

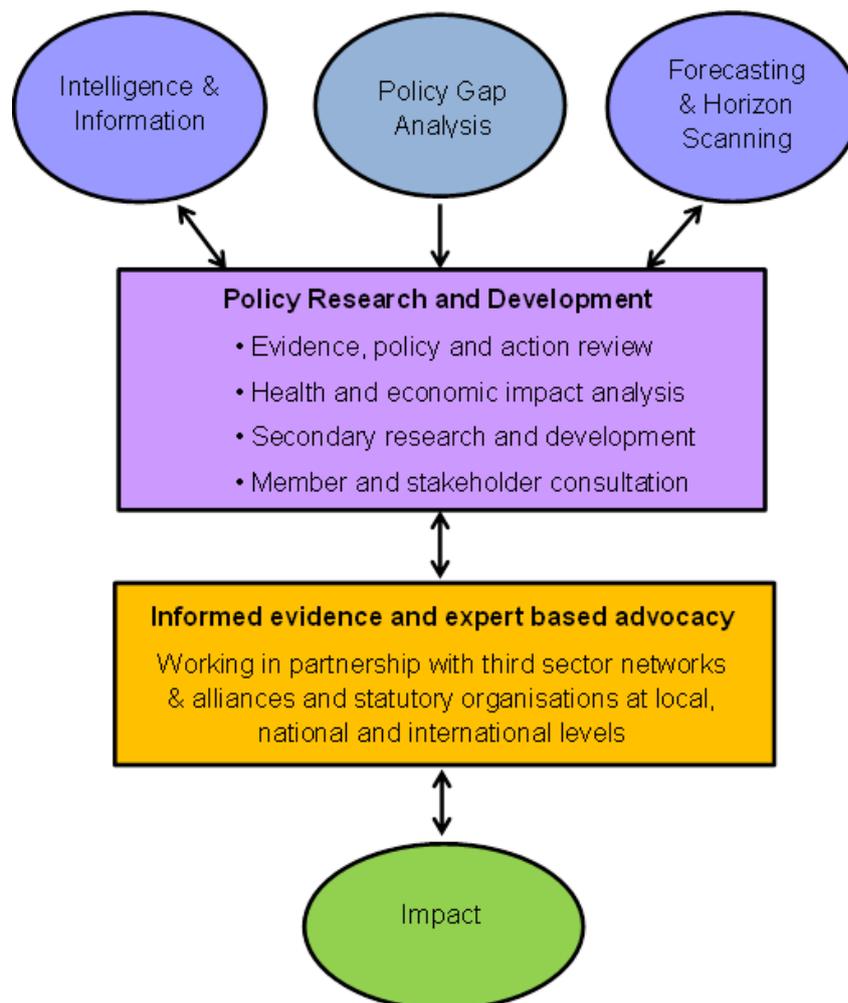
## Prevention: the foundation for a healthy and sustainable future

### Impact Report 2016-17 No. 04

This is the fourth impact report of the UK Health Forum (UKHF). It is intended to show members, partners and funders how we make a difference to the prevention policy agenda, by highlighting some of our achievements and significant contributions over the last 12 months. Impact evaluation is built into our project plans and funding proposals. It is also important that we monitor the policy developments and reports, to understand where we may have influence.

The UKHF is both an organisation and an alliance of organisations, and it is important we try to evaluate our unique efforts and our contributions to collective advocacy. We work with a wide range of partners and seek to influence a variety of audiences at both national and international levels as shown in Figure 1. We provide expert advice on a broad range of issues relevant to our work to statutory, voluntary and academic sector partners. This year the UKHF has contributed to 31 Government and third sector advisory groups outlined in Annexe A. The UKHF has also contributed to science and policy literature. Our list of publications for 2016/17 is outlined in Annexe B.

**Figure 1: How we work**



UKHF Impact Considerations

- High population level impact with maximum health gain in the shortest timescale
- Most effective, cost effective and best return on investment
- Maximise public interest, public service and planetary benefits
- Most sustainable and professionally supported
- Supports the realisation of social justice and the reduction of health inequalities.

The UKHF’s scope, strategy and ways of working are summarised in the advocacy model shown in Figure 2. Achieving change in public policy is challenging and often takes decades to show results in terms of improved public health. Our long-term impact must be assessed within the context of changing health trends, but in the short- and medium-term it is important that we monitor and report how well we achieve outcomes that create the necessary conditions for better, more effective policy making.

**Figure 2: UKHF advocacy model**



Below we present a series of short descriptions of just some of our projects and activities and indicate how our work is helping to achieve the desired outcomes shown in Figure 2. More information is available on the UKHF website:

[www.ukhealthforum.org.uk](http://www.ukhealthforum.org.uk)

## **Policy development and advocacy: Healthy and sustainable diets**

### **What we did**

In 2016, we commenced a project to develop consensus and mobilise support for the key actions required to support a shift towards healthy sustainable diets in the UK. As part of this project we hosted a stakeholder meeting in September 2016 which brought together experts and representatives from the health, environment and sustainable development communities in the UK, to identify a set of emerging recommendations for action. We have developed a situational analysis report which has examined UK trends in consumption, price, production, health impacts and environmental impacts of alcohol and the major food groups set out in the government's *Eatwell Guide*.

