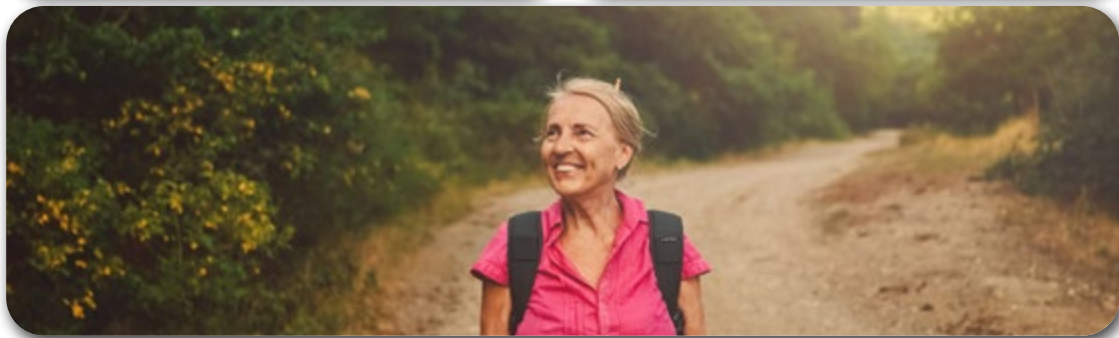


Applied Health and Care Research Across All Life Stages **Showcase 2024**



04 Nov 2024

Leonardo Royal Hotel
Oxford

Creating partnerships,
sharing knowledge,
improving outcomes.

www.arc-oxtv.nihr.ac.uk
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AGENDA

9.00 – 9.30	Registration	
9.30 – 9.50	Welcome, overview of the day and introduction to the NIHR ARC OxTV	
Prof Richard Hobbs, CBE, NIHR ARC OxTV Director		
9.50 – 10.20	Keynote talk: Responding to a ‘broken NHS’- how can applied health research provide solutions?	
Prof Gary A Ford, CBE, FMedSci, Chief Executive Officer, Health Innovation Oxford and Thames Valley		
10.20 – 11.00	Community-led research	University suite
Session chairs: <ul style="list-style-type: none">• Dr Katharine Keats-Rohan, ARC OxTV PPI Champion• Rashmi Kumar, ARC OxTV PPI Champion <p>“I really feel the kindness of strangers” – Community views on food and the cost of living. Dr Veronica Barry, Executive Director, Healthwatch Oxfordshire Mujahid Hamidi, Community Researchers, Oxford Community Action</p> <p>Equal Start Oxford - Have we made a difference? Melissa Latchman, Communities Manager, Flo’s - The Place in the Park Adelaide Piedade Fahic and Sandra da Costa Fernandes, Equal Start Oxford</p> <p>The use of Moodscope cards as a novel method to capture health and well-being outcomes for community-based support and beyond Mary Zacaroli, ARC OxTV PPI Champion Dr Caroline Potter, Senior Researcher, Interdisciplinary Research in Health Sciences (IRIHS), Nuffield Department of Primary Care Health Sciences, University of Oxford</p>		
11.00 – 11.30	Refreshment break	Meeting and events lobby
11.30 – 13.00	Parallel sessions – see opposite page for details	
13.00 – 14.00	Lunch	Restaurant (1st floor)
14.00 – 15.00	Live Well – Supporting people and communities to live healthy and happier lives	University suite
Session chair: Dr Sara Ward , Chief Operating Officer, Oxford Academic Health Partners <p>Cardiovascular health in pregnancy and beyond Dr Kath Tucker, Senior Researcher in Hypertension and Women’s Health & ARC OxTV Deputy Theme Lead - Helping Patients Manage Their Conditions Prof Nerys Astbury, Associate Professor in Diet and Obesity & ARC OxTV Deputy Theme Lead - Changing Behaviours for Better Health Dr Lucy Goddard, Postdoctoral Researcher in Midwifery and Women’s Health (All from Nuffield Department of Primary Care Health Sciences, University of Oxford)</p> <p>One size does not fit all: Working towards improving the mental health support available to health and social care workers in the UK – an evidence-based approach Jasmine Laing, DPhil candidate, Department of Experimental Psychology, University of Oxford</p> <p>CASNET2: Evaluation of electronic safety netting for suspected cancer Dr Susannah Fleming, Senior Quantitative Researcher, Nuffield Department of Primary Care Health Sciences, University of Oxford</p>		
15.00 – 15.20	Refreshment break	Meeting and events lobby
15.20 – 15.50	Opportunities and priorities for an ARC2 (interactive session) Dr Paula Wray, NIHR ARC OxTV Senior Manager	University suite
15.50 – 16.00	Closing remarks Prof Richard Hobbs, CBE, NIHR ARC OxTV Director	

Parallel sessions: 11.30am – 1pm

Start well – Helping all children and young people achieve the best start in life	University suite
<p>Session chair:</p> <ul style="list-style-type: none"> Prof Cathy Creswell, Professor of Developmental Clinical Psychology, Department of Experimental Psychology, & ARC OxTV Theme Lead: Mental Health across the Life Course <p>Falling through the gaps: recognising and responding to children's experiences of adversity across social care, health and education in Oxfordshire Emily Smout, Social Care Research Lead, Oxfordshire County Council</p> <p>Transforming children safeguarding services: an evaluation of Oxfordshire's Family Solution Plus. Dr Ruta Buivydaite, Postdoctoral Research Associate, Department of Experimental Psychology, University of Oxford Prof Apostolos Tsiachristas, Associate Professor in Health Economics, Nuffield Department of Primary Care Health Sciences, University of Oxford</p> <p>Understanding and exploring the role of adverse child experiences in adolescent mental health: a novel study using creative methodologies Harsimran Sansoy, Project Manager, ATTUNE Project, Department of Psychiatry, University of Oxford Dr Isabelle Butcher, Postdoctoral Researcher, ATTUNE Project, Department of Psychiatry, University of Oxford</p> <p>Online Support and Intervention (OSI) for child anxiety problems Dr Chloe Chessell, Postdoctoral Researcher, Department of Experimental Psychology, University of Oxford Katie Jones, CBT Therapist and Deputy Team Manager, South Oxon Mental Health Support Team, Oxford Health NHS Foundation Trust</p>	
Age well– Staying healthy and independent for longer	Oriel suite
<p>Session chair:</p> <ul style="list-style-type: none"> Prof Michele Peters, Associate Professor, Nuffield Department of Population Health & ARC OxTV Interim Theme Lead: Improving Health and Social Care <p>Can exercise and protein supplements help frail older people? Testing a new approach Dr Esther Williamson, Senior Research Fellow, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford Zoe Rowlands, Clinical Lead/ Senior Physiotherapist, Community Therapy Services, Oxford Health NHS Foundation Trust</p> <p>What early-stage support is needed to prevent dementia? Building the evidence through Oxford Brain Health Clinic Dr Caroline Potter, Senior Researcher, Interdisciplinary Research in Health Sciences (IRIHS), Nuffield Department of Primary Care Health Sciences, University of Oxford Dr Jiamin Du, Postdoctoral Researcher, Department of Psychiatry, University of Oxford</p> <p>Improving health and care in physically unwell care home residents Dr Chidiebere Nwolise, Applied Health Research Unit, Nuffield Department of Population Health, University of Oxford</p> <p>Improving medication reviews for better patient care Prof James Sheppard, Professor of Applied Health Data Science, Nuffield Department of Primary Care Health Sciences, University of Oxford Sundus Jawad, ICS Lead Medicines Optimisation Pharmacist (Social Care and Care Homes), NHS Frimley</p> <p>Using Artificial Intelligence and real people to understand how long term conditions develop (the CoMPuTE programme) Prof Clare Bankhead, Professor of Epidemiology and Research Design, Nuffield Department of Primary Care Health Sciences, University of Oxford</p>	

DIRECTORS WELCOME

PROFESSOR RICHARD HOBBS, CBE

NIHR ARC OxTV Director



Dear Colleagues and Partners,
Welcome to the ARC OxTV Showcase 2024.

This event represents a significant milestone in our journey to improve health and care across Oxford and the Thames Valley through applied research.

Since our inception in 2020, and particularly following our last in-person event, we've made remarkable strides in addressing the health challenges facing our region. Our work spans from community-led initiatives to national evaluations, all aimed at translating research into real-world impact.

Today, we celebrate our achievements and look to the future. As we stand on the cusp of a new era for ARCs, with the NIHR's intention to launch a new competition for 2026, we're more committed than ever

to collaborative, inclusive, and impactful research.

Our showcase demonstrates the breadth of our work – from innovative community-led projects addressing health inequalities to capacity-building initiatives that strengthen our research ecosystem. We're particularly proud of our efforts to embed patient and public involvement throughout our work, ensuring our research truly reflects the needs of our communities.

I encourage you to engage actively with our researchers, partners, and public collaborators. Your insights are invaluable as we shape our future priorities and prepare for the next phase of the ARC.

Together, we can build on our successes, address emerging challenges, and continue to improve health and care for all.

Thank you for being part of this exciting journey.

HOST TRUST **WELCOME**

DR KARL MARLOWE

Chief Medical Officer, Oxford Health NHS Foundation Trust



Dear Colleagues,

As the Chief Medical Officer of Oxford Health NHS Foundation Trust, the host organisation for ARC OxTV, I'm delighted to welcome you to this showcase event.

