Oral Abstracts

Session: **Building a resilient public health workforce**
Date: **Tuesday 20 June**
Time: **11.30 - 12.30**

The changing face of public health, the Sandwell experience.

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The move to local authorities has presented different callenges and opportunities. The public health workforce must be flexible in order to improve health outcomes within a changing environment.

To develop a public health workfore to harness opportunities within the local authority to improve health outcomes.

Sandwell was one of the first local authorites to restructure it's public health department. The skills required for public health in the council were identified and opportunities to improve public health outcomes through collaboration with other council departments were mapped. In addition the skills that public health could offer the council were identified. A structure that maximised the opportunities to achieve health outcomes and successfully embed public health into the council was developed.

A new harmonised structure was implemented. Key levels of skills were identified, such as practitioner status for Project Managers and MPH for Programme Managers and MFPH for Consultants, creating a clear progression route. Staff from other council departments, where strong links needed to be forged, eg planning and housing, were recruited into the department. Public health skills were promoted across the council through training and lunch time seminars aimed at directors, senior managers and analysts.

Early restructuring post transfer was worthwhile. There was some loss of public health skills and experience, but other experienced public health staff were recruited to the department. The merging of existing council staff with the public health team brought valuable council experience into the team, including understanding of the democratic procees, key contacts and experience of influencing councillors. In addition public health skills are being embedded across the council and many other departments ask for support with evidence reviews, impact assessements and evaluations.

DPH's, PH workforce, wider council workforce, councillors.

How Health Impact Assessment (HIA) equips the public health workforce to collaborate in addressing health inequalities.

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The Well-being of Future Generations (Wales) Act (WFGA) 2015 is further evidence of Welsh Governments (WG)commitment to a Health in All Policies (HiAP) approach to policy making. HIA is a process advocated by WG to facilitate and implement HiAP.

The WG established the Wales HIA Support Unit (WHIASU) in 2004 to support the development and effective use of HIA through collaboration and training. This will be strengthened through the introduction of the Public Health (Wales) Bill (2016).

Training is a key component of WHIASU's delivery plan, working with communities, the public sector and third sector organisations. This includes: • Formal training sessions/packages – standard/bespoke • 'Learning by doing' – practitioner support and facilitation • The first UK accredited HIA competency courses – 'rapid'/comprehensive HIA, in partnership with the Chartered Institute of Environmental Health (Wales). • Quality Assuring HIA • The first free introductory online HIA E-learning package • Guidance, resources and evidence briefings

Case studies will demonstrate: • How reflective practice and participant evaluation has informed the training to meet the needs of partners. • Participants applying their learning resulting in: o Stronger collaboration between public health/health professionals and other sectors o Stronger united partnerships that can maximise positive health and wellbeing outcomes and reduce inequalities directly/indirectly. o A consistent approach to addressing, and evidencing, a consideration of the potential impacts on health and wellbeing from policies and projects across the public sector.

The practice of HIA within Wales continues to grow and contribute to addressing health inequalities. This will be extended by making it statutory within the forthcoming Public Health (Wales) Bill. WHIASU will continue to work with the public health workforce to: • Demonstrate how HIA supports settings/sectors to address, and contribute to, reducing health inequalities using the wider determinants as a framework. • Enable stakeholders from all sectors to understand and demonstrate their contribution to improve the health and wellbeing of the population in collaboration across sectors.

All public health practitioners, increasingly, emphasis is placed on the importance of reducing inequalities and stakeholder engagement in the development of policies/interventions. Using HIA as an assessment and a participatory engagement tool will extend its use in tackling health inequalities.

Developing Healthy Economic Policies: Experiences of Public Health Leaders in NW England

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Economic conditions have considerable impacts on population health. Public health action on economic policies is an opportunity to address our greatest health threats including poverty, income inequalities and environmental degradation.

The aim of this study is to gain an understanding of the opportunities for public health action around economic decision making processes.

Semi-structured interviews were conducted with 9 Directors/ Deputy Directors of Public Health working in local authorities across NW England. Interviews were audio recorded, transcribed and analysed using a thematic approach.