We have produced and consulted on a paper which scoped out the policy options which the UK could adopt in order to move towards more healthy and sustainable diet patterns within the *Eatwell Guide*. We are currently finalising a framework for action towards healthy sustainable diets in the UK.

### **Impact**

The project is on-going and so far it has helped to raise awareness of the potential co-benefits as well as challenges to moving towards a more integrated healthy and sustainable food policy for the UK. It has also helped to build links between the public health community and the wider environment, farming and sustainable development communities. This analysis is timely in informing the post Brexit opportunities. The project was presented to a high-level round-table of government and civil society actors working in farming and land use policy and support, which was jointly hosted by the Royal Society for Public Health and the Soil Association. Other dissemination routes have included seminars at City University and the University of Chester.

### **Who we reached**

Policymakers, civil servants, health and social care professionals, public health professionals, academics, civil society and advocacy organisations.

## **Policy development and advocacy: Public-private interactions for Non Communicable Disease prevention**

### **What we did**

We continued our work to raise awareness and strengthening the governance of public-private interactions on nutrition for the prevention of NCDs, with the launch of a call for cases documenting public-private interactions in nutrition-related non-communicable diseases in 2016. Actors working in research, policy and practice were invited to submit their experiences and lessons. Eligible submissions are being compiled in a Casebook jointly funded by the Institute of Population, Public Health of the Canadian Institutes of Health Research and International Development Research Centre and the UKHF.

### **Impact**

The call for cases helped to raise awareness of the public-private partnership challenges on nutrition-related NCDs, and 26 submissions were received in response to the call. UKHF presented the emerging findings to a meeting jointly hosted by World Health Organization researchers at the University of Edinburgh in July 2017. These have fed into the development of WHO's work on the prevention and management of conflicts of interest in nutrition programmes. UKHF will publish twelve case-studies in a report in early 2018.

### **Who we reached**

This publication will be of interest to national and international actors such as: policy makers, governments, researchers, academic institutions, funding institutions and civil society organisations.

## **Policy development and advocacy: Publishing papers on alcohol marketing and onward advocacy**

### **What we did**

In 2016, the UKHF completed a literature review and mapping exercise for PHE on alcohol marketing and young people as part of their Department of Health commissioned review which updated the evidence between youth exposure to alcohol marketing and consumption patterns; examined the role and impact of digital marketing; and identified gaps in the UK regulations and lessons on alcohol marketing from elsewhere.

Concurrently we coordinated the production of a series in a supplement in the journal *Addiction*. This supplement covered a range of complementary and additional areas including the evidence for the impact of alcohol marketing on vulnerable groups, the lack of effectiveness and self compliance to self regulation and co-regulation from the alcohol industry, the use of digital media in alcohol marketing, the opportunities for a global standard on alcohol marketing, and what can be learned from other codes and standards in health, filling an evidence gap.

The steering group for the *Addiction* supplement included leading experts in alcohol control worldwide including the UKHF who contributed, and coordinated the papers and dissemination.

### **Impact**

- The special supplement of *Addiction* journal was published in open access form in January 2017. See <http://onlinelibrary.wiley.com/doi/10.1111/add.v112.S1/issuetoc>.
- The papers were issued with a global launch, with press-releases issued by multiple institutions including *Addiction* and John Hopkins University.
- The papers contributed to PHE's alcohol harm reduction evidence review [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/583047/alcohol\\_public\\_health\\_burden\\_evidence\\_review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf)
- A summary was published in the *Lancet*: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32420-5/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32420-5/abstract)
- The papers informed the 2017 update of the WHO best buys and supported alcohol marketing restrictions to remain a best buy.
- Pan American Health Organization has used the papers to support the development of a stronger alcohol marketing position in the member states across the Latin American and the Caribbean region.
- We have established a network of alcohol marketing control advocates, which we provide with information useful for their work, and as a basis for taking forward discussion on a global framework convention on alcohol.

### **Who we reached**

National and international policymakers; health and social care professionals; public health professionals; academics and civil society, advocacy organisations; the alcohol industry and regulatory authorities; and the general public.

The *Addiction* publication was distributed through a network of 40 organisations globally, gaining significant press including two *Guardian* pieces, and significant press in France and Spain.

## **Policy development and advocacy: Influencing action on childhood obesity**

### **What we did**

We hosted the Obesity Health Alliance (OHA) and worked with its steering group and members to undertake advocacy and maintain a high awareness and profile on obesity issues. As part of this work we:

- Participated in consultations and meetings / policy round tables on the soft drinks industry levy with government departments including Number 10 and the Treasury
- Participated in consultations and meetings on the sugar reformulation programme with Public Health England
- Undertook modelling work to estimate the impact on Non Communicable Diseases of a 20% sugar sweetened beverage tax and forecast how obesity-related health inequalities would widen without urgent action, (see modelling section) to strengthen our advocacy for action to policy makers.