The partnership between Oxford Health and ARC OxTV exemplifies the power of collaboration in driving healthcare innovation. Over the past years, we've witnessed the ARC's agility and resilience, particularly during the challenges posed by the COVID-19 pandemic.

Our NHS trust's role in hosting various NIHR infrastructure components, including the ARC, has fostered a uniquely integrated research ecosystem. This synergy has allowed us to pool resources, avoid duplication, and accelerate the translation of research into continuous improvement.

The ARC's focus on applied research,

coupled with strong partnerships across the health and care sector, has already yielded tangible benefits. From shaping national and international policies, to developing new interventions, the impact of this work extends far beyond our localities.

Today, I'm eager for you to witness firsthand the innovative work of the ARC OxTV. Even more exciting is knowing that this work will evolve and expand beyond 2026 to meet the needs of the evolving landscape of health and care, which presents both challenges and opportunities.

I believe the ARC is well-positioned to address the undoubted future healthcare needs. The upcoming application process for ARC 2 presents a unique opportunity to build on our successes and push the boundaries of what applied health research is and does. I'm particularly keen to see how the ARC's initiatives will continue to align with and support the long-term goals of our NHS trusts, Integrated Care Systems, social care partners, and the communities we serve.

Thank you for your participation and ongoing support. Together, we can continue to drive innovation and improvement in health and care for all.

THE ARC OxTV

www.arc-oxtv.nihr.ac.uk | Twitter/ X: [@arc_oxtv](https://twitter.com/arc_oxtv) | BlueSky: [@arc-oxtv.bsky.social](https://bsky.social/arc-oxtv) |
www.linkedin.com/company/nihr-arc-oxtv

Welcome to the 2024 showcase of the National Institute for Health and Care Research (NIHR) Applied Research Collaboration Oxford and Thames Valley (ARC OxTV).

We are delighted to share with you the innovative work being carried out by our researchers, health and care professionals, and partners to improve health and care in our region and beyond.



WHO WE ARE AND WHAT WE DO

The NIHR Applied Research Collaboration Oxford and Thames Valley (ARC OxTV) is a partnership of organisations involved in health, social care, and public health working together to improve health and care in our region.

Hosted by Oxford Health NHS Foundation Trust and led from the University of Oxford's Nuffield Department of Primary Care Health Sciences, we bring together universities, NHS trusts, councils, charities, industry partners, and other key stakeholders from across the region.

Our mission is to conduct high-quality applied research that addresses pressing health and social care challenges. We focus on:

- **Applied research:** Solving practical problems and finding solutions to local and national health and care priorities.
- **Research into practice:** Working with Health Innovation Oxford and Thames Valley and other partners to translate beneficial research findings into practice.
- **Capacity building:** Increasing our region's ability to conduct and implement applied research through training and knowledge sharing.

- **Collaboration:** Partnering locally and nationally to ensure our research addresses real-world needs and contributes to economic gains.

OUR APPROACH

Patient and Public Involvement

We involve patients and the public at every stage, embedding their perspectives in our decision-making processes.

www.arc-oxtv.nihr.ac.uk/public-involvement

Implementation and Evaluation

Recognising the complexity of turning research into practice, we offer implementation and evaluation support across our region.

www.arc-oxtv.nihr.ac.uk/implementation

www.arc-oxtv.nihr.ac.uk/evaluation

Training

We provide diverse training opportunities, from public webinars to doctoral studentships, and research internships for health and care professionals, developing skills in producing and using health and care evidence.

www.arc-oxtv.nihr.ac.uk/resources

OUR IMPACT

Since our establishment, we have significantly improved health and care in our region and beyond. For example:

- **The OxWell Student Survey** has provided crucial data on youth mental health, informing local and national policies. Over 40,000 students participated in 2023, with findings driving targeted interventions in areas like Liverpool, where survey results are shaping school-based mental health innovations.
 - **Research on self-monitoring of blood pressure in pregnancy** supported by the ARC OxTV led to the development of national guidelines by the Royal College of Obstetricians and Gynaecologists. This work informed the rapid implementation of remote monitoring during the COVID-19 pandemic, improving care for thousands of pregnant people across England.
 - **OpenSAFELY, a secure analytics platform for NHS electronic health records**, enabled vital COVID-19 research across 58 million patients' data. Findings informed national policies on shielding, vaccine prioritisation, and treatment effectiveness throughout the pandemic.
 - **An online parent-led cognitive behavioural therapy intervention for child anxiety (OSI)** reduced clinician time by 40% without compromising outcomes. Over 1,000 families have now used this platform, which is being implemented across NHS services.
 - **The Family Solutions Plus programme evaluation** is helping transform child safeguarding services in Oxfordshire, moving from child-focused interventions to whole-family support. Early findings show children are spending less time in the social care system and requiring fewer intensive interventions, leading to better outcomes for vulnerable families.
- See more of our impact on our website at: www.arc-oxtv.nihr.ac.uk/impact-stories

LOOKING TO THE FUTURE

As we prepare for the next generation of Applied Research Collaborations, set to begin in April 2026, we're excited about the opportunities ahead.

Our vision now focuses on enhancing collaboration and inclusivity, bringing together diverse perspectives from health and care professionals, researchers, policymakers, community groups, and the public.

In line with evolving NIHR priorities, we'd like to emphasise:

- Addressing health inequalities through inclusive research approaches
- Accelerating 'knowledge mobilisation' and implementation of findings
- Building capacity for research, knowledge mobilisation, and implementation science and practice.
- Being agile and responding swiftly to emerging health and care priorities
- Contributing to economic gains through strategic collaborations

Today's showcase is more than a presentation of our current work; it's an opportunity for dialogue and co-creation.

We invite you all to engage actively and help shape the future of applied health and care research in our region. Together, we can build a new ARC that meets evolving needs, sets new standards for impactful research, and ultimately improves health and care for all.

The challenges ahead are significant, but so are the opportunities.

arc_oxtv@phc.ox.ac.uk

PUBLIC INVOLVEMENT

At the ARC OxTV, we believe that involving patients and the public is crucial to ensuring our research is relevant and beneficial. We have embedded public partners throughout our structure, including:

- Public Partners on our Strategy Board
- A Patient and Public Involvement (PPI) Champions Group
- PPI Champions linked to each of our research themes

In 2022, we reviewed our PPI practices, leading to a renewed focus on:

- Involving public partners in decision-making and research
- Learning from our PPI activities
- Ensuring inclusive involvement opportunities
- Improving PPI practices and building confidence
- Engaging with diverse communities

RECENT INITIATIVES

PPI monitoring to learn project:

We've co-designed a project with public partners to facilitate conversations between PPI Champions and researchers about ongoing PPI work. This process is building stronger relationships and improving PPI activities across the ARC.

Inclusive practice:

Working with our public partners, we've redesigned our recruitment materials and processes to be more inclusive and accessible. This has resulted in the successful recruitment of new Strategy Board Public Partners and PPI Champions, bringing diverse experiences to the ARC.

We've also enhanced our inclusive practices by clarifying fee payments, funding carers' costs, making reasonable adjustments, offering hybrid meetings, and creating informal networking opportunities.

Working together:

We've clarified roles and improved collaboration between our PPI Champions Group and Strategy Board Public Partners. The PPI Champions group is now more effectively run, with increased public member involvement in driving ARC OxTV PPI developments. Public partners are actively involved in co-designing PPI webpages, funding processes, and this 2024 Showcase.

Community-led research:

We're actively engaging with communities across the region through existing networks and supporting new ones. We're key partners in the Oxfordshire Community Research Network, Berkshire Health Inequalities Group, and Research Engagement Networks.

Our future research priorities are being shaped by Integrated Care Systems and community networks. We've also financially supported community-led projects such as:

- **Moodscope:** A mood-tracking system to measure the impact of community-based activities on health and well-being, initiated by an ARC OxTV PPI Champion (see page X for more details).
- **Equal Start Oxford:** A project supporting mothers and birthing people from diverse migrant populations in OX4, aiming to improve pregnancy and early parenthood outcomes (see page X for more details).

Through these initiatives, we're continually striving to make our research more relevant, inclusive, and impactful.

If you want to know more, visit:

www.arc-oxtv.nihr.ac.uk/public-involvement

Or email our Public Involvement Officer, Una Rennard at una.rennard@phc.ox.ac.uk.





SHOWCASED PROJECTS AND YOUR OPPORTUNITY TO CONTRIBUTE

The following projects, presented today across the 'community-led research', 'start well', 'live well', and 'age well' themes, represent key examples of our current research.

Each presentation includes a way or ask for you to contribute to the project's development and impact.

Your insights and feedback are invaluable – whether you're a healthcare professional, service user, researcher, or interested member of the public. Your contribution could help shape these innovations and improve health and care services for our communities.

Additional projects from researchers unable to present today are included at the end of each section. These teams would also greatly value your input and engagement.

PRESENTER PROJECTS

COMMUNITY-LED RESEARCH

“I really feel the kindness of strangers”: Community Views on Food and Cost of Living in East Oxford

Oxford Community Action (OCA) and Healthwatch Oxfordshire (HWO) explored lived experiences of cost of living and food insecurity in East Oxford. OCA, which provides food to 300 people weekly, partnered with OX4 Food Crew, Oxford Mutual Aid and Waste2Taste to hear from their communities. Using a survey, designed with community input we gathered views from 166 people.