Participants acknowledged the importance of economic conditions/policies on population health and described a number of different areas in which public health has been engaged including job creation, regeneration of local economies and healthy workplaces. Participants also noted the impacts of economic growth on the environment and the need to rethink economic measures. The opportunities of working in local authorities were emphasized including being located in a setting that drives economic policies. Challenges included building both capacity and credibility for work on economic issue.

The complex nature of wider determinants such as economic conditions creates challenges for public health practice. However, the shift of public health functions to local authorities in England has allowed public health to become engaged in a number of economic decision making structures and processes. Further, the continuing uncertainty around global economic conditions and their impact on health and well-being mean that public health must continue to examine the economic determinants of health. This study provides insight into tangible public health action around economic policies.

This presentation will be of interest to public health leaders with an advocacy role in the determinants of health and upstream actions. The study is also an opportunity for public health professionals to consider the impact of economic policies on the environment and climate change.

Session: **Regulations and Legislations for Public Health**
Date: **Tuesday 20 June**
Time: **11.30 - 12.30**

Should a Direct Regulation Be Used to Implement the Healthy Prisons Agenda in England?

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Despite research showing prisoners' health has not significantly improved over the last two centuries, together with increasing support for using the law to implement public health agendas, there remains a gap in aligning these two perspectives.

To investigate the efficacy of the current legal mechanisms for addressing health inequalities in prisons, this presentation will problematise whether a direct regulation would improve the implementation of the Healthy Prisons Agenda in England.

Using a grounded theory approach, 30 semi-structured interviews were undertaken with key policymakers in the English prison sector. The recruitment of the participants used purposive, theoretical, and snowball methods. All interviews were audiotaped and transcribed verbatim (mean duration: 37:22 minutes). Transcripts were analysed via NVivo 11 until data saturation was achieved. Specific framework measures related to credibility, ethical conduct, sincerity, and resonance were adopted to increase the trustworthiness of the study.

There emerged a theoretical model depicting the fundamental barriers preventing the fulfillment of the Healthy Prisons Agenda. Macro-level barriers included a lack of resources, which led to prison instability; the political "tough on crime" position that created uninformed court sentencing; and the media's negative portrayal of prison rehabilitation. At the meso level, security and prisoner discipline regimes predominantly inhibited the Agenda. There was also ambivalence towards the prescription of restrictive behaviour rules and a risk-averse culture as a result of the proposed regulation.

A direct regulation may neither address the macro and meso-level barriers nor result in the improved implementation of the Healthy Prisons Agenda. Although the law is capable of addressing health inequalities, the Healthy Prisons Agenda is a limited vehicle for creating meaningful change in this regard. In contrast, self-regulation, ongoing evaluation, and proactive solutions towards those barriers, which are inhibiting the full implementation of the Agenda, require additional consideration in terms of their potential to facilitate the successful implementation of the Agenda.

The learning audience includes the wide range of politicians, policymakers, academics, commissioners, and advocates throughout England; appealing to those working in the NHS, Public Health England, and the voluntary sector organisations, in line with the diverse range of backgrounds of FPH members.

Reviewing the evidence for the effectiveness and cost-effectiveness of policies to reduce the public health impact of alcohol.

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PHE was commissioned by the Department of Health to review the evidence for the effectiveness and cost-effectiveness of policies to reduce the public health impact of alcohol.

The Department of Health formally commissioned PHE in the 2014-15 remit letter to "review the evidence and provide advice on the public health impacts of alcohol and possible evidence-based solutions".

The policy areas identified were: taxation and price regulation, regulating marketing, regulating availability, providing information and education, managing the drinking environment, brief interventions and treatment, and reducing drink-driving. Electronic searching of databases and hand-searching of reference lists combined with input from an expert advisory group, were used to identify reviews and primary studies that evaluated the effectiveness of policies for reducing alcohol consumption or harm. Data were extracted using a uniform template. Quality of evidence was assessed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) criteria. A narrative synthesis was conducted overall, and by policy area. One hundred and fifty five reviews and primary studies were included in the assessment.

Overall, there is a rich evidence base to support the decisions of policy makers in implementing a comprehensive and coherent national approach to prevent and reduce alcohol-related harm.

