PUBLIC HEALTH NETWORK CYMRU E-BULLETIN

OCTOBER 2024

BEHAVIOUR CHANGE

Welcome

Behaviours play a key role in improving health and wellbeing. Identifying and understanding behaviours and factors that influence them, and how best to address these factors is integral to achieving the ambitions of public health policy and practice. Many professionals across the public health system in Wales are striving to make an impact on population health using this type of behavioural science.

Our October e-bulletin includes a range of projects and initiatives that are using behavioural science to improve the health and well-being of communities across Wales.

Let us know what you think of our e-bulletin by answering two questions.
Click here for the survey.

In this issue...

4 Articles

Webinar: Introduction to the principles of behaviour, behaviour change and applied behavioural Science
Public Health Network Cymru Public Health Wales

Optimising our impact: Better health through a behavioural lens
Dr Nicky Knowles (CPsychol) Health Psychologist and Principal Behavioural Science Specialist, Public Health Wales Behavioural Science Unit

The Health Boost Programme
Robin Ranson Senior Health Improvement Practitioner, Betsi Cadwaladr University Health Board

National Cellulitis Programme: Improving response rate to invitation letter
Linda Jenkins National Cellulitis Improvement Programme, Swansea Bay University Health Board

Behaviour change for healthy weight – where lies the onus of responsibility?
Chris Ewing Senior Project Co-ordinator (PIPYN), Betsi Cadwaladr University Health Board

Patient initiated Speech and Language Therapy follow up for Head and Neck Cancer patients
Menna Payne Macmillan Clinical Lead SLT, CTMUHB
Kerry Davies Macmillan SLT, CTMUHB

Introduction of Expiratory Muscle Strength Training (EMST) for head and neck cancer patients with chronic dysphagia/aspiration following oncological treatment
Menna Payne Macmillan Clinical Lead SLT, CTMUHB
Kerry Davies Macmillan SLT, CTMUHB

Give Chickpeas a Chance
Angharad Underwood The Cookalong Clwb

Training the next generation of behaviour change scientists
Dr Simon Payne and Miss Kate Parsons, Lecturers in Psychology and Behaviour Change Science
Professor Nigel Holt, Department of Psychology, Aberystwyth University

Swansea Bay University Health Board Podiatry and Orthotics Service- Embedding self-management support and health coaching to prevent avoidable life and limb crises
David Hughes MBE, Assistant Head and Clinical Lead, Swansea Bay UHB Podiatry and Orthotics

Educating parents about managing abandonment and rejection
Tracy Pike MBE, CEO - Connecting Youth Children and Adults (CYCA)

It's not called 'Challenging Behaviour'
Dr Judith Storey, Principal Clinical Psychologist, Child Psychology, Children's Centre Psychology, Swansea Bay University Health Board (SBUHB)

Using behavioural Science to explore factors influencing nurses' conversations about smoking cessation with hospital patients: Phase 1 of the Think Quit Study
Dr Megan Elliott, Principal Public Health Researcher, Cwm Taf Morgannwg University Health Board
Katy-May Price, Clinical Research Specialist Officer, Cwm Taf Morgannwg University Health Board
Lauren Jones, Senior Lecturer Advanced Clinical Practice, University South Wales
Dr Rachel Hewitt, Senior Health Behaviour Change Specialist and Trainee Health Psyschologist, Cwm Taf Morgannwg University Health Board

Embedding Motivational Interviewing throughout Swansea Bay University Health Board to support conversations with patients and families around weight Management
Helen Jenkins, Operational Lead, Children and Young People's Weight Management Service (CYPWMS), NHS Wales
Hannah Bendoni, Therapy Assistant Practitioner, Children and Young People's Weight Management Service (CYPWMS), NHS Wales

Llygad; The Early Years Experience Team. Why preventative practice is important in children (0-5) and their families with an Emerging Learning Disability / Global Developmental Delay
Hannah Newton, Graduate Mental Health Support Worker, NHS Wales

'There's people there like me!': The facilitators and barriers to participating in an exercise referral scheme after stroke.
Linda Tremain, Neuro Physiotherapist and Development Lead for the Neurostute Recovery College, Aneurin Bevan University Health Board

The Only Reliable Change is Self-Change
Dr Daryl Harris, Consultant Clinical Psychologist, Strategic Lead for the Neuro Stute Recovery College, AHP Lead for the Strategic Clinical Network for Neurological Conditions, Bevan Fellow

38 Videos

40 News & Resources

42 Next Issue

Articles

Uned Gwyddor Ymddygiad
Behavioural Science Unit

Webinar: Introduction to the principles of behaviour, behaviour change and applied behavioural Science

Public Health Network Cymru

Public Health Wales

Behaviours play a key role in improving health and wellbeing. Identifying and understanding behaviours and factors that influence them, and how best to address these factors is integral to achieving the ambitions of public health policy and practice.

This webinar explored the critical role of behaviours in improving the health and wellbeing of Wales, explored what we mean by behaviour and considered the range of factors influencing behaviour using evidence-based models and frameworks.

Click here to find out more and view the presentations and live recording from the event

Policy | Practice | Commentary

Optimising our impact: Better health through a behavioural lens

Dr Nicky Knowles (CPsychol)

Health Psychologist and Principal Behavioural Science Specialist, Public Health Wales Behavioural Science Unit

Activity to improve and protect health, and reduce inequity happens continuously across the public health system and almost always relies on individuals doing something differently – be they members of the public or of professional groups. Similarly, most interventions aiming for better health - be they legislation, policy, services or communications - require changes in behaviour. Behavioural science is concerned with understanding the determinants of those observable measurable actions, and then deploying approaches or techniques most likely to change or sustain them, depending on the objective. By routinely and systematically deploying behavioural science we can 'get what we aim for, more often' – we can realise a behavioural dividend and optimise our impact.

In the Public Health Wales Behavioural Science Unit (BSU) we have defined behaviours as observable, measurable actions - something you can see and something you can measure. There are many factors that influence behaviour, including but not limited to: attitudes, beliefs, and emotions, self-image and identity, knowledge and skills, intentions, and our social and physical environment. When seeking to influence behaviour, specifying exactly what change we are trying to elicit in whom enables a more accurate exploration and thus understanding of the behavioural determinants in the population and context of interest. Such understanding underpins the development and implementation of interventions, making them more likely to be effective, optimising the likelihood of achieving our desired impact.

