

# See Change information session



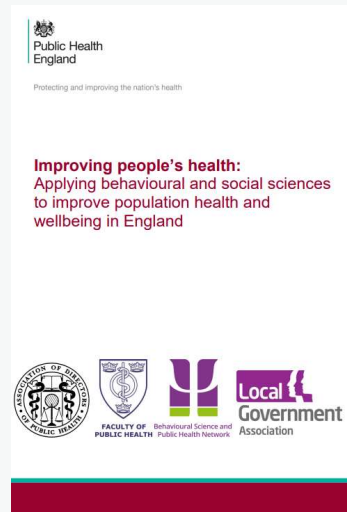
02/04/2025



# What is the See Change Programme?

The See Change programme aims to develop key knowledge and skills to build capability, opportunity and motivation to apply behavioural science for population health outcomes.

The programme aims to support workforces to develop place-based behaviour change initiatives ensuring a prevention first approach.



Applying behavioural science to improve population health.

To enable professionals to engage with and apply the insights, methodologies and knowledge of behavioural and social sciences to their work on protecting and improving the health.



Local government and partners such as the NHS, emergency services, and third sector often need to achieve changes in the behaviour of those living or working in a local place in order to meet their goal.



We will equip the NHS workforce with the right skills and knowledge to shift care towards prevention and early intervention, including by broadening training for the wider NHS workforce to increase capacity and confidence in these areas.

# Applications



Applications will be made in groups of 5 people who are currently working on, or have identified a piece of work, in which they wish to use behavioural change theory to support its development and implementation.

## Project Sponsor

You will be asked to identify a project sponsor who will give strategic context to how the programme supports the systems goals/objectives and provide leadership on how the outputs of the work are implemented.

## Project Lead

All group applications will be required to identify a project lead. This person will be the point of contact for your group and will be involved in coordinate the group and group work required during the training and action learning sets.

## Line Manager Support

It is important that all participants have the support of their employer/line manager to fully engage in the programme, and that they are given the time required to complete all work.

## Prerequisites

The programme is aimed at those who already have some level of behaviour change knowledge.

# Applications

## Selection Criteria

Applicants must be able to demonstrate:

- Employment within the South East geographical area
- A signed commitment to attend the programme and its constituent parts.
- A commitment from line managers to support you to attend the programme.
- Completion of programme prerequisites.
- Support from a project sponsor.

## How will applications be assessed?

Applications will be assessed on the following factors:

1. How will the potential outcomes meet local priorities?
2. To what extent the proposed project may impact on reducing health inequalities.
3. To what extent your programme will support a prevention first approach
4. The commitment and capacity of the team demonstrated in your application.

There will be a panel including representatives from a range of organisations who will assess the applications.



## Phase 1: Behaviour Change Principles and Applications

- How can behavioural science be applied to real situations?
- Approx 1-hour prep for each session
- 4 x 2-hour sessions
  - Monday 9<sup>th</sup> June
  - Monday 23<sup>rd</sup> June
  - Monday 7<sup>th</sup> July
  - Monday 21<sup>st</sup> July

**June – July**

## Phase 2: Action Learning Sets: Learning into Action

- How can behavioural science be applied to real situations?
- 6 x 2-hour sessions
- Approx 1-hour prep for each session

**September - January**

**Learning and Sharing Event  
February 2026**

# Drop in sessions

Informal sessions, drop in, say hi and ask some questions of the team.

Opportunity to discuss your application.

Drop in session 1

Thursday 10<sup>th</sup> April 10 – 11am

Drop in session 2

Tuesday 15<sup>th</sup> April 2 – 3pm



Sign up: <https://forms.office.com/e/GgTBGeacrc>

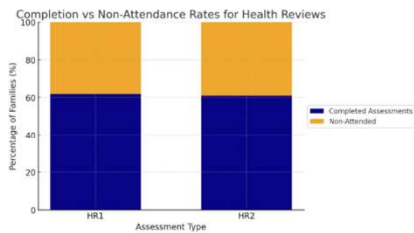
# Optimising on Health Visiting assessments at 1 and 2 years in Portsmouth - See Change

Authors: Hannah Byrne, Lana Mullins, Claire Blackshaw, Hannah Youell, Sam Graves

Affiliations: Portsmouth City Council, Home-Start, HIOW Healthcare NHS Foundation Trust

## Background

The first 1,001 days are crucial for lifelong health, making early identification of needs vital. In Portsmouth, low completion rates for universal health visitor assessments risk missing families needing support. While higher-need families are prioritised, many remain unassessed, potentially widening inequalities if the needs of 'universal' families are not identified early. This project seeks to identify barriers to engagement in 1-year (HR1) and 2-year (HR2) assessments to improve access and ensure all families receive timely support.