### **Impact**

Two of our three top priority interventions to tackle obesity were included in the childhood obesity plan in England in August 2016. In line with the calls made by UKHF and OHA, PHE adopted a 20% sugar reduction goal by 2020 at the launch of its sugar reduction programme in March 2017. The soft drinks industry levy was formally included in the finance bill in April 2017, for implementation from April 2018. The OHA was shortlisted as a finalist in the 'Charity, Patient, or Professional Association of the Year' category of the Communique Awards, while OHA lead, Caroline Cerny won recognition as an 'Emerging Leader in Healthcare Communications'.

### **Who we reached**

Policymakers; health and social care professionals; public health professionals; academics and civil society, advocacy organisations; the food industry; regulatory authorities; and the general public.

## **Developing an equivalent to the Office for Budget Responsibility for public health**

### **What we did**

The UKHF has advocated for the establishment of an equivalent to the Office for Budget Responsibility (OBR) for public health to independently inform the impact of fiscal and economic policy on the public's health. It would enable the Government and other actors to make decisions on the best investments for improving the public's health in order to reduce the avoidable demand for public services.

As part of this work, the UKHF has provided capability development to PHE to develop their modelling capabilities to help support this function. The UKHF has also developed a portfolio of modelling tools to support such developments at national and local levels.

### **Impact**

- PHE has developed its analytical capabilities on health impact modelling and forecasting
- The 2017 House of Lords enquiry into the sustainability of the NHS picked up on the UKHF's proposal which received support from the committee and politicians from the main parties and senior civil servants

### **Who we reached**

Policy makers including PHE, Politicians, the public health community and senior civil servants.

## **Policy: Informing the Non Communicable Disease prevention research agenda**

### **What we did**

The UKHF is a member of the UK Prevention Research Partnership (UKPRP) scientific and expert groups which developed a new strategic framework and new funding stream for NCD prevention research. The new framework will encourage the central involvement of users in developing the research and translating research into policy and practice. It will focus on high impact measures, tackling NCD related health inequalities, a systems approach, transdisciplinary research and the development of more appropriate and innovative scientific methods. This approach was based on the review of the National Prevention Initiative, the findings of an expert group and the research funders agreeing the new framework.

The UKHF was also involved in providing evidence in the reviews of public health research undertaken by the Academy of Medical Sciences, PHE, the Government's Chief Scientist and National Institute of Health Research. The strategic recommendations of all these reviews are aligned with the UKPRP findings and action.

### **Impact**

A new strategic framework and funding of £50 million pounds has been allocated by UK research funders to NCD prevention research starting from 2018.

### **Who we reached**

Actors involved with the research funding system on NCD prevention research priorities including government and third sector research funders as well as potential third sector users and the research community in the UK.

## **Policy: Collaborating with the UK Public Health Network**

### **What we did**

The UKHF has continued to provide expert support for the UK Public Health Network through a third year of operation. Network membership has remained constant at 20 statutory agencies and non-government organisations that have a generic remit across public health. The policy group has continued to meet to share work in progress, including a weekly Brexit reading list compiled by Public Health Wales.

The Network focused on two main issues during 2017: i) exploring further the impact of trade and investment agreements on public health, and ii) pursuing a review of aspects of current legislation that affect the ability of Directors of Public Health in England to deliver the public health function.

The Network met in Edinburgh in October 2017 to discuss the issues and challenges of governance in the public health system and to share learning from NHS Health Scotland's use of a rights-based approach in its strategies.

### **Impact**

- A programme of work is being established with the Department of Health and PHE, in collaboration with public health system leaders, to explore the development of guidance to clarify responsibilities and the roles of Local Authorities and Directors of Public Health in England.
- A consensus statement is in preparation on the qualities required for good public health system governance.
- PHE has commissioned a project from the UKHF and UK Public Health Network to investigate structures of

national public health agencies.

- Strong interest is developing across the public health system in the Network's proposal to lead some work on public health and trade.
- The weekly Brexit reading list and consultation scan are now published openly on the Network's website.
- Blog posts on the Network's website have contributed to national and international debates on the public health narrative, for example on re-framing non-communicable diseases.
- There are regular updates on policy and campaigns between network members.

#### **Who we reached**

Governments in England, Wales, Scotland and Northern Ireland, public health system leaders across the UK, Law Commission, Scottish Human Rights Commission, Health and Social Care Alliance Scotland, and the wider public health community.

#### **Policy: Health equity pilot project on addressing health inequalities through behavioural risk factors (nutrition, physical activity and alcohol consumption)**

##### **What we did**

As part of a contract with the European Commission (2016-18), we have undertaken a scientific review of effective interventions to address health inequalities in relation to nutrition, physical activity and alcohol. It included a review on nutrition in the first 1,000 days (pre-conception to 2 years). We have produced European Union (EU) country fact sheets on these aspects of health inequalities and seven cases studies on effective practice. We are now organising six high level country workshops.

The key documents and progress reports are available at:

[http://ec.europa.eu/health/social\\_determinants/projects/ep\\_funded\\_projects\\_en.htm#fragment1](http://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en.htm#fragment1)

##### **Impact**

As part of our impact so far, we shared copies of the scientific report and a summary poster at the Estonian hosted EU Presidency Conference, "Cross-border aspects in alcohol policy – Tackling harmful use of alcohol policy". The event was attended by Ministers of Health and leaders in alcohol policy from across Europe.

##### **Who we reached**

European Commission officials, Ministers of Health, civil servants, academics and non governmental organisations focusing on alcohol control.

