

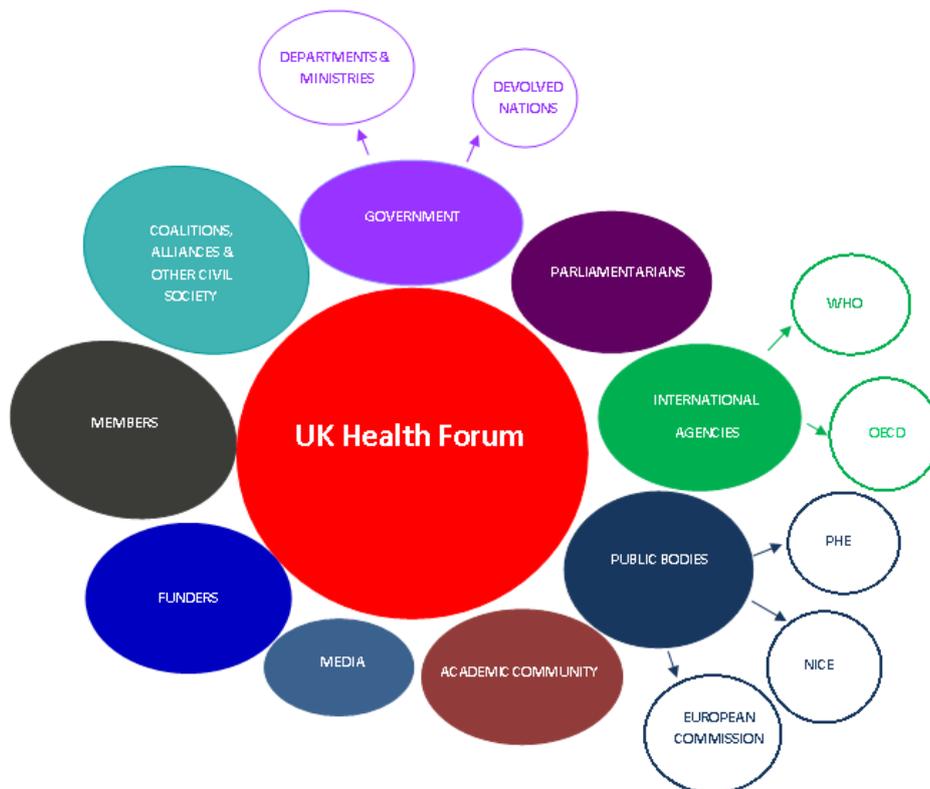
Putting prevention at the heart of public health

Impact Report 2014-15 No. 02

This is the second 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. 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. Feedback on our first report was positive. This second impact report incorporates some improvements in the light of comments, to better reflect the audiences we reach and to report not only our successes, but evaluation processes and any limitations.