To share these voices with decision-makers, we created a report and a film capturing people's experiences in their own words.

PROJECT AIMS

Community researchers Hassan Sabrie and Mujahid Hamidi of OCA supported by NHS South East (2023-4) 'CPAR2 Programme' with training from Reading University and Scottish Community Development Centre, and hosted by Healthwatch Oxfordshire.

This community research aimed to:

- Understand challenges of cost of living and impact on food security
- Identify actions to better support community members
- Bring community voices directly to decision-makers

Methods:

- Community researchers Hassan Sabrie and Mujahid Hamidi (OCA) trained as community researchers over a year
- Hosted and supported throughout by Healthwatch Oxfordshire
- Partnered with Oxford Mutual Aid and Waste2Taste, part of the OX4 Food Crew
- Community members involved at all stages of the research
- 166 people shared their views
- Created a report and film to present findings

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Healthwatch Oxfordshire

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HASSAN SABRIE AND MUJAHID HAMIDI

Oxford Community Action

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EXPECTED OUTCOMES / IMPACTS

Our research revealed:

- The cost-of-living crisis has increased bills, making it hard for many to make ends meet
- Some struggle with food choice, quality, and cultural appropriateness in support services
- Community food support helps with cost of living, community connection, and improving mental and physical health
- 73% use food support to save money; 35% say it helps feed their family
- 37% said there's not enough cultural choice of food in Oxford
- People want practical support for managing finances and accessing healthy food
- 49% expressed interest in community food growing initiatives

Impact:

- Findings shared with key decision-makers in Oxfordshire and BOB ICB
- Informing local policy on food poverty and cost of living measures
- Helping food distribution services better meet community needs
- Raising awareness of food insecurity issues in East Oxford
- Empowering community members by amplifying their voices

NEXT STEPS AND HOW YOU COULD HELP

Next steps include:

- An event with local decision-makers held in October
- Exploring embedded 'social prescriber' models within food services
- Developing community growing spaces and a 'social supermarket' model
- Providing monthly Advice sessions at food distribution services

We invite you to:

- Watch our film: youtu.be/5_P3MMGUirl
- Read our full reports on the Healthwatch Oxfordshire website (bit.ly/ox4col)
- Connect with us for learning more about the community research approach.

PRESENTER PROJECTS

COMMUNITY-LED RESEARCH

Equal Start Oxford - Have we made a difference?

OVERVIEW

The Equal Start Oxford (ESO) Project is a community-based project in East Oxford which seeks to address the inequities faced by women and birthing people from Black and minoritised backgrounds.

The project helps pregnant people & new parents access essential support services offered by the NHS, other statutory services, and voluntary/community-based organisations.

Support is given in the first 1001 days of a child's life. Forms of support include antenatal classes with translation, maternal health justice partnership case work and training in advocacy, peer-to-peer support and co-production. Since its inception, the project has developed a new role of Maternity Advocate (MA) who harnesses the power of trusted relationships to build connections between statutory services, advice agencies and the community.

BACKGROUND

Historically, Black and other minoritised groups have faced significant maternal and perinatal health inequity, associated with multiple social determinants such as structural barriers to health and social care.

The Equal Start project was launched in late 2022, inspired by local and national research highlighting the challenges faced by mothers and birthing people from diverse migrant populations in Oxford. These include being unheard by medical professionals, inadequate care, and language barriers.

The project addresses these issues, focusing on mothers from African, Caribbean, South Asian, East Timorese, Arab, and other ethnic minority communities, and supports community midwives in providing optimal care.

KEY ACTIVITIES

- Advocacy and empowerment for communities to access their rights to address the disparities in access to the wider social determinants of health such as adequate housing, financial stability and access to information.

- Bespoke community-based antenatal education and support: antenatal classes-co-producing community-based antenatal education with midwives, offering culturally-appropriate health literacy information and interpretation support.
- Training programs – running training programs for local mothers to become community outreach workers, peer supporters, and maternal advocates.
- Training in co-production – how to have a voice in meetings with professionals.

EXPECTED IMPACT

- **Informed decision making:** a report evidencing impact and key learnings from service users, sustainability, can help inform future projects, strategies, and policy decisions. The project's output can strengthen community research capacity.
- **Systemic change:** influencing systemic changes in maternity care to be more inclusive and responsive to the needs of diverse communities.
- **Better health outcomes:** reduced health inequalities and better health outcomes for Black and minoritised mothers and their children.
- **Working with communities:** a compilation of stories will be produced to communicate the project's initiatives and impact to diverse audiences. These stories can empower underserved groups to contribute to the design and delivery of maternal healthcare that is tailored to their needs.
- **Build sustainable partnerships** between communities, service and healthcare providers.

For more information, visit the URL below or scan the QR code opposite to view the 'Stories for Change' film:

www.flosoxford.org.uk/eles



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ADELAIDE PIEDADE FAHIC & SANDRA DA COSTA FERNANDES

Equal Start Oxford

PRESENTER PROJECTS

COMMUNITY-LED RESEARCH

The use of Moodscope cards as a novel method to capture health and well-being outcomes for community-based support and beyond

Moodscope is a mood tracking system developed by Jon Cousins, a layperson who sought a way to measure and track his daily mood. The positive results of his personal use led to the system being scientifically validated and set up as an online tool.

We designed this research as public and academic co-leads, building on Mary's previous experience of using Moodscope and her established relationships with potential partners in the voluntary sector.



PROJECT AIMS

We wanted to find out if Moodscope could show the impacts of community support organisations on health and wellbeing. These outcomes are usually measured through questionnaires, which can create barriers or alienate vulnerable groups with previous poor experience of services.

Moodscope is a card-based system that measures 10 positive emotions and 10 negative emotions, which are added up and converted to an overall score of between 0% and 100%. It is an online tool, but for our research, we used physical cards.

We ran a feasibility study with vulnerable adults during six therapeutic art sessions run by the charity Children Heard and Seen. During these sessions, all participants – including researchers – used the cards

to measure their mood at the beginning and end of each session. We then interviewed participants and staff about their experiences of using Moodscope.

EXPECTED OUTCOMES / IMPACTS

Our research showed the cards measured consistent mood improvement in all but one participant. Everyone thought that Moodscope was easy to use, and they liked that it highlighted positive feelings even when overall mood was negative.

Participants saw potential for Moodscope in future charity activities, but also how it would take extra time and effort for staff to collect this data.

Based on these positive results we think that Moodscope could be used to help build evidence on the impact of community support. It also has potential as a small-scale intervention for highlighting fluctuating positive and negative mood states and monitoring them longer term.

NEXT STEPS AND HOW YOU COULD HELP

Following this successful initial research, we plan to:

- Conduct new studies with diverse community groups to test Moodscope more widely.
- Explore Moodscope's ability as an online self-help tool to support people between sessions.

If this approach works more widely, Moodscope cards could offer a low-cost way for health and social care workers to track clients' mental health and gather research data.

Can you help?

We need partners to share findings, join new studies, or try Moodscope.

Please contact us at moodscopeproject@gmail.com



MARY ZACAROLI
Public Project Lead

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PRESENTER PROJECTS

START WELL

Falling through the gaps: recognising and responding to children's experiences of adversity across social care, health and education in Oxfordshire

More and more children are being identified with special educational needs, but we don't fully understand why. This study looked at how difficult life experiences (adversity) might be linked to special educational needs.

To do this we explored the experiences of adversity for 100 children with Special Educational Needs and Disability (SEND) going through an 'Education Health Care Needs Assessment (EHCNA)' for extra support in England.

We looked at their past involvement with social services and any records of difficult experiences.

PROJECT AIMS

This study aimed to explore what we know about the experiences of adversity for children with SEND who need extra support.

This information is important to help children and families earlier, possibly reducing the need for extensive support later. We identified 100 appropriate cases of children under 16 who weren't open to social services at the point of their EHCNA application. All paperwork for each child's assessment was examined, including their social care records.

EXPECTED OUTCOMES / IMPACTS

- **Of the 100 children reviewed, 54 had previously been known to Children's services** and 79% were under 5 years when their adversity was first documented in their social care records.
- **The highest adversity experienced by the children included Domestic Abuse, Parental Mental illness and Divorce and Separation** – this information can help service design to ensure support for families is available earlier.
- **Many professionals were involved, but**



EMILY SMOUT

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few addressed the impact of difficult experiences:

Only 31% of children had any record of help specifically for dealing with the documented adversity. Health records often missed information about children's difficult experiences.

- **Many children had sleep, bowel, or developmental issues:** 59% of children had serious sleep or bowel problems, with 22% taking sleep medicine. 74% were diagnosed with conditions like autism or ADHD. These problems might be linked to stressful experiences.
- **Services for children should consider their whole history, not just current needs.** Social care records should include all past and present difficulties for children with special needs. This detailed information could help understand other issues like school absence or mental health problems. A complete picture will help health and care services better meet children's needs, like in family or community hubs

NEXT STEPS AND HOW YOU COULD HELP

What we're doing next:

- Publishing our findings in the '*Child Development Journal*'
- Analysing data on children with special educational needs plans, finding many more had past social care involvement than currently reported.
- Looking to expand this analysis to other groups of children, and informing local leaders (e.g. local councillor) about our findings
- Working with domestic abuse services to use this information to inform service delivery

How you can help:

- Are you involved in children's services, education, or health planning?
- Can you help us gather similar data in your area to build a broader understanding?
- Would you like to collaborate on developing strategies to address the root causes of children's needs?