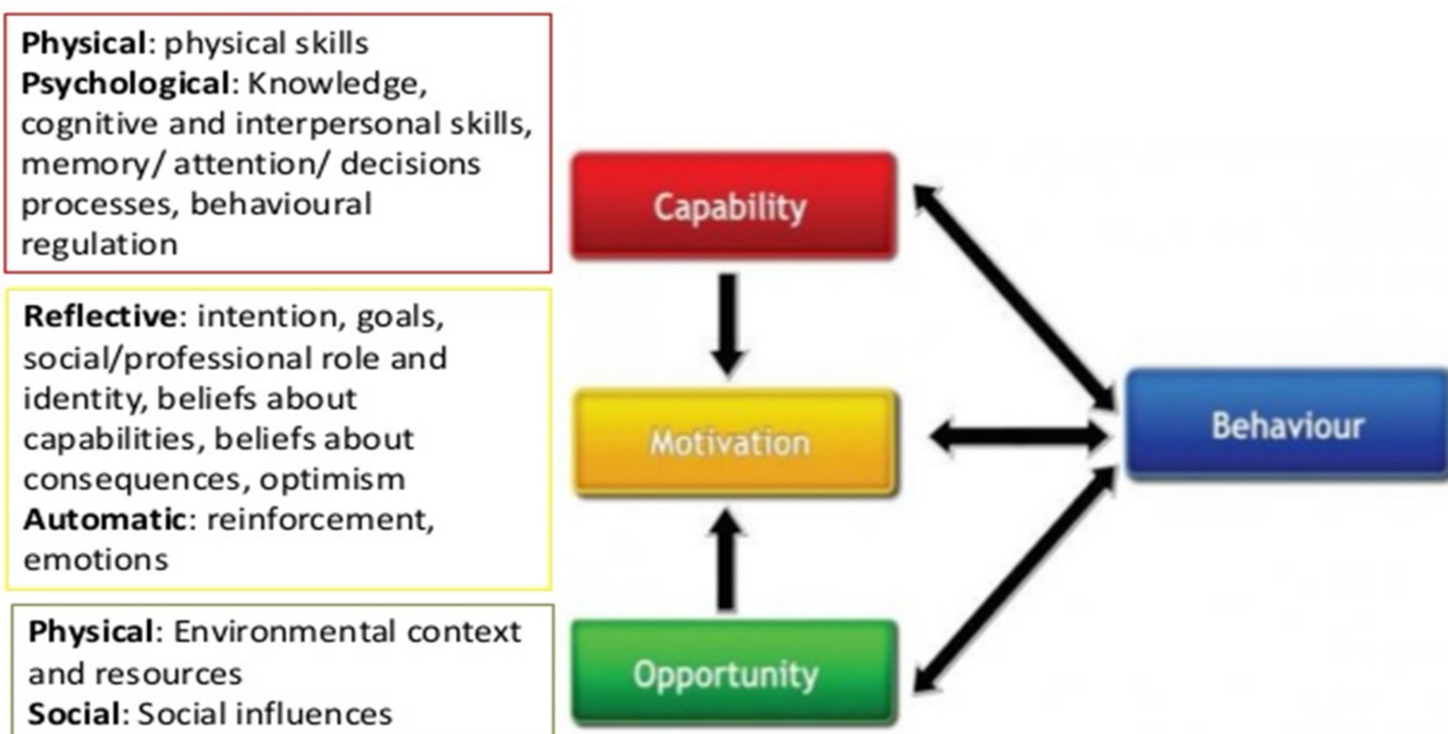
Behavioural science models and frameworks can support an evidence-based approach to understanding determinants of

behaviour; the BSU draws on the COM B model in seeking to better understand behaviour. The COM-B Model, whose initials stand for Capability, Opportunity, Motivation provides a framework for incorporating insights from all the behavioural science disciplines, including psychology, sociology, anthropology, economics and neuroscience. As such, it is interdisciplinary and was developed as a way of integrating the large number of models that have been proposed. It has become widely adopted in many sectors, including government, business and healthcare. The COM-B Model captures the idea that three conditions must be met for any behaviour to occur on any given occasion. The core version of COM-B model focuses on an individual person at a given moment in time, but this can then be generalised to groups, organisations and whole populations over periods of time.

Reflecting upon your on areas of work, are you currently directly targeting a behaviour? e.g. policy activity to reduce excessive alcohol consumption; encouraging individuals to attend a screening or vaccination appointment or influencing more people to switch to active travel. Or maybe the desired outcome is dependent on changes to behaviour e.g. reducing obesity, delivering evidence-based care or achieving net zero. Whatever the role of behaviours, specifying exactly WHO needs to do WHAT, and seeking to understand behavioural determinants in the population and context of interest can help to optimise the impact of our activity.

If you are interested in applying a behavioural lens to your work, take a look at some of the tools and guidance published by the BSU and check out our online repository.

You can also join the Behavioural Science Community of Practice (CoP) for Wales and register for our free in person, networking event taking place on the 25th November.



Practice

The Health Boost Programme

Robin Ranson

Senior Health Improvement Practitioner,
Betsi Cadwaladr University Health Board

The Health Improvement Team in Betsi Cadwaladr University Health Board approached Freedom Leisure, Waterworld in Wrexham about delivering a behaviour change programme in their leisure centre. The idea was to utilise the behaviour change evidence and expertise in the Health Improvement Team to design a programme to build confidence for adults in our community to lead healthier lifestyles.

The 12 week programme has sessions which educate and build a toolkit for behaviour change. Movement Matters, Healthy Eating, Confidence, How to Build a Health Habit, Food and Mood are all topics covered. During these 12 weeks participants are able to use the facilities and classes at Waterworld at the reduced cost of £3. They are encouraged to try a range of what's on offer, hoping it will boost their confidence to be more active during and beyond the programme. The wonderful programme has a complimentary booklet designed by the Health Improvement Team, with resources such as a habit tracker, happy/gratitude list, recipe ideas, activity planner, and many more.

The programme launched with its first cohort in January 2024, with another group starting in September 2024, and another planned for January 2025.

Feedback from the first cohort was very positive, and included the following statements;

"I would recommend the health boost programme to others for sure, I've learnt so much, with regards to food portions, mindfulness, healthy choices and options. I found all the staff to be very helpful, supportive, and professional at all times."

"I enjoyed every aspect of the course. I'm grateful for all the knowledge and information

I received. Would definitely recommend the course to others."

"Loved everything about the course. I personally feel no improvement is needed as the course was presented in an excellent way."

"I have benefited from this course by having more information on how I feel and how I think and to be able to put it in words."

For more information on the BCUHB Health Improvement Team, please use the links to the webpage and Facebook page below:

https://bcuhb.nhs.wales/patients-and-visitors/services1/services/health-improvement-team/thImprovementTeam

Facebook

Un Bae Ar y Cyd

One Bay Way

Practice

National Cellulitis Programme: Improving response rate to invitation letter

Linda Jenkins

National Cellulitis Improvement Programme, Swansea Bay University Health Board

People with cellulitis skin infections utilise over 37,000 NHS Wales bed days annually, accounting for 3% of all hospital admissions. Recurrence rates for cellulitis are up to 1 in 2 and misdiagnosis rates as high as 30%. Many of the risk factors for cellulitis recurrence are treatable. The NHS Wales National Cellulitis Improvement Programme contacts all patients coded as having cellulitis by letter, advising a virtual clinical consultation to reduce the cellulitis recurrence rate. The response rate to this letter is 36% over 12-months. We wanted to improve the response rate by changing the letter following behavioural science methodologies.

The majority of people admitted with cellulitis across the Health Boards in Wales are not receiving composite advice on risk reduction. Strategies such as lymphoedema management, skin care, exercise advice, weight management, fungal treatment and the use of prophylactic antibiotics or rescue packs are rarely explored. These simple strategies could decrease the incidence of repeated cellulitis, pressures on unscheduled care and promote better patients reported outcome measures. Studies have confirmed that the risk factors and odds ratios for developing cellulitis include; Lymphoedema (71 times more likely), wounds/ fungal infection (24 times); venous insufficiency (3 times) and obesity (twice as possible) (1).

Cellulitis prevalence occurs much more frequently in those that reside in higher areas of greater deprivation. Similarly, the non-responders to the letter also lived within these same quintiles.

Gaining knowledge from attending a behaviourally informed communication workshop, barriers were identified as to why patients do not respond to letters

and methods of improving response rates. This included simple actions such as

-Make it clear what the reader needs to do in bold boxes
-State the benefits
-What did other people find helpful
-Keep it short
-State leave an answerphone message
-Alter the reading age of the language used. (199/200)

In order to improve cellulitis recurrence rates, people need to understand the risks of obesity, skin problems and leading sedentary lifestyles and the benefits of healthy eating, skin care and exercise on their health and wellbeing. Prevention is key so making written information suitable for the public that they understand what they need to do is vital.