While there is variability in research design and measured outcomes, the evidence supports the effectiveness and cost-effectiveness of policies that address affordability and marketing. An adequate reduction in temporal availability, particularly late night on-sale availability, is effective and cost effective. Individually-directed interventions delivered to at-risk drinkers and enforced legislative measures are also effective. Providing information and education increases awareness but is not sufficient to produce long-lasting changes in behaviour. At best, interventions enacted in and around the drinking environment lead to small reductions in acute alcohol-related harm.

The learning audience are other government departments, public health professionals and policy makers.

Healthcare Regulation: how well does it protect the public? Reflections from two high profile cases

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Governments use regulation to try to improve healthcare, and protect public health. There is some controversy on the most cost-effective methods with the UK introducing many systems regulatory initiatives, but having only average outcomes (OECD 2016)

This paper will reflect on two very high profile cases reaching national headline news, one regarding the quality of maternity care, the second the quality of GP care on an island.

This is a descriptive study of some of the issues involved in both cases, and how they unfolded, reflections on positive and negative effects on public health of local responses, and lessons for healthcare public health

The maternity case showed how uncritically responding to concerns can lead to large costs and potentially increased risk, with potential opportunity costs of monies that could be spent elsewhere on higher priorities. The case in an isolated island practice shows how the negative effects of regulatory action, can increase costs and risks in an island community, if arguably disproportionate action is taken

While regulation of healthcare is aimed at improving quality of care and therefore public health, it should be based on best evidence, and money invested in regulation should be considered alongside other public goods the money could be spent on

Those in health care public health and health protection.

Using the legislation in the Health and Social Care Act 2012 and subsequent Public Health England toolkit to improve oral health - an update.

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The 2012 Act transferred responsibility for water fluoridation from the NHS to Local Authorities as part of their remit for improving the health of their population. Subsequent regulations and guidance has been issued on the process to be followed.

To familiarise those involved in deciding whether water fluoridation should be considered locally as part of a programme to improve oral health on the statutory process which needs to be followed and the guidance available to help make the decision.

The presentation will describe current scientific basis of fluoridation and the relevant parts of the health and Social Care Act 2012. The main issues in the Water Fluoridation (Proposals and Consultation) (England) Regulations 2013 which lay down in detail the process that LAs must follow if they propose to introduce a new scheme will be set out. In March 2016, PHE published "Improving oral health: a community water fluoridation toolkit for local authorities" setting out the responsibilities of local authorities, PHE and other agencies.

In the most recent restructuring of the NHS public health staff went to Local Authorities but Consultants in Dental Public Health became part of Public Health England and are therefore, to some extent semi-detached from the decision making process on fluoridation. Examples of how Local Authorities have exercised this new responsibility will be given. Suggestions will be made on how others might set about consideration on whether water fluoridation should be a part of their strategy to improve oral health, including discussions with local dental practitioners and hospital dentists.

In March 2016, PHE published "Improving oral health: a community water fluoridation toolkit for local authorities" setting out the responsibilities of local authorities, PHE and other agencies. It describes tooth decay as "a serious health problem" and "the most common cause of hospital admissions among children aged between 5 and 9". The public health outcomes framework (2013-2016) includes tooth decay in children aged 5 as an outcome indicator. New legislation gives Local Authorities the ability to make a major contribution to improving the oral health not only of their children but adults.

All those responsible for improving the health of their community and reducing inequalities, especially staff in public health departments, elected members of local authorities and members of health and wellbeing boards.

Session: **Global Public Health**
Date: **Tuesday 20 June**
Time: **14.00 - 15.00**

Public Health cadre development, using competency based approach in the State Health system, Odisha, India

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Government of Odisha (GoO) decided to establish Public health Cadre in the State. Scoping study identified the gaps in the service and a road map for the implementation of PH Cadre using technical support by FPH and GoO under MoU funded by DfID

To create a trained and effective PH workforce and a cadre for the State Health System of Odisha. To conduct a needs assessment of the public health functions currently being delivered at different levels. To provide recommendations for Training prog.