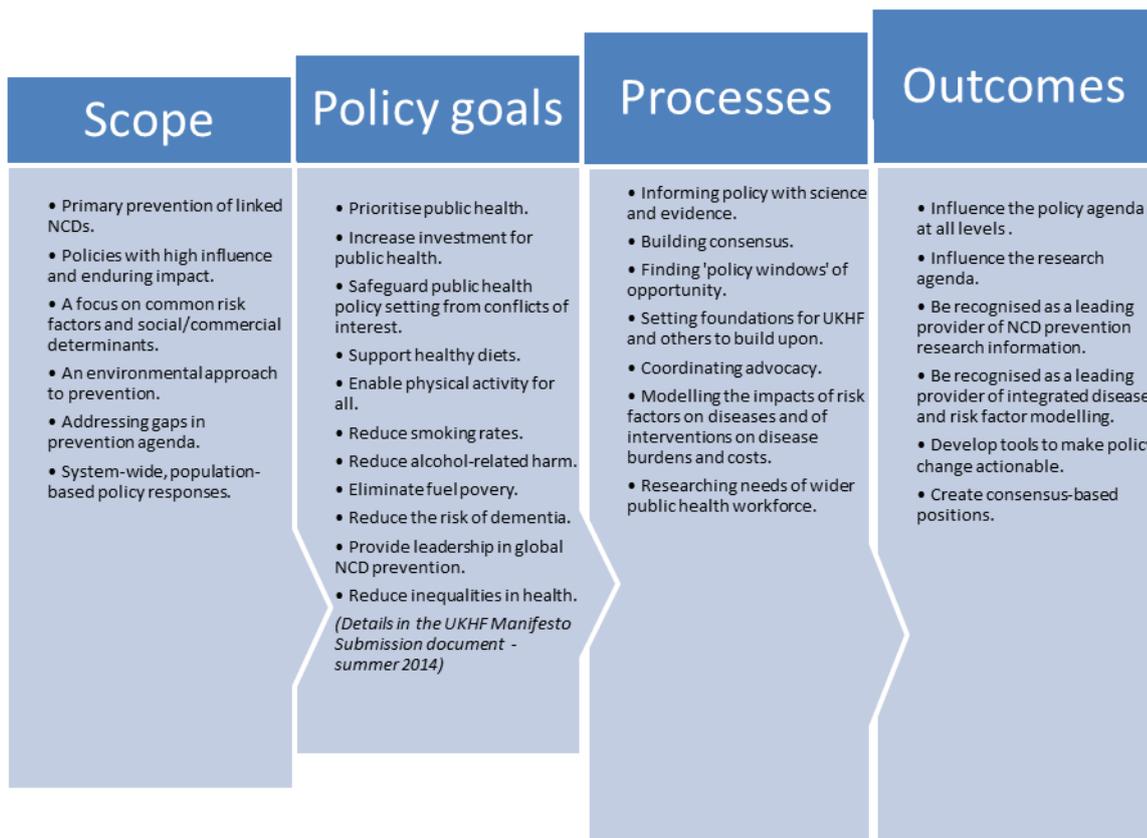
The UKHF is both an organisation and an alliance of organisations, and it is important we try to evaluate our unique efforts and our contributions to collective advocacy. We work with a wide range of partners and seek to influence a variety of audiences at both national and international levels as shown 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 28 advisory groups (Annexe A). The UKHF has also contributed to science and policy literature (Annexe B).

Figure 1: Who do we work with?



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 monitors and reports how well we it helps to 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

Policy development & advocacy: Healthy Places Fuel Poverty & Health Toolkit

What we did:

We secured funding from the Department for Energy and Climate Change (DECC), Public Health England (PHE) and Friends of the Earth, to produce an evidence-informed toolkit for public health teams and GPs on how to improve health and wellbeing by taking action on affordable warmth. The project included a comprehensive review of the evidence which shows that living in cold, damp homes is a risk factor for both the development and severity of a number of NCDs, in particular circulatory and respiratory illnesses, and a major cause of health inequalities. The web-friendly toolkit is freely available on the UKHF *Healthy Places* website www.healthyplaces.org.uk

Impact:

- The toolkit was a timely support to the development of a new fuel poverty strategy for England (2014-15) and PHE’s revised cold weather plan for England.
- The toolkit was referenced in the DECC consultation, *Cutting the cost of keeping warm: A new fuel poverty strategy for England*.
- Evaluation of the toolkit was positive with users finding it a comprehensive resource.
- UKHF expertise in collaborative development of policy tools to help public health practitioners to tackle fuel poverty was acknowledged by an invitation to participate in an Economic and Social Research Council funded series on *The health impact of cold homes and fuel poverty*.

Who we reached: Government officials in DECC, Department of Health (DH) and PHE, local commissioners and public health practitioners, primary care practitioners and the voluntary and community sector.

Policy development and advocacy: Equity Action Programme

What we did: Between 2011 and 2014 the UKHF managed Equity Action (EA) - the joint action on health inequalities across the European Union, with 23 partners drawn from 16 Member States (MSs) plus Norway.

Joint Actions have a clear EU added value. EA aimed to promote a health equity focus in policy making by building capacity. This included the use of tools to analyse and influence policy making processes such as health impact assessments with an equity focus and health inequalities audits, as well as learning from practice in regional engagement, and developing the evidence base for actions to address health inequalities.