The first batch of newly formatted letters have literally just been piloted and within one week have initiated a 17% response rate! This is much higher than previous letters so we expect the 36% response rate to be improved.

People are bombarded with information every day so we have to change the way we distribute and communicate taking account of population health and addressing factors that influence them. Focus should always be on thinking "What is the behaviour we are trying to change?" and "Why is it a good thing to change!" This initiative has gone beyond the creation of a letter as we are now applying it to all forms of our communication including emails and patient leaflets.

For further Information please contact: linda.jenkins2@wales.nhs.uk

Reference

1 Dupuy, A., Benchikhi, H., Roujeau, J.C., Bernard, P., Vaillant, L., Chosidow, O., Sassolas, B., Guillaume, J.C., Grob, J.J. and Bastuji-Garin, S., 1999. Risk factors for erysipelas of the leg (cellulitis): case-control study. *Bmj*, *318*(7198), pp.1591-1594.

Practice

Behaviour change for healthy weight – where lies the onus of responsibility?

Chris Ewing

Senior Project Co-ordinator (PIPYN), Betsi Cadwaladr University Health Board

PIPYN Anglesey (Pwysau Iach Plant Yng Nghymru) is a pilot project tasked with testing new approaches to tackling the growing issue of childhood obesity and overweight, using behaviour change techniques to support positive and sustainable healthy weight behaviours.

The project seeks to change the behaviours of both individual families and of local services and organisations that serve the community that our families live within, understanding that individuals can hold a strong resolve to employ healthy behaviours around weight but this means very little unless the environment in which they live is supportive of those behaviours. For a behaviour to truly change there needs to be *willingness, support, opportunity and ease*. For the families that PIPYN works with, the willingness is there in spades. PIPYN provides the scaffolding to that willingness, using motivational interviewing techniques to shift the mindset from a negative internal narrative of *'I can't…'* and *'I'm not…'* to a positive narrative and belief of *'I can…'* and *'I am…'*. This is done incrementally, using tools such as the Distance Travelled star and the Scale of 10, acknowledging and celebrating each progress point to the desired change, and introducing a sense of personal power.

This can be seen through the experience of one particular parent, parent R. On seeing the PIPYN project being advertised at her son's school, she immediately thought "We need this, we need help" - the willingness to make changes clearly apparent, and the speed of response to that initial willingness is paramount. For PIPYN, this as a starting point in the cycle of change is of huge importance and enables a swifter move towards behaviour change. Through working alongside parent R, PIPYN have been able

to strengthen that intrinsic desire for change through to action by providing the tools and education required in a bespoke format.

But this is only half the story. If the client brings the *willingness* and PIPYN supplies the *support*, how do we ensure the correct *opportunities* to support behaviour change exist and how do we ensure that those opportunities are *easily accessible?*

Take the case of parent R. In her patient experience interview she states “We now take the boys swimming every weekend.” Let’s consider her experience at the leisure centre around sustaining those healthy behaviours around food, where the opportunity to make a healthy choice unfortunately doesn’t exist. The opportunity placed in front of her is that of the unhealthy contents of the vending machine in the foyer. Are opportunities for those newly-embedded healthy behaviour changes easily accessible during her trip to the baths? PIPYN would argue not.

So we can see that personal and internal change is only half the story when we look at changing behaviours around healthy weight, and this is where PIPYN’s other work around Whole Systems Approach is key. Working alongside partners and being the voice of conscience, asking our partners to look within and to ask themselves a key question:

“Are we an organisation that supports healthy behaviour change through our offers, or are we complicit in sustaining unhealthy behaviours through actively placing barriers to change? Do WE need to change?”

For further information please contact: christine.ewing@wales.nhs.uk

Practice

Patient initiated Speech and Language Therapy follow up for Head and Neck Cancer patients

Menna Payne

Macmillan Clinical Lead SLT, CTMUHB

Kerry Davies

Macmillan SLT, CTMUHB

Head and Neck Cancer and its treatment can have a negative impact on function; specifically eating, drinking, swallowing and communication, this in turn has a huge detrimental effect on day-to-day life for patients living with these side-effects for months or in some cases years after treatment. For some, Speech and Language Therapy (SLT) intervention has allowed them to reach a certain level of function and then, historically they would have been discharged from the service with a requirement for them to be re-referred via their GP/consultant. There were very few self-referrals to the SLT service historically.

The SLT package of care for head and neck cancer patients was reviewed and now, at the point of discharge patients are provided with an education/ information resource which highlights specific changes that the patient needs to be vigilant for in the months and years following their treatment in relation to eating, drinking and swallowing. A copy of this is also provided to the GP. The patients are then able to re-access the SLT service via patient initiated follow up (PIFU).

There have been increasing numbers of self –referrals since this pathway was introduced with patients contacting the SLT department quoting sections of the education/information resource which applies to them.

For further Information please contact: menna.payne@wales.nhs.uk

Practice

Introduction of Expiratory Muscle Strength Training (EMST) for head and neck cancer patients with chronic dysphagia/aspiration following oncological treatment

Menna Payne

Macmillan Clinical Lead SLT, CTMUHB

Kerry Davies

Macmillan SLT, CTMUHB

Expiratory Muscle Strength Training (EMST) is a rehabilitation approach which uses a device to exercise and increase the maximal pressure of the expiratory muscles (MEP). These muscles are important for breathing out forcefully, coughing, and swallowing. The evidence for the use of EMST in the head and neck population is limited but a study by Hutcheson et al (2018) concluded that expiratory muscle strengthening could be a novel therapeutic target to improve airway protection in those identified as chronic aspirators (those who are at risk of food/fluid entering the lungs) following cancer treatment.

A small group of head and neck cancer patients were invited to a group to learn how to use the EMST device.

Those who were fully compliant saw an improvement in their MEP and a reduction in the impact of their swallowing difficulties on their day-to-day life. However, all those who took part reported improvement in functional ability and quality of life with real life examples. e.g. *"if food is lodged I'm able to cough it up better"* and another describing an ability to cough for 'longer' to help clear any food or drink which may have gone 'the wrong way', another *reporting "when drinks go the wrong way previously I would have coughed and coughed and coughed but now one strong cough shifts it"*.

There were other benefits that had not been appreciated at the start of the study; one participant reported reduced pharyngeal secretions and *"noise related to this particularly at night"*, this has resulted in him and his wife

sharing a bed for the first time in over 18 months. Another reported *”improved ability to eat solid foods like a corned beef pasty without needing to smother it in gravy”*. Another reported being more aware of his lungs and felt his stamina for exercise had improved and he returned to walking and yoga.

Key messages:

Continue to offer EMST for head and neck cancer patients with late effects dysphagia identified as chronic aspirators

Encourage use of a log to improve compliance

Offer support via face to face or telephone call week 3 to support compliance
Continue to gather primary end point data (MEP) and qualitative feedback regarding functional impact.

For further Information please contact: menna.payne@wales.nhs.uk

Practice | Commentary

Give Chickpeas a Chance

Angharad Underwood

The Cookalong Clwb

The Cookalong Clwb empowers children with kitchen confidence and essential life skills, reducing food waste and maximising food taste. A year ago we joined Size of Wales and their Deforestation Free Sustainable School Meal project. The children in Osbaston, Raglan, Undy and Kymin View primary schools investigated the ingredients in the school meals and found that there were many ingredients contributing to deforestation in the rainforest areas of the world. They wanted to create a Deforestation Free school menu, starting with the Chicken Korma. After much investigation into local organic meat, the children found chickpeas, and UK grown chickpeas as an alternative. Adapting the schools recipe, the children cooked and chopped and tasted and created their own versions of the recipe, most tasting chickpeas, beans and pulses for the first time and found that they loved them. They also cooked with carrot tops, cauliflower leaves and seasonal veg. They created a recipe that became 100% sustainable, using local and UK grown ingredients, positively effecting the local economy and the nutrition of the dish.