PRESENTER PROJECTS

START WELL

Transforming children safeguarding services: an evaluation of Oxfordshire's Family Solution Plus.

Child safeguarding services in the United Kingdom intervene where children are at risk of serious harm. Social services must balance protecting children from harm with the potentially adverse effects of family separation.

This project evaluates Family Solutions Plus (FSP), a new safeguarding approach implemented by Oxfordshire County Council. FSP emphasises on empowering families to care for their children independently.

PROJECT AIMS

Our study aims to evaluate the effectiveness of FSP in supporting children at risk across multiple outcomes, including reducing the number of children taken into care.

We analysed data from children who entered family safeguarding services in Oxfordshire between February 2019 and April 2024 using the Oxfordshire County Council Database.

In the evaluation, we compared the outcomes of children in the service after the implementation of the FSP with a "historical" cohort after controlling for various socio-demographic characteristics and censoring using propensity-score matching and regression analysis.

We also attempted to reduce the impact of COVID-19 on the results and accounting for the gradual implementation of the FSP by allowing a 2-year "transformation" period.

EXPECTED OUTCOMES / IMPACTS

This uniquely helps understand the impact of FSP at both individual and systemic levels.

This collaboration with Oxfordshire County Council has led creating a platform that monitors individual children's journeys through the system. This allows



the local authority to better understand observed trends and make more precise short- and long-term changes.

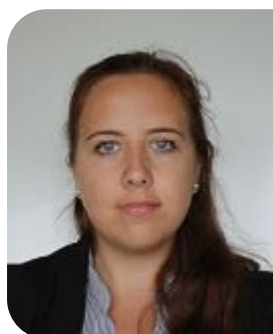
These methods could be applied to evaluate other safeguarding services and to children's services more widely, potentially improving child protection practices across the UK.

NEXT STEPS AND HOW YOU COULD HELP

We are continuing our work with Oxfordshire County Council, refining our evaluation platform.

We welcome collaborations with other services and researchers, and value any insights or suggestions from the audience:

- What do you think will be most helpful to support the families of children at risk?
- What services across different sectors are needed in preventing children at risk ending up being looked after by the system?
- How can these services be integrated/coordinated?



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PRESENTER PROJECTS

START WELL

Understanding and exploring the role of adverse child experiences in adolescent mental health: a novel study using creative methodologies

Adverse childhood experiences (ACEs) are distressing events occurring before age 24, including abuse, neglect, bullying, and bereavement.

Research shows that people who face ACEs are more likely to develop serious mental and physical health problems as adults. In recent years, new forms of ACEs have emerged, such as online bullying through social media. Our study aims to understand how these experiences affect young people's mental health using creative arts.

PROJECT AIMS

This study explores the lived experiences of young people (aged 10-24 years) in England with ACEs. We aim to answer two main questions:

- 1) How do ACEs impact young people's mental health and lives, considering psychological, geographical, social, and economic factors?
- 2) Can creative and participatory arts methods help us gather new insights to better understand ACEs and develop prevention and care strategies?

Our innovative approach uses various creative methods, such as art, storytelling, and digital games, to engage young people. These techniques can help participants express complex experiences in ways that traditional interviews or surveys might miss.

The project is split into six work packages, using lived experience to inform our outputs; a co-designed public health resource and digital game.

EXPECTED OUTCOMES / IMPACTS

Our research will help professionals work more effectively with young people who have experienced trauma, supporting them to thrive, not just survive.

We've created a public health resource called 'Validating Voices', now being used across England.



We also developed a digital game called 'Ace of Hearts'. These resources have been co-designed with young people aiming to support individuals who have been affected by ACEs.

Our creative methods have shown great potential in helping young people share their experiences. This suggests that professionals working with young people could consider using similar approaches.

Our sister project, CREATE (<https://create.leeds.ac.uk/>), is building on our work to develop a large resource hub for arts-based research approaches.

NEXT STEPS AND HOW YOU COULD HELP

We're looking to expand the impact of this work:

- Are you a professional working with young people who have experienced trauma?
- Can you help us implement our 'Validating Voices' resource or 'Ace of Hearts' game in your organisation?
- Would you like to collaborate on developing new creative methods for working with young people?

Your expertise could help ensure these findings make a real difference. Please get in touch to discuss potential collaborations!



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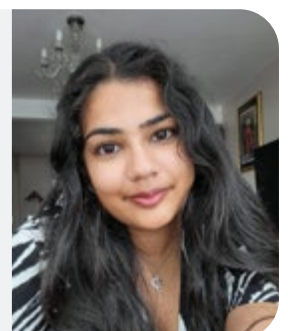
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PRESENTER PROJECTS

START WELL

Online Support and Intervention (OSI) for child anxiety problems

Anxiety problems often start in childhood and can greatly affect children's daily lives. Childhood anxiety problems are common, however, access to proven treatment remains challenging due to overstretched services.

Online Support and Intervention (OSI) for child anxiety problems is a brief online, therapist supported, parent-led Cognitive Behavioural Therapy (CBT) intervention (i.e., where parents are supported by a therapist to use CBT tools at home to help their child) that has the potential to help increase access to evidence-based treatment for affected families.

PROJECT AIMS

Our project aims to:

- evaluate how well OSI works in real-world services, including Oxford Health NHS Foundation Trust.
- gather feedback from clinical teams about their experiences with OSI.
- understand what helps or hinders the use of OSI in these services.

To do this we're:

- collecting data on how children respond to OSI treatment in routine services.
- interviewing clinical staff to learn about their experiences using OSI.
- identifying factors that make it easier or harder to use OSI in routine settings.

EXPECTED OUTCOMES / IMPACTS

We expect our study to provide information on how well OSI works in routine services and to help us to understand how to best support current and future services to make the most of OSI in their service.



Given that OSI is a brief, effective treatment, it has the potential to substantially improve access to effective treatment in routine services in the UK.

NEXT STEPS AND HOW YOU COULD HELP

Next, we'll keep working with routine services and our commercial partner to make OSI more widely available.

We aim to help more services start using OSI to support families of children with anxiety problems.

We'd like to hear your thoughts:

Are there any other child mental health problems or physical health problems where an approach like OSI might be helpful?



DR CHLOE CHESSELL

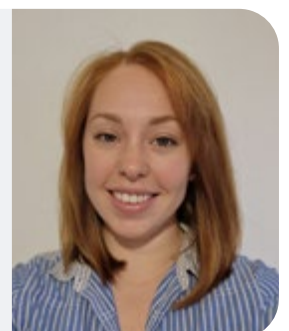
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ADDITIONAL PROJECTS

START WELL

Testing brief Cognitive Behaviour Therapy (CBT) for teens with OCD in real-world settings

Obsessive-Compulsive Disorder (OCD) affects around 1 in 100 teenagers.

While Cognitive Behavioural Therapy (CBT) is the recommended treatment, many young people struggle to access it due to limited resources and long waiting lists within services.

We've developed a brief CBT treatment which has shown promise, but it hasn't yet been tested with autistic young people or in everyday clinical settings.

PROJECT AIMS

Our study aims to test if our brief CBT treatment for teenage OCD can work in real-world clinical settings, including for teens with autism.

The treatment involves five sessions and two booster sessions and the teenager reads and completes exercises in workbooks before each session.

We also give parents and carers information about OCD and how they can support their child in treatment.

We're investigating whether:

- Clinicians can deliver the treatment as designed
- Young people and their families find it acceptable
- Clinicians and healthcare providers find it feasible
- It improves OCD symptoms as effectively as longer treatments

We'll also identify what helps or hinders successful treatment, including how autism might affect outcomes.

EXPECTED OUTCOMES / IMPACTS

If our brief CBT proves effective and acceptable,



it could be put into practice widely in healthcare services.

For example, if treatment can be shortened to 5-7 sessions rather than the more typical 14-20 sessions, this would allow clinics to help more young people without compromising on quality of care.

This could lead to faster, more efficient treatment for teens with OCD, potentially reducing waiting times and improving access to care.

NEXT STEPS AND HOW YOU COULD HELP

We need your help to make this research as impactful as possible:

- Are you a young person living with OCD or their family member? We'd love your input as advisors.
- Are you a clinician or do you work in mental health services? We're keen to collaborate on future evaluation and implementation.

Your experiences and insights could shape better OCD treatments for teens.

Please get in touch if you'd like to contribute!



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PRESENTER PROJECTS

LIVE WELL

Cardiovascular Health in pregnancy and beyond

High blood pressure and diabetes during pregnancy lead to serious health risks for both the mother and baby.

Our team works with women and healthcare teams to develop and test ways to improve the care of these conditions during and after pregnancy and following pregnancy. This helps reduce the long-term risk of heart problems for mothers.

PROJECT AIMS

Our aim is to improve the health of mothers during and after pregnancy by:

- helping women take charge of their own health
- making it easier for women to work with their healthcare teams

We create tools like mobile apps, leaflets, and websites, asking pregnant women, doctors, midwives, and others for their ideas to make sure these tools are easy to use and helpful.