#### **Policy: Reducing air pollution and improving air quality**

##### **What we did**

Paul Lincoln, in an independent capacity, chaired the National Institute for Health and Care Excellence (NICE): PHE outdoor air pollution guidance development group which produced evidence based guidance on cost effective interventions for Local Authorities to reduce traffic related air pollution. This was launched in July 2017. The UKHF has been actively involved in promoting the new guidance with the Association of Directors of Public Health (ADPH), Department for Environment, Food & Rural Affairs (DEFRA), PHE and Local and regional organisations through

masterclasses and conferences on air pollution.

The UKHF is on the advisory group for the PHE's new comprehensive review on air pollutants. This review was commissioned by the Government as part of its kerbside plan to reduce traffic related NO<sub>2</sub> emissions.

The UKHF has been commissioned by PHE in conjunction with Imperial College to produce a tool for Local Authorities on assessing the health and economic impact of air pollution which will be available later in 2017. This is described in the modelling section of this impact report (below).

#### **Impact**

- The NICE: PHE guidance has been promoted to Local Authorities and the NHS through major media launches at consultation and final guidance stages and received major nationwide news coverage
- The UKHF is working with ADPH, DEFRA, PHE, NICE and Local Authorities to promote this guidance nationwide
- The guidance is the first time that there has been a systematic review of cost effective interventions on traffic related air pollution at a local level
- The work of PHE will inform the Government's forthcoming air quality strategy statement and more detailed plans in 2019
- Air pollution has been identified as a major health inequality issue

#### **Who we reached**

The main audiences have been the public, NHS and Local Authority actors including Councillors, built environment and traffic planners and public health.

### **Making the economic case for prevention: Modelling the NHS and social care costs of air pollution**

#### **What we did**

Following competitive tender we were commissioned by PHE to develop the UKHF microsimulation to include the air pollutants nitrogen dioxide and particulate matter 2.5  $\mu\text{m}$ , as well as develop a downloadable tool for use by local authorities to quantify the attributable morbidity and cost of air pollution in their population.

We worked in collaboration with Imperial College Business School and Imperial College School of Public Health to develop the model. Two local authorities were chosen as case studies. These were Lambeth (with relatively high air pollution) and South Lakeland (relatively low air pollution). We also modelled England as a whole where exposure was in between the two.

Scenarios such as meeting EU standard value limits and reducing exposure by  $1\mu/\text{g}^3$  were run to test the long-term impact on air-pollution related diseases and NHS and social care costs.

#### **Impact**

- This project has enabled substantial development of both the microsimulation model and the downloadable tool. To our knowledge, this is the first tool that models the epidemiological and NHS/social care cost impact of air pollution at a local and national level. Once published, this tool will be useful for local authorities to make the case for action to reduce air pollution related harms across their population
- Workshops have been carried out in a number of local authorities to disseminate the tool. Feedback on need

and usability has been positive

- Peer reviewed publications are planned
- The model results and tool were presented at the Healthy City Design conference, Royal College of Physicians, London, October 2017
- The tool was demonstrated to Lambeth, South Lakeland, and Nottingham local authorities as part of the internal dissemination activities with PHE around this piece of work.

#### **Who we reached**

We envisage that the future impact will be policy planners and decision makers at both national and local authority level, academics, health professionals and the general public.

### **Making the economic case for prevention: Modelling the health and cost impacts of interventions to reduce health inequalities**

#### **What we did**

Following competitive tender we were commissioned by PHE to initially assess the feasibility of developing a tool to quantify the impact of policies on health inequalities and return on investment. Based on the outcome of the feasibility study, a downloadable tool is being developed for use by local authorities to quantify the impact of public health policies on health inequalities in their population. The feasibility study focused on intervention exemplars from three different domains:

1. Addressing the conditions of daily life that are associated with inequalities in health or taking action on the structural determinants of these conditions
2. Changing the health-related behaviours that are associated with these conditions
3. Removing inequalities in access to and outcomes of the provision of services by the health care system

We worked in collaboration with the University College London Institute of Health Equity and New Economics Foundation Consulting.

#### **Impact**

The main output produced so far for this study has been a feasibility report for modelling the impact of interventions on health inequalities. This work has helped to enhance what is known about modelling the impact of interventions on health inequalities, what is achievable, what requires more attention, and what is only doable (particularly in the field of addressing the conditions of daily life) through the use of substantial assumptions. We will develop this knowledge further in the next phase, and develop a tool that can be used by local authorities to quantify the impact of interventions on health inequalities.

#### **Who we reached**

This work has implications both within England and more broadly, and will be of interest to national and local authority policy makers, academics, health professionals, and economists.

## **Making the economic case for prevention: Sensitivity analysis of microsimulation models**

### **What we did**

The UKHF model uses a large number of model input parameters. These parameters relate to the population, disease and risk factor statistics for a particular country. Data is collected from a wide variety of sources with varying degrees of uncertainty. Currently, the UKHF model predicts the health and economic impact of public health interventions. However, uncertainty from these parameters is not incorporated into these analyses. To our knowledge global sensitivity analysis has not been carried out on similar large scale microsimulation models in public health.

