Welcome everyone

Miranda Ashwell and Cathy Levy
Shropshire Public Health
relevance to your day job?

- immunisations
- smoking & e-cigarettes
- diabetes
- obesity
- physical inactivity
- falls prevention
- sexual health
- hoarding
perception of health
• Unconfident fatalists (18%)
• Live for todays (25%)
• Hedonistic Immortals (19%)
• Balanced Compensator (17%)
• Health Conscious Realist (21%)

Unconfident fatalist profile:
"Older average age who tend to live in most deprived areas. Least likely to be in paid work & more likely to be retired. Exhibit unhealthy behaviours and hold negative perceptions of a healthy lifestyle. Often fatalistic about their own health. Overall, feel fairly negative about things, feel a healthy lifestyle would not be easy or within their control. Know their health is poor and they should do something about it, but feel demotivated."
“The two public health interventions that have had the greatest impact on the world’s health are clean water and vaccines.”

World Health Organization
Babies are offered essential vaccines to protect against conditions including diphtheria, tetanus, whooping cough and polio through to meningitis, measles, mumps and rubella. The childhood vaccination programme is saving lives and preventing serious illness and disability.

Adolescents and young adults receive vaccines which protect against cervical cancer (girls) along with meningitis and septicaemia. Young adults who missed out on MMR as a child are encouraged to get vaccinated to protect against measles, mumps and rubella.

Older people are urged to protect themselves from flu every year (from age 65). We also vaccinate against serious and potentially fatal pneumococcal infections in people of 65 and over. Over 70s can avoid painful and debilitating shingles with a vaccine.
<table>
<thead>
<tr>
<th>Year</th>
<th>Disease</th>
<th>Vaccine introduced</th>
<th>Total number of cases per year before the vaccine was introduced</th>
<th>2014 total laboratory confirmed cases</th>
<th>% Reduction</th>
<th>Geography</th>
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<tbody>
<tr>
<td>1942</td>
<td>Diphtheria (Pre vaccine year 1941)</td>
<td></td>
<td>50,804*</td>
<td>1</td>
<td>99.9%</td>
<td>England and Wales</td>
</tr>
<tr>
<td>1957</td>
<td>Pertussis (whooping cough) (Pre vaccine year 1956)</td>
<td></td>
<td>92,407*</td>
<td>3506</td>
<td>96%</td>
<td>England and Wales</td>
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<tr>
<td>1968</td>
<td>Measles (Pre vaccine year 1967)</td>
<td></td>
<td>460,407*</td>
<td>130</td>
<td>99.9%</td>
<td>England and Wales</td>
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<tr>
<td>1992</td>
<td>Haemophilus influenzae type b (Pre vaccine year 1991)</td>
<td></td>
<td>862**</td>
<td>12</td>
<td>99%</td>
<td>England</td>
</tr>
<tr>
<td>1999</td>
<td>Group C invasive meningococcal disease (Pre vaccine year 1998/99)</td>
<td></td>
<td>883**</td>
<td>28^</td>
<td>97%</td>
<td>England</td>
</tr>
<tr>
<td>2006</td>
<td>Invasive Pneumococcal disease caused by 13 vaccine serotypes (Pre vaccine year 2005/06)</td>
<td></td>
<td>3552**</td>
<td>858^^</td>
<td>76%</td>
<td>England and Wales</td>
</tr>
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</table>

* notified cases of disease
** confirmed cases of disease
^ 2014/15
^^ 2013/14
prevents 2-3 million deaths/year

Key messages

- benefits to individuals and society
  - best way to protect against diseases
  - herd Immunity

- vaccines are effective and safe

- it’s never too late to get vaccination
Key Issues

- common myths
- ‘at risk’ groups
- variation in uptake across the County
- mistrust in immunisation institutions
smoking cessation & e-cigarettes
Smoking: primary cause of preventable death

- Smoking: 79,100
- Obesity: 34,100
- Alcohol: 6,669
- Suicide: 5,377
- Traffic: 1,850
- HIV: 504
- Illegal drugs: 1,605

Smoking kills half of all long term users.
electronic cigarettes

- Devices that deliver nicotine by heating and vapourising a solution typically containing nicotine, propylene glycol &/or glycerol and flavourings.

