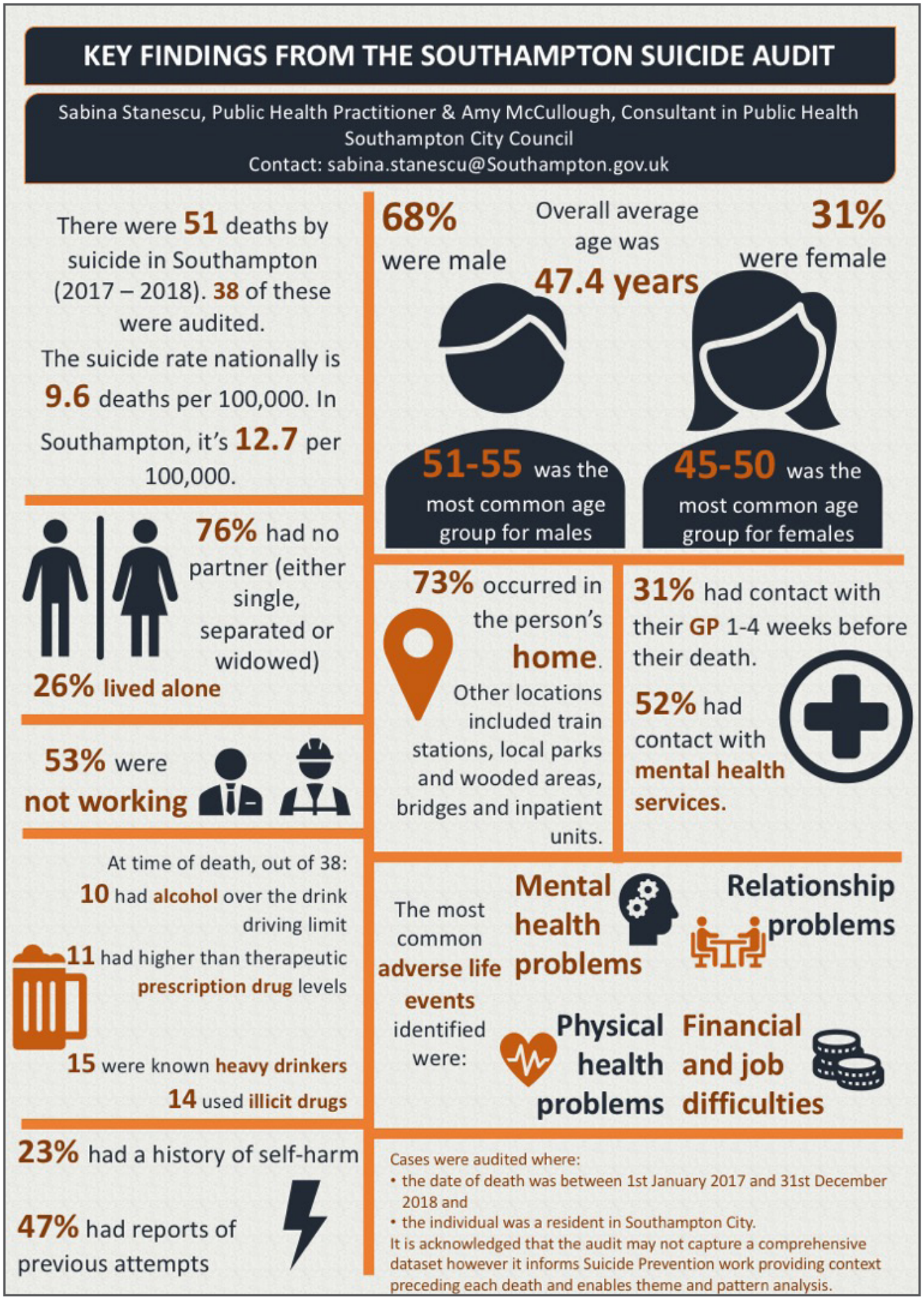
    Emma Marks et al Adapted-Dialectical Behaviour Therapy: working with clients in a forensic service with histories of trauma diagnosed with learning disability, Forensic Learning Disability Services



13. Accessibility of health promotion applications.
    Rachael Middle et al, Southern Health NHS Foundation Trust

POSTER TO FOLLOW

14. Southampton Suicide Audit.
    Sabina Stanescu, Public Health, Southampton City Council



Service Development

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

    James Faulkner et al, University of Winchester

UNIVERSITY OF WINCHESTER

WESSEX PUBLIC HEALTH CONFERENCE 2020

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

James Faulkner[1], Ariyan Alimadadi[1], Eloise Paine[1], John Batten[1], Nigel Smyth[2], Louise Darrah[2], Louis Martinelli[3], Danielle Lambrick[4]

1 Department of Sport, Exercise and Health, University of Winchester; 2 Hampshire Hospitals NHS Foundation Trust; 3 Hobbs Rehabilitation; 4 Faculty of Health Sciences, University of Southampton

Introduction

- Winchester City Council's exercise referral scheme (ERS) receives 10 to 20 stroke patient referrals each year
- Hampshire Hospitals NHS Foundation Trust (HHFT) diagnose 1,000 new stroke cases each year
- Greater engagement with NHS hospitals may increase the referral of stroke patients to ERS
- The **HELP (Health Enhancing Lifestyle Programme) Hampshire Stroke Clinic**, launched in March 2019, provides **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.