We performed semi-structured interviews with 27 and 29 responders in two States, working at various levels within the State Health system. We recorded the principal clinical and public health functions being performed at each level and identified any training provided and training gaps at each level. The semi structured questionnaire was developed in collaboration with the Public Health Foundations of India and local consultant support. UK Consultant and a trainee carried out the study

At District Level public health functions were aimed at a higher level of responsibility relating to leadership and strategy, coordinating activity across their district and provide expert advice and support. Clinical functions dominated the roles of medical officers (MOs), not in-charge at PHC (Primary health centre) and CHC (Community health centre). For MOs in-charge at CHC and the block level there was an increasing dominance of public health issues. Key training needs identified related to: Leadership training, Train the trainer, Financial management, Staff management, Resource management, Partnership working and Public Health Report writing and dissemination.

Training gaps were identified across all public health functions being performed at each operational level. This highlights the need for a formal public health cadre, and a set of integrated public health competencies with clear job descriptions for such a cadre, to be given to the State Government. This approach can be widely used in other states across

India for implementation of Public Health Cadre and development of training programs to develop a competent workforce.

Public Health cadre development is a new concept that is being adopted in Odisha State to address health problems 2. Transferable competency-based approach to training is being used for the first time in India 3. The study also provides job descriptions for each level of worker amongst the cadre.

A 5-year report of the health services at the Kola-Daisi Foundation primary health care centre (KDFC) and census survey of KDFC catchment area

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The KDFC model was established as a new paradigm to Primary Health Care delivery based on Public-Private Partnership between Kola Daisi Foundation, University College Hospital management and full community participation from the Yemetu community.

To document the programmes and activities of the KDFC and provide baseline data on the demographic and health characteristics of the population served by the facility after five years of service (2011 and 2015).

: Records of the in-patient and out-patient clinical services, immunization services and Antenatal Care (ANC) services were collated and analyzed using SPSS version 20. The variables were summarized using appropriate charts and tables. Also, the data on the demographic, housing and health survey were entered and analyzed with CsPro.

The three commonest indications for admission were malaria; severe hypertension and gastroenteritis. There was a three-fold rise in the number of ANC attendees (48 in 2011 to 142 in 2015). The OPV0/PENTA3 drop-out rate decreased from 52% in 2013 to 21.8% in 2015. The census showed that 5452 households were listed comprising of 9181 males and 9541 females. About 12.9% of the children were 0-59 months, 19.8% were adolescents and 25.2% were women of reproductive age. Prevalent chronic conditions reported included hypertension (1.9%), blindness in one or two eyes (1.7%) and diabetes (0.3%).

The KDFC model has shown how partnership of the government, Non-Governmental Organization and the community can bring about an effective Primary Health Care system while generating relevant, accurate, valid and timely vital statistics.

This study is targeted at policy makers; researchers and stakeholders in the health care delivery system such as physicians, public health nurses; clinical nurses and community members and opinion leaders.

Session: **Understanding smoking behavior and supporting tobacco control**
Date: **Tuesday 20 June**
Time: **14.00 - 15.00**

Tobacco Control: How local authorities can make best use of diminishing resources

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Background: The UK has an excellent record in reducing overall smoking prevalence rates. However, though local commitment to tobacco control remains high, funding for this work is under threat due to national cuts to the public health budgets.

Aim: To set out evidence-based recommendations on how local commissioners can meet the challenge of reducing smoking rates with ever diminishing resources.

In January 2017, the All-Party Parliamentary Group on Smoking & Health led an Inquiry into key issues and priorities. Chaired by Bob Blackman MP, Chair of the Group and a former leader of the London Borough of Harrow, the Inquiry heard from local, national and regional tobacco control experts (full list here). This interactive session will present the recommendations from the Inquiry, including a best practice case study from Fresh, the North East's regional tobacco programme.

Results: Evidence presented to the Inquiry showed that: • Local government investment has a key role to play in reducing the impact of tobacco use on communities through a comprehensive tobacco control programme. • Evidence based stop smoking services can substantially increase the likelihood of smokers quitting successfully (see West 2013). • The North East approach in tackling smoking and its impact has had notable success with a faster decline in smoking-related cardiovascular mortality than elsewhere and a greater decline in smoking rates over the last decade than any other region.