- Consists of battery, atomiser and a cartridge containing nicotine solution.
EU Tobacco Products Directive 2016

limits nicotine concentration
restrictions on advertising/
promotion
health warnings and declaration of
additives
**behavioural insights**

- though widely known that smoking is bad for you, smokers still tend to under-estimate the risks to them personally

- majority of smokers want to quit

- majority choose the least effective route to quit
The role of social networks

The chances of a person quitting smoking goes up:

- 25% when a sibling quits
- 34% when a co-worker quits
- 36% when a friend quits
- 67% when a spouse quits
stopping smoking

- offering brief advice to stop smoking is the most cost-effective and clinically proven preventive action a healthcare professional can make.\(^1\)

- smokers may take several times to quit successfully so it’s important to give advice at every opportunity.\(^2\)

- smokers are 4 times more likely to quit with support from NHS Stop Smoking Service.\(^3\)
Diabetes

accounts for $\frac{1}{10}$th of total NHS spend

1 in every 11 UK adults is diabetic

many more are pre-diabetic

around 100 newly diagnosed diabetics every month in Shropshire
Over ½ million people have diabetes and don’t know it.

Symptoms:
- Extreme tiredness, going to the toilet a lot (especially at night), feeling thirsty, wounds that won’t heal and infections that recur.
diabetes

gestational diabetes

pre-diabetes
Type 1 diabetes

an auto-immune condition in which body attacks itself and destroys insulin producing cells in pancreas

can develop at any age, usually before 40 years and especially in childhood

treated with daily insulin injection or pump, supported by healthy diet and regular physical activity
body produces insulin but doesn’t produce enough or it doesn’t work properly (insulin resistance)

symptoms occur because lack of insulin causes glucose to stay in bloodstream instead of body cells where it can be used for energy
**DO YOU KNOW THE RISK FACTORS OF TYPE 2 DIABETES?**

**AGE:**
- **↑40**
  - Your risk increases with age. You’re more at risk if you’re white and over 40 or over 25 if you’re African-Caribbean, Black African, Chinese or South Asian.

**FAMILY HISTORY:**
- You’re two to six times more likely to get Type 2 diabetes if you have a parent, brother, sister or child with diabetes.

**ETHNICITY:**
- You’re six times more likely to get Type 2 diabetes if you’re Chinese or South Asian.
- You’re three times more likely to get Type 2 diabetes if you’re African-Caribbean or Black African.

**OVERWEIGHT:**
- You’re more at risk of Type 2 diabetes if you’re overweight, especially if you’re large around the middle.

**HIGH BLOOD PRESSURE:**
- You’re more at risk if you’ve ever had high blood pressure.

**YOU’RE ALSO MORE AT RISK IF:**
- You’ve ever had a heart attack or a stroke
- You have schizophrenia, bipolar illness or depression, or if you are receiving treatment with antipsychotic medication
- You’re a woman who’s had polycystic ovaries, gestational diabetes, or a baby weighing over 10 pounds.

**HAVE YOU GOT ANY SIGNS OF TYPE 2 DIABETES?**

It’s important to know the risk factors and find out your risk but remember to look out for these signs:

- Need to wee a lot?
- Thirsty?
- Lost weight without trying?
- Feel tired?
- Blurred eyesight?
- Itchy genitals and thrush?
- Cuts don’t heal?

If you notice any of these, ask your doctor to test you for Type 2 diabetes. You and your doctor can then plan your next steps.

Share your story and find support with #knowyourrisk
Pre-diabetes

a sign that body is starting to struggle with the amount of glucose in the blood

people with prediabetes have increased risk of developing type 2 diabetes and heart disease

crucially, it can be prevented in 2 out of 3 people
carbohydrate aware

look at amount of starchy carbohydrates
e.g. bread, potatoes, pasta

reduce added sugar
e.g. cakes, biscuits, chocolate, sweets, sugary drinks

Starchy carbs                added sugar                natural sugars
preventing diabetes

lose weight (if overweight)

dietary changes

increase physical activity

think about portion sizes and snacking habits, choose wholegrain options over refined

look at total CHO on food labels not just sugar content
preventing diabetes

physical activity makes body more sensitive to insulin

when we are physically active, our muscle cells contract and help remove glucose from the blood

lasting effect for up to 2-3 days

best form of exercise? what you enjoy and can stick to
self-referral, free to attend. Enrol by contacting:

Diabetes Nursing Service
Tel: 01743 277693

‘First steps’ 2.5 hour information session or book onto 6 week Xpert course
Diabetes UK online risk tool

**Type 2 Diabetes**

**Know Your Risk**

Finding out your risk of Type 2 diabetes only takes a few minutes. It could be the most important thing you do today.