Evaluation and impact:

An independent evaluation identified that the EA programme has been successful in developing the capability of Member States to produce policies to tackle health inequalities, with demonstrable progress in the MSs involved. Several countries, including Belgium, Spain and Poland, have reported a much greater engagement with health inequalities and establishment of cross-government working groups as a result.

The elements of the project that were found to have worked best to support Member State development include:

- Effective management of the EA programme.
- Raising the profile of health inequalities with an equity focus that has secured political engagement across MSs.
- Creating networks and facilitating a process that has enabled mutual learning and sharing of problems, experiences, good practice and strategies for action.
- Fostering collaboration across sectors with a wide variety of stakeholders.
- Building co-operation between experts and government officials within and between MSs.
- Developing specific, practical tools with direct application in a local context to review and develop policies including health impact assessment (HIA) and health in all policies (HiAP), case studies, stakeholder debates and fact sheets and the Structural Fund Guidance Tool.
- Empowering individuals through training and their association with the Joint Action to influence decision-makers.
- Developing a website that is widely acknowledged to be a valuable resource.
- Commissioning literature reviews and fact sheets with the potential to directly inform policy.
- Developing 'Equity Action' as a recognised brand to promote health equity.
- Raising the visibility of health equity through sharing knowledge and the EA final conference, with 500 participants and which included contributions from 4 EU Directorates General (DG), six ministries of health, as well as presentations from Sir Michael Marmot, and Zsuzsanna Jakab, WHO Regional Director for Europe.

Who we reached: Through the project and final conference, the project reached Government ministers, agencies responsible for addressing non-healthcare related health inequalities, the committee of the regions, different parts of the EU system including research, regions, social exclusion and public health, as well as specifically the nutrition team in DG Santé and the high-level group on diet and nutrition, and the air quality team in DG Environment. In addition, the partners will have reached professionals, NGOs and academics in their own countries, through national and regional action.

Policy development & advocacy: Dementia risk reduction UPDATE

What we did: In 2014, we jointly hosted an expert meeting with PHE and commissioned a science and policy review. We developed and published the *Blackfriars Consensus Statement* on dementia risk reduction with an accompanying letter in the Lancet.

Impact:

- The *Blackfriars Consensus Statement* influenced the UK's global leadership on dementia and was promoted by the World Dementia Council. A focus on dementia risk reduction and prevention was included in the joint UK/WHO global dementia meeting in April 2015.
- In keeping with a key recommendation of the *Blackfriars Consensus Statement*, Alzheimer's Research UK announced its intention to launch a Prevention Fund in 2015 in order to provide answers to the biggest questions in prevention. The best ideas would be seed-funded.
- In November 2015 the Prime Minister announced a new UK Dementia Research Institute with funding of up to £150 million to drive forward research and innovation in fighting dementia, including risk reduction.
- Public health guidance from the National Institute of Health and Care Excellence (NICE) on mid-life interventions to reduce the risk of disability, frailty and dementia in later life, published in October 2015, reflects the major recommendations of the *Blackfriars Consensus Statement*.
- A section on dementia risk reduction and prevention was included in the Dementia Core Skills Education and Training Framework, published in October 2015. The Framework sets out the core skills and knowledge for service provision. It includes key policy and legal references and is aligned to related national occupational standards.

Who we reached: UK Government leaders, World Dementia Council, NICE, dementia charities, researchers, local public health practitioners (via guidance and training framework).

Research: Virtual communities of practice

What we did: The UKHF hosts a number of virtual communities of practice (CoPs) to support the prevention agenda on its .ncdlinks.org platform, including dedicated communities for tobacco control, alcohol harm reduction and to support nutrition and physical activity. We reviewed the value of CoPs in public health to determine how to measure success and test the usefulness of a CoP in obesity compared to other knowledge translation strategies, e.g. news alerts, and literature reviews.

Impact:

- The results show how CoPs can remove barriers to collaboration such as geography, insecurity about own level of seniority in the job or expertise and improves the ability to work together with peers across different topics.
- We identified the critical success factors for CoPs. These included sustained funding, leadership and long term support to build trust amongst the community.
- The results were published in the Journal of Public Health Informatics (2015).
- We continue to host CoPs to enable collaboration in public health and we are developing them in line with our findings and with changing needs and priorities.
- The research is helping PHE to build its own knowledge management systems.