The children took the recipe and their findings to Monmouthshire County Council who agreed to becoming the first Deforestation Free Sustainable County in the World. They presented their dishes to Kate Humble and James Nathan, a Masterchef winner, at Abergavenny Food Festival a month ago and Monmouthshire School Meals have agreed to put the recipe on the school meal menu! I have included a video of the event below.

What we have learnt is that children, with knowledge and experience will make brilliant choices. By cooking and being hands on, they are able to try new flavours, textures and tastes and make empowered choices. The children in Osbaston have taught the year

5’s and year 4’s to create the recipe, handing on the legacy of their learning.
Working with all of the schools across Monmouthshire, we know that children are empowered by being the decision makers. The children take this knowledge home to their families and encourage a change in eating from ultra processed to local ingredients and with the reduced cost of the Chickpea Korma, local meat from local farmers can be included in the schools menu.

Please see below for an incredible video covering this story from Size of Wales.

Give Chickpeas A Chance! | Rhowch Gynnig Ar Ffacbys! (youtube.com)

For further information please contact: hello@thecookalongclwb.co.uk

Research | Practice

Training the next generation of behaviour change scientists

Dr Simon Payne and Miss Kate Parsons,
Lecturers in Psychology and Behaviour Change Science

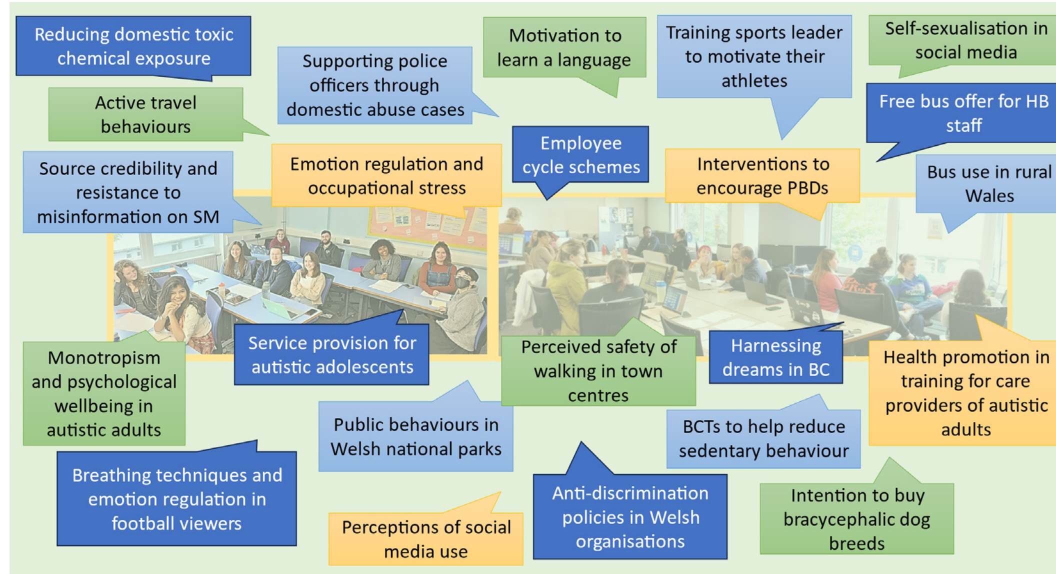
Professor Nigel Holt,

Department of Psychology, Aberystwyth University

At Aberystwyth University we offer an innovative MSc in behaviour change science, and a central focus of the scheme is the potential future contributions of our graduates to improved public health and wellbeing (https://courses.aber.ac.uk/postgraduate/C801-behaviour-change/). The scheme was developed with substantial input from large public sector organisations, including Natural Resources Wales, Hywel Dda University Health Board, and Public Health Wales: specifically, key figures told us the knowledge and skills that they desire in applicants to human behaviour-focused roles in these organisations; these insights are embedded in the scheme's teaching and assessment methods.

Students take mandatory modules in the psychology of behaviour change, 'Behaviour change in a changing environment,' transdisciplinary dialogue, and qualitative and quantitative research methods, where they learn about, for example, systems thinking and how to harness theories of human behaviour when designing, testing, and evaluating behaviour change interventions. The applications to human health and wellbeing are frequently emphasised, and staff infuse their teaching with experiences in research across associated domains. Students take these learnings to their option modules, choosing from a suite of modules in various disciplines (e.g. business, international politics, human geography); indeed, the scheme attracts students with diverse academic and professional backgrounds, including psychology, criminology, zoology, geography, international politics, education, law, and social work. Finally, the students complete a 15,000-word report on a piece of

independent, primary research that has behaviour change at its core (please see the image below for examples of previous dissertation projects and contact us for more information).



Our scheme engages with and benefits from the Transport and Health Integrated Research Network, Centre for Transport and Mobility, Behavioural Science and Public Health Network, Rural Health and Care Wales, Public Health Wales' Behavioural Science Unit, the Welsh BeSci Community of Practice, and many more. Students also host visitors from our colleagues at Dyfed Powys Police, Transport for Wales, community transport organisations, behaviour change agencies, and social marketing firms, learning about the behavioural challenges they face and would like evidence-based solutions for, as well as the varied applications of behaviour change science. We invite our Public Health Network Cymru colleagues to visit our classroom and shape the students' coursework and dissertations to *their* research needs! This year alone, and just for example, we had three dissertation projects running in collaboration with colleagues in Transport for Wales, Growing Mid Wales, and Ceredigion County Council, on active transport and bus use in rural/semi-rural Wales; the findings are being prepared now for dissemination to stakeholders, and this approach illustrates our desire to train behaviour change researchers and practitioners who can achieve practical and policy impact through their science.

Please contact Simon at smp14@aber.ac.uk for a chat about any aspect of this article.

Practice

Swansea Bay University Health Board Podiatry and Orthotics Service- Embedding self-management support and health coaching to prevent avoidable life and limb crises

David Hughes MBE,
Assistant Head and Clinical Lead,
Swansea Bay UHB Podiatry and Orthotics

There are 140 amputations per week in the UK with 90% caused by peripheral arterial disease (PAD). PAD is preventable and modifiable if detected early; progression leads to tissue death and life and limb crises including amputation, heart attack and stroke.

Diabetic foot ulcers (DFU) precede over 80% of amputations. Diabetes is predicted to rise to 10% of the population by 2035. Diabetes cost the NHS 10% of the total budget with 80% treating preventable complications.

SBUHB Podiatry has embedded Co-creating Health principles to support patients to address the modifiable patient factors that are contributory to life and limb crises.

Root Cause analysis concluded low levels of patient activation (confidence, knowledge and skill) are primary contributory factors to lower limb crisis in our population.

“Time is tissue” and symptoms of early PAD can be successfully modifiable through early detection, optimal medicines management and supported self-management focusing on co-creating health principles to facilitate smoking cessation, optimal diet and appropriate levels of exercise.

Health care costs in less activated patients are approximately 8% higher than more activated patients in the baseline year, rising to 21% higher in the subsequent

year. Lower limb vascular assessment combined with effective self-management support is therefore vital in the upstream prevention, early detection and management of PAD and associated l life and limb crises.