Before you start, grab a tape measure and scales.

- Find out your risk

You must be 18 or over to complete this tool.

Please note: the results will not be accurate if you are pregnant.

Developed by Diabetes UK, the University of Leicester and the University Hospital of Leicester NHS Trust.

The Know Your Risk tool is not a diagnostic tool. It is designed for people without a current diagnosis of diabetes and is intended to highlight a person’s risk of developing Type 2 diabetes in the next 10 years. The results are not medical advice. If you are at risk or concerned about diabetes, we advise visiting a healthcare professional for further information.
obesity has become a media staple

Fat kids will die younger

A TEN-year-old schoolgirl has been weighed at 22st 11lb in a shocking sign of the level of childhood obesity in Britain. The unidentified girl headed a list of six similarly-aged pupils who weighed in at more than 19 stone in a study in Birmingham by the Health and Social Care information centre. Almost 50 pupils were said to have topped 16 stone by the age of 11 last year and, in reception classes, one in ten youngsters was already rated as obese on starting school.

It is unknown if the 22st girl suffers from a medical problem that might lead to weight gain. She is rated as morbidly obese, which includes the risk of diabetes, osteoarthritis, cancer, and cardiovascular and liver diseases. Experts said that obesity in children has now become so common that it is almost seen as the norm.
- Generation XXL
- the Obesity Clinic
- Obesity – A year to save my life
- The NHS made me fat
- Embarrassing fat bodies
- Junk food kids – who’s to blame?
- What’s the right diet for you? (Horizon special)
John Lewis home insurance advert, 2015 featuring ‘Tiny Dancer’

Money Supermarket advert, 2016
“clothing manufacturers have changed their dress sizes so the public don’t realise they are getting fatter... a size 14 today would actually have been a size 16 in the 1970s.

We have normalised being overweight”.

Dame Sally Davies, Chief Medical Officer
England

24% of adults are obese and a further 36% are overweight
9.1% of 4-5 year olds are obese - a fifth (21.9%) are overweight and obese
19.1% of 10-11 year olds are obese – a third (33.3%) are overweight and obese

Shropshire

one fifth (21.8%) of women are obese at their antenatal booking appointment
8.3% 4-5 year olds enter reception already obese (21.8% overweight & obese)
16.7% 10-11 year olds are obese (31.8% overweight & obese)
one quarter of adults are obese and two-thirds are overweight
- High levels of sugar consumption associated with greater risk of tooth decay
- Correlation between proportion of sugars in diet and increased risk of high energy intake
- Drinking high-sugar beverages results in weight gain and increased BMI in children & teenagers
- Consuming too many high-sugar beverages increases risk of type 2 diabetes
food for thought…

THE HAMBURGER, 1957:

250 calories

THE HAMBURGER, 1997:

650 calories

Energy in

Energy out

1990

2011
unhealthy lifestyles are not simply a matter of choice, an interaction between choice and the social environment

**majority of people with unhealthy behaviours would like to change them**

many lifestyle behaviours are entrenched and difficult for individuals to change without support
‘Help2Slim’ adult weight management support service

- confidential, free and individualised support for up to 6 months
- 16 years + resident/registered with GP in Shropshire
- Obese or overweight with weight related condition
- would like to receive support
- available in GP surgeries, pharmacies and community venues
- contact GP or telephone 0345 6789 025
‘Fit Families’ weight management support service

- confidential, free and individualised support for up to 6 months
- 5 – 15 year olds who are very overweight and their families, resident/registered with GP in Shropshire
- would like to receive support
- direct or self-referral
- contact Shropshire School Nursing team on 07896 812233
Physical inactivity
Key facts

- a leading cause for ill-health and directly contributes to 1 in 6 deaths.

