

## Impact report 2013-2014

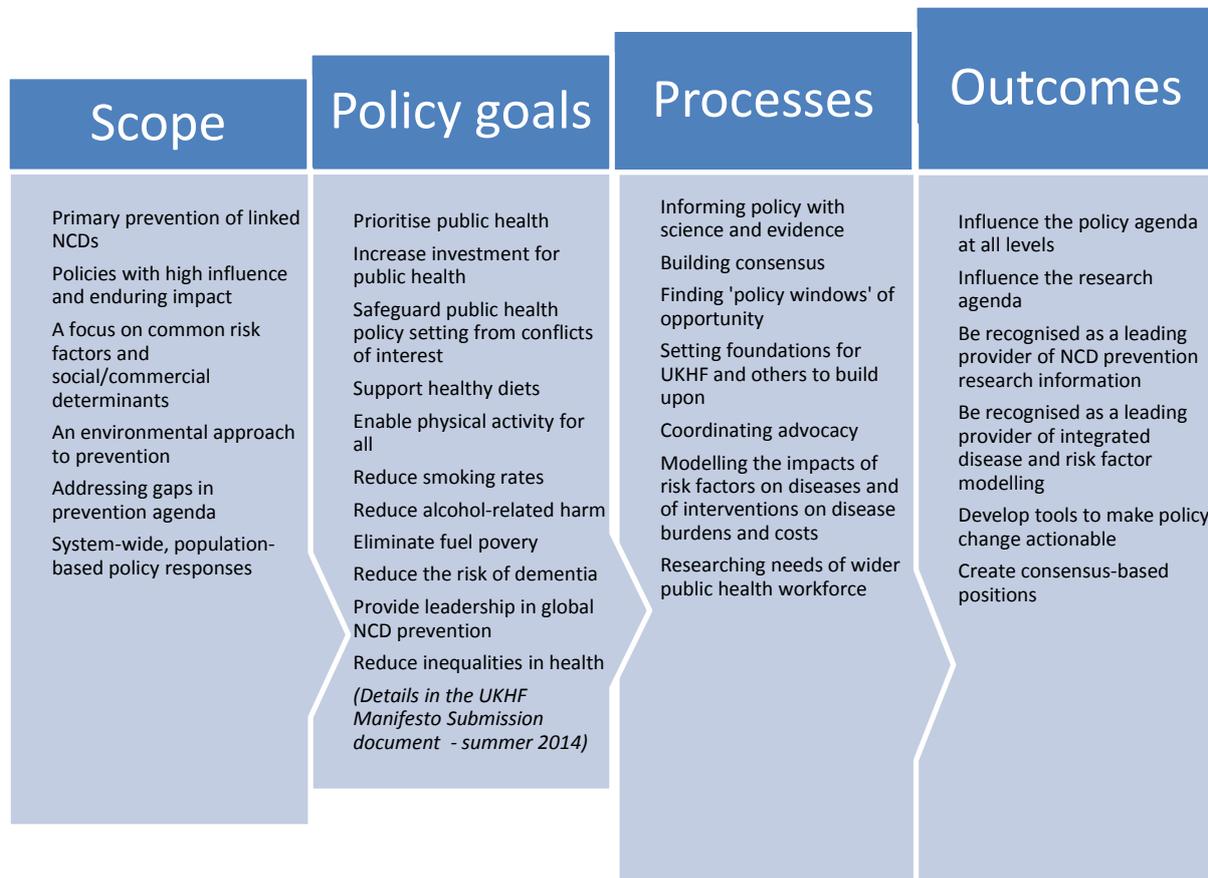
### Prevention First

We are pleased to introduce the first 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 18 months.

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.

The UKHF's scope, strategy and ways of working are summarised in the advocacy model shown in figure 1 below. 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 help to achieve outcomes that create the necessary conditions for better, more effective policy making.

**Figure 1: UKHF advocacy model**



Below we present a series of short descriptions of **just some of our projects and programmes** and indicate how our work is helping to achieve the desired outcomes shown in figure 1.

### **Policy development & advocacy: Dementia risk reduction**

**What we did:** We jointly hosted an expert meeting with Public Health England (PHE) and commissioned a science and policy review and professional needs assessment. We developed and published the *Blackfriars Consensus Statement on dementia risk reduction* with an accompanying letter in the Lancet.

**Impact:** *Blackfriars* was a timely contribution to G7 discussions on dementia and the Prime Minister's Dementia Challenge. It has also:

- Brought together neurologists, cardiologists and public health professionals around common prevention agenda;
- Strengthened the membership within UK Health Forum with expertise in mental health;
- Forged political support for dementia risk reduction across four UK nations;
- Influenced national professional guidance (NICE);
- Provided a foundation for a national research and policy agenda at a time when this is receiving international attention. (BUPA and Alzheimer's Disease International are planning a series of policy seminars which build on *Blackfriars*);
- Stimulated interest for wider consensus building initiatives, particularly at European level;
- Stimulated interest in further collaborative work to model dementia data;
- We are contributing to the Department of Health Future of Dementia Group tasked with developing a vision for the next national dementia strategy (from 2015).

### **Policy development & advocacy: Reduced sugar consumption**

**What we did:** We produced a policy options paper on reducing sugar consumption to inform a stakeholder consultation process for Public Health England. We helped convene, plan and run meetings with PHE and DH for the public health community and food businesses.