Who we reached: Public health and knowledge and information practitioners working in academic, governmental, non-governmental and health service settings.

Research: National Prevention Research Initiative

What we did:

The National Prevention Research Initiative (NPRI) was established by 11 research funders including government departments, research councils and medical charities. Through four funding calls (between 2005 and 2011), NPRI-funded research aimed to reduce the burden of chronic non-communicable disease by investigating the role of health-related behaviour, particularly alcohol consumption, smoking, diet and physical activity. In 2014, the UKHF was part of the scientific review group for the NPRI, composed of researchers and others working in a translational role, which was tasked with advising on future opportunities in prevention research in the light of the changed landscape for funding public health research as part of a report to funders.

Impact:

The report of the scientific review group made important recommendations to Government and research charities – to encourage the collaborative initiative to continue and broaden the scope of research to be funded. Recommendations for funded work included:

- Better balance between observational, developmental, and intervention studies, with increased emphasis on solving problems rather than simply describing them.
- Greater focus on developing interventions that may act at a level other than the individual (e.g. at group, community or population-level), or at more than one level.
- More work on the cost-effectiveness of public health prevention strategies.
- Development and testing of interventions in groups with particular needs, such as those with poor mental health, and in lower socioeconomic and minority ethnic groups.
- Support for researcher/practitioner teams to effect sustainable change.
- Strengthened engagement and collaboration between research funders and researchers to build capacity and expertise in knowledge exchange.
- Clear expectations from funders of publication and dissemination of findings (including of negative results), and participation in knowledge exchange activities.

Who we reached: Research funding councils and research charities.

Research: Defining and exploring the use of case studies in public health

What we did: By telling 'stories', case studies are a valuable way for public health practitioners to capture local knowledge, showcase programmes and services and illustrate processes and outcomes that cannot be captured in other ways.

We conducted research into the role of case studies in public health, examining their value as evidence. In a report to PHE and a forthcoming publication we defined the need to understand who produces case studies and for what purpose, and how they influence change in public health.

We made recommendations on how their format and content can be made better to increase their value as evidence in public health and improve the ranking of case studies in the evidence hierarchy.

Impact:

This research will support improvements in current evidence appraisal guidelines and decision-making by helping to increase the value of case studies in public health evidence. The recommendations on layout and content presentation will help public health practitioners to appraise case studies from others and to report their own more effectively. The work contributes to the development of the Public Health England Knowledge Management platform which provides national appraised evidence in public health.

Who we reached: Public health practitioners working in local authorities, PHE, the voluntary and community sector, academia and the health services. A planned publication in a peer-reviewed journal will bring the findings to a wider audience in 2016, and an open source 'how to' guide will be published on the UKHF website in Spring 2016.

Policy development and advocacy: Policy tracking

Here are just a few examples of UKHF proposals and recommendations over the year that have been reflected in practice and other policy documents:

Alcohol strength

In response to a consultation by the Department for Environment, Food and Rural Affairs (DEFRA) in 2013 on the use of terms such as 'lower alcohol' and 'reduced alcohol' to encourage the drinks industry to increase the market offer of products with less alcohol, we strongly recommended that the Government commission independent consumer research to inform its thinking and explore concerns that a move towards more lower alcohol products may have the unintended consequence of increasing consumption.

In December 2014, the Government launched consumer research into the use and perceptions of lower alcohol product labelling.

Food duties for public health

The UKHF report *What is the role of health-related food duties?* (2012) has been cited in a number of influential reports including a WHO report on *Using Price Policies to Promote Healthier Diets* (2015), a report by the McKinsey Global Institute, *Overcoming obesity: an initial economic analysis* (2014) and in the PHE report, *Sugar reduction: the evidence for action, fiscal evidence review* (2015).

The problems with voluntary action from the food and alcohol industries

Following our evidence to the Health Select Committee inquiry into the impact of physical activity and diet on health (March 2015), the Committee report to Government reflected the misgivings of many witnesses concerning the Responsibility Deal for Public Health. Among its conclusions the Committee supported the view of the UKHF that the Deal should be seen as a complement rather than a substitute for regulation and that 'we cannot hang all our expectations in terms of all the things we need to achieve in public health on voluntary pledges.'