- **physical activity** can prevent or help manage more than 20 common conditions

- reducing inactivity could prevent up to 40% of long term conditions including Type 2 diabetes

- **sedentary behaviour** is a separate behaviour and risk factor for CVD
Physical inactivity

- UK is among most physically inactive nations in world
- UK citizens now 25% less active than in 1960's
- 4/10 5-15 year olds are physically inactive
- only 1/10 2-4 year olds meet recommended physical activity level
- 26% of women and 19% of men are ‘inactive’
- on average British people sit for about 9 hours a day
key insights

- most people over-estimate & over-report how active they are

- we have a poor understanding of:
  - recommended physical activity by age-group
  - difference between physical inactivity and sedentary behaviour
  - what counts as *physical activity*

- older adults believe physical activity is ‘risky’ and that it’s ‘too late’
The public health recommendation

150 minutes of moderate intensity physical activity in a week

- Heavy household activity (chores, gardening, DIY)
- Occupational
- Sport, exercise
- Transport activity (walking, cycling)
- Leisure time physical activity (swimming, dancing, walking, cycling)

Moderate intensity
You are able to talk but you notice that your breathing is quicker and deeper, your body is warming up, your face may have a healthy glow and your heart will be beating faster than normal but not racing
key messages

- it’s NEVER TOO LATE to start
- start slowly and build up
- any activity is better than none
- aim to build physical activity into your daily life
- it’s safer to do something rather than nothing
- we all need to sit less and move more
- do what is achievable FOR YOU in meeting recommended levels
- it’s safer to do something rather than nothing

Shropshire Council
key resources

- Your community....
- PHE Guidelines infographics
- One You: Active 10 app
- Change4Life
Falls prevention
1 in every 3 64+ year olds will fall per year

falls are NOT an inevitable part of ageing

falling once doubles your chances of falling again

3 broad (modifiable/non-modifiable) risk factors

PHYSICAL: LTCs, foot disorders, muscle weakness, poor gait and balance, dizziness, frailty, UTIs, dehydration

LIFESTYLE: medication side effects, alcohol, physical inactivity

ENVIRONMENT: trip hazards, lighting, slippery surfaces, poor walking aids
key facts

- most falls are caused by a combination of risk factors

- a fall may be a warning sign - first sign of a new or worsening health condition e.g. UTI, chest infection

- risk of falling can be reduced by:

  treatment and management of health problems

  Improving gait, balance and muscle strength

  managing home hazards – increasing confidence and reducing fear of falling
older people can be resistant to falls prevention messages:

- may think it’s only relevant to people older and frailer than themselves
- may reject idea that they are at risk, genuinely confident or ‘over-confident’ or feel that being ‘at risk’ is a sign of weakness
- may consider a previous fall an exception that won’t occur again
- recognise they’re at risk but don’t believe another fall is preventable

“Don’t mention the F Word”

key insights

Shropshire Council

Shropshire together help2change

Age UK

Healthy Shropshire
“Let’s Talk about the F-Word” campaign

www.healthyshropshire.co.uk/topics/ageing-well/preventing-falls/

OBJECTIVE: to motivate and empower older people to take action to reduce their risk*

• Increase understanding of personal risk
• Self-assessment
• Evidence-based exercise
• Self care; Taking action
• Use of national and local resources

Without increasing fear of falls or creating needless demand on local services
Target Audience:
- Working age adults with ageing parents, friends or family members
- Professionals and volunteers working with older people
- “Obliquely”: Older People

Call to Action:
- Act on your concerns
- Understand the real risk of falls of your ‘loved one’
- Use on’-line resources to help you help your ‘loved one’
- Go to Healthy Shropshire web pages: [www.healthyshropshire.co.uk/topics/ageing-well/preventing-falls/](http://www.healthyshropshire.co.uk/topics/ageing-well/preventing-falls/)
Let's Talk about the F-Word: Preventing Falls

Many older people are frightened of falling and are reluctant to talk about it. But falls are not an inevitable part of ageing.

Many older people can be resistant to messages about falls prevention. They may be reluctant to talk about it because they:

- are frightened of falling and don’t believe anything can be done
- believe the myth that falls are just a part of growing older
- believe falling is just a matter of chance
- know that they are at risk of falling but don’t believe they can do anything about it
- believe because they haven’t had any falls, it will never happen to them
- deny they are at risk because they see a fall as a sign of weakness or inability to manage.

But falls are NOT an inevitable part of ageing, and we know that while the causes of a fall may be complex, there is plenty that can be done to reduce their risk. The sooner the better!

Fear of falling is a major risk as people tend to limit their activities in order not to fall, which results in increasing muscle weakness, poor balance and a higher risk of falls.

If you are concerned about yourself, an ageing parent, family member or friend, USE THE TOOLS BELOW TO HELP SOMEONE STAY SAFE AND AVOID FALLS.
On-line falls assessment and action plan

Comprehensive NHS approved site

Healthy Shropshire web pages: www.healthyshropshire.co.uk/topics/ageing-well/preventing-falls/
The timed up and go test
a guide for the public
Hoarding Disorder
how is it defined?