We have embedded coaching for activation across the workforce, ensuring patients are fully supported to address the behaviours that are contributory to preventable crises. The departments work has informed the National Diabetic Foot Network pathway development ensuring both clinical hazards and patient activation inform a more accurate and holistic determination of the risk of crisis. This new model is innovative and is transferable to all aspects of care, freeing up capacity to those that need it most, improving outcomes and using less resources.

Staff were trained with serial measurement of Clinician Activation using the validated CS-PAM survey. Knowledge, skill and confidence increased in 93% of staff.
"I have more time to get to the bottom of what may be holding a patient back rather than making assumptions that may not make a difference to the patient"

6,462 patients have been empowered to optimise self-efficacy for risk modification and Patient Initiated Follow Up. Activation increased in 70.6 % of patients from lowest baseline (level 1) and 63.4% from level 2. Greatest improvements to highest Activation were recorded in patients with a level 2 baseline.

Historic models of paternalistic care that ignore or assume optimal activation of our patients and their carer's are hazardous.

Failure to respond to low patient/carer activation will result in failure to prevent the rising incidence of life and limb crises in our current and future populations.

It is essential to build the clinician, patient and carer resource to work as equal partners in care.

An Activation based model of care is sustainable, addresses passivity and unnecessary dependency on services; releasing capacity to those with greatest need.

Always prioritise small step change to build confidence and sustain team and citizen engagement.

References

Armstrong N et al. (2017) Independent evaluation of the feasibility of using the Patient Activation Measure in the NHS in England. University of Leicester. Available at: https://www.england.nhs.uk/wp-content/uploads/2015/11/pam-evaluation.pdf

Brewster et al., (2015) 'Patient activation' as an outcome measure for primary care? Family Practice. 32(5), 481–482.

Coulter, Angela. Engaging patients in healthcare. McGraw-Hill Education (UK), 2011.

Hibbard JH, Stockard J, Mahoney ER, Tusler M. Development of the Patient Activation Measure (PAM): conceptualizing and measuring activation in patients and consumers. Health Serv Res. 2004;39(4 Pt 1): 1005–26.

Hibbard JH and Greene J (2013) What The Evidence Shows About Patient Activation: Better Health Outcomes And Care Experiences; Fewer Data On Costs. Health Affairs. 32(4), 207-214

NHS Executive (2023) Diabetes Foot Pathway including the SBUHB Prudent Model for Prevention of Diabetes Related Crisis Footcare - NHS Wales Executive

Self-management capability in patients with long-term conditions is associated with

reduced healthcare utilisation across a whole health economy: cross-sectional analysis of electronic health records - PubMed (nih.gov)

Key facts and figures about the NHS | The King's Fund (kingsfund.org.uk) NHS: Key Facts And Figures | The King's Fund (kingsfund.org.uk)

NHS England » 2020/21 National Cost Collection Data Publication NHS England » 2020/21 National Cost Collection Data Publication

Briefing_Emergency admissions_web_final.pdf (health.org.uk)

Longer hospital stays and fewer admissions - The Health Foundation

Written questions and answers - Written questions, answers and statements - UK Parliament Written questions and answers - Written questions, answers and statements - UK Parliament

Self-management capability in patients with long-term conditions is associated with reduced healthcare utilisation across a whole health economy: cross-sectional analysis of electronic health records | BMJ Quality & Safety Self-management capability in patients with long-term conditions is associated with reduced healthcare utilisation across a whole health economy: cross sectional analysis of electronic health records | BMJ Quality & Safety

Practice

Educating parents about managing abandonment and rejection

Tracy Pike MBE,
CEO - Connecting Youth Children and Adults (CYCA)

Connecting youth children and adults (CYCA) have received social prescribing funding from the Llanelli GP cluster for 3 years to support children presenting with mild to moderate anxiety or depression who are not eligible for Specialist child and adolescent mental health services (sCAMHS).

CYCA employ a small team all of whom are trauma informed practitioners as well as a children and adult counsellor and trainee counsellors.

When the GP refers to the service, we aim to undertake an assessment of need within 4 weeks and begin the work within 8 weeks. We complete the family functioning history, housing, employment and wider family, enables the family to tell their story. Completing the triangle gives the therapeutic team a full picture and understanding of the issues arising in the family home.

Imperative to the success of the support is the engagement initially with the parent who needs to attend some resiliency and attachment guidance. The need to understand and remind the parent how the child may be struggling with abandonment due to insecure attachments, something the parent may have experienced as a child. The work is systemic to ensure the parent uses similar language at home as the practitioner guides the work, resulting sometimes, that the child does not need further support as the parent begins to reflect on their own parenting style.

We are witnessing that mentoring can be equally as effective as counselling. We find that young people respond well to a trusted adult that they can meet with weekly and engage in a variety of different activities.

All our mentors are trauma trained as well as being resiliency practitioners and are therefore able to support emerging issues as they

present.

We are also finding when working with under 8-year-olds, that they struggle to engage due to cognitive capacity. We are exploring providing conversational play which involves parent and child over a series of weeks to help form secure attachments and teach parents how to play.

We continue to find our biggest cohort is 14–16-year-olds presenting with anxiety, many of whom have been impacted negatively by social media.

We continue to be concerned that 80% of parents are seeking to medicalise their children by wanting them labelled with ADHD. Although we accept that some of our children are neuro diverse it is not helpful to seek medication. The children need stability at home and secure attachments with their children and accept that trauma can often be the underlying cause of negative behaviours. We are training key staff in schools on how to manage the school environment to meet their needs.

We measure wellbeing at the start and the end of intervention and use the HACT social value Scale On average each family results in a saving of £10,000 to society, the largest being £21,000. Our work has clearly demonstrated we have helped to alleviate the mental health pressures on the Health Board

www.cycaonline.org

Practice

It's not called 'Challenging Behaviour'

Dr Judith Storey,
Principal Clinical Psychologist, Child Psychology, Children's Centre Psychology, Swansea Bay University Health Board (SBUHB)

'It's not called Challenging Behaviour' workshops are offered by SBUHB's Children's Centre Psychology service, based within our two children's centres and providing psychological support to children and young people with additional needs, their families and the staff working with them. This new team is a positive development as historically this group of children have struggled to access psychological services suitable for their needs. These workshops are hugely needed. Not only can this group of children find it difficult to communicate their everyday needs, but they are especially vulnerable to abuse and trauma, and their only way to express this may be via behaviour that challenges. If those around them do not understand how to recognise and meet their needs, issues can become chronic, resulting in poor child mental health, which in turn can impact on families' stress levels, their ability to cope and their wellbeing. Cycles of distress may become established, making it unsurprising that children with additional needs are significantly over represented in the numbers of 'Looked After' children.