Afterwhich, we then test these tools to see if they make a real difference. We look at whether they lower health risks and improve results. We also ask people about their experiences using the tools.

We make sure to include women from all sorts of backgrounds. This helps us create tools that work for everyone, no matter their culture or where they live.

EXPECTED OUTCOMES / IMPACTS

We're currently running tests to make sure our tools are safe and actually help improve health. If they work well, we'll then figure out how to make them available to everyone, not just those in our studies.

We work with hospitals, doctors, and health services to adjust our tools for different situations. We want to make sure they fit into existing healthcare systems and can be used long-term.

Our work aims to improve how we manage high blood

pressure and diabetes in pregnancy. This could lead to better health for mothers by:

- Spotting problems earlier
- Starting treatment sooner
- Providing more personalised care throughout pregnancy and afterwards

We've found that women with high-risk pregnancies can safely check their own blood pressure at home. This is just as good as - and costs no more than - regular check-ups at the clinic.

Because of this research:

- The Royal College of Obstetrics and Gynaecology created new guidelines
- We developed a free app for the NHS
- NHS England used our findings to guide care during the COVID-19 pandemic

NEXT STEPS AND HOW YOU COULD HELP

Our next research steps, include:

- Testing our tools in local communities
- Creating yearly check-ups to spot long-term risks
- Developing ways to predict future health problems

We want to work more closely with our current partners and find new ones, especially community groups that don't usually get much attention.

- Have you had experience of, or do you know anyone in your local area who's had trouble getting the care they need during or following pregnancy?
- Have you or anyone you know had problems getting care or information after having a baby?

We'd like to hear from both healthcare workers and new mothers.

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PRESENTER PROJECTS

LIVE WELL

One size does not fit all: Working towards improving the mental health support available to health and social care workers in the UK – an evidence-based approach

Health and social care workers (HSCWs) often face stress at and outside of work that can affect their mental health and job performance. Supporting their wellbeing is crucial for both them, and to ensure they can provide quality care to their patients.



With the increase in international recruitment for HSCWs in the United Kingdom, it is a priority to ensure mental health support services are suitable for all workers, including those from diverse backgrounds.

‘SHAPE’ could be offered as one potential solution we might be able to use.

SHAPE (Supporting Hospital and Paramedic

Employees) is an evidence-based mental health intervention that is designed to remotely (i.e. via online delivery) support health and social care staff in the UK. It was designed during the COVID-19 pandemic at the University of Oxford and is based on 15 years of research to examine what predicts PTSD and depression in frontline workers.

PROJECT AIMS

This research aims to:

1. test if SHAPE can effectively reduce symptoms of trauma and depression in HSCWs
2. understand what aspects of SHAPE worked and did not work for HSCWs
3. identify what helps or hinders seeking and accessing professional mental health support among Indian and Filipino HSCWs in England

I will conduct a randomised controlled trial on SHAPE



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and use interviews, assessments and surveys to gather this information, with input from patient and public involvement groups to ensure our approach is appropriate and effective.

EXPECTED OUTCOMES / IMPACTS

This research will show whether this new mental health coaching intervention is effective for HSCWs with trauma and depression. If SHAPE is successful and cost-effective, we can begin offering it more widely.

We'll also learn how to make the SHAPE intervention more suitable for different groups of HSCWs.

Finally, we'll gain insights into what helps or prevents Indian and Filipino HSCWs from seeking and accessing mental health support. I will develop recommendations to make future professional mental health support services more accessible and acceptable for these groups.

The impact that SHAPE is already having:

"I felt able to identify for myself what the original triggers were, and I was able to realise that actually some of the problems that I've had in my more recent career, for example, were related more to underlying experiences from my childhood...So I've been able to blame myself much less than I ever did before...Personally, I found it transformed the way I viewed my own well-being and mental health in a way that other interventions that I've had have not."

Participant testimony – Liz Jeremiah, who received the SHAPE intervention in August 2023

NEXT STEPS AND HOW YOU COULD HELP

After my PhD, I plan to:

- Support the roll out of the SHAPE coaching intervention, if it is successful
- Share our findings with other countries
- Use our research to improve mental health support for HSCWs

I'd welcome your ideas on:

- Where to offer the SHAPE coaching intervention if it proves to be effective?
- How to reach more diverse groups of HSCWs for our research?

PRESENTER PROJECTS

LIVE WELL

CASNET2: Evaluation of electronic safety netting for suspected cancer

'Safety netting' helps doctors manage uncertainty in patient symptoms and their progression. It includes giving advice on symptom management, when to consult again, and follow-up processes after tests for serious diseases such as cancer. The aim is to minimise delays in diagnosing serious illnesses.

In CASNET2, we are testing an electronic safety netting tool that is built in to the patient record computer system used by GPs. We want to see if using the tool leads to faster cancer diagnosis.

PROJECT AIMS

The CASNET2 project evaluates an electronic 'safety-netting toolkit' enabling staff working at GP surgeries to record safety-netting advice and actions for suspected cancer cases. The toolkit also includes reminder features for patient follow-ups.

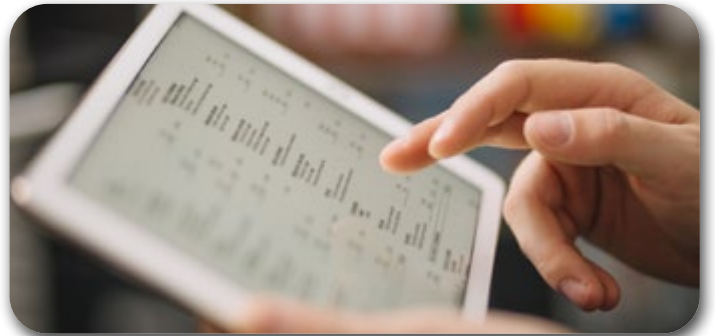
We asked GP practices across England to "turn on" the existing toolkit and collected data on toolkit usage and patient outcomes. Our analysis compares patient outcomes before and after introducing the toolkit to assess its impact on cancer diagnosis.

We have also gathered feedback from GP practice staff on the toolkit's usability and potential improvements.

EXPECTED OUTCOMES / IMPACTS

The toolkit evaluated as part of CASNET2 is part of the EMIS electronic patient record system, and so is available to all GP practices using EMIS software. Our initial results show that patients in practices using the toolkit are diagnosed with cancer about a month earlier than in practices who don't use the toolkit.

Earlier diagnosis of cancer means that treatment can begin more quickly. Early treatment means that patients have a better chance of having their cancer cured, and can save lives.



As the toolkit is already available, we hope our research will encourage GP practices, and primary care networks to make sure it's turned on in their practice.

We have also written recommendations for key features in future electronic safety-netting tools, so that they are best suited to what is needed.

NEXT STEPS AND HOW YOU COULD HELP

At the ARC Showcase, we'll present preliminary results and seek feedback on the significance of the toolkit's benefits. Our research will guide GP practices in deciding whether to adopt electronic safety-netting tools for patient care.

Are you involved in primary care, cancer diagnosis, or health informatics?

- Can you help us identify opportunities to implement electronic safety netting in different healthcare settings?
- Would you like to collaborate on developing best practices for electronic safety netting tools?

Your insights could help improve cancer diagnosis pathways. Please get in touch to discuss how you can contribute!



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ADDITIONAL PROJECTS

LIVE WELL

Improving cancer detection through smart blood test analysis

Blood tests play a crucial role in identifying potential cancer cases in primary care settings, like GP surgeries.

However, current practices often look at tests in isolation, rather than together which can give a 'bigger picture' view of the patient, which can delay referrals to specialist care.

We need smarter ways to use these tests to speed up cancer detection and improve patient outcomes.

PROJECT AIMS

Our project aims to improve cancer detection by:

- Combining multiple blood tests and tracking changes over time to identify patterns caused by cancer
- Creating decision support tools for doctors to identify patients who may need further cancer tests (e.g., electronic software that monitors blood test trends to assess patients' cancer risk and alert doctors)

To do this, we are using large-scale primary care data (patient records from GP practices) and advanced analytics.

By spotting cancer earlier, we hope to improve treatment success rates and save lives.

EXPECTED OUTCOMES / IMPACTS

We expect our research to improve cancer detection rates. By looking at trends and combinations of blood tests, rather than single results, we can spot potential cancer cases earlier, improving survival rates.

Our models will be integrated into electronic systems at selected GP practices for testing. These systems will automatically analyse patients' blood test trends and update their cancer risk assessment with each new test. This approach uses only routine data,



minimising extra work for GPs and patients.

For example, if a patient's blood test results show a concerning trend over time, our system could alert their GP to consider further cancer investigations or specialist referral, potentially catching the disease at an earlier, more treatable stage.

NEXT STEPS AND HOW YOU COULD HELP

Our next steps are to test our models in primary care, refine them based on real-world use, and work towards wider integration into health systems. Your insights could help shape the future of cancer detection in primary care.

We are seeking your input to enhance our research:

- feedback on our approach and models
- suggestions for improvement or new research directions
- potential collaboration opportunities



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ADDITIONAL PROJECTS

LIVE WELL

Digital fertility tracking: empowering patients or exploiting data?