The UKHF modelling team are collaborating with Dr Zaid Chalabi from the London School of Hygiene and Tropical Medicine on a project which will carry out global sensitivity analysis on the UKHF microsimulation model. As a precursor to the microsimulation model, global sensitivity analysis has been completed on the individual based model with the Problem Solving Environment for Uncertainty Analysis and Design Exploration (PSUADE) software.

### **Impact**

The project has enabled the development of the UKHF individual based model and allowed the team to gain an understanding of what software is available for running a global sensitivity analysis on the UKHF microsimulation model. This work is currently in submission with the International Journal of Microsimulation. The publication could potentially impact on the methods used to analyse parametric uncertainty in public health microsimulation modelling.

### **Who we reached**

The preliminary results from the global sensitivity analysis of the individual based model were presented at the 6<sup>th</sup> World Congress of the International Microsimulation Association in June 2017. This conference was attended by academics who develop microsimulation models in areas such as health, fiscal policy and demography.

## **Making the economic case for prevention: Reviewing trends in liver disease across Europe**

### **What we did**

In 2016 we commenced the HEPAHEALTH project which aims to review trends in liver disease across Europe and identify options for action. We conducted three reviews on i) the epidemiology of liver disease in 35 countries across Europe, ii) the trends in risk factors associated with liver disease and iii) the potential interventions and policies which could be effective in reducing the burden of liver disease. We conducted semi-structured interviews with liver disease specialists to gain a deeper understanding of trends in liver disease, recommended interventions and priority areas.

### **Impact**

This is the first project to collate the surveillance data on liver disease and its antecedents into a freely available database. It will provide a basis for advocacy around action on liver disease and its causes – namely obesity and alcohol consumption. Future work will build on this project by developing a model to test the impact of interventions that prevent liver disease morbidity and mortality.

### **Who we reached**

This work will reach liver disease specialists, public health consultants, particularly those with an interest in alcohol and obesity, health professionals, UK and European chronic disease charities.

## **Making the economic case for prevention: Modelling the long-term impacts of a weight loss intervention trial**

### **What we did**

The UKHF modelling department collaborated with researchers at the Universities of Cambridge, Oxford and Liverpool, to model the long term health impact and cost-effectiveness of referring obese patients to commercially available group weight loss programmes.

While microsimulation modelling cannot provide the same level of evidence as randomised control trials, the methods are useful to extrapolate within-trial findings, in particular when establishing long-term impacts on chronic diseases.

The work used data from the Weight Loss Referrals for Adults in Primary Care trial and modelled the three arms of the trial where participants were randomly allocated to receive a weight loss advice leaflet or free vouchers to attend a weight loss programme for either 3 or 12 months.

Long term microsimulation modelling showed that referring individuals to the longer weight loss programme resulted in fewer chronic diseases, more healthy life years lived and fewer direct healthcare costs. Over 25 years, the longer programme was estimated to be cost-effective compared to the 3 months referral and the brief advice leaflet, well below the NICE-recommended threshold for commissioning of interventions.

### **Impact**

This work has been published in The Lancet ([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30647-5/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30647-5/abstract)) and a second paper is in preparation. The initial publication received a large amount of media coverage. Laura Pimpin (Data Analyst, Modelling), gave an oral presentation at the 2017 European Congress on Obesity, Porto on the cost-effectiveness study.

### **Who we reached**

Researchers, policy makers, journalists and health professionals who are interested in cost-effective interventions to reduce obesity.

## **Making the economic case for prevention: Modelling the health and cost impacts of tobacco taxation in Ukraine**

### **What we did**

Recognising UKHF expertise in dynamic microsimulation modelling, we were commissioned by the World Bank to evaluate the impact of raising tobacco taxes in Ukraine on future smoking prevalence and related NCDs and costs. Collaborating with in-country experts, we modelled a variety of different tax scenarios to show the impact of ambitious increases in tobacco tax on long-term health.

### **Impact**

The modelling report supported by the WHO taxsim model which calculated revenue, informed the Ukraine Government's decision to implement a tax change, which has now been enacted. This work is published in a report by the World Bank: <http://documents.worldbank.org/curated/en/559401490166268124/Modeling-the-long-term-health-and-cost-impacts-of-reducing-smoking-prevalence-through-tobacco-taxation-in-Ukraine>

### **Who we reached**

This work reached senior policy makers in Ukraine, as well as officials in the Ministry of Health, health professionals, academics, health economists, and professionals.

## Information services: Evaluating an online community of practice in public health

### What we did

There is little published research into what difference digital tools make to improve connections, access to information and the translation of evidence into practice, in particular around online tools. Working in collaboration with the London School of Hygiene and Tropical Medicine, we undertook a study into whether virtual communities of practice (CoPs) potentially offer an affordable and flexible means of i) encouraging connection across the public health community and ii) sharing evidence, information and learning in ways that transgress geographical, institutional and time boundaries.

We used online web-metrics, an online survey and qualitative interviews to assess the use and engagement with an alcohol harm CoP hosted by the UKHF.

Results confirmed that the target audience had an interest in the kind of information and evidence the CoP was set up to share and generate discussion about. However, they were concerned about trust in online sources, and preferred utilising resources that were already established within their daily routine. They also lacked time to engage with resources that required any significant commitment. The Community of Practice was funded by Public Health England Knowledge & Information Services.

