respondents took an Implicit Association Test, a validated tool measuring attitudes and beliefs that people are not conscious of. They also completed the Hudelson scale assessing the relative responsibility to adapt to migrants. These quantitative results were then discussed as a group with the respondents.

Results The results suggested that more than 80% (95% CI: 0.71–0.85) of GPs in training have implicit preferences for their ingroup to the detriment of the exogroup of migrants. Also, 60% (95% IC: 0.52–0.67) of respondents placed the responsibility to adapt on migrant patients when their values and habits differ from those of the host country.Qualitative data indicate trainees were not aware of these biases.

Conclusion This study shows that GPs trainees have implicit and explicit bias detrimental to ethnic minority groups, of which they are not aware of.

P86 A COMPARATIVE CASE STUDY OF HEALTH-JUSTICE PARTNERSHIPS IN ENGLAND: SERVICE MODELS AND IMPLEMENTATION SUCCESS

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Background Social welfare legal problems are root causes of health inequality. Legal advice services can improve socio-economic circumstances and mitigate the financial and social costs of illness. With these aims, partnerships between healthcare and legal services exist across England to support patients with welfare needs. They occur in diverse health settings and take many forms. Success is markedly variable in developing collaborative working and sustaining cross-sector partnerships. This study investigates how such partnerships are implemented and what factors determine differences in implementation outcomes.

Methods A comparative case study of health-justice partnerships across England was undertaken. Services were recruited from different regions, representing diverse health settings and service models. Data were collected through: i) One-to-one semi-structured interviews with staff members and funding organisations; ii) Service records and documentation. In-depth qualitative analysis using the process tracing method was applied to each case study individually. Cross-case comparison of the resulting themes identified key patterns and determinants of implementation success.

Results Nine services participated in the study. Four were based in primary care, four in acute or specialist care (cancer services, mental health services, a children's hospital and an HIV clinic) and one spanned both primary and secondary care. Thirty-eight interviews were undertaken with staff members in frontline and management roles. The case studies provide detailed descriptions of service models, including: co-location or remote working arrangements, referral methods and routes, cross-sector communication and data sharing, funding and management arrangements. The partnerships had experienced different trajectories: while some were long-lived (up to two decades), others had been discontinued, cut in size or had failed to properly establish. Factors influencing sustainability included decision-making processes around funding, strategic-level support and leadership characteristics. The extent of collaborative working was highly variable and influenced by: i) willingness to engage; ii) confidence to engage; iii) ability to engage. These factors were amenable to change. All the partnerships indicated benefits for patient access to legal assistance, positive welfare outcomes, improvements in mental wellbeing and patient experience. Benefits were strengthened where health and legal teams collaborated closely, with improved identification of need, professional skills and service efficiency.

Discussion Health-justice partnerships have a critical role to play in supporting the NHS Covid-19 recovery and tackling health inequalities. Opportunities for cross-sector working are growing with the movements towards Integrated Care Systems and social prescribing. This study provides information to support the successful implementation of heath-justice partnerships in the near and longer term future.

P87 TRENDS IN INEQUALITIES IN LOCAL AUTHORITY SPENDING ON CULTURAL, ENVIRONMENTAL AND PLANNING SERVICES: A LONGITUDINAL STUDY IN ENGLAND, SCOTLAND, AND WALES

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Background Local authorities (LAs) provide Cultural, Environmental, and Planning (CEP) services, such as parks, libraries, and waste collection, that are vital in supporting the health of the communities they serve. There have been significant changes to LA funding recently, most notably due to the UK government's austerity programme. These changes have not affected all places equally. To understand potential impacts on health inequalities, we investigated the extent to which areas have been differentially affected by declines in CEP services spending based on local characteristics.

Methods We conducted a longitudinal ecological study using routinely available data on LA expenditure, as collated in the Place-Based Longitudinal Data Resource. We used generalised estimating equations to determine how expenditure trends varied across 378 LAs in Great Britain between 2009 and 2018 on the basis of country, deprivation, rurality, and local government structure. We investigated the gross expenditure per capita on CEP services, and the CEP expenditure as a proportion of total LA budgets. We conducted analysis using R v4.0.2.

Results Expenditure per capita for CEP services reduced by 36% between 2009 and 2018. In England, the reduction in per capita spending was steepest in the most deprived quintile of areas, falling by 5.9% [95% CI: 4.7; 7.0] per year, compared to 3.3% [95% CI: 2.5; 4.1] in the least deprived quintile. Budget cuts in Scotland and Wales have been more equitable, showing little differentiation between most and least deprived areas. Welsh LAs have reduced the proportion of total LA budget spent on CEP services more than any other country (-2.9% per year [95% CI: -4.0; -1.8]), followed by Scotland (-1.5% [95% CI: -2.8; -0.3]) then England (-0.5% [95% CI: -1.0; 0.1). In England, rural LAs have reduced their CEP spending share more than those in urban areas, and unitary authorities have reduced their share more than those in a two-tier structure.