HELP HAMPSHIRE
Health Enhancing Lifestyle Programme FOR STROKE

Method

Patient referral:

- Stroke patients referred to the HELP Clinic from either HHFT (TIA clinic, hyper-acute stroke unit or early supportive discharge) or local GP practices.

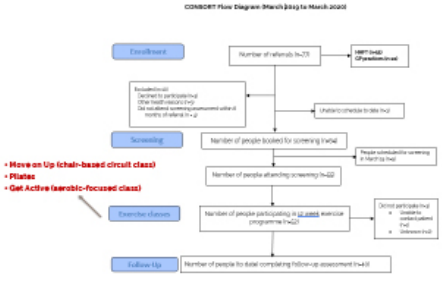


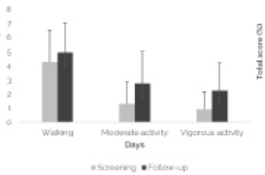
Figure 1. Consort statement: Participant recruitment and retention

Screening/baseline & Follow-up health assessment:

- All referrals complete a screening/baseline assessment:
  - Contextual information and demographics
  - Body composition
  - Blood pressure (BP)
  - Functional outcomes (TUG, 10 m walk, 6-min walk test).
  - Psycho-social questionnaires (WHO-5, depression, social isolation)
- One-to-one consultation with a physiotherapist

Results

- To date (February 2020), the HELP Hampshire Stroke Clinic has received **77 referrals** (65 [12]y, age range 23-87y) (Fig 1).
- There have been increases in days spent walking, and days engaged in moderate and vigorous physical activity (Fig 2).
- A 5 % improvement in WHO-5, a measure of mental health wellbeing, has been observed (Fig 3.).
- Large reductions in systolic BP (-9 mmHg) have been reported, without change in medication (Fig 4 & 5).
- Improvements in Functional outcomes have been recorded for 6 minute walk test (+75m; Fig 6),TUG (-3s) and 10m walk (+0.0gm/s).



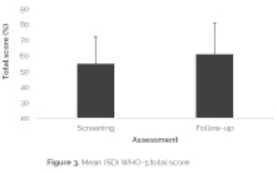


Figure 3. Mean (SD) WHO-5 total score

Figure 2. Mean (SD) days spent walking and engaging in moderate and vigorous activity

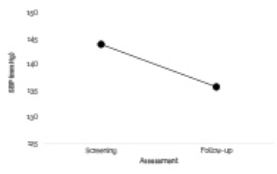


Figure 4. Mean (SD) systolic blood pressure (SBP) at screening and follow-up

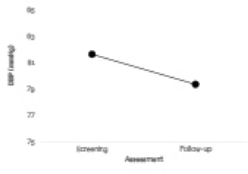


Figure 5. Mean (SD) diastolic blood pressure (DBP) at screening and follow-up

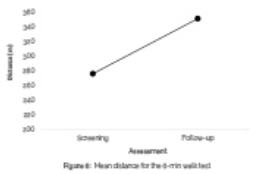
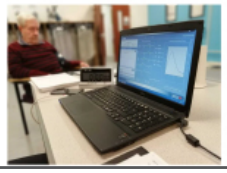


Figure 6: Mean distance for the 6-min walk test

Conclusion

- The HELP Hampshire Stroke Clinic has shown encouraging improvements in health outcomes for individuals living with stroke.
- Further data synthesis, the assessment of outcome measures over a 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



16. ECHO - Targeted Health Visiting Programme.
Carol Stevens et al, Solent NHS Trust

stronger futures

...improving outcomes for children and families by reducing inequalities...

NHS Solent NHS Trust

ECHO

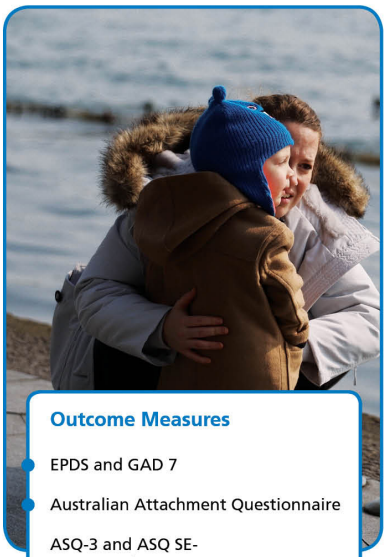
A Targeted Health Visiting Programme

What is ECHO

- **ECHO** is a targeted health visiting programme delivered by health visitors at Universal PartnershipPlus level from the antenatal period until age 3
- Aim to complete 30 home visits
- Content of the programme moves through the developmental stages from pre-birth to 3 years.
- The programme is supported additional supervision and a clear outcomes framework.