Conclusions: For smoking rates to continue to fall, evidence must remain the starting point for all tobacco control work & opportunities to tackle smoking within the NHS must be maximised • Financial pressures may mean a move from free universal stop smoking services. However, local authorities should ensure reconfigured services meet NICE guidelines and standards and prioritise tackling inequalities • Evidence from the North East shows that regional functions provide good return on investment and are invaluable in running media campaigns, tackling illicit tobacco and promoting good practice

Participants will: • Be briefed on the latest evidence on what works to reduce local smoking rates • Be provided with a tangible example of this evidence in practice • Discuss possible solutions to local commissioning challenges with expert speakers and share best practice from their own areas.

Tackling shisha smoking – the role of politicians, public health and local residents in designing a health promotion campaign to influence behaviour change in Barnet.

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The design and promotion of campaign materials is a crucial element of the shisha health education and promotion campaign. Pre-testing of campaign materials, where and how messages are distributed, can challenge local authority paradigms.

To raise awareness and knowledge of the health risks associated with smoking shisha by utilising effective communication tools; To work in partnership with elected members, communication experts and providers to deliver key messages to residents.

A task and finish group was set up, jointly chaired by public health regulatory services. A budget with a clear action plan was agreed. Health education and promotion message, video and design was undertaken initially by the communications team and pre-tested using an independent facilitator with three focus groups based on target populations; These were: BME, local residents and young people. Results were fed back to the Lead Member for health and the task and finish group resulting in changes in campaign design and messaging.

Feedback from the focus groups led to a change in the design of the shisha literature. Public health worked closely with elected members to ensure political compliance and timeliness with the promotion campaign. The design of the campaign with local residents and members stimulated lively discourse and resulted in a successful targeted campaign that addresses local myths and misconceptions relating to smoking shisha. A full evaluation of the campaign will be ready to include for the conference.

Discrepancies between messages and campaign imagery between elected members and project coordinators mean that the target audience input is crucial to ensure that the messages are acceptable and meaningful. The expertise of communication leads and expert providers, allows the health messages to be communicated in a manner that is accessible to target population. Health promotion campaigns in Barnet should always be pre-tested with target audience in order to give credibility to messages.

Public health practitioners, Trading standards, Environmental health, Communication experts, Stop smoking advisers, Policy makers and LA elected members.

Insight into tobacco smoking and vaping behaviour in young children aged 11-13 along with the factors influencing uptake

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Although the number of people who smoke have more than halved over the past 40 years, smoking remains the largest single cause of avoidable death. Exploring the factors that influence children to smoke is imperative

We explored the prevalence of smoking (tobacco and e-cigarettes) among young people in Cardiff and the Vale of Glamorgan and the factors that influenced smoking behaviour

Quantitative and qualitative data were collected using a large-scale survey, interviews and focus groups. Thirteen schools from a total of 26 distributed a survey questionnaire to all pupils aged 11-13 (n=1863). Focus groups were conducted with young people aged 11 and 13 (n=34) in three schools purposively selected based on socio-economic demographics. Two focus groups were conducted with young people aged 16 years (n=14). Head teachers and teachers were also invited to participate in one to one interviews (n=6).

The strongest predictive factor for smoking behaviour in young people is whether the mother smokes. Other influencing factors are whether their friends smoke or vape and whether they reside in lower socioeconomic areas. There was no association between education on smoking and smoking behaviour and the perception of harm. The findings also highlighted that young people who had not smoked previously were using e-cigarettes. Findings also indicated that young people are able to purchase cigarettes and e-cigarettes despite current legislation and Government policy.

Young people are experimenting with smoking behaviour from a very young age and there is an incremental increase with age, despite the knowledge that young people have through educational interventions. There is a need to develop collaborative public health interventions targeting parental smoking to reduce the influence on children. Public Health need to lead the collaboration between smoking cessation service and schools to develop campaigns and interventions to ameliorate the impact of adult smoking on their children.

These findings are of interest to those who develop and implement public health initiatives, teachers, school and governmental policy makers, addiction specialists, and smoking cessation counsellors.