### Impact

Our findings were published as an open access paper in Implementation Science  
<https://implementationscience.biomedcentral.com/articles/10.1186/s13012-017-0622-8>

### Who we reached

Public health groups including academics, information and knowledge workers, alliances who own or plan communities of practices and networks.

## Information services: Capacity and information needs assessment among civil society actors in the Caribbean

### What we did

We undertook a collaborative project examining the information needs and capacity needs of Civil Society Organisations (CSOs) in the Caribbean. The Report provides a detailed assessment of the capacity needs of Healthy Caribbean Coalition CSO members working in health with a focus on NCDs. It highlights areas for capacity development, collaboration, and resource mobilisation; and identifies the public health NCD information needs and priorities of CSOs in the Caribbean.

### Impact

- This was the first information needs assessment to be undertaken among those working in public health in the Caribbean region
- The report has been published by the Healthy Caribbean Coalition, setting recommendations for development in the coming years: <https://www.healthycaribbean.org/capacity-and-information-needs-assessment-report/>
- The findings will be used to build capacity among the Caribbean CSOs, making them better positioned to contribute to the multi-sectoral approach to NCD prevention and control. This will help to strengthen CSO health information systems to inform better decision making in service delivery and advocacy
- The information needs results are being prepared for publication in a peer reviewed journal

### Who we reached

Government and agencies, information and knowledge workers, NCD prevention and control organisations, Civil Society Organisations in the Caribbean and academia.

## **Information services: Knowledge brokering service**

### **What we did**

The UKHF has developed its reputation as a knowledge broker serving to source, synthesise, disseminate and enable the exchange and uptake of information. Our service includes a free, quality assured Prevention, Information & Evidence (P.I.E) briefing. The content is also catalogued in the P.I.E e-library on the UKHF website. It includes a large amount of grey literature, which is difficult to find and rarely indexed by other bibliographic services, making our e-library unique and valuable.

In addition we provide a quarterly UKHF update newsletter, which highlights the NCD prevention work we undertake at the UKHF. This is also freely available to all members and the content is replicated on the UKHF homepage.

### **Impact:**

Examples of our reach and impact include:

- Our Prevention, Information & Evidence briefing service reaches 1,740 subscribers
- Our quarterly UKHF update newsletter reaches 1,163 subscribers
- UK Health Forum Twitter followers: 3,961
- Healthy Places Twitter followers: 456

### **Who we reached**

Our audience includes public health system leaders across governments, public health experts, public health and the national health service workforce, membership and academia.

## Annexe A

The UKHF has been an active member of the following Government, professional, research and civil society advisory groups in 2016-17:

- Alcohol Health Alliance executive board
- Smoke Free Action Coalition
- Obesity Health Alliance steering group
- UK Public Health Network (including steering group)
- Centre for Workforce Intelligence Public Health reference group
- Department of Health / Public Health England / NHS England Voluntary and Community Sector Strategic Partnership Group and Health and Wellbeing Alliance
- Department of Health and Public Health England public health system and stakeholders groups
- Eating Better Alliance management group
- Food Research Collaboration steering group
- London School of Hygiene and Tropical Medicine SPIRAL research advisory group
- National Research Prevention Initiative strategic review panel
- UK Prevention Research partnership scientific steering group
- NICE programme development groups for oral health, outdoor air pollution and community pharmacy
- NICE public health committees chairs group
- Public Health England alcohol programme board
- Public Health England tobacco control implementation board
- Public Health England built environment reference group (Healthy People Healthy Places)
- Public Health England cold weather plan reference group
- Public Health England dementia governance board
- Public Health England health check advisory board
- Public Health England equity board
- Public Health England global health committee
- Public Health England health improvement organizational review group
- Public Health England Nutrient Profiling Expert and Reference groups
- Public Health England PHORCaST project board (careers development in public health)
- Public Health England public health information taxonomy group
- Public Health England research development group
- Public Health Skills Framework/Passport steering group

- Public Health England Advisory Board -observer
- University College London street mobility advisory group
- WHO/PAHO/CARPHA Caribbean NCD prevention expert group

## Annexe B

The UK Health Forum produced and contributed to the following publications during 2016-17:

1. AHERN, A. L., WHEELER, G. M., AVEYARD, P., BOYLAND, E. J., HALFORD, J. C. G., MANDER, A. P., WOOLSTON, J., THOMSON, A. M., TSIOUNTSIOURA, M., COLE, D., MEAD, B. R., IRVINE, L., TURNER, D., SUHRCKE, M., PIMPIN, L., RETAT, L., JACCARD, A., WEBBER, L., COHN, S. R. & JEBB, S. A. 2017. Extended and standard duration weight-loss programme referrals for adults in primary care (WRAP): a randomised controlled trial. *Lancet*.  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30647-5/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30647-5/abstract)
2. AVEYARD, P., LEWIS, A., TEARNE, S., HOOD, K., CHRISTIAN-BROWN, A., ADAB, P., BEGH, R., JOLLY, K., DALEY, A., FARLEY, A., LYCETT, D., NICKLESS, A., YU, L.-M., RETAT, L., WEBBER, L., PIMPIN, L. & JEBB, S. A. 2016. Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial. *The Lancet*, 388, 2492-2500.  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31893-1/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31893-1/abstract)
3. BABOR, T. F., JERNIGAN, D., BROOKES, C. & BROWN, K. 2017. Toward a public health approach to the protection of vulnerable populations from the harmful effects of alcohol marketing. *Addiction*, 112 Suppl 1, 125-127.  
<http://ioigt.org/wp-content/uploads/2017/01/Alcohol-marketing-supplement.pdf>
4. BRINDEN, H., MWATSAMA, M. & LANG, T. 2017. Chapter 6: Public health advocacy for the prevention of NCDs *An Introduction to Population-Level Prevention of Non-Communicable Diseases*. Oxford University Press.  
<http://oxfordmedicine.com/view/10.1093/med/9780198791188.001.0001/med-9780198791188>
5. CAIRNS, G., ANDRADE, M. D. & LANDON, J. 2016. Responsible food marketing and standardisation: an exploratory study. *British Food Journal*.  
<http://www.emeraldinsight.com/doi/abs/10.1108/BFJ-10-2015-0368>
6. DI RUGGIERO, E. V., S; MWATSAMA, M; BROWN, A; GRAFF, H; LANDON, J 2017. Public-Private Partnerships in Public Health Research and Policy. *Oxford Bibliographies*. Oxford.  
<http://www.oxfordbibliographies.com/view/document/obo-9780199756797/obo-9780199756797-0161.xml?rskey=X3YHII&result=1&q=mwatsama#firstMatch>
7. GARDE, A., DAVIES, S. & LANDON, J. 2017. The UK Rules on Unhealthy Food Marketing to Children. *European Journal of Risk Regulation*, 8, 270-282.  
<https://livrepository.liverpool.ac.uk/3009649/1/M:%5cPUBLICATIONS%5cPublications%20ob%20a9sit%20a9%5cEJRR%20Special%20Issue%5cGarde%20Davies%20Landon%20HFSS%20Food%20Marketing%20in%20UK%20EJRR%20Special%20Issue%20FINAL%20VERSION%202017+SD.pdf>
8. GRAFF, H., MWATSAMA, M. & LINCOLN, P. 2017. Using Brexit to tackle non-communicable diseases and improve the health of the public. UK Health Forum.  
[http://nhfshare.heartforum.org.uk/RMAssets/Policy/UKHF\\_Briefing\\_Brexit\\_May2017.pdf](http://nhfshare.heartforum.org.uk/RMAssets/Policy/UKHF_Briefing_Brexit_May2017.pdf)
9. GRAFF, H. & MWATSAMA, M. 2017. Proposals for a health-creating economy. 2017. UK Health Forum  
[http://nhfshare.heartforum.org.uk/RMAssets/Policy/UKHF2017\\_Policy\\_Priorities\\_long\\_FINAL.pdf](http://nhfshare.heartforum.org.uk/RMAssets/Policy/UKHF2017_Policy_Priorities_long_FINAL.pdf)
10. HINDE, S., BOJKE, L., RICHARDSON, G., RETAT, L. & WEBBER, L. 2017. The cost-effectiveness of population Health Checks: have the NHS Health Checks been unfairly maligned? *Journal of Public Health*, 1-7.  
<https://link.springer.com/article/10.1007/s10389-017-0801-8>
11. HUGHES, E. 2016. Can Twitter improve your health? An analysis of alcohol consumption guidelines on Twitter. *Health Info Libr J*, 33, 77-81.  
<http://onlinelibrary.wiley.com/doi/10.1111/hir.12133/abstract>
12. HUNT D., KNUCHEL-TAKANO, A., JACCARD, A., BHIMJIYANI, A., RETAT, L., SELVARAJAH, C., BROWN, K., WEBBER, L. L. & BROWN, M. 2017. Modelling the implications of reducing smoking prevalence: the public health and economic benefits of achieving a 'tobacco-free' UK. *Tob Control*.  
<http://tobaccocontrol.bmj.com/content/early/2017/04/20/tobaccocontrol-2016-053507>