Aims of the ECHO Programme

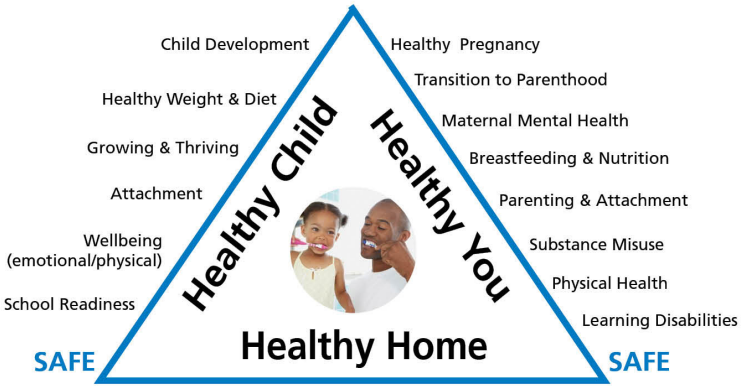
- Improved attachment
- Speech and Language in line with peers
- Childhood healthy weight
- Reduction in LAC
- Improved experience for families receiving ECHO
- Improved parental confidence and engagement
- Improved experience for health visitors



Outcome Measures

- EPDS and GAD 7
- Australian Attachment Questionnaire
- ASQ-3 and ASQ SE-
  4 Months
  12 Months
  18 Months
  24 Months
  36 Months
- Progress on Early Help Plans

Areas of Intervention based on the Healthy Child Programme and the Assessment Framework Triangle



SAFE

Relationships & Domestic Abuse
Wider Family
Home Conditions
Employment/Income
Social Integration & Community Resources

Some Early Case Audit Findings - October 2018

- The criteria of domestic abuse accounted for at least 50% of the cases closely followed by maternal mental health problems
- At least 60% of the mothers were in their twenties
- 50% were single parent families with the mother as the sole carer
- 30% of cases were identified through universal assessment by the HV team, the rest were highlighted by MASH or through step across from children's social care
- Highest percentage of families engaged with ECHO were white British
- Some early evidence that ECHO intervention is preventing families escalating into Tier 4 services

17 Dementia Friendly Pharmacies.

Amanda Moores, Dorset Local Pharmaceutical Commmittee, University of Portsmouth

Dementia Friendly Pharmacies Framework

NHSE Wessex Pharmacy Local Professional Network

CPSC Community Pharmacy South Central

UNIVERSITY OF PORTSMOUTH

Background

- In 2014 there were an estimated 835,000 people living with dementia in the UK and by 2051 this number is expected to increase to over 2 million[1,2].
- In 2012, the Alzheimer's Society launched the Dementia Friends programme to raise awareness of dementia and change people's perceptions of dementia. This campaign has been a huge success with over 2.5 million people becoming dementia friends[3].
- Two thirds of people with dementia live in the community.

Why this study was done

- 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. 480) 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.

The aim of this study

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

Key findings & quotes from community pharmacy teams

"The Team is now fully engaged with dementia and will be participating in the Memory Walk."

"The framework has further developed and strengthened team working in the pharmacy."

- 504 community pharmacies in Wessex, 330 declared to be dementia friendly (65%) by the deadline
- 355 community pharmacies in Hampshire & IOW, 217 dementia friendly (61%)
- 149 community pharmacies in Dorset, 113 dementia friendly (75%)
- Within the seven domains there were several areas of best practice identified
- Pharmacy environment domain – not having a black door mat; the pharmacy being identified as a "safe haven" area
- Pharmacy team domain – importance of identifying a lead; wearing bright colours; including Dementia Friends training in staff induction
- OTC sales domain – having a "Kind, patient and calm" sign on the medicines counter; adding notes about sales to a persons records on the pharmacy computer
- Prescription ordering, collection and delivery domain – using a "STOP alert" message for people that have been identified as requiring additional support; communicating with GP practices directly via NHS mail; having set delivery days

"Awareness amongst the staff has greatly increased in terms of factors such as the environment and colours etc. Staff knowledge of dementia has also increased."

"Important to have all staff trained in being Dementia Friendly - including drivers...pharmacy team now more aware to look out for people who may need assistance."

"This has made the staff more aware of what they can do to support patients."

"The pharmacy have identified a designated area for health promotion and are utilising it. Staff have more confidence about giving advice on how to prevent dementia."