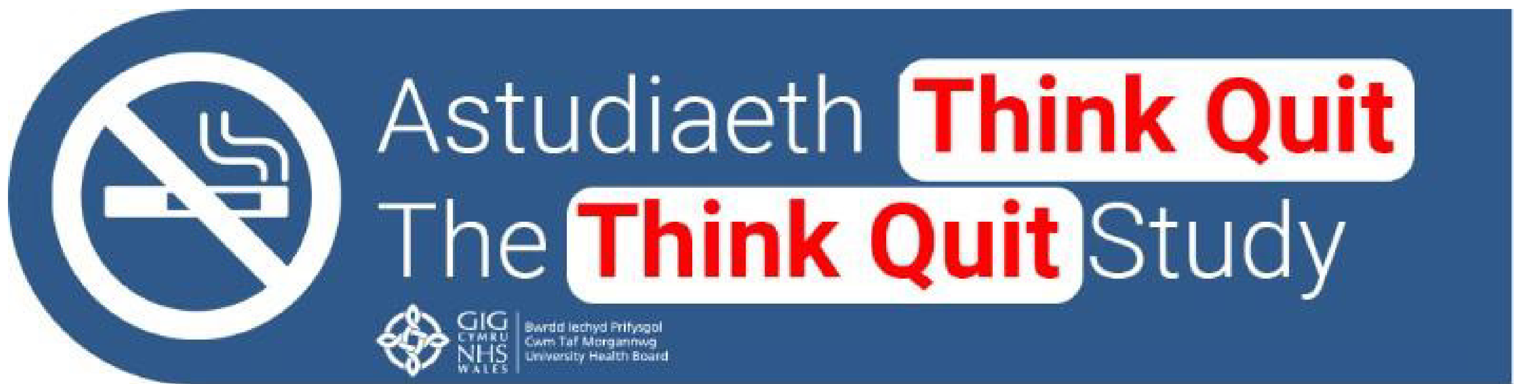
The ethos of the Children's Centre Psychology Service is one of early intervention and inclusion, working with parents and professionals to identify, celebrate and nurture the strengths of children and families.

The workshops encourage participants to develop the skills needed to understand the meaning of children's behaviour and to consider why it makes sense in its context and what it is communicating. By encouraging parents to use a different lens for viewing children's behaviour, we hope to positively influence parent-

child interactions. Seeing behaviour as indicative of children's unmet need allows those caring for them to very naturally develop strategies that help the child meet those needs in positive ways, improving the quality of life of both children and families. An additional but key component of the workshops is to hold them in person, allowing parents and carers to meet one another and share lived experiences.

Participants have reported welcoming the opportunity "to connect with other professionals and care givers". Others have commented on that attending the workshops has shifted their view of children's behaviour giving, "insight on why my son is behaving the way he does" and allowing them to understand that "there is always a reason behind anybody's behaviour". Along with an increased appreciation that "understanding that behaviours are necessary to deal with the emotions and if emotions are dealt with the behaviours will be less", and a recognition of "the importance of relationships". As one person put it "All of it was really useful".

The workshops are run in community settings and are available to anyone who is a parent/carer of a child with additional needs. Working with the Swansea Parent Carer Forum ensures the widest possible family audiences and offering them to health and education professionals enables all those supporting children with additional needs to broaden their understanding of children's behaviour, giving them confidence to work positively with families. We invite anyone keen to attend a future workshop to book themselves on using our email address SBU.ChildrensCentrePsychology@wales.nhs.uk



Research

Using behavioural Science to explore factors influencing nurses' conversations about smoking cessation with hospital patients: Phase 1 of the Think Quit Study

Dr Megan Elliott,
Principal Public Health Researcher, Cwm Taf Morgannwg University Health Board

Lauren Jones,
Senior Lecturer Advanced Clinical Practice, University South Wales

Dr Rachel Hewitt,
Senior Health Behaviour Change Specialist and Trainee Health Psychologist, Cwm Taf Morgannwg University Health Board

Katy-May Price,
Clinical Research Specialist Officer, Cwm Taf Morgannwg University Health Board

Smoking is the leading cause of chronic respiratory diseases and preventable death in Wales (1). Wales aims to be 'smoke-free' by 2030 and national Public Health services, such as 'Help Me Quit', support people to make a quit attempt. Nurses play a critical role in promoting smoking cessation, but report barriers (2). Research is needed to explore these barriers, and understand how to support nurses to effectively discuss smoking with patients and increase referals. The *Think Quit* study aims to co-develop a behaviour change intervention to support nurses to address smoking cessation and Phase 1 explored related barriers and facilitators.

Phase 1 employed a convergent mixed methods design to understanding the experiences of nurses when discussing smoking cessation in hospital settings. We conducted a mixed methods survey and qualitative semi-structured interviews and focus groups with nurses in CTM UHB. Data collection and analysis were theoretically informed by the Theoretical Domains Framework (TDF) (3) and the Capability, Opportunity, Motivation – Behaviour (COM-B) Model (4). Data analysis is ongoing (as of October 2024); qualitative and quantitative data are being analysed separately using Framework Analysis and descriptive statistics

(respectively) before data synthesis and triangulation.

Overall, 110 nurses from a range of specialities, hospital sites and roles in CTMUHB completed the survey. Seven focus groups/interviews were held with CTMUHB nursing and midwifery staff (*n*=21). Preliminary analysis indicates that TDF domains, including knowledge (procedural), beliefs about capabilities and consequences and stress on environmental context and resources influence the target behaviours. Initial codes relating to the role of patient beliefs and behaviours, and uncertainty about the referal process to the Help Me Quit service, have also been identified and will be further explored in qualitative interviews with patients.

Phase 1 findings will inform two subsequent study phases and questions for future research. The findings will direct the content, materials and activities of three intervention co-development workshops that will be held in Phase 2 with key stakeholders. The intervention co-developed in Phase 2 will be pilot tested in Phase 3.

Involving nurses and understanding their professional experiences will help to ensure that the new intervention is appropriate, practical, relevant and meaningful for the target group, and will increase the likelihood that it is effective once implemented. We anticipate this research will guide more realistic expectations around smoking cessation within secondary care and improve patient, staff and clinical outcomes. The Think Quit study has been informed by the experiences and input of two Public and Patient representatives.

Key learnings from Phase 1 of the Think Quit study include:
Collaborating with the target population from the outset helps to understand *what* needs to change, the reasons *why* and *how* to do this effectively.
Using an established behavioural science theory, such as the TDF, can facilitate a systematic and focused approach to investigating behaviour change in the target population.
Co-production in research allows for a more tailored approach by prioritising the voices, preferences and needs of the target population.

References

Naser, A. Y., Mansour, M. M., Alanazi, A. F., Sabha, O., Alwafi, H., Jalal, Z., ... & Mustafa Ali, M. K. (2021). Hospital admission trends due to respiratory diseases in England and Wales between 1999 and 2019: an ecologic study. *BMC Pulmonary Medicine*, *21*, 1-10.

West, R., Raw, M., McNeill, A., Stead, L., Aveyard, P., Bitton, J., ... & Borland, R. (2015). Health care interventions to promote and assist tobacco cessation: a review of efficacy, effectiveness and affordability for use in national guideline development. *Addiction*, *110*(9), 1388-1403.

Michie, S., Johnston, M., Abraham, C., Lawton, R., Parker, D., & Walker, A. (2005). Making psychological theory useful for implementing evidence based practice: a consensus approach. BMJ quality & safety, 14(1), 26-33.

Michie, S., van Stralen, M.M. & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Sci* **6**, 42 (2011). https://doi.org/10.1186/1748-5908-6-42

Practice

Embedding Motivational Interviewing throughout Swansea Bay University Health Board to support conversations with patients and families around weight Management

Helen Jenkins,
Operational Lead, Children and Young People's Weight Management Service (CYPWMS), NHS Wales

Hannah Bendoni,
Therapy Assistant Practitioner, Children and Young People's Weight Management Service (CYPWMS), NHS Wales

In September 2022, a newly established Children's Weight Management Team in the Swansea Bay University Health Board (SBUHB) received training in Motivational Interviewing (MI) from an external company (Halley Johnston Ltd). We identified a training need within for the health board and our wider stakeholders in this area and commissioned Halley Johnston to create online training modules that could be uploaded to the NHS Electronic Staff Register (ESR) system to be accessed on a wider national basis.

Obesity remains at the forefront of Public Health, and for good reason. Worryingly, Wales has been reported (in recent years) as having the highest obesity rates in the United Kingdom (Senedd, Nesta). Latest figures from the Child Measurement Programme (2022/2023) identified that 25.5% of those measured within SBUHB are overweight or obese, rising year on year.