• persistent difficulty in discarding or parting with possessions because of a perceived need to save them

• resultant collection of excessive quantities of goods/objects regardless of actual value, including animals, coupled with an inability to discard them

• a person with hoarding disorder experiences distress at the thought of getting rid of the items
Hoarding disorder

- becomes problematic when extensive enough to inhibit personal function or use of home
- clinical and statutory interventions often resisted (success rates are low)
- cases can raise difficult practical and professional problems and use of the law may not always be helpful
- recurrence rates are high, multi-agency approaches involving long-term support recommended
someone with hoarding disorder may typically:

• keep or collect items that may have little or no monetary value e.g. junk mail, carrier bags or items they intend to reuse/repair

• find it hard to categorise or organise items

• have difficulties making decisions

• struggle to manage everyday tasks, such as cooking, cleaning and paying bills

• become extremely attached to items, refusing to let anyone touch or borrow them

• have poor relationships with family or friends

• come to attention of the authorities as causing, or being likely to cause, a hazard to health or nuisance to others

• ‘care by consent’ should be the guiding principle
• difficulty making decisions, especially pros and cons of saving something
• particularly perfectionist: concerned that a decision must be exactly right, which is impossible to achieve so object is kept
• trouble organising and categorising objects and over-concentrate on the possible, but unlikely, negative consequences of throwing something away
• resort to procrastination and avoidance to put off having to decide what to do
hoarder characteristics

erroneous beliefs about possessions

- **distorted beliefs** e.g. feeling responsible for not wasting things, for using objects properly
- believe it vital to remember everything and not waste any opportunity to hold on to information e.g. in a pile of newspapers/books
- find it intolerable to think they might find a use tomorrow for something that they have thrown away today

emotional attachment issues

- **strong sentimental attachments** to their objects, even if of little functional value e.g. broken objects, out-of-date vouchers, old newspapers
- throwing away their objects is like losing part of themselves, experience powerful feelings of loss, grief and emptiness
- objects can hold particular memories, or having lots of familiar objects around provides feeling of safety and comfort
many don't see it as a problem, have little awareness of impact on their life or lives of others

those who realise they have a problem can be reluctant to seek help due to feelings of shame, humiliation or guilt

can be symptomatic of another condition

mobility problems – physical inability to clear huge amounts of clutter acquired learning disabilities or early dementia – inability to categorise and dispose of items most likely to occur with elderly self-neglect (or ‘Diogenes Syndrome’) and obsessive-compulsive disorder (OCD)

Mental health problems associated with hoarding - severe depression, psychotic disorders (e.g. schizophrenia), OCD, eating/personality disorders, PTSD
Diogenes syndrome (senile self neglect syndrome)

- an **older adult** living in squalor but with no sign of mental or cognitive impairment sufficient to explain the self neglect
- extreme self-neglect, apathy, domestic squalor, social withdrawal, compulsive hoarding of ‘rubbish’ and lack of shame
- most sufferers refuse help believing their behaviour to be within normal bounds or ‘their business’
- onset sometimes initiated by a stressful life event such as loss of a loved one
Diogenes syndrome (senile self neglect syndrome)

- most live alone, self-isolation, physical neglect and poor eating and poor physical health (leading to high mortality rate)
- typically higher than average intelligence and personality characteristics of aloofness, suspiciousness and aggressiveness
- 50%-65% likely to suffer a formal psychiatric disorder, most commonly dementia
- may also present with other organic brain disorder, alcohol dependence, psychosis, depression, OCD or personality disorders
Hoarding occurs in 20%-30% of patients with OCD

OCD is a form of anxiety disorder characterised by either

- Obsessions (recurring thoughts or images that cause distress), or
- Compulsions (repetitive behaviours or mental acts that the patient is driven to perform to reduce distress or avoid a feared situation) or,
- Both (commonly)

- Compulsive hoarding is the most difficult form of OCD to treat effectively
- CBT and medication - gains are usually minimal
- people who compulsively hoard may acknowledge the problem and their abnormal behaviour
- unlike Diogenes syndrome may seek help at some point
- find it extremely difficult to modify their hoarding beliefs and behaviours sufficiently to overcome the problem
• one school of thought is Diogenes lifestyle (not OCD one) is a positive choice rather than a clinical deterioration