Session: **Engaging communities for a good start in life**
Date: **Tuesday 20 June**
Time: **15.30 - 16.30**

Translating evidence on Adverse Childhood Experiences (ACEs) into practice: an example of using an ACE lens for policy development in South Wales

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Adverse Childhood Experiences (ACEs; e.g. child abuse, household dysfunction) have a detrimental impact on health and wellbeing across the life course. Increasing awareness of ACEs and evidence based early intervention is a Welsh national priority.

To measure the prevalence of ACEs in Wales and their impact on population health and social wellbeing. To use this knowledge to develop policy, prevention and early intervention practice in South Wales through public health partnership.

A cross-sectional survey of 2028 adults was undertaken in Wales in 2015 enquiring about ACEs and adult health-harming behaviours, health outcomes and health care use. Prevalence of ACEs and impact on population health and wellbeing were calculated. In South Wales, findings were used to drive collaboration between Public Health Wales, the Police and Crime Commissioner, South Wales Police, NSPCC Cymru, Barnardos and Bridgend County Borough Council to develop a long-term approach to reduce ACEs and support those affected.

Almost half (47%) of all adults in Wales suffered at least 1 ACE and 14% suffered 4 or more. Risks of poor health and social outcomes increased with the number of ACEs reported. Dissemination of findings emphasised the impact of ACEs on multi-agency priorities and the roles different partners can play in preventing ACEs and their effects. In South Wales, responses include development of a public health approach to policing that enables police to respond promptly and positively to vulnerable individuals to prevent ACEs. ACE-informed approaches to education and housing are also being developed.

Research evidence on ACEs in Wales is shaping a shared agenda to promote partnership working to prevention at a local level. Prevention of ACEs and support for those exposed to ACEs to develop resilience is essential to improving the health of adults in future generations. The national Well-Being of Future Generations Act (Wales) 2015 in Wales provides the legitimacy for collective targeted activity towards the primary prevention of ACEs.

The learning from this work is relevant to public health bodies and partner agencies such as criminal justice, health sector including primary care, education, social care and

emergency services. It provides a unique example of how research evidence can inform public health reform at a local level.

Co-producing change: community involvement in research and action to address low birth-weight in an East London borough

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In the London Borough of Newham, 10.4% of babies have low birth-weight: the second highest rate in England (average 7.4%). Given its long-term health consequences, preventing low birth-weight is a priority for Newham's Clinical Commissioning Group.

The project "Low Birth-Weight in Newham: Definitions, Antecedents and Consequences" aimed to understand factors influencing low birth-weight, identify community assets that could address the issues, and involve stakeholders in preventive action.

The project used overlapping stages of community engagement, mixed-methods research - hospital data analysis, asset mapping and qualitative interviews with 60 parents and professionals - and improvement actions co-designed with stakeholders. A Patient and Public Involvement (PPI) group had a leading role in prioritisation sessions using appreciative enquiry. A video produced for public dissemination showed findings and messages from four case studies on hospital and community-based initiatives promoting peer support and healthy infant feeding.

Understandings about low birth-weight were divergent at the project's outset. Public health and clinical specialists focused on classification, measurement, and the need to avoid risks from over-feeding. Parents reported stigma, self-blame, and conflicting messages from health and social care professionals. PPI and stakeholder workshops enabled consensus on actions to take forward: pre-pregnancy care supported by buddies trained in "Healthy Conversations" techniques, and agreement among professional groups about healthy infant feeding messages and methods to support parents and relatives.

The project used an asset-based approach to explore different understandings about low birth-weight, engaging parents and other stakeholders in research and co-designed improvement actions. Methods and topics prioritised for intervention were peer group and 1-to-1 support for parents and relatives, women's pre-pregnancy care, and clear messages to guide healthy infant feeding. Following the Clinical Commissioning Group's policy of proportionate universalism, the measures piloted aimed to benefit all the Newham population, as well as targeting low birth-weight babies and their families.

Learnings were shared by researchers, health and social care professionals, policy-makers, parents and other local residents. The video reached virtual audiences with

diverse voices about low birth-weight, value of peer and 1-to-1 support, and evidence-based messages about healthy infant feeding.