The Lighthouse team was established as part of the Healthy Weight, Healthy Wales initiative, funded by Welsh Government. We are a multidisciplinary team working together to support children and young people's health and wellbeing. Weight stigma and bias is unfortunately very present within our society and our healthcare system. Language matters, and we should take every opportunity to listen,

empathise and strengthen individuals' motivation and commitment to change. Talking about weight can be an emotive and sensitive experience for individuals and families, MI allows us to approach the subject respectably. On numerous occasions, familied have shared with us that their past experiences with health care professionals have been shaming, blaming and left them feeling upset, angry and demotivated to make changes. We saw an opportunity to share the learning we had received with the wider health board and commissioned Halley Johnston to create online modules that could be part of the NHS ESR to allow all staff to gain understanding and knowledge of MI. Families often seek support and advice around weight management from our key stakeholders prior to meeting us so we felt it was vital that all staff had access to this training.

Mandatory training is vital to keep on top of and we were conscious that staff have plenty of training modules to complete to maintain compliance within their roles. Therefore, the modules were broken down into 24 bite size chunks in the hope that they would seamlessly integrate into the working day when there were pockets of time to work through them.

The modules are in the process of being uploaded to ESR so we are yet to see the full effect. However, within Lighthouse the team have made changes following our training that we believe has had a positive effect on patient engagement. Families have shared feedback with us such as 'felt listened to' and 'felt supported'. Although written with a focus on weight management, the principles of MI can be applied to other services where behavioural change is key we therefore feel this project could make a difference to many services.

Motivational Interviewing is about strengthening a person's own motivation and commitment to change, which in weight management and other areas of behavioural change is vital. Our team supported the development of the MI training modules on ESR which will soon be widely available. We encourage services to support staff to undertake these modules to support their practice and improve patient experience.

For more information please contact sbu.lighthouse@wales.nhs.uk

Practice

Llygad; The Early Years Experience Team. Why preventative practice is important in children (0-5) and their families with an Emerging Learning Disability / Global Developmental Delay

Hannah Newton,
Graduate Mental Health Support Worker,
NHS Wales

We are Llygad, an Early Years Experience Team offering psychologically informed support to families of children aged 0-5 with an emerging learning disability / global developmental delay. As a team we acknowledge the importance of Early Intervention (EI), and the long-term benefits it holds by offering several preventative services to the families we work with.

EI has been shown to improve a range of child and family outcomes, this includes child development adaptive skills, improvements in child's behaviour, parental mental health and stress (1,2,3). Highlighting the importance of EI for this population.
As part of our service we provide EI by providing families with;
Portage - Specific support in relation to the identified needs of the child/family
Early Positive Approaches to Support (E-PAtS) - A co-production approach which empowers parent carers by encouraging a culture of equality, shared understanding relationships and trust. Psychological informed approaches are weaved through to meet the mental health needs of children of their parent carers, alongside the principles of applied behavioural analysis and social learning theory.
Therapy service - a non-judgmental space for parents to make sense of their experiences and emotions.
Holistic family support - Dads support group and Siblings support group.

The premise of our work is underpinned by Guralnick's Developmental Systems Model; Equipping families with skills to manage learning disabilities and their well-being. We provide preventative support to families, upskilling families to better understand and support their child's needs, ultimately improving their quality of life.

It is thought that by offering early intervention, families will become less reliant on health services in the future. This work is crucial in prevention of escalation and work further along. Unless we meet the needs of these children and their families, the difficulties and issues get more and more entrenched. The children do not just develop and grow out of their challenges.

As a team, Llygad continues to positively impact children with emerging learning disabilities and their families. Data from the 105 families who have attended E-PAtS shows significant improvements in parental well-being, understanding of child development, confidence, and knowledge of available services.

A cost savings toolkit from one E-PAtS group estimated local preventative cost savings of £46,567.50.

Families share insights such as the importance of self-care for effective parenting and the value of reassurance in parenting choices, emphasizing a focus beyond their child's diagnosis (when working with Portage).

Key Messages

There shouldn't be a waiting list for prevention services. We need Early interventions (portage / E-PAtS) involved as soon as we receive a referral as these families are already in crisis, feeling alone, isolated, misunderstood, blamed, lost.

There needs to be a shift in thinking when working with this population.

We must Influence the system to understand that the work pre-diagnosis is essential but also skilled.

Currently, apart from our team generic workers are supporting, they don't understand the models or ways of working. These children don't just develop and grow out of their challenges. For further information please contact: hannah.newton@wales.nhs.uk

1) Clark, M. L. E., Vinen, Z., Barbaro, J., & Dissanayake, C. (2018). School age outcomes of children diagnosed early and later with autism spectrum disorder. Journal of Autism and Developmental Disorders, 48(1), 92–102. https://doi.org/10.1007/s10803-017-3279-x

2) George, C., Kolodziej, N., Rendall, M., & Coiffait, F. (2014). The effectiveness of a learning disability specific group parenting programme for parents of preschool and school-age children. Educational Sapiets et al. 119 & Child Psychology, 31(4), 18–29.

3) Sapiets, S. J., Hastings, R. P., Stanford, C., & Totsika, V. (2023). Families' access to early intervention and supports for children with developmental disabilities. *Journal of Early Intervention*, *45*(2), 103-121.

Research

‘There’s people there like me!’: The facilitators and barriers to participating in an exercise referral scheme after stroke.

Linda Tremain,
Neuro Physiotherapist and Development Lead for the Neurostute Recovery College, Aneurin Bevan University Health Board

It has been reported that as much as 90% of the burden of stroke is related to modifiable risk factors such as physical activity and exercise (1). Both the American Stroke and Heart Association, and the National institute for Health and Care Excellence (NICE) have recommended that stroke survivors should exercise at nationally recommended levels in order to prevent further vascular events (2,3). Despite this, there is growing evidence that minimum physical activity levels are not achieved in the stroke population (4).

In Wales, there is a National Exercise Referral Scheme (NERS) that has exercise professionals trained to support people to exercise safely with chronic health conditions such as stroke. There are established “Neuro@NERS” exercise groups at three local authority leisure centres in the Aneurin Bevan Health Board (Newport, Torfaen and Ebbw Vale) where neuro physiotherapists, therapy assistant practitioners and NERS exercise practitioners work together to support people with neurological conditions to exercise safely.

However, neuro specific groups such as these are not widely available for many stroke survivors across Wales and the UK. There is also limited understanding of the enablers and barriers for stroke survivors to participating in community exercise schemes such as these, despite this being highlighted as a priority research area in life after stroke services (5).

The COM-B model (6) is a behaviour change framework

that suggests there are three necessary components for any behaviour change (B) to occur. These are: Capability (C), Opportunity (O) and motivation (M).
The aim of this project is to use thematic analysis (7) and the COM-B framework to explore the experiences, perceptions and opinions of participants living with stroke, who have completed a 16-week neuro@NERS exercise programme. The themes will be sub-divided into facilitators and barriers.
This project is part of an ongoing MRes (stroke) dissertation at Cardiff Metropolitan University due to for submission December 2024. The author intends to publish the findings following submission. The ambition is that the findings of this study will help inform clinical practice to support positive behaviour change for stroke survivors to increase adherence to exercise in community-based settings, and in turn improve adherence to nationally recommended physical activity guidelines.