• prefers to regard many as simply ‘different’ – choosing to conform to different norms but not in need of treatment

• challenges medical construct of self-neglect and queries whether syndrome exists

• how we determine when personal choice becomes self-neglect? how to identify which regardless of outward appearance actually causes the greatest distress or genuine risk?

norms and personal choice?
Problematic hoarders present very difficult dilemmas for their families and their communities. Understandable concerns for:

- their mental and physical well-being
- their safety if the self-neglect and hoarding appear to compromise hygiene or increase fire risk
- Clinical treatment e.g. CBT (cognitive behaviour therapy)

If the person refuses offers of help there is a growing body of legislation for use in different circumstances by health agencies and local authorities. In reality, use of compulsory powers raise difficult ethical issues, in particular where hoarders retain mental capacity and no-one else is being materially harmed.

Hoardings and how to approach it - guidance for Environmental Health Officers and others. Published: Revised June 2015
http://www.cieh.org/policy/hoarding_and_how_to_approach_it.html
Sexual Health Services in Shropshire
Provided by SSSFT (South Staffordshire and Shropshire NHS Foundation Trust)
Website: [http://openclinic.org.uk/about-us/](http://openclinic.org.uk/about-us/)  Tel: 03001230994

- all clinics offer testing for HIV, STI’s and provide all methods of contraception, condoms, referral to counselling, abortion, psychosexual, sexual assault, secondary care and HIV prevention services

- Severn Fields Health Village  Appointment and walk in clinics
- Monthly community sexual health clinics in Whitchurch, Market Drayton, Bridgnorth and Oswestry  Tel: 03001230994
other providers

**Pharmacies** – majority of community pharmacies issue emergency contraception, chlamydia and gonorrhoea test kits, condoms and chlamydia treatment

**School nurses** – some issue emergency contraception and chlamydia/gonorrhoea kits

**GP practices** – majority issue contraception, chlamydia tests and treatment, and condoms

**SH24** – online access to an STI test kit posted to you (results are text/phone)

[https://www.sh24.org.uk](https://www.sh24.org.uk)

**HIV self test** – online access to an HIV test posted to you (results are text/phone).

[https://www.test.hiv/](https://www.test.hiv/)
Patients can access any Marie Stopes UK surgical location of their choice
www.mariestopes.org.uk or Tel: 01454 457 542 for list of all clinics/opening times

Early medical abortions

MSI Telford: Trinity Health Centre, Malinslee Surgery, Church Road, Telford, TF3 2JZ   Tel: 0333 0142541
Monday 9.30am – 4.30pm and Tuesday 8.30am – 4.30pm

MSI Shrewsbury, Radbrook Green Surgery, Bank Farm, SY3 6DU   Tel: 0345 3008090
Wednesday 8.30am – 4.30pm and Thursday 8.30am – 4.30pm
new cases of some STIs are increasing year on year across all age groups
increase linked with excessive alcohol consumption and drug-taking
affects individual’s ability to negotiate and practice safe sex
can be linked to low self-esteem and self-worth
unprotected sex increases the risk of STIs including HIV and also unplanned pregnancy
condoms are best method of protection against STIs and provide some protection against pregnancy
58% of diagnoses of new STIs made in Shropshire Sexual Health Clinics were in young people aged 15-24 years and 467 young people were diagnosed with chlamydia
Sexual health key facts

estimated 98,400 people living with HIV in UK, a third undiagnosed

Chlamydia often has no symptoms so people are unaware they have contracted it. Sexually active 15-24 year olds should be screened

Emergency contraception can be taken 3-5 days after unprotected sex

Approx. one quarter of all pregnancies in England end in abortion

STIs (including HIV) are largely preventable with correct use of condoms

Unwanted pregnancies can be avoided with correct and consistent use of contraception

Long acting reversible contraception (LARC) methods provide best pregnancy prevention
vulnerable groups

- prevention messages, signposting and guidance are required for populations known to be at risk of exclusion from routine contraception, pregnancy testing and abortion provision:
  - teenagers
    - the homeless and rootless
    - asylum seekers and refugees
    - those with mental health problems
  - women involved in the criminal justice system
    - victims of sexual violence
  - those suffering from domestic abuse or from alcohol and drug problems
useful websites