Methodology and method

- The Wessex framework adopted seven domains, which were: the pharmacy environment; the pharmacy team; public health messages including lifestyle; over-the-counter (OTC) 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 community pharmacies.
- Community pharmacies had until March 31st 2018 to submit evidence that they complied with the essential criteria.
- 12 community pharmacies were randomly identified for a validation visit following completion of the framework.

So what do we need to do next?

- 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.
- Portsmouth University students are revisiting pharmacies in 2020 to establish if the framework is still in use.

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3. https://www.dementiafriends.org.uk/

Presenting Authors:
Amanda Moores, Chief Officer, Dorset Local Pharmaceutical Committee
Professor Paul Rutter PhD, FRPharmS, FFRPS, SFHEA, Professor in Pharmacy Practice, School of Pharmacy and Biomedical Sciences

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

Mirembe Woodrow, University of Southampton

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

Mirembe Woodrow mcw1g16@soton.ac.uk MSc Public Health graduate 2019

UNIVERSITY OF Southampton

Background and rationale

- People in England are healthier and living longer than before, but health inequalities (HI) persist. Life expectancy is stalling for the first time in over 100yrs.
- Local authorities (LAs) are crucial agents in tackling the social determinants of health (SDH), but their agendas are crowded and their systems highly complex with multi-factorial influences.
- Despite good evidence for the need for action on SDH, how this can be done and the decision-making processes involved are not well understood.
- If the context of LA policy-making and action can be understood - the pressures, change-drivers, structures and working practices - conclusions can be drawn about how PH actors can navigate those to bring forward policies and actions that can have a real impact on local people's health.

Study aims

- Identify and appraise current policies and strategies of Hampshire LAs to reduce the impact of SDH and narrow gaps in HI.
- Identify barriers and facilitators to LA action
- Identify extent of policy coherence on SDH/HI

Methods

1. Content analysis of LA-authored policies and strategy documents.
2. Thematic analysis of interviews with key informants.

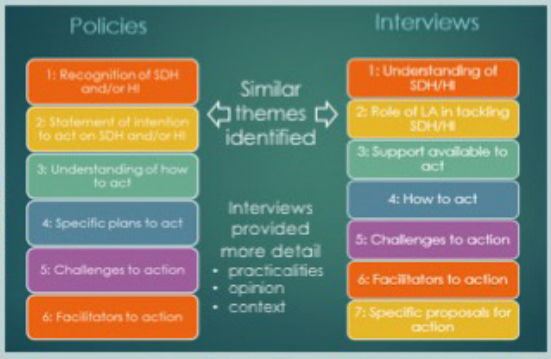
Policies:

- LAs: Hampshire County Council (HCC), Portsmouth City Council (PCC) & Southampton City Council (SCC).
- 203 policy documents identified: 58 met inclusion criteria, data saturation at 38.

Interviews:

- Purposively sampled for knowledge and experience of the subject.
- Individuals approached: HCC, PCC and SCC senior staff, local councillors, Public Health England staff, local academics with an interest in SDH and HI.
- Five interviewees; up to 45 mins duration.

Results



Policies: How to act on the social determinants of health and health inequality

Interviews: Facilitators and challenges to LA action

Discussion

- LAs are well-placed to act, and accept responsibility for SDH and HI
- Interviewees showed strong ambition to act that was not evident from policy documents
- Public health teams have a clear understanding of how to act and a wide range of ideas and practical interventions were identified, with emphasis on fostering engagement, partnership-working and using evidence
- Policy attention and coherence are not being optimised. Focus of action tended to be towards ill-health prevention & behavioural change mechanisms
- LAs face difficulties: Silo-working and advocating for shared responsibility for health; generation, typology and use of evidence of SDH interventions; complexity of SDH; impact of reduced resources.

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

    Matthew Williams et al, Wessex AHSN

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

Wessex Academic Health Science Network

Authors: Matthew Williams, Philip Daniels-May, Rachel Dominey, Heather Bowles, Noor Alghayeb, Malcolm White, Helen Gasior, Alison Barton-Smith, Dr Amy Poyner, Tony Martin

Contact details: Matthew Williams; Primary Care Innovations Programme Manager at Wessex AHSN
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Background:

Gnosco, a Swedish digital healthcare technology company, developed its telemedicine solution Dermicus in conjunction with the Karolinska University Teaching Hospital in Stockholm, Sweden for the secure and fast diagnosis of skin cancer.

Working with Gnosco, Wessex Academic Health Science Network (AHSN) conducted a market testing exercise with NHS dermatology providers across Wessex to determine a need for the technology. The sub-contracted service provider for the Isle of Wight, Lighthouse Medical, submitted an Expression of Interest aligned to the retendering of the dermatology service by the Isle of Wight CCG. Through further discussions with the CCG, it was agreed to undertake a Real World Evaluation with the AHSN to gather NHS clinical evidence of the Dermicus technology. The Dermicus technology has been used effectively in Sweden since 2015.