“Femtech” – digital tools focused on women’s health – is a rapidly growing market. While some see it as empowering women through digital care, others worry about organisations exploiting women’s reproductive data for profit.

Our research explores this tension by examining digital tools used to manage infertility.

PROJECT AIMS

This project is investigating how digital fertility tools affect patient behaviour and attitudes to improve their development and use.

Our methods include:

- analysing marketing for popular infertility digital health platforms
- reviewing how digital trackers are used alongside or instead of clinical treatments
- interviewing patients and observing tool usage
- analysing policies, including how abortion laws affect these tools

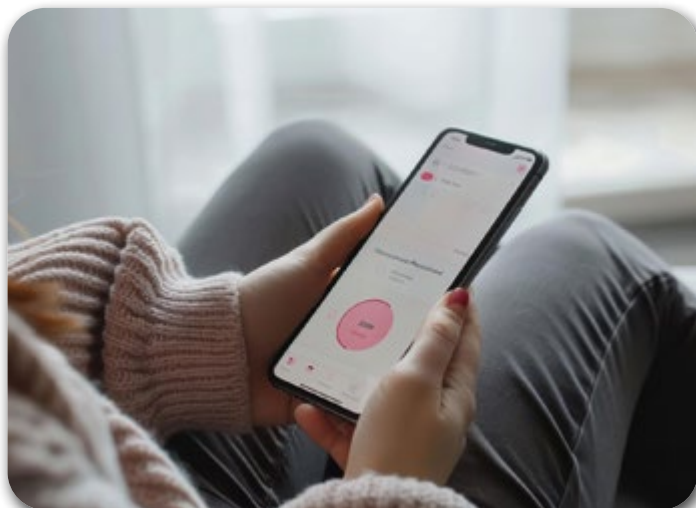
Our goal is to understand the real-world impact of these technologies on people struggling with infertility.

EXPECTED OUTCOMES / IMPACTS

This research aims to:

- provide recommendations for integrating digital health into fertility care
- create a set of guidelines that help patients assess digital fertility trackers
- highlight areas for improvement in current tools
- share patient experiences through the HealthTalk online platform

By working with organisations like Fertility Network UK and The Fertility Foundation, I’ll ensure the



findings reach those who need them most.

For example, by developing a checklist or guide for patients to evaluate fertility apps, helping them choose tools that protect their privacy while providing accurate information.

NEXT STEPS AND HOW YOU COULD HELP

I’m looking to expand the impact of this work:

- Are you part of an academic, advocacy, or community group supporting people with fertility issues?
- Can you help us develop and share educational tools based on our research?
- Would you like to collaborate on blogs or other outreach activities?

Your expertise could help ensure these findings make a real difference.

Please get in touch to discuss potential collaborations!



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ADDITIONAL PROJECTS

LIVE WELL

Why are black people more likely to be detained under the mental health act?

In the UK, Black people are much more likely to be detained under the Mental Health Act than white people. This means they can be held in hospital for mental health treatment without their consent.

Recent national data shows some improvement: Black people are now three and a half times more likely to be detained than white people, rather than five times. While this is progress, we still have a long way to go to achieve fairness. This significant inequality in healthcare needs to be addressed.

Our project aims to understand why this happens and find ways to make mental health care fairer for Black people.

In Berkshire, we see the same pattern as the national data and recognise this as a serious issue that needs action. Our project is working to understand and reduce this gap for Black people in Berkshire.

We're working with many partners, including:

- black people who have been detained and their carers
- local communities and voluntary organisations
- health and local authority professionals
- the police
- universities
- the Race & Health Observatory

PROJECT AIMS

We're working to improve mental health care for Black people in Berkshire through four main areas:

1) Research and analysis:

- a) Reviewing existing studies on this issue
- b) Examining patient records to understand treatment paths and outcomes

2) Mapping services:

- a) Creating a map of all mental health services in

Berkshire

- b) Analysing data to find gaps or barriers in access to care

3) Community engagement:

- a) Talking to Black people who have been detained and their carers
- b) Surveying healthcare workers and partners

4) Expert review:

- a) Working with the NHS Race and Health Observatory to review our findings and suggest improvements

We're looking at all factors that might contribute, including racism, poverty, service access, and cultural attitudes towards mental health.

EXPECTED OUTCOMES / IMPACTS

We hope our work will:

- make mental health services easier to access for Black people in Berkshire
- update policies to ensure they're fair and inclusive
- reduce unfair differences in care across Berkshire
- rebuild trust between Black communities and health services

NEXT STEPS AND HOW YOU COULD HELP

In the next 6 months, we plan to::

- Analyse all our data to understand why Black people are more likely to be detained
- Create a report with recommended actions to make mental health care fairer for Black people
- Share our findings with other health and care organisations through events and publications

We're looking for partners to collaborate with who are working on similar projects, and especially statisticians who can help analyse our data.

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PRESENTER PROJECTS

AGE WELL

Can exercise and protein supplements help frail older people? Testing a new approach

As people age, they often lose muscle strength, which can affect their ability to walk. Exercise can help with this. Additionally, many older people do not eat enough protein, which is needed to build muscles. We wondered if combining exercise with extra protein could be a more effective way to improve muscle strength.

This small study tested whether a larger trial would be practical.

PROJECT AIMS

We wanted to see if we could run a study looking at exercise and protein supplements for older people who are becoming frail and have trouble walking.

We tested whether we could:

- Find enough people to take part
- Provide the exercise and supplements
- Get participants to come back for check-ups

We worked with NHS physiotherapists and participants to help them:

- Exercise twice a week for 24 weeks
- Attended a weekly group for 16 weeks
- Exercises at home
- Do strength, balance, and walking exercises

Half the participants also had 1-2 protein drinks daily. We measured their physical abilities at the start and 5-8 months later.



EXPECTED OUTCOMES / IMPACTS

We've finished the small study, but found we can't do a larger one as originally planned. Finding participants was hard – NHS patients were often too unwell. We had more success advertising in the community, but only found 20 of the 50 people we wanted.

Some things went well:

- Exercise groups ran smoothly and people enjoyed them
- Those taking protein supplements did so regularly without problems

Participants talked about how being involved in the study helped them. They told us how much their walking had improved and how this allowed them to do things they enjoyed.

We need to think more about how to:

- get a more diverse group of participants
- run more exercise groups given NHS pressures

We need better ways to help older people keep their strength. While our study was too small to prove the supplements worked, the results hint they might help. This suggests we need more research.

NEXT STEPS AND HOW YOU COULD HELP

We need help to overcome challenges for a larger trial.

Please consider:

- What non-NHS partnerships could help run a bigger trial?
- How can we involve a more diverse group of participants?

We'll keep working with others to design a trial that answers this important question about how best to help older people stay strong and mobile.



DR ESTHER WILLIAMSON

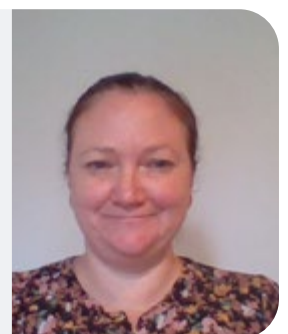
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PRESENTER PROJECTS

AGE WELL

What early-stage support is needed to prevent dementia? Building the evidence through Oxford Brain Health Clinic

Recent research suggests that nearly half of the risk factors linked to dementia, such as lack of physical activity, can be changed. However, most people don't receive support until after they've been diagnosed with dementia.

The Oxford Brain Health Clinic (OBHC) is a new type of service that combines research with clinical assessments for people visiting memory clinics. The goal is to spot and manage memory problems and other early signs of brain diseases sooner.

PROJECT AIMS

Through OBHC, we can identify patients in the early stages of cognitive decline, which is when taking action could potentially prevent or delay the progression to dementia.

We aim to identify helpful support for this group to address their early symptoms and prevent disease progression. For example, referral to a social prescribing link worker might help patients to connect with peers and activities in their local communities to boost mental health.

We are investigating multiple outcomes in people with early-stage cognitive decline including:

- neuropsychiatric symptoms (NPS),
- health-related quality of life, and
- caregiver distress.

Our research combines data analysis and interviews. We will examine patterns in these outcomes over two years of follow-up and gather patients' experiences and support needs through interviews. This 'mixed-methods' approach will provide a comprehensive understanding of the challenges faced by those without a dementia diagnosis.

EXPECTED OUTCOMES / IMPACTS

Our initial analysis showed that OBHC patients are younger and healthier than those following the standard diagnostic pathway. Over half of OBHC patients were diagnosed with either no cognitive impairment or Mild Cognitive Impairment (MCI) rather than dementia.

Surprisingly, we found that OBHC patients without diagnosed memory problems had more severe symptoms of depression than those with mild memory problems. Their carers were also more stressed.

This builds on our earlier PPI work, where people told us how MCI makes them feel anxious and lonely. We need to create early support in memory services to help with these issues and reduce dementia risk.

OBHC is helping us learn about people who need support but don't get it now because they don't have a dementia diagnosis. By understanding their needs and watching how they do over time, we can find the best ways to support people to reduce their risk of dementia.

NEXT STEPS AND HOW YOU COULD HELP

Next, we'll look at our follow-up data and interview people about what early support they need.