## Enablers

- C** Physical - Subject matter expertise, utilising career experience. Psychological - Interpersonal skills and collaborative working.
- O** Physical - time to dedicate to the work, regular access to ALS/guidance from course leads. Buy in across the system, strong collaborative ties. Social - encouragement to engage by team members.
- M** Reflective - professional role, understanding of the importance of improving work on outcomes. Automatic - Reinforcement from increased understanding.

## Outcome

Through the See Change work, we have gained a greater understanding of the current process, identified our priorities moving forward, and the changes needed before interventions can be trialled.

We have started identifying potential barriers preventing families from accessing HR1 and HR2, and understand the need to engage with parents to understand their expectations of health reviews and suggestions on how to make reviews easier to attend.

## Using COM-B

- Mapping the current process for parents being invited to HR1 and HR2.
- Identifying behaviours along the process pathway.
- Defining possible outcomes from the point of being invited for HR1 or HR2 appointments (attended, attended late, DNA).
- Considering the possible C, O, M at each level acting as either enablers or disablers.
- Exploring questions needed to understand the C, O, M of families invited to HR1 and HR2 and how this impacts outcome.



## Barriers

Data limitations: Current data collection methods do not provide information on families who were invited but did not attend their appointment. This missing data makes it difficult to identify trends in location, deprivation level, or demographic data, which would help target interventions to those groups disproportionately missing out on HR1 and HR2 appointments.

Complexity of system: Understanding the current process and standard operating procedures involved in inviting families to HR1 and HR2 appointments has been challenging. The See Change work has identified the need to adapt approaches depending on how each family engages with services, further adding to the complexity of interventions within the current system.

## Next steps

1. Questionnaire development: To understand families' expectations of assessments, reasons for attendance/non-attendance, and suggestions on how the service could make accessing appointments easier.
2. Systems thinking: A rapid review of the current system for delivering health reviews has been commissioned and will inform any changes needed prior to testing interventions.

## References

Best Start for Life, The Early Years Healthy Development Review, 2021  
Achieving behaviour change, Public Health England, 2019

## INTRODUCTION

- Hastings is currently number 4 in the country for highest level of smoking prevalence at 20.1% Smoking Prevalence in adults (aged 18 and over) - current smokers - APS - 3 year range.
- ESCC had 22 pharmacies signed up to deliver smoking cessation, however only 8 interventions were recorded across East Sussex.
- We used the theoretical underpinning of the COM-B model to further understand community pharmacies' barriers and facilitators to engaging with the locally commissioned smoking cessation service.
- Findings from the insights will be used to boost smoking cessation engagement within our community pharmacy pathway.



## OBJECTIVES

- Foster greater collaboration between Community Pharmacies and Public Health regarding the locally commissioned smoking cessation pathway.
- Increase the number of community pharmacies enrolled in the local stop smoking initiative.
- An increase in smoking cessation activity.

East Sussex  
County Council



## METHOD


- Email and phone communications to community pharmacies to gauge motivation and capability in delivering smoking cessation services.
- Hosting a webinar with community pharmacies in East Sussex, explaining the service and promoting the uptake.
- Conducting visits to enrolled community pharmacies to ascertain their capability, motivation and opportunity to deliver services.

## RESULTS

- 3 additional community pharmacies have signed up.
- MECC training offered for pharmacy staff.
- 3 pharmacy staff recently completed NCSCCT practitioner training.
- 2 professional webinars delivered for pharmacy staff.
- Swap to Stop pilot.
- Providing additional staff time for engagement with community pharmacies.

## CONCLUSION

- We needed to change our approach to focus on the barriers and facilitators to engagement with community pharmacy owners, before focusing on boosting number of enrolments in the local stop smoking service.
- For pharmacies that are registered to provide the service but are currently inactive, we need to collaborate with them to activate the service.
- Conduct quarterly quality assurance visits with participating pharmacies.
- The team realised that to be able to engage with pharmacies and pharmacy owners we first needed to change our behaviour and assumptions around the delivery of service.

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# See Change **intended behavioural outcomes (IBO)**



Identify if a **behavioural science lens** can improve one of your projects



Apply behavioural science **principles, models, frameworks, tools and techniques** to your work



**Advocate** for a behavioural approach in your workplace and with collaborators and support others to apply a behavioural approach to their work (through role modelling and some training)



# Applications

## Application Timeline

Submission deadline	<b>2<sup>nd</sup> May</b>
Applications assessed by panel	<b>15<sup>th</sup> May</b>
Notification of outcomes	<b>19<sup>th</sup> May</b>
Start of training	<b>9<sup>th</sup> June</b>

## Where can I find the application form?

Please see our See Change webpage (scan QR code)



# Q & A