The Committee also supported the UKHF recommendation that the traffic light front of pack nutritional labelling system should be supported by a Government awareness campaign.

Information provision: Supporting global health

What we do: The UKHF has developed its reputation as a knowledge broker serving to source, synthesise, disseminate and enable the exchange and uptake of information. Our internationally respected and evidence-based knowledge information service provides a range of free, quality assured resources and services to support global health work on NCDs. This, in combination with our research into how the public health workforce and civil society need and use information, helps ensure that the public health workforce is listened to and supported in delivering on the prevention agenda.

We assess the impact of our services through information needs assessments which explore questions about learning, internal processes, costs and impact on local services.

Impact:

- Our work fills a gap in the provision of synthesised, quality, valid evidence and information around the prevention of NCDs, their risk factors and determinants.
- To ensure that capacity building is at the core of what we do, we continuously test knowledge translation methods. This helps us to improve the uptake of new, emerging best practice and stimulate policy dialogue at the global level.
- We develop unique tools, for example, online briefings, interactive literature updates, online sharing in communities of practice, e-learning modules, to deliver evidence and support information literacy at the point of need, in turn improving public health and the health and care systems.
- Common themes that emerge from user feed-back is that UKHF services are 'authoritative', 'comprehensive', 'trustworthy', 'relevant' and a 'unique combination of public health information services'.

Who we reached: By using innovative methods, we reach over 90 countries around the world including low and middle income countries, making access to information more systematic, reducing barriers and supporting the diverse workforce. Our services have reached over 60,000 individual users including thousands of regular subscribers to our briefing services and the ncdlinks.org platform.

Modelling: The Economics of Chronic Diseases (EConDA)

What we did:

Recognising UKHF expertise in dynamic microsimulation modelling and in delivering multi-partner projects, we were commissioned by the European Commission to lead a project with 16 European partners to prioritise, develop and implement cost-effective policies to prevent chronic diseases, reduce premature deaths in the most vulnerable populations and reduce health inequalities.

For this project we developed an epidemiological disease model that can test the cost-effectiveness of interventions to prevent, screen and treat chronic diseases. The models incorporate two risk factors (smoking and body mass index), and four major chronic diseases (coronary heart disease, type 2 diabetes, chronic kidney disease and chronic obstructive pulmonary disease (COPD)).

We projected each risk factor forward to 2050 and quantified the impact of these risk factor trends on the future burden of chronic diseases was. We tested interventions such as a sugar-sweetened beverage tax, smoking cessation services, screening for chronic kidney disease and COPD treatment.

Evaluation and impact:

- The project has demonstrated that interventions addressing risk factors such as obesity and smoking before chronic diseases develop, are generally more cost-effective in terms of healthcare savings – including social care, welfare costs and loss of productivity – than treating an individual for a chronic condition.
- The model has been used with data from eight EU countries and the findings have been shared with policy makers across the EU.
- A downloadable tool has been developed for use by countries to test their own interventions and pilot tested in five of the EConDA countries. The tool has been evaluated using a questionnaire and improved in the light of feedback. More information at www.econdaproject.eu/tools.php
- Peer review of the models by The National Institute for Public Health and the Environment in the Netherlands (RIVM) has provided ideas for future improvements to the microsimulation model.
- The model is very data dependent. Lack of available data – particularly data on disease incidence and costs by disease stage - has limited the possible outputs.

Who we reached: Health policy-makers, academics, health professionals and chronic disease alliances in the EU region.