Can you help? We'd like to talk to:

- people with memory problems
- carers of people with dementia
- professionals who support these groups

For a short video of our previous work on mild cognitive impairment, scan the QR code with your phone, or visit:
youtu.be/cTgK2XtcAmE



DR JIAMIN DU

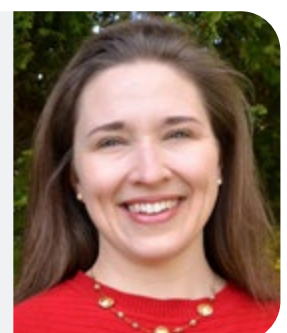
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PRESENTER PROJECTS

AGE WELL

Improving health and care in physically unwell care home residents

Care homes are crucial in looking after our ageing population, but they face challenges when residents become physically unwell. Hospital visits can be distressing for residents and may lead to negative outcomes.

New approaches, such as 'Hospital at Home', allow treatment within care homes, often with better results. However, we don't fully understand how care homes use these services or what helps or hinders their use.

PROJECT AIMS

Our project aims to:

- understand how care homes support physically unwell residents, including which NHS services they use
- explore care home staff's views and experiences of using different health services, including community-based alternatives to hospital
- identify the support staff need to improve resident care

We're using two main methods: an online survey and interviews with care home staff.

EXPECTED OUTCOMES / IMPACTS

Improving care in care homes is a key priority for health and social care services.

Our research will reveal which health services care homes use, what challenges they face, and what support they need. This knowledge is crucial for enhancing care quality and resident health.

We expect our findings to improve how care homes manage residents' health, helping them age well and avoid unnecessary hospital visits. For example, we have found that staff would like more training



to improve their existing skills to better support residents at home and to reduce the burden on services e.g. 999 calls. Our research aims to lead to better care practices where care home residents are supported to stay healthier.

NEXT STEPS AND HOW YOU COULD HELP

We face challenges in recruiting care homes and staff for our research. We need your help to:

- share our study invitation with care homes in Buckinghamshire, Oxfordshire, Berkshire, North East Hampshire, Farnham and Surrey Heath
- suggest ways to improve care home staff recruitment for research
- connect us with care home networks or organisations that might support our study

Your insights and connections could significantly boost our research impact. Please reach out if you can help!



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PRESENTER PROJECTS

AGE WELL

Improving medication reviews for better patient care

Medication reviews are thorough assessments carried out by healthcare professionals, such as pharmacists, for patients with multiple long-term conditions who take several medicines.

These reviews aim to ensure treatments are safe and effective, potentially stopping harmful combinations of medicines or adjusting treatments to improve health and quality of life.

Our study – called OSCAR – aims to understand how these reviews are currently conducted in England, identify challenges, and find ways to improve them.

PROJECT AIMS

We are carrying out this research through several methods. Firstly, we've surveyed pharmacists across England to gather their insights.

We've also observed real-world medication reviews with a diverse group of patients from various GP surgeries, and interviewed pharmacists and managers about their experiences.

Additionally, we're analysing anonymous data from a national database of primary care (mainly GP) records.

This allows us to examine the actual changes made during medication reviews, including adjustments to patients' medicines and the time and cost involved in conducting these reviews.

EXPECTED OUTCOMES / IMPACTS

Our research is providing valuable insights into how medication reviews are conducted and experienced by both pharmacists and patients.

We're also uncovering the real-world outcomes of these reviews. By sharing our findings with primary care networks and policymakers, we aim to improve the fairness, quality, and effectiveness of medication reviews.



This could lead to better health outcomes for patients, more efficient use of NHS resources, and potentially reduced medication-related problems such as harmful side effects or unnecessary prescriptions.

NEXT STEPS AND HOW YOU COULD HELP

As we develop our next research plans, we're keen to hear your thoughts:

- what aspects of this research interest you most?
- what would you like to see in our future studies?
- are you a healthcare professional, policymaker, or patient interested in getting involved?

We're looking to expand our partnerships, so please reach out if you'd like to contribute to improving medication reviews and patient care.



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PRESENTER PROJECTS

AGE WELL

Using Artificial Intelligence and real people to understand how long term conditions develop (The CoMPuTE Programme)

More and more people are living with several long-lasting health problems at once. This is becoming a major challenge for healthcare, leading to greater care needs and costs. People from disadvantaged backgrounds, including those facing economic hardship, and older adults are often the most affected.

Despite extensive research, predicting how these multiple conditions develop over time remains difficult.

PROJECT AIMS

We want to understand how multiple long-term health conditions develop as people age, and predict who might get them. To do this, we're looking at GP health records and using artificial intelligence (AI) to spot patterns in how these conditions develop.

We know people – quite rightly – worry about how their data is used, so we've involved members of the public in this work from the start.

We're looking at many factors that might contribute to multiple long-term conditions, such as:

- Previous illnesses
- Test results
- Where people live
- Ethnic background
- Income and social status

We're also studying how these conditions affect different groups of people and the costs of their care to the NHS and care services.

EXPECTED OUTCOMES / IMPACTS

Our research aims to create tools that can track how people's health changes over time. We're using AI to find groups of health conditions that often occur together.



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This study could benefit society in several important ways:

- **Better, more targeted care:** By identifying patterns in how health changes, health and care providers may be able to predict and prevent serious conditions earlier. This could lead to more personalised treatment plans.
- **Addressing health inequalities:** Understanding how health conditions relate to various factors like socioeconomic status, ethnicity, and location could help us develop more effective healthcare strategies for disadvantaged groups. This might help reduce unfair differences in health outcomes.
- **Improved healthcare planning:** Predicting which health issues are likely to occur could help the NHS allocate resources more effectively, potentially reducing strain on the system and improving efficiency.
- **Developing prevention strategies:** Our findings could inform public health initiatives aimed at promoting healthier lifestyles and preventing the onset of multiple long-term conditions.
- **Advancing healthcare technology:** This work could contribute to the development of more sophisticated AI tools for predicting and managing complex health conditions, potentially leading to smarter, more responsive healthcare systems.

NEXT STEPS AND HOW YOU COULD HELP

If you have long-term health conditions or care for someone who does, we'd love your input. How do you think this work could affect people as they get older?

Healthcare professionals and policy makers: we want to hear from you too, especially if you're unsure about this approach. How do you think these tools could be used in real-world health and care?

www.phc.ox.ac.uk/COMPUTE

ADDITIONAL PROJECTS

AGE WELL

Safeguarding dementia carers: protecting those who support others in their own home

Around 700,000 family members or friends in the UK support or care for someone with dementia at home.

These 'informal' or 'unpaid' carers often face challenges that affect their well-being and quality of life.

While safety issues for people with dementia and professional carers have been studied, we know little about the safety concerns of these carers themselves.

PROJECT AIMS

Our project aimed to understand how caring for someone with dementia at home affects the carers well-being and the safety.

We used focus group interviews to gather insights directly from carers about their experiences, challenges, and concerns.

EXPECTED OUTCOMES / IMPACTS

Our research revealed that caring significantly impacts family and friends who are carers for someone with dementia living in their own home. Key findings include:

- carers often feel uncertain about the care they provide
- some carers have concerns about their own safety
- many use strategies like hiring paid carers to reduce negative impacts when they can
- most carers want more support from health and social care professionals
- many are unaware of available support, such as carer's assessments

These insights highlight that despite existing legislation and policies, many carers lack crucial information and support.



Our findings can help health and social care services better address both the well-being and safety concerns of carers.

NEXT STEPS AND HOW YOU COULD HELP

We are planning a new project to better support and safeguard carers, and we need your help:

- are you a carer for someone with a health problem or disability?
- do you work for a local authority in health or social care?
- can you share experiences or insights about carer safety?

Your input could help us design a survey to quantify safety issues among carers, leading to improved support systems.

Please get in touch if you'd like to contribute to this important work.



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ADDITIONAL PROJECTS

AGE WELL

Creating better care plans for older adults in care homes

Care homes in England must create personalised care plans for each resident. However, there is no clear agreement on how these plans should be developed.

We have started a project to establish key principles that care homes can follow when creating care plans for older adults.

PROJECT AIMS

Our project aims to create guidelines for care planning in older adult care homes across England.

We're using a research method called a modified-Delphi study. This approach involves gathering a panel of health and social care experts to provide feedback on our suggested guidelines through an online survey.

We'll then update the guidelines based on their feedback. Panellists will have a second chance to review and comment on the updated guidelines.

Finally, we'll use this feedback to create the final set of guidelines.

EXPECTED OUTCOMES / IMPACTS

Care plans are an essential tool for high-quality care. Our goal is to create a set of guidelines that will be practical and useful for care home staff involved in care planning. These guidelines will help to ensure that care planning is consistently done in a person-centred way.

By providing clear guidance, we hope to improve the quality of care plans across England. Better care plans can lead to more personalised care, which can enhance the quality of life for older adults in care homes. These guidelines could also help standardise good practices across different care homes, ensuring more consistent, higher quality care nationwide.

Additionally, clear care planning guidelines could make it easier for families to understand and



contribute to their loved ones' care. This could lead to better communication between care home staff, residents, and their families, ultimately resulting in more comprehensive and effective care.

NEXT STEPS AND HOW YOU COULD HELP

In the coming weeks, we will create an information resource to help care home residents' family and friends understand the care planning process and how they could contribute.