(1) FEIGIN, V. L. P., ROTH, G. A. M. D., NAGHAVI, M. P., PARMAR, P. P., KRISHNAMURTHI, R. P., CHUGH, S. M. D., MENSAH, G. A. M. D., NORRVING, B. P., SHIUE, I. P., NG, M. P., ESTEP, K. B. A., CERCY, K. B. A., MURRAY, C. J. L. P. & FOROUZANFAR, M. H. P. 2016. Global burden of stroke and risk factors in 188 countries, during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet neurology, 15, 913-924.

(2) BILLINGER, S. A., ARENA, R., BERNHARDT, J., ENG, J. J., FRANKLIN, B. A., JOHNSON, C. M., MACKAY-LYONS, M., MACKO, R. F., MEAD, G. E., ROTH, E. J., SHAUGHNESSY, M. & TANG, A. 2014. Physical Activity and Exercise Recommendations for Stroke Survivors. Stroke, 45, 2532-2553.

(3) THE NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE 2023. Stroke Rehabilitation in adults (Nice guideline NG236).

(4) FINI, N. A., HOLLAND, A. E., KEATING, J., SIMEK, J. & BERNHARDT, J. 2017. How Physically Active Are People Following Stroke? Systematic Review and Quantitative Synthesis. Physical therapy, 97, 707-717.

(5) JAMES LIND ALLIANCE, S. A. 2021. Stroke PSP Top 10 in stroke rehabilitation and long term care. [Online]. Available: James Lind Alliance (nihr.ac.uk) [accessed: 13.03.2024].

(6) MICHIE, S., VAN STRALEN, M. M. & WEST, R. 2011. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation science : IS, 6, 42-42.

(7) BRAUN, V. & CLARKE, V. 2013. Successful qualitative research : a practical guide for beginners, Los Angeles, SAGE.

Practice

The Only Reliable Change is Self-Change

Dr Daryl Harris,
Consultant Clinical Psychologist,
Strategic Lead for the Neuro Stute
Recovery College, AHP Lead for the
Strategic Clinical Network for Neurological
Conditions, Bevan Fellow

"Everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way."

Much is made of the challenge of behaviour change in managing demand on health services. Viktor Frankl's (1) famous quote summarises the challenge and solution to this thorny issue. The essential messages being:
Sustained change needs to be underpinned by changes in thinking
We cannot force change on others, meaning that the only reliable change is self-change.

Our project applies a mental health Recovery College approach in the physical health setting of neurorehabilitation (2). The project supports practitioners to experiment with the way they think about their work with the aim of changing the relationship between communities and communities of practice. The intention being to create the changes in contract between the state and citizens needed to realise the full potential of Prudent Healthcare (3).

With the support of the Bevan Commission, we have shown that our approach contributes to prudence and value in healthcare by broadening the availability of resources, enhancing the cost effectiveness of health service resources, and increasing impact through a tighter focus on what matters to everyone participating in the Recovery College (2).

Our message to others is that reform will not be enough to stem the current tide of demand. Instead, we need to transform the way we think about health and care. As a tangential illustration, my first car was a little Fiat 126. Small, efficient, and effective. Now with a growing family

and dog, the 126 is no longer fit for purpose. When the NHS was established, the main challenge was infectious disease and prescribing medication to passive patients was efficient, effective, and manageable. Now with people living longer the NHS has become a victim of its own success. We see a growing number of people struggling with long term conditions and multimorbidity. Treati
ng people as passive patients to be fixed is no longer fit for purpose.

When I changed my car, I didn't just switch to an updated Fiat 126 with a slightly faster and more efficient engine, I changed the make and model completely to meet my different needs. Now with the challenges of global warming, a better question may be not what car, but whether a car is the answer at all. For example, how could I redesign my life to reduce the need for travel. This requires reconsideration of the assumptions, principles and values underpinning all aspects of our lives, our work, relationships, economies, and communities. Similarly, the kind of change we need in healthcare is not just about doing the same thing a bit quicker, more effectively, or more efficiently. Instead, we need a fundamental rethink.

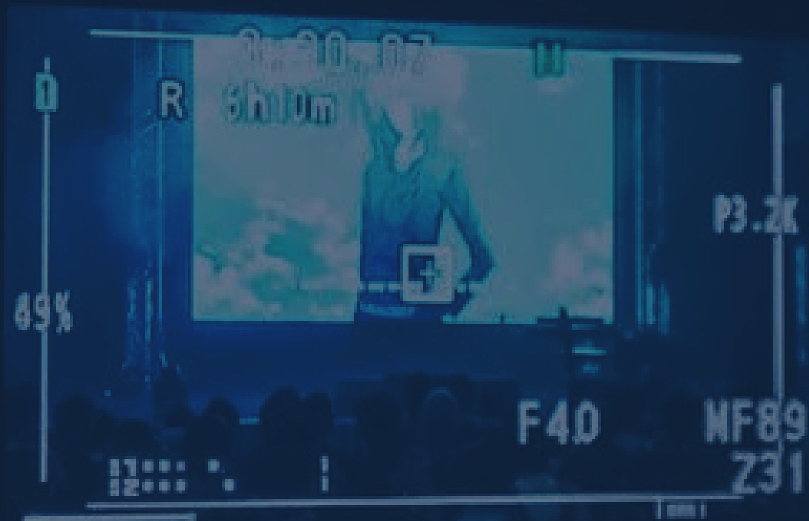
Returning to Viktor Frankl, doing new thinking comes before thinking new doings. Moreover, the resulting changes need to start where we have most control – i.e. with ourselves. According to the butterfly effect, these close to hand changes profoundly change the world around us.

(1) Viktor Frankl, (1959). *Man's Search for Meaning*. Rider, London.

(2) The Neuro-Stute Recovery College: What Matters Most in Neurorehabilitation - Bevan Commission

(3) Getting Under the Bonnet of Prudent Healthcare - Bevan Commission

Videos



Uned Gwyddor Ymddygiad
Behavioural Science Unit

Introduction to the principles of behaviour, behaviour change and applied behavioural science

This webinar explored the critical role of behaviours in improving the health and wellbeing of Wales, explored what we mean by behaviour and considered the range of factors influencing behaviour using evidence-based models and frameworks.

Watch

Inverse Care Law in Wales: A Way Forward

This webinar explored the Inverse Care Law Programme in Wales.

Watch

No one left behind – The future of social connections and communities in Wales

Social connections play a vital role in our health and wellbeing and can be a contributory factor in some people's experience of poorer health outcomes.

Watch

Explore our video library on our website

View all our videos

News & Resources

Early years dental health improvement programme recovers to pre-pandemic levels

30-10-2024

Physical activity up among secondary school pupils in Wales

22-10-2024

'Employers have a responsibility to support the mental health of those who work for them,' says Minister

11-10-2024

All News

Waiting for change: Reducing suicide and improving poor mental health on the parenthood journey in Wales

Samaritans Cymru

No one left behind. A forward thinking approach to improving health and well-being for all in Wales through stronger social connections

Public Health Wales

All Resources

Next Issue
HEALTH IMPACT ASSESSMENT

Health Impact Assessment (HIA) provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. HIA works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks. It also provides a way of addressing the inequalities in health that continue to persist in Wales (WHIASU, 2024).

The landscape of HIA has changed massively over the last 20 years, and the Wales Health Impact Assessment Support Unit (WHIASU) have been right at the heart of it since its founding in 2004.

For our upcoming e-bulletin we would like to hear from projects and initiatives who may be using or have used HIA to improve the health and well-being of communities across Wales. These can be national, regional or local initiatives, policies or programmes.

Our article submission form will provide you with further information on word count, layout of your article and guidance for images.

Please send articles to publichealth.network@wales.nhs.uk by 21st November 2024.

Contribute