Aim:

The aim of this project is to increase accessibility for patients with suspected malignant melanoma and other skin cancers by providing specialist care skills remotely (teledermatology) in primary care, where the patient first presents with skin changes.

As a result, it is hoped the project will reduce the number of unnecessary referrals to secondary care as well as benefiting patients by speeding up diagnosis.

Key Highlights:

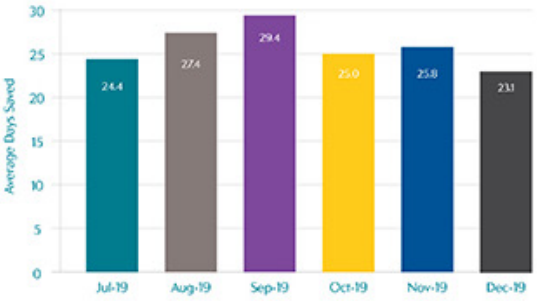
To date, there have been 109 remote referrals completed with a mean referral response time of 1.6 days. Approximately 35% of referrals have been managed with remote advice and guidance only, notably reducing the need for face-to-face appointments. A reduction in follow-up appointments has also been noted. This is because the remote referral allows for the appropriate first appointment (biopsy etc.) to be booked at the earliest opportunity.

A Real World Evaluation will be undertaken by Wessex AHSN in Summer 2020.

Average Wait from GP Appointment to First Consultant Review
Jul 2019 - Dec 2019

Traditional Pathway **27.4 Days** → Teledermatology Pathway **1.6 Days**

Average Days Saved from GP Appointment to First Consultant Review Teledermatology Pathway vs Traditional Pathway



Methodology:

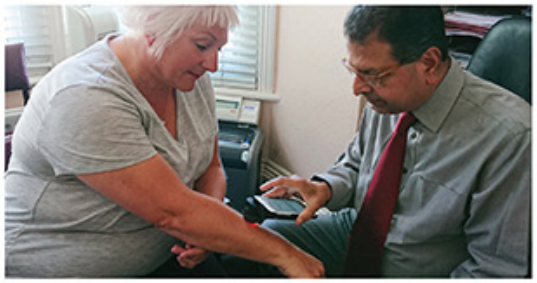
The project is deployed across fifteen designated GP Practices on the Isle of Wight coordinated by Wessex AHSN with one remote consultation site, supported by Lighthouse Medical locally on the Island.

Each practice has a dedicated smartphone with high quality dermatoscope attachments to ensure the quality of images.

Outline patient pathway:

1. Patient presents at GP surgery with suspicious lesion.
2. Primary care specialist photographs suspicious changes of skin lesion with Dermicus iPhone mobile application and connected dermatoscope.
3. Images are securely uploaded via the mobile application to the secure server.
4. Dermatology specialist has access to images of suspected skin lesion, background information, reviews case and manages patient appropriately.
5. Primary care specialist and patient are informed of outcome and provided with appropriate advice and guidance.

Benefits:



- Secure and fast diagnosis of skin cancer
- Reduction in patient referrals
- Reduction in unnecessary referrals
- Improved patient diagnosis due to clinician collaboration across the platform
- Secure and compliant transition of patient data and images
- Continuous education for clinicians in teledermatology
- Secure Multi Disciplinary Team (MDT) collaboration and communication

Community Initiatives

20. Identifying Social Isolation and Loneliness in Berkshire.
    Lizzie Blundell et al , Public Health Services for Berkshire

Identifying Social Isolation and Loneliness in Berkshire

Lizzie Blundell, Public Health Registrar & Jo Jefferies, Consultant in Public Health
Public Health Services for Berkshire

BACKGROUND

How are social isolation and loneliness defined?

Social isolation and loneliness are different but related concepts. Social isolation is defined as, *"an objective measure of the number of contacts people have; it is about the quantity of relationships."*

Loneliness is defined as, *"a subjective, unwelcome feeling of lack or loss of companionship; it is about the quality of relationships."*

The two concepts are not synonymous as a person can be lonely but not isolated and vice versa. However, the concepts are often considered together in research and practice, since they are closely related.

What is the impact?

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."

There is evidence that individuals who are lonely or isolated are at higher risk of depression, dementia, diabetes and cardiovascular disease. Being lonely or isolated also results in more frequent use of health and social care services.

What is the prevalence?

In the Community Life Survey in England (2018) 6% of adults 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 around the impact of social isolation and loneliness and to give consideration to these issues within broader policy development.

Project aim

This project aimed to provide insight on populations at greatest risk of social isolation and loneliness across the six unitary Local Authorities in Berkshire – Bracknell Forest, Reading, Slough, Windsor & Maidenhead (RBWM), West Berkshire and Wokingham. The objectives were to:

1) Scope the data available in relation to social isolation and loneliness.
2) Identify potential areas of high need across Berkshire.