Conclusion There have been distinct inequalities in the reduction of spending for CEP services. LAs with a higher baseline level of deprivation, those with a single-tier local government structure, and English rural LAs have been worst affected. These inequalities in cuts to services that impact public health risk widening geographical and social health inequalities. Understanding these inequalities will provide crucial evidence to inform the UK government's 'levelling up' strategy as the country recovers from the COVID-19 pandemic. One limitation of our study is that we were unable to investigate how resources have been distributed within LAs.

P88 HOW CAN WE OPTIMISE THE CO-LOCATION OF WELFARE RIGHTS ADVICE IN A HEALTH SETTING TO BENEFIT THOSE MOST IN NEED? A NARRATIVE SYNTHESIS SYSTEMATIC REVIEW

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Background Financial difficulties can precipitate and perpetuate mental health problems and are a predictor of chronic physical illness. The COVID-19 pandemic is an unprecedented public health crisis with profound health and socioeconomic impacts and the long-term consequences are yet to be seen. The poorest and most vulnerable groups are worst affected, further widening the health inequality gap. It is known that there is low uptake of universal and means-tested benefits in some communities. Various schemes have been put in place to improve uptake of benefits by co-locating welfare advice within health services. However, we need more research on how to do this most effectively to reach the populations most in need and to assess its impact on health, social and financial outcomes.

Methods We conducted a critical systematic narrative synthesis review of relevant papers published between 2010–2020 using an evidence-led framework described by Rodgers et al. consisting of four elements used to characterise the approach: developing a theory; developing a preliminary synthesis; exploring relationships within and between studies; and assessing the robustness of the evidence.

Results In total, 16,625 participants accessed and were supported by the welfare services, with £19,576,223 successfully claimed as one-off payments for participants. Participants benefitted from an additional £2,757 household income per annum and improved financial literacy. The services across this review generated an average of £21.95 of social, economic and environmental return on investment per £1 invested. Co-located welfare advice services actively incorporate elements of proportionate universalism and target those who are most at need of this support and who would not otherwise access the services. The services raised the profile of the importance and value of addressing social determinants of health with healthcare professionals and policy makers and de-stigmatising access to welfare services and being in receipt of benefits. Access to welfare services also produced demonstratable cost savings for the NHS. Welfare services facilitated more appropriate use of NHS resources, promoting access for those who needed it but were not accessing it and reducing the burden of welfare issues on healthcare practitioner's time.

Discussion Overall, this review demonstrates significant financial gains for participants and for the first time demonstrates wider welfare benefits to participants, including access to housing, food, transport and employment. This contributes to the theory that these welfare services both directly and indirectly address social determinants of health thereby improving health and wellbeing and reducing health inequalities.

P89 MEASURING THE IMPACT OF A MEDIA CAMPAIGN ON APPLICATIONS FOR LEGAL AID TO REGISTER A POWER OF ATTORNEY; AN INTERRUPTED CONTROLLED TIME SERIES

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Background Power of attorney (POA) is a legal document in which one individual gives authority to another to act or make welfare and health care decisions for them, in the event that they become incapacitated. A public awareness campaign, first implemented in Glasgow City, and rolled out to other parts of Scotland in stages, was previously found to increase POA registrations. The current study measures the impact of the campaign on registrations and applications to legal assistance, as a proxy for low socioeconomic (SES) status applications.

Methods POA registration and legal aid application (LAA) for POA data were analysed between January 2010 and December 2018. Multilevel Negative Binomial models for POA and LAA registrations nested by council and annual quarter were run using RIGLS estimation in MLwin, adjusting for pre and post intervention period for each locality, campaign (variable ranging between 0–3 dependent on intensity of campaign measured by the number of media platforms received), and offset term mid-year population estimate for those aged 65 year+. A further model was then run for outcome LAA registrations with offset term total registrations, in a similar way, to examine the impact of the campaign on the proportion of registrations with legal assistance.

Results In Glasgow City POA registrations rose by 33.3% between 2013 and 2014, following the introduction of the campaign, compared with 17.3% in the rest of Scotland. LAA during this period rose by only 10.6% in Glasgow and 16.3% in the rest of Scotland. However, when the data for the whole study period were modelled, the relative risk of a registration for those living in an area with the full campaign was RR=1.12 (1.07, 1.17) those living where no campaign was in place. Relative Risk rose in an approximate stepwise fashion with increasing campaign intensity. Relative risk of a LAA for the same group was 1.10 (1.01, 1.21). When LAA proportion of registrations was instead modelled over time, ie LAA as outcome with total registrations as an offset, the campaign variable was not significantly associated with the outcome.

Conclusion During the period of the campaign, area-level increases in LAA were associated with the timing, intensity and location of the media campaign, in a similar way to that of all POA registrations. This suggests that the campaign