- [https://www.fpa.org.uk/](https://www.fpa.org.uk/) Family Planning Association
- [https://www.bashh.org/](https://www.bashh.org/) The British Association for Sexual Health and HIV
- [https://www.fsrh.org/home/](https://www.fsrh.org/home/) Faculty of Sexual and Reproductive Healthcare
- [https://www.mariestopes.org.uk/](https://www.mariestopes.org.uk/) Marie Stopes International
- [http://openclinic.org.uk/](http://openclinic.org.uk/) Sexual Health Services for Shropshire, Telford & Wrekin
- [http://www.nhs.uk/conditions/Chlamydia/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Chlamydia/Pages/Introduction.aspx) NHS Choices
- [https://www.nhs.uk/Search/?q=gonorrhoea](https://www.nhs.uk/Search/?q=gonorrhoea) NHS Choices
Making Every Contact Count in supporting lifestyle behaviour change
behaviour change intervention

- High Intensity Interventions
  - Specialist Practitioners: Staff who regularly come into contact with people for 30 minutes or more who are at higher risk

- Extended Brief Interventions
  - Staff who have an opportunity to encourage and support people whose health and wellbeing could be at risk

- Brief Interventions
  - For everyone in direct contact with the general public
    - To raise awareness, motivate and signpost people to help them improve their health and wellbeing

- Very Brief Interventions

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Behaviour change interventions mapped to NICE Behaviour Change: Individual approaches/PH49
Behaviour change interventions diagram by Health Education England
M.E.C.C. (def.)

‘a population-level approach to behaviour change designed to add another job to an already manic working day, to make you a specialist in lifestyle support or a behaviour change counsellor’

‘it’s not about you providing ongoing support to individuals or telling them what to do and how to live their life’
STEP 1
Ask
recognise opportunity

STEP 2
Advise
about risks of status quo & benefits of change
provide neutral, factual information

STEP 3
Assist
signpost and support or referral if appropriate
known barriers

- fear of receiving a negative response
- getting it wrong? opening a ‘can of worms’
- comfort zone
- client relationship
30 seconds – 3 minutes

spot opportunities to ask about X.

basic (accurate) knowledge of current lifestyle recommendations

provide (with permission) neutral, factual information not personal opinion

signpost/refer (if appropriate and with permission) to further support
Signposting:

Healthy Shropshire

Want to make a change?
- Stop Smoking
- Eat Healthily
- Move More
- Drink Sensibly
- Lose Weight
- Feel Positive

Healthy Shropshire contains a wealth of information on support available to you, covering all the key aspects in leading a healthy lifestyle:
- Drinking sensibly
- Feeling positive
- Stopping smoking
- Keeping physically active
- Eating healthily

Healthy Shropshire contains easy to access information for all ages - from early years, through to childhood, adulthood and later life. Topics include vaccinations, ageing well, pregnancy and sexual health.

An online directory enables you to find local NHS and other services including stop smoking services, weight loss programmes, exercise on referral programmes and local opportunities, such as ActiveHealth classes.

With links to other healthy lifestyle websites, it's a great place for advice, resources, videos, downloadable apps, top tips and much more.

Go to www.healthyshropshire.co.uk

If you do not have internet access, Healthy Shropshire Information available from our helpline number: 0345 678 9025
principles of behaviour change approach in supporting lifestyle change
Behaviour change (def.)

‘can refer to any transformation or modification of human behaviour’

evidence has shown that the way we do it makes a difference and to how likely we are to keep making a difference
we know that people are more likely to change when they hear themselves talk positively about doing it

behaviour change occurs when they talk positively about change

NOT when we tell them to change

‘after all, when you seek advice from someone it’s certainly not because you want them to give it. You want them to be there while you talk to yourself’

Terry Pratchett, Jingo
important concepts in behaviour change

- empathy and change talk
- rolling with resistance
- 70:30 rule
- asking permission to give neutral (factual) information not opinion
empathy (def.)
‘the psychological identification with the feelings, thoughts, or attitudes of others’

understanding or feeling what another person is experiencing from within their frame of reference

placing yourself in their shoes... feeling what they are feeling

... what they feel as a result of what you do
spotting change talk

talk that is focused on change

disadvantages of the status quo

advantages of change

intention to change

optimism about change
some examples of change talk

“I hate looking this fat”

“I could wear nicer clothes if I was thinner”

“I think I’d go to out more if I was happier with the way I look”

“I’m going to do something about stopping smoking now”

“I want to lose weight for me and my family”

“I feel positive”
empathy and change talk

more empathy shown
↓
more change talk spoken
↓
behaviour change
ambivalence (def.)