Early intervention and prevention in schools: 'Stress Control' - a pilot CBT/wellbeing approach for the common mental health problems

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'Stress' Control' is a widely-used and evidence-based approach for common mental health problems such as anxiety, depression, panic, insomnia and poor wellbeing in adult NHS services. This dedicated version was aimed at 15 year pupils in Glasgow.

With around 50% of adult mental health problems beginning before the age of 15 and Children and Adolescent Mental Health Teams able to see only the tip of the iceberg, schools have an important role to play in teaching skills to help combat problems.

Pastoral care teachers in a school in one of the most deprived areas in Britain were trained by a clinical psychologist and developer of the approach to run 'Stress Control' over 8 weekly single periods. All 4th Year pupils (n=114) took part in the programme. The approach is based on PowerPoints, video, audio and very short handouts along with interactive tasks. The Revised Children's Anxiety and Depression Scale and WEMWBS were completed pre, post and 9 month follow-up. A class for parents ran at the same time in the school in the evening.

40% of pupils were either in the 'borderline' (19%) or 'clinical'(21%) categories on RCADS at pre. At follow-up, only 18% were in these two categories. Significant change was found on anxiety, depression and wellbeing at post. These improvements were maintained at 9 month follow-up. Wellbeing, at pre, was, significantly below UK average, probably due to deprivation. Average scores still remained below national average at post and follow-up. The class was positively evaluated by pupils and teachers. Anecdotally, parents attending the evening class were positive and 100% recommended it continue

This pilot suggests that teachers, trained in four, one-hour sessions can deliver a cost-efficient and clinically-effective intervention to those with existing problems and, perhaps, help prevent problems in those currently coping. More research is needed. Pupil and teacher focus groups were positive and suggested improvements to the class that now runs annually in the school with all 4th Year pupils. As teachers 'sneaked into' the parents evening class, it may be useful to run classes for them. We are unable to say if there was any synergic effect with simultaneous parents and pupils classes.

Anxiety and depression are common problems in schools (40% in this sample showing signs of distress). Schools are a good place to carry out interventions and pastoral care teachers are a good resource. We will describe 'Stress Control', how it worked in a school setting and how it could develop.

Session: **Food, fast cars & fracking - where's the good citizen**
Date: **Tuesday 20 June**
Time: **15.30 - 16.30**

Looking beyond the 'meaty motorists': Using travel and dietary behaviours to identify and describe healthy, low-carbon lifestyles in the UK

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There is growing policy interest in promoting behaviours with health and environmental co-benefits, but most research has focused solely on single behaviours in isolation rather than on understanding healthy, sustainable lifestyles more broadly.

The aim of this study was to describe the prevalence and patterning of healthy, low-carbon (HLC) lifestyles in the UK population by examining clusters of travel and dietary behaviours with implications for both human health and carbon emissions.

We analysed self-reported data from individuals aged 16+ (n=1609) using the National Diet and Nutrition Survey, 2009-2012. Indicators of travel behaviour included mode use (car, public transport, walking, cycling) for both commuting and non-work journeys, and indicators of dietary behaviour included consumption of fruit and vegetables (FV) and red and processed meat (RPM). We used latent class analysis to identify clusters of travel and dietary behaviour and characterised each group as 'healthy, low-carbon' or otherwise based on its indicators.

In total we observed 9 different clusters of travel and dietary behaviour. The largest clusters had higher car use and higher RPM consumption, however, these 'meaty motorists' only accounted for about ½ of the sample. Though the proportion leading wholly HLC lifestyles was found to be very small (1%), there was a much larger proportion (nearly ½) whose lifestyles were neutral or 'leaning' HLC based on their travel and dietary indicators. These clusters were diverse and show that there are already many people leading lifestyles that are relatively healthy and less damaging to the environment.

Though HLC lifestyles are very rare in the UK, there are substantial proportions 'leaning' in this direction or leading neutral lifestyles. Future research should examine the effectiveness of behaviour change in these intermediary groups, in addition to targeting interventions toward the clusters with the most damaging lifestyles. The existence of clustering between travel and dietary behaviours suggests that there is a policy role for

making links between these related areas and for promoting HLC lifestyles more holistically, to better reinforce their shared health and environmental goals.