This project was established in response to a need to understand whether resources and interventions to tackle loneliness were being directed appropriately.

METHODS

A review of the literature was undertaken to understand determinants of social isolation and loneliness. The existing evidence was limited since studies had often used inconsistent study designs and had tended to focus exclusively on elderly populations.

However, in 2018 the Office for National Statistics published analysis of the characteristics and circumstances associated with loneliness in England using findings from the Community Life Survey 2016-17. This had asked a sample of the population to rate how often they felt lonely on a scale from "Never" to "Often/Always". Cluster analyses were undertaken to generate 3 profiles of people at particularly high risk of loneliness:

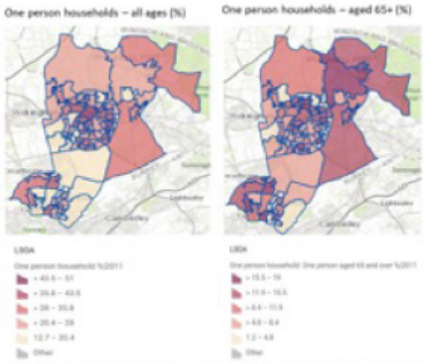
1. Widowed home owners, living alone with long-term health conditions.
2. Unmarried, middle-aged individuals with long-term health conditions.
3. Young renters with little trust or sense of belonging to their local area.

Using characteristics identified by the ONS, this project used relevant indicators from Fingertips Public Health Profiles (PHE), the Berkshire Data Observatory (Public Health for Berkshire) and Age UK to produce a series of heatmaps showing risk of loneliness at Local Authority and LSOA level.

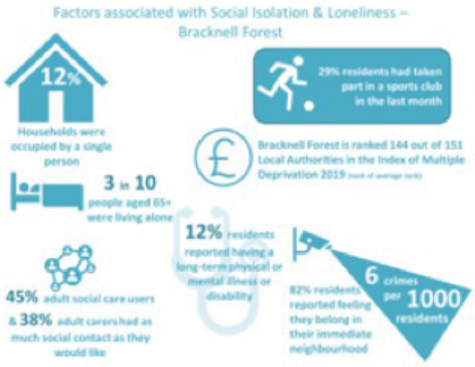
RESULTS

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.

Example heatmaps showing data on single person households are shown here for Bracknell Forest Local Authority.



Summary statistics (shown below) and more detailed dashboards with the full dataset were also developed for each Local Authority.



The findings of this project were summarised in a report for each of the six local authorities. Findings were shared with stakeholders. In Reading, a community working group has been set up to tackle loneliness. In Slough, the report was used to launch a "Reach Out" campaign and a conference on "Social Isolation, Loneliness & Belonging" in collaboration with community and faith groups.

CONCLUSIONS

Risk of social isolation and loneliness can be profiled for local authorities and 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 in the 2019/20 Public Health Outcomes Framework. This will strengthen the data available to Public Health teams.

ACKNOWLEDGEMENTS

Project supervisor: Jo Jefferies, Public Health Consultant
Collaborators: Berkshire Public Health Consultants
Data sources: Public Health Services for Berkshire Informatics team; Fingertips Public Health Profiles portal & Age UK.
References: available on request

21. Stanmore Walking Football Project.
    Alastair Loadman, Stanmore Walking Football Project

UNIVERSITY OF WINCHESTER

DEPARTMENT of INTERPROFESSIONAL STUDIES

Stanmore Walking Football Project

Alastair Loadman and Ella Kendrick, Faculty of Health and Wellbeing

Introduction

This on-going project began in November 2018. It addresses the part of the UK Government's (2017) *Industrial Strategy* concerned with healthy ageing. Some have suggested that a hundred year life-span will become increasingly common in the UK. If that view is correct, this situation will provide opportunities and challenges for those seeking meaningful and healthful activity in later life (Gratton and Scott, 2016).

Aim

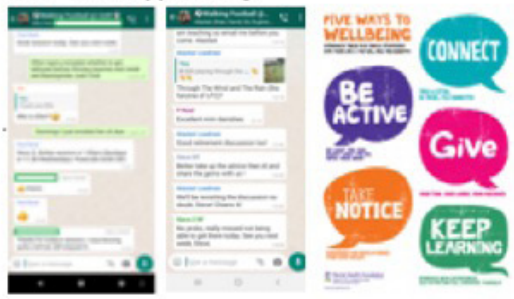
This project provides opportunities for people over the age of 50 from the local Stanmore community to engage with physical activity, supported by student volunteers. Free walking football sessions, held on campus, provide enriching experiences for all participants and enable "our older citizens to lead independent fulfilled lives." (HM Government 2017, p.52).