Annexe A

The UKHF has been an active member of the following Government, professional, research and civil society advisory groups in 2014-15:

- Alcohol Health Alliance executive board
- British Heart Foundation prevention review group
- Centre for Workforce Intelligence Public Health reference group
- DH obesity review group
- DH reducing avoidable mortality roundtable
- DH/PHE/NHS England Voluntary and Community Sector (VCS) strategic partnership group
- (The) DH and PHE public health system and stakeholders groups
- Eating Better Alliance management group
- Food Research Collaboration steering group
- Healthy Air Campaign strategy group
- London School of Hygiene and Tropical Medicine SPIRAL advisory group
- National Research Prevention Initiative strategic review panel
- National Institute for Health Research public health research advisory board
- NHS England prevention & early diagnosis programme board
- NICE programme development groups for dementia and frailty review and workplace health
- NICE public health committees chairs group
- PHE board and global health committee
- PHE built environment reference group (Healthy People Healthy Places)
- PHE cold weather plan reference group
- PHE dementia governance board
- PHE health check advisory board
- PHE PHORCaST project board (careers development in public health)
- PHE programme board on return on investment
- PHE public health information taxonomy group
- PHE sugar evidence review advisory group
- PHE tobacco control implementation board
- Public Health Skills Framework/Passport steering group
- University College London street mobility advisory group

Annexe B

The UK Health Forum produced and contributed to the following publications during 2014-15:

Divajeva D, Marsh T, Logstrup S, Kestens M, Vemer P, Kriaucioniene V, Peresson S, O'Kelly S, Rito A, Webber L. *Economics of chronic diseases protocol: cost-effectiveness modelling and the future burden of non-communicable disease in Europe*. BMC Public Health. 2014 May 16;14:456. doi: 10.1186/1471-2458-14-456. Review.

Facets of public health in Europe (Davies N, Lincoln P, chapter on Health Impact Assessment), November 2014.

Ford, J.R., Korjonen, H. Keswani, A., Hughes, E. *Virtual communities of practice: can they support the prevention agenda in public health?* Online Journal of Public Health Informatics. 7(2):6031.

Garde A, Davies S, Landon J. *Case study: the UK rules on HFSS food marketing to children*. European Journal of Risk Regulation (in press)

Hughes, E., *Can Twitter improve your health? An analysis of alcohol consumption guidelines on Twitter*, Health Information & Libraries Journal (in press awaiting publication)

Korjonen, H., Hughes, E., Ford, J., Keswani, A., *The role of case studies in public health*, Health Promotion International (in press awaiting publication)

Lincoln P, Fenton K, Alessi C, Prince M, Brayne C, Wortmann M, Patel K, Deanfield J, Mwatsama M. (2014) *The Blackfriars Consensus on brain health and dementia*. The Lancet, Volume 383, Issue 9931, Pages 1805 – 1806

Mwatsama MK, Wong S, Ettehad D, Watt N. *Global health impacts of policies: Lessons from the UK*. Globalization and Health 2014, 10:13.

Mwatsama M and Landon J (2014) *Options for action to support the reduction of sugar intakes in the UK*. London: UK Health Forum.

Swinburn B, Kraak V, Rutter H, Vandevijvere S, Lobstein T, Sacks G, Gomes F, Marsh T, Magnusson R. *Strengthening of accountability systems to create healthy food environments and reduce global obesity*. Lancet. 2015 Jun 20;385 (9986):2534-45. doi: 10.1016/S0140-6736(14)61747-5. Epub 2015 Feb 19. Review.

The UK Health Forum and Public Health England (2014) *Blackfriars Consensus on promoting brain health: Reducing risks for dementia in the population*.

Webber L, Mytton OT, Briggs AD, Woodcock J, Scarborough P, McPherson K, Capewell S. *The Brighton declaration: the value of non-communicable disease modelling in population health sciences*. Eur J Epidemiol. 2014 Dec;29(12):867-70. doi: 10.1007/s10654-014-9978-0. Epub 2014 Dec 13. No abstract available.

Webber L, Divajeva D, Marsh T, McPherson K, Brown M, Galea G, Breda J. *The future burden of obesity-related diseases in the 53 WHO European-Region countries and the impact of effective interventions: a modelling study*. BMJ Open. 2014 Jul 25;4(7):e004787. doi: 10.1136/bmjopen-2014-004787. *Working in Public Health: An introduction to Careers in Public Health*. September 2014. Routledge. (Lincoln, P. chapter on working in the voluntary and community sector).

For more information, visit the UKHF website at www.ukhealthforum.org.uk