We would really value your input in providing feedback on this resource:

- Are you a family member or friend of an older care home resident?
- Would you be interested in providing feedback on a resource to help improve care planning in care homes?
- Would you like to participate in our focus groups to share your feedback?

Your insights could help improve care planning for older adults.

Please get in touch to discuss how you can contribute!



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TRANSFORMING RESEARCH INTO REAL-WORLD HEALTH AND CARE SOLUTIONS

Our research directly addresses the Department of Health and Social Care's (DHSC) key Areas of Research Interest (ARIs), driving meaningful improvements in healthcare delivery and outcomes across our region and beyond.

The following pages showcase select examples of how our work creates tangible, real-world impact.

While these case studies are categorised by DHSC priorities, many demonstrate the interconnected nature of healthcare challenges and solutions, spanning multiple areas of interest.

These summaries offer a glimpse into our wider portfolio of work. For more detailed case studies and regular updates on our impact, visit:

www.arc-oxtv.nihr.ac.uk/impact-stories

OUR IMPACT STORIES

EARLY ACTION TO PREVENT POOR HEALTH OUTCOMES

Online therapy transforms access to child anxiety treatment

www.arc-oxtv.nihr.ac.uk/resources/online-therapy-childhood-anxiety-arc-oxtv-research-impact

One in five children and young people in England experience probable mental ill health, yet fewer than 3% of those diagnosed with anxiety disorders receive CBT treatment.

An innovative online therapy program, developed by Professor Cathy Creswell with support from the ARC OxTV, is revolutionising how children access anxiety treatment through parent-led cognitive behavioural therapy (CBT).

THE PROBLEM AND SOLUTION

With only 3% of children diagnosed with anxiety disorders receiving CBT, traditional treatment access faces significant barriers. The team developed an online platform delivering parent-led CBT with remote therapist support.

A large-scale trial across 34 mental health services demonstrated the intervention's effectiveness, requiring less therapist time (3 vs 5 hours) and lower delivery costs while achieving comparable anxiety reduction outcomes to standard care.

IMPACT

- Set for nationwide NHS implementation from September 2024, with 20+ areas already committed
- Over 1,000 families currently using the intervention outside research trials
- Demonstrates significant cost and time efficiencies compared to traditional therapy
- Improves accessibility of mental health services for children and families

NEXT STEPS

The team is expanding the program's reach by addressing digital exclusion barriers and adapting the intervention for other conditions, including OCD, selective mutism, and anxiety in children with autism.

OUR IMPACT STORIES

EARLY ACTION TO PREVENT POOR HEALTH OUTCOMES

OxWell student survey: understanding and supporting youth mental health

www.arc-oxtv.nihr.ac.uk/news/OxWellimpact2023

The 2020 survey revealed 14% of students met thresholds for clinical depression, while 38% reported worse mental wellbeing during lockdown - highlighting the urgent need for targeted support.

The OxWell Student Survey provides crucial insights into young people's mental health and wellbeing, transforming data into actionable solutions for schools, local authorities, and policymakers

THE PROBLEM AND SOLUTION

With rising youth mental health concerns, there was an urgent need for comprehensive data to inform interventions.

The ARC OxTV-supported survey collects vital information from students aged 9-18, delivering customised reports to schools and authorities.

In 2023, the survey reached 40,000 students across 180 schools, gathering real-time data on mental health, wellbeing, and emerging challenges like the cost-of-living crisis.

IMPACT

- Directly influenced school policies on bullying and mental health support
- Informed local authority intervention planning in multiple regions
Evidence presented at Prime Minister's Round Table on Child Mental Health
- Generated nine peer-reviewed papers and over 200 citations
- Findings incorporated into national mental health transformation plans

NEXT STEPS

The team is expanding coverage to primary schools and non-mainstream settings while developing a practice-based resource hub for schools to share effective interventions.

OUR IMPACT STORIES

REDUCING COMPOUND PRESSURES ON THE NHS AND SOCIAL CARE

Family Solutions Plus: innovating child safeguarding services

www.arc-oxtv.nihr.ac.uk/blog/evaluating-family-solutions-plus-child-safeguarding

“I just felt completely listened to, supported, not judged. The suggestions that she [domestic abuse worker] gave with certain things were really, really helpful.”
– Parent using FSP services

Family Solutions Plus (FSP) represents an innovative shift in child safeguarding services, focusing on whole-family support to keep children safely at home while improving service efficiency and family outcomes.

THE PROBLEM AND SOLUTION

Traditional child safeguarding services often struggle to provide comprehensive family support.

Oxfordshire County Council implemented FSP in 2020, integrating specialists in domestic abuse, substance misuse, and mental health into social care teams.

The ARC OxTV evaluated this new approach, analysing data from over 500 children and gathering insights from social workers and parents.

IMPACT

- Children spent less time in services despite facing higher initial risks
- Required fewer care plans compared to previous approaches
- Improved social worker job satisfaction through better service delivery
- Early indicators show steady decline in foster care placements
- Successfully integrated multiple specialist services into unified teams

NEXT STEPS

The team is expanding their evaluation to examine impacts on partner agencies, capture children’s perspectives, and build evidence to support adoption by other councils across the UK.

OUR IMPACT STORIES

REDUCING COMPOUND PRESSURES ON THE NHS AND SOCIAL CARE

Housing First: research partnership reveals Oxford's homelessness solution

www.arc-oxtv.nihr.ac.uk/from-streets-to-homes

“I was pleased as
punch because it’s my
place. It’s my home.”
– Housing First
Service User

Through an innovative research collaboration between ARC OxTV and Oxford City Council, Dr Jonathan Taylor’s evaluation of the Housing First programme provides valuable insights into supporting homeless individuals with complex needs.

THE PROBLEM AND SOLUTION

Traditional homeless services often require individuals to address issues like substance misuse before receiving housing support.

Through a NIHR LA SPARC placement (a fellowship and short-term placement scheme that aims to support local authorities), Dr Taylor studied Oxford’s Housing First programme, which reverses this approach by providing stable housing first, followed by comprehensive support services.

The study involved direct collaboration with council staff, service providers, and individuals with lived experience of homelessness.

IMPACT

- Successfully demonstrated effectiveness of pre-housing support services
- Identified opportunities to enhance stakeholder collaboration
- Created educational video documentary to share insights
- Established stronger partnerships between researchers and service providers
- Built evidence base for future housing intervention programmes

NEXT STEPS

Findings are being used to strengthen communication and align practices between Oxford City Council, housing providers, and support services, while informing future research and policy decisions around homelessness.

OUR IMPACT STORIES

SHAPING THE HEALTH AND SOCIAL CARE WORKFORCE OF THE FUTURE

Building Research Capacity: ARC OxTV's Internship Programme

www.arc-oxtv.nihr.ac.uk/building-HCP-research-capacity

“The internship gave me the time and resources to develop ideas from my clinical role into an exercise intervention programme that can now be used for our patient group.”
– **Stephanie, Clinical Physiotherapist**

The ARC OxTV internship programme, in partnership with Health Education England, bridges the gap between healthcare practice and research by providing hands-on research experience to health and social care professionals.

THE PROBLEM AND SOLUTION

Health and care professionals often lack opportunities to develop research skills that could improve service delivery and patient care.

The ARC OxTV internship programme provides funded placements (1-2 days per week for 6-12 months), mentoring, and resources to help professionals conduct research within their practice areas while maintaining their current roles.

IMPACT

- Enables professionals to address real-world healthcare challenges through research
- Provides access to Oxford University resources and expert mentorship
- Facilitates knowledge exchange between practice and research
- Creates a pathway for evidence-based service improvements
- Supports career development and further education opportunities

NEXT STEPS

The programme continues to expand, recruiting professionals across six research themes while strengthening partnerships between academic institutions and health and care providers to drive evidence-based improvements in care delivery.

OUR IMPACT STORIES

SHAPING THE HEALTH AND SOCIAL CARE WORKFORCE OF THE FUTURE

MSc in Applied Digital Healthcare: Building tomorrow's digital health leaders

www.arc-oxtv.nihr.ac.uk/applied-digital-healthcare

“By immersing myself in the diverse perspectives of digital health, I am better equipped to contribute to the global dialogue on healthcare innovation.”
– Ashley Murray, ADH graduate

The ARC OxTV-supported MSc in Applied Digital Health equips healthcare professionals with crucial skills to leverage digital technologies, drive innovation, and transform primary care delivery in our increasingly digital world.

THE PROBLEM AND SOLUTION

Despite rapid healthcare digitalisation, there's a significant skills gap in digital health expertise.

The MSc programme, led by Professor John Powell through the Nuffield Department of Primary Care Health Sciences, offers comprehensive training across eight key modules, from AI and big data to remote monitoring and digital diagnostics.

The course combines theoretical knowledge with practical application through real-world case studies and research projects.

IMPACT

- Over 100 applications annually demonstrates high demand
- 33 students enrolled across first two cohorts
- Creates pipeline of digital health innovation leaders
- Enables evidence-based digital transformation in healthcare
- Supports progression to doctoral studies
- Builds interdisciplinary expertise in digital health solutions

NEXT STEPS

The programme continues to expand its reach while adapting curriculum content to address emerging digital health challenges and opportunities in primary care.

The NIHR ARC OxTV and the Nuffield Department of Primary Care Health Sciences are committed to help
reduce climate change.

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