13. JACCARD, A. & WEBBER, L. 2016. Modelling the economics of chronic disease with the EConDA tool and the UKHF microsimulation model. *European Journal of Public Health*, 26.  
[https://academic.oup.com/eurpub/issue/26/suppl\\_1#66316-2449632](https://academic.oup.com/eurpub/issue/26/suppl_1#66316-2449632)
14. JERNIGAN, D., NOEL, J., LANDON, J., THORNTON, N. & LOBSTEIN, T. 2017. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*, 112 Suppl 1, 7-20.  
<http://onlinelibrary.wiley.com/doi/10.1111/add.13591/abstract>
15. KEAVER, L. & WEBBER, L. 2016. Future trends in morbid obesity in England, Scotland, and Wales: a modelling projection study. *The Lancet*, 388, S63.  
[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)32299-1.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)32299-1.pdf)
16. KORJONEN, H., HUGHES, E., FORD, J. & KESWANI, A. 2016. The role of case studies in public health. UK Health Forum.  
<http://nhfshare.heartforum.org.uk/RMAssets/Reports/TheRoleofCaseStudiesFinalReport.pdf>
17. LANDON, J. & GRAFF, H. 2016. Alcohol marketing and young people: a literature review and mapping exercise. UK Health Forum.  
[http://nhfshare.heartforum.org.uk/RMAssets/UKHFReports/Alcohol%20marketing%20and%20young%20people-PHE-UKHF\\_v3\\_NO%20APPENDICES.pdf](http://nhfshare.heartforum.org.uk/RMAssets/UKHFReports/Alcohol%20marketing%20and%20young%20people-PHE-UKHF_v3_NO%20APPENDICES.pdf)
18. LANDON, J., LOBSTEIN, T., GODFREY, F., JOHNS, P., BROOKES, C. & JERNIGAN, D. 2017. International codes and agreements to restrict the promotion of harmful products can hold lessons for the control of alcohol marketing. *Addiction*, 112, 102-108.  
<http://onlinelibrary.wiley.com/doi/10.1111/add.13545/pdf>
19. LINCOLN, P. 2017. Renaming non-communicable diseases. *Lancet Glob Health*, 5, e654.  
[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30219-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30219-X/fulltext)
20. LOBSTEIN, T., LANDON, J., THORNTON, N. & JERNIGAN, D. 2017a. The commercial use of digital media to market alcohol products: a narrative review. *Addiction*, 112 Suppl 1, 21-27.  
<https://www.ncbi.nlm.nih.gov/pubmed/27327239>
21. LOBSTEIN, T., LANDON, J., THORNTON, N. & JERNIGAN, D. 2017b. Use of digital media for alcohol marketing: Response to Carah & Meurk. *Addiction*, 112, 371-372.  
<http://onlinelibrary.wiley.com/doi/10.1111/add.13632/full>
22. LUCHENSKI, S., ALDRIDGE, R. W., CAPEWELL, S., GREAVES, F., JOHNSON, A. M., LYONS, R. A., LINCOLN, P., MCKEE, M., MCPHERSON, K., WALTERS, H. & HORTON, R. 2017. Public Health Science conference: a call for abstracts. *Lancet*, 389, 1593.  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30945-5/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30945-5/abstract)
23. MONTEIRO, M. G., BABOR, T. F., JERNIGAN, D. & BROOKES, C. 2017. Alcohol marketing regulation: from research to public policy. *Addiction*, 112, 3-6.  
<http://onlinelibrary.wiley.com/doi/10.1111/add.13660/full>
24. MWATSAMA, M. 2016a. Improving health through better governance. UK Health Forum.  
[http://nhfshare.heartforum.org.uk/RMAssets/PUBLIC\\_BellagioNutritionGovernanceMeetingReport\\_FINAL.pdf](http://nhfshare.heartforum.org.uk/RMAssets/PUBLIC_BellagioNutritionGovernanceMeetingReport_FINAL.pdf)
25. MWATSAMA, M. 2016b. *Public health policy struggles: Comparison of salt reduction and nutrition labelling in the UK, 1980 - 2015*. doctoral, London School of Hygiene & Tropical Medicine.  
<http://researchonline.lshtm.ac.uk/2548624/>
26. PINEDA, E., SANCHEZ-ROMERO, L. M., BROWN, M., JACCARD, A., WEBBER, L., JEWELL, J. & BREDI, J. 2016. Achieving the 2025 WHO global health body-mass index targets: a modelling study on progress of the 53 countries in the WHO European region. *The Lancet*, 388, S90.  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32326-1/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32326-1/abstract)

27. PONSFORD, R., FORD, J., KORJONEN, H., HUGHES, E., KESWANI, A., PLIAKAS, T. & EGAN, M. 2017. Competing for space in an already crowded market: a mixed methods study of why an online community of practice (CoP) for alcohol harm reduction failed to generate interest amongst the group of public health professionals at which it was aimed. *Implement Sci*, 12, 91.  
[http://researchonline.lshtm.ac.uk/4122100/1/Competing%20for%20space%20in%20an%20already%20crowded%20market\\_GOLD%20VoR.pdf](http://researchonline.lshtm.ac.uk/4122100/1/Competing%20for%20space%20in%20an%20already%20crowded%20market_GOLD%20VoR.pdf)

**Pending publications:**

- **Inequalities in smoking and obesity in Europe predicted to 2050: Findings from the EConDA project**, Perez-Ferrer et al, *In submission* European Journal of Public Health
- **Achieving the 2025 WHO global health BMI targets: predicting obesity trends in 53 WHO-Europe region countries**, Pineda et al, *In prep* The Lancet
- **Extended and standard duration weight loss referrals for adults in primary care (WRAP): a pragmatic randomised controlled trial**, Ahern et al, *In submission* The Lancet
- **Modelling the implications of reducing smoking prevalence: the benefits of increasing UK tobacco duty to public health and economic outcomes**, Knuchel-Takano et al, *In prep for submission to* Tobacco Control
- **Modelling the implications of reducing smoking prevalence: the public health and economic benefits of achieving a 'tobacco-free' UK**, Hunt et al, *Under review* Tobacco Control

For more information, visit the UKHF website at [www.ukhealthforum.org.uk](http://www.ukhealthforum.org.uk)

November 2017