‘the state of having mixed feelings or contradictory ideas about something or someone’

Noun

“I need to go to the gym after work but I’m really tired…”

“I shouldn’t really but I deserve another glass of wine after the day I’ve had…”
resistance (def.) ‘the refusal to accept or comply with something’

verbal or non verbal communication that is focused against change

resistance and reluctance to change is normal

acknowledge it and difficulties they foresee

‘roll with resistance’ and avoid arguing for change
useful tools and techniques in behaviour change

motivational interviewing using your O.A.R.S.

scaling questions to assess confidence and importance
motivational interviewing (def.)

‘a collaborative, person-centred form of guiding to elicit and strengthen motivation for change’

Rollnick et al, 1997

motivational interviewing creates space for person to listen to themselves saying why they should and could change
motivation

we are motivated when

we feel *ready*

it is *important* to us to change

we are *confident* that we can do it

‘... being ready, willing & able.... to change’
using OARS

O = open questions
A = affirmations
R = reflective listening (using reflections)
S = summarising
O stands for open questions

how?
who?
what?
where?
when?
why?
R stands for reflective listening
(using reflections)

✓ repeating;
✓ rephrasing;
✓ paraphrasing
✓ summarizing...

...what they’ve said so they hear it clearly themselves
using scaling questions

On a scale of 1 – 10 how **important** is it for you to X?

On a scale of 1 – 10 how **confident** are you that you could do X if you made up your mind to?

**Why as high as that?** What else makes it that high?

what would it take to move it up another step for you?

(summarise)…. where does it leave you now?
exchanging information

we elicit existing knowledge and ask permission to tell them more

we provide neutral (factual) information not opinion

we elicit their response
some key principles

- emphasise personal control
- avoid arguing for change
- listen (focused hearing) and guide
- use empathy to encourage change talk
- give factual information with permission
Healthy Shropshire

helpful cards

www.healthyshropshire.co.uk
Under each of the 12 central topics you’ll find lots of information, advice, ideas and contact details of local organisations, all relating to that particular topic...
... so for example, when you click the ‘Physical Activity’ button on the Healthy Shropshire Homescreen, you’ll see THIS page:

Physical Activity

Physical activity is vital for health whatever our age. Find information here on benefits of physical activity, and how much activity you need to do. This section also gives ideas for keeping active in your daily life, opportunities to join local exercise groups, sport or free activity. You can also locate ‘start up’ Active4 Health activities in your area.

If you would like further information, please consult the ‘helpful links’ section on this page.
On the Homepage is a link to ‘One You’, the nationwide campaign launched by Public Health England to address preventable disease in adults.
Also on the Homepage are ‘Newsflashes’, which detail new campaigns and local events, as well as a link to the Healthy Shropshire directory. We can add any information you give us to these sections!
The Healthy Shropshire Directory enables you to find services in your area which support people to achieve and maintain a healthy lifestyle.

To find a service in your area you can search the Directory by:

- region (either by highlighting part of the map or using the drop down list)
- service
- using key words.
Once you click the ‘submit’ button, you’ll see a list of services available in the area you’ve selected.
Clicking on the entries in the list of results will bring up full details of the service offered and venue information.

Updates are provided by Advisors and staff at the venues themselves.

Single Point of Access use the information on the website to advise people of local services.
Health Promotion Resources

There are lots of different resources in this area of the website.

You are free to print off some resources, or order form from other websites.
News

This section contains health-related news from the Shropshire area, and the information is updated automatically from the RSS Feed on the Shropshire Council website.
Professional Resources

All sorts of resources for professionals can be found under each of these sections, such as referral forms, Standard Operating Procedures, Public Health campaign resources, Help2Slim programme documents and NICE Guidelines...
Health Apps

We’re still adding to this section!

eg NHS ‘Couch to 5k’ podcasts.

We update this website on a daily basis, so if there’s any information you’d like us to promote or include, then please just get in touch with us.
Designed to help adults avoid future diseases caused by modern lifestyles including Type 2 diabetes, stroke and heart disease. In Shropshire ‘One You’ can help adults to:

- move more
- eat well
- drink less
- be smoke free
- reduce stress levels
- sleep better
How are you campaign encourages people to ‘take the test’ and signposts them to local support.
any questions?

thank you for listening.