Method

Funds were used to purchase good quality football equipment and sports clothing for student volunteers. A University hospitality card was used to provide drinks and snacks at pitch-side, as social mixing was considered an important element of the experience. A free *players' lunch* was offered once a month to all participants, to facilitate socialisation and attract student volunteers. Students were also incentivised through an accreditation scheme (*Student Achievement in Higher Education*), which enhances their CV. They help manage sessions, welcome and interact with visitors, raise skill levels within the group and encourage persistence with activity. Social media (a *WhatsApp* group) supported the developing group identity, recorded champagne moments and highlighted changes to playing arrangements. A University Film Production student filmed weekly sessions, with a view to creating a short film for public screening in summer 2020.

Live Action from the Theatre of Dreams credit: Ella Kendrick

Data - *WhatsApp* Postings



Sessions are aligned with many of the NHS (2019) recommendations relating to mental health, specifically: *connecting with others*, *being physically active* and *paying attention to the present moment* (mindfulness). The social nature of walking football enables older people to chat, relax, enjoy varied company in different surroundings and keep in touch with other members via social media.

Twitter and Facebook - connecting with others

Conclusion

Opportunities for social and intergenerational mixing 'around the football' enabled older people to be seen as multidimensional individuals with different selves and life stories. Students report enjoying a new form of football and interacting with members of staff and the public beyond their University routines. Few participants came from the Stanmore estate; they travelled from other Winchester suburbs and surrounding areas. Finally, participants have overwhelmingly been white, middle class males. Further efforts are needed to appeal to a more diverse group of participants.

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4. NHS (2019) 5 steps to mental wellbeing https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/

This research was presented at the Wessex Public Health Conference 2020, St. Mary's Football Stadium, Southampton on Wednesday 25 March 2020.

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

Helen Simmons et al, Wellbeing Team, Portsmouth City Council

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

Nineham, M. Simmons, H & Wood, K, Portsmouth City Council

INTRODUCTION

- The Wellbeing Service supports Portsmouth residents in smoking cessation, weight management and alcohol reduction
- The service has been using Patient Activation since July 2017
- Patient Activation Measure (PAM) measures a person's knowledge, skills and confidence to manage their own health
- The concept of patient activation links to all the principles of person-centred care, and enables the delivery of personalised care that supports people to recognise and develop their own strengths and abilities
- There are **2 metrics to indicate activation** - Level (1-4) and Score (0-100)

AIM

We use Patient Activation to:

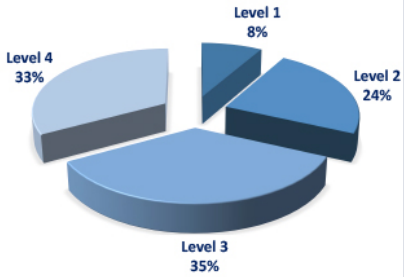
- Adapt and tailor our approach with clients to enable more effective support.
- Place clients at the centre of their own health care.

MATERIAL & METHODS

- PAM13 Survey for assessing patient activation used at first face to face appointment.
- Follow up (re-screened) at 4-6 weekly intervals.
- Coaching for activation (approach used to explore someone's response to PAM 13 survey to improve clients self efficacy and capacity to better understand and improve their health).

RESULTS

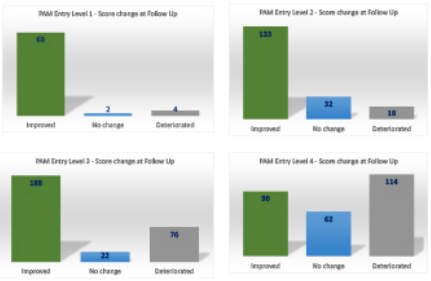
PAM Level At Entry To Service



- Since July 2017 the WBS screened 2327 Clients at entry.
- Initial screening identified majority had Score typically between 49.41 (mid level 2) to 82.02% (mid level 4)
- 34.5% (n. 804) have been rescreened
- Average change (increase) in PAM Score **6.14%**

Rescreen in PAM Levels 1 2 & 3 typically increases
Rescreen in PAM Level 4 typically decreases, this is due to:

- Clients not answering initial questions thoroughly
- Established relationship with client enables more honest responses
- The process of changing behaviour can increase clients awareness so they become consciously incompetent around managing their own health; common when clients are engaging in behaviour change interventions.