**Impact:** The policy options analysis and stakeholder discussions gave us a high level input to the policy debate about sugar reduction when *Action on Sugar* and others had secured a high media and advocacy profile around the expert reviews of sugar intakes by the World Health Organization and the UK's Scientific Advisory Committee on Nutrition. UKHF featured in the media coverage of government policy on sugar and we were invited to contribute to national and international meetings on sugar and health. UKHF sits on two expert groups: to help PHE to review food-based dietary guidelines for the UK and to gather evidence for policies to tax sugary drinks and restrict marketing of sugar-rich products to children.

### **Research: Better use of grey literature and case studies**

**What we did:** We conducted research into the role of **grey literature** in public health, particularly the use of **case studies** as evidence. The research builds on existing work and seeks to identify the value of case studies, how they are used by the public health workforce and assessed for quality.

**Impact:** We will be sharing the learning from this project with public health bodies, including PHE, NICE and the Cochrane Collaboration in order to:

- Support high standards in public health research;
- Increase our understanding about how evidence in public health is defined and how it is used in practice;
- Understand how the evidence hierarchy may create barriers in public health research, in particular how it may limit access to the best available evidence.

## **Research: Understanding knowledge management and translation**

**What we did:** This year we have worked with PHE's Knowledge Management Team to test the impact of **knowledge management mechanisms** that are used to identify, manage and disseminate public health evidence.

We have worked with London School of Hygiene and Tropical Medicine to understand the role of **communities of practice** as knowledge translation mechanisms.

**Impact:** This work is helping us to:

- Support local and national delivery teams in public health by gaining better understanding of how evidence is put into practice;
- Show how individuals engage with each other and with information;
- Show how communities of practice can support public health workers, improve the learning within organisations and strengthen the health care system;
- Deliver a more systematic approach to supporting the public health workforce with information that they need, when they need it.

## **Modelling: Obesity projections in 53 countries**

**What we did:** We were commissioned by the World Health Organization to model trends in obesity and overweight in all 53 countries of the WHO European Region, and the likely impact on non-communicable disease burdens in each country to 2030.

**Impact:**

- The modelling results were published in *BMJ Open* and presented to international obesity and cardiovascular disease conferences including the European Congress on Obesity and EuroPrevent, attracting high media coverage;
- The project addresses the need for surveillance and monitoring - a priority of the *Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020*;
- The projections support new WHO country health profiles which help to raise awareness among Member States of the health consequences of rising rates of overweight and obesity;
- The data was also used to inform the development of the *WHO Vienna Declaration on Nutrition and Non-communicable Disease in the Context of Health 2020*;
- The data is being incorporated into the EU-funded *Economics of Chronic Diseases Project* (ECONDA) led by UK Health Forum which will help Member States develop, select and implement more cost-effective prevention interventions.

## **Modelling: Cost-effectiveness of weight management interventions**

**What we did:** Working in partnership with health economists at the University of East Anglia, we were asked to model the cost-effectiveness of behavioural weight management interventions for both adults and children by the National Institute for Health and Care Excellence (NICE). The work informed the development of NICE guidance on weight management interventions (PH47 and PH53)

**Impact:** Our work has provided evidence to support better commissioning of behavioural weight management programmes – for preventing and treating obesity - and to inform the development of new interventions in England and Wales. The NICE guidance is also likely to influence service planning and provision in other countries.

## **Modelling: Risk factor trends in England**

**What we did:** We were asked by Public Health England to model the future trends in obesity, tobacco use and salt consumption and associated health impacts in England to 2034, testing different future scenarios – best case, worst case and steady progress. We looked at each risk factor by income group and social class to identify inequalities in trends.

**Impact:** The future scenarios were published as part of PHE's statement of ambition for health improvement in England - *From evidence into action: opportunities to protect and improve the nation's health*. Our work illustrates to policy makers, commissioners and public health professionals the incidences of major diseases that could be avoided if we succeed in reducing the risk factors of obesity, smoking and poor diet, and the human and financial implications if we fail to do so.

## **Research: Listening to the public health workforce**

**What we do:** We undertake regular qualitative and quantitative needs assessments with the public health workforce within government, local government, the NHS, the voluntary community sector and academia. We use the results to profile the information needs of the public health workforce and highlight areas of need such as new online tools, communities of practice and training.

**Impact:** Our needs assessments have enabled us to:

- Profile information needs in public health and show what helps and hinders access to information;
- Plot how public health priorities shift locally and shape our services accordingly;
- Identify the skills gaps and information literacy needs so that training programmes can be developed and improved;
- Play a key role in strengthening existing information standards and recommending new ones to support better dissemination methods and improve access to public health information.

## Information provision: Current awareness services

**What we do:** Supported by Public Health England, we provide a unique suite of current awareness services that is freely available to everyone working in public health. These services include a **searchable eLibrary** and a **personalised briefing service** on all topics relevant to non-communicable diseases and their prevention.

This year we piloted two new services:

(1) an **industry monitoring briefing**, which aggregates intelligence on the activities of the tobacco, alcohol, processed food and other industries that impact on chronic disease risk and prevention;  
(2) a **health inequalities briefing**, which collects grey literature that is otherwise difficult to find, due to inadequate indexing, and peer reviewed literature which is time-consuming to locate in numerous publications and fields of research.

**Impact:** Users of our current awareness services have reported in surveys and interviews the following benefits to their work:

- Improved health literacy, learning and participation;
- Reliable and rapid access to tailored information;
- Access to independent information about the alcohol, food and tobacco industries;
- Increased awareness of health inequalities in public health;
- Less time spent on searching for information.