SUMMARY / CONCLUSION

- Used as an outcome measure (but not in isolation) it informs us of our effectiveness.
- PAM has enabled service to move away from an intervention focus to better understand our clients abilities and tailor the support we offer.
- Avoids overtreatment or offering services not required – more effective use of resources
- Coaching guides us to identify barriers to behaviour change

Challenges of using Patient Activation Measure:

- Systems
- Attitudes
- Appointment times
- Environment (clinic/group setting)
- Lack of support services
- Confidence in response

Wellbeing Team experience using Patient Activation

"Working with Patient activation I feel less frustrated, as I now am better informed as to why some of my clients are struggling to quit smoking"

"If a client is a low activation level, I will not rush into an intervention but will spend some time with them building up their knowledge and skills"

"Re-screening my clients allows me to evidence some of my clients' achievements , this is particularly important when they may have struggled to lose weight"

REFERENCES

- Hibbard, J. Gilbert, H. *Supporting People to manage their health: An introduction to patient activation.* The Kings Fund. 2014.
- Insignia Health. *The Patient activation Measure (PAM) is a key vital sign for patient-centred, value-based care* Available from https://www.insigniahealth.com/

ACKNOWLEDGEMENTS

Helen Simmons - Service Manager
Matthew Nineham - Wellbeing Team Lead
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Wellbeing Service Team

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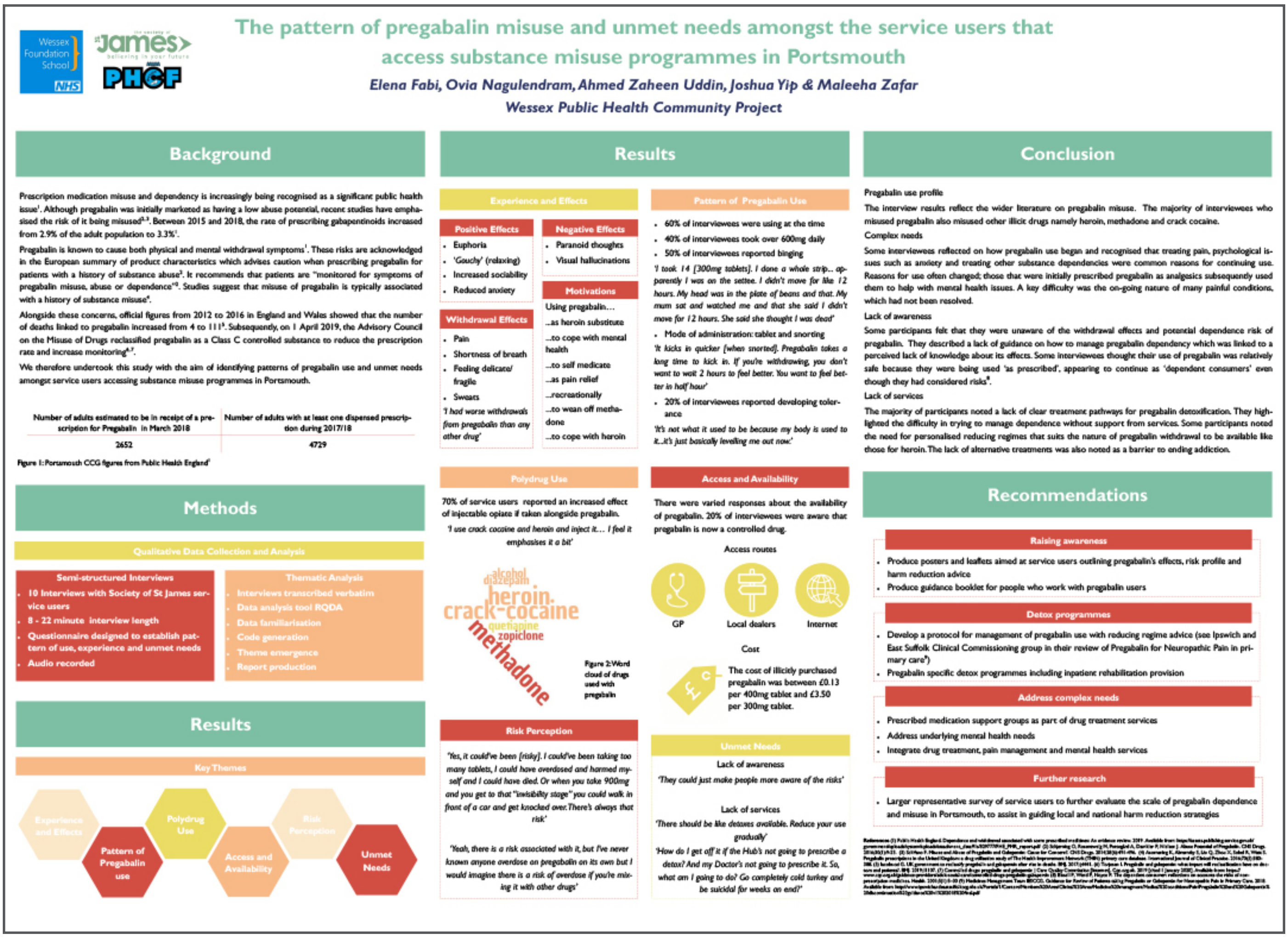
23. The pattern of pregabalin misuse and unmet needs amongst the service users that access substance misuse programmes in Portsmouth.

Ahmed Zaheen Uddin, Public Health Community Fellowship



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