The audience will learn about clustering between behaviours with health and environmental co-benefits and the prevalence and patterning of healthy, sustainable lifestyles in the UK. These topics are central to the theme of planetary health, which links public health to the health of the planet.

Development of a toolkit to measure and value local impacts of community severance due to heavy or fast traffic

Jenny Mindell[1], Shaun Scholes[1], Laura Vaughan[2], Muki Haklay[3], Peter Jones[4], Nora Groce[1], Jemima Stockton[1], Ashley Dhanani[2], Paulo Anciaes[4]
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Heavily motorised roads can interfere with individuals' ability to access the goods, services, and people they need for a healthy life. This community severance also reduces use of streets as social spaces and young and older people's independence.

There is a lack of tools to identify, measure, value and study community severance caused by busy roads. This project aimed to develop a suite of tools and validate them through triangulation of findings from different data sources.

New tools include: * participatory mapping - engaging local residents to provide qualitative data on the locality; * a health and neighbourhood mobility survey to collect data from a random sample of local residents; * a community severance valuation tool, based on data from stated preference surveys; * walkability models; and * video surveys, to determine pedestrian and motorised traffic flows and pedestrian crossing behaviours. Spatial analysis using space syntax and street audits were also used. These were all tested in three case studies

Despite its high walking potential, the high traffic levels, the associated air and noise pollution, and the lack or poor quality of pedestrian crossing facilities make Finchley Road unpleasant for pedestrians. This has a negative impact on the overall mobility and accessibility of local residents and on the quality of their walking trips. The analyses showed coherence between the findings from the different measurement tools applied individually and revealed interconnections between factors which contribute to severance.

Coherence of qualitative & quantitative findings from the different approaches support the validity of the tools. The toolkit will be available online in 2017 from www.ucl.ac.uk/street-mobility for use by local communities, practitioners, and researchers. By providing valuations of the impacts of community severance on the local community, policy-makers and practitioners can prepare business cases for expenditure to reduce severance.

The toolkit is intended for use by practitioners, policy-makers, community groups, and academics including public health, transport planners and engineers, and urban planners. The audience will learn how the tools were developed, validated and tested and how they can be accessed and used.

The Environmental, Climate Change, Social and Public Health Implications of High Volume Hydraulic Fracturing ('fracking'): A Review

Patrick Saunders[1], David McCoy[2], Annie Saunders[3], Ruth Goldstein[4], Alice Munroe[5]
[1]University of Staffordshire
[2]Queen Mary University of London
[3]carolan57 Ltd
[4]West Midlands Public Health Training Scheme
[5]Medact, London

While proponents of hydraulic fracturing argue it safely provides cheap, secure and clean energy, local employment and economic development; opponents are sceptical and concerned about potential health, environmental, social and economic damage.

To systematically review the published literature to develop an evidence based public health position on the impacts of fracking

The academic and key grey literature were searched and papers reviewed by a team of five reviewers using pre-defined inclusion/exclusion criteria, and unresolved disagreements were referred to the lead author for consideration. Full copies of included papers were randomly allocated to five reviewers, and key details and data recorded in extraction tables. Two reviewers independently assessed a random sample of 10% of papers.

Initial agreement at the screening of titles and abstracts was 93% and 100% following discussion. An initial agreement at the full paper screening stage of 95% increased to 100% following discussion of differences. 156 peer-reviewed papers and reviews were included: 70 relating to exposure, 34 to climate change, 23 to health, 19 to economic and/or social, and 7 to seismic (nine papers were discussed in two sections and one in three sections), and 14 relevant reviews covering two or more domains were also identified. 175 papers were excluded.

There are serious gaps in our understanding of the potential impacts, concerning signals in the literature, and legitimate uncertainties derived from first principles. Further epidemiological research using real exposure measures, improved understanding of methane leakage, and a rigorous analysis of the social and economic impacts are required. It is prudent to incentivise further research and delay any proposed developments in the UK. Recognising the political realities of the planning process, we make recommendations to protect public health if fracking is approved in the UK and elsewhere.

FPH members, local politicians, public health policy makers, practitioners and service deliverers.

Global Citizenship and the Charter for International Health Partnerships: A 'globally responsible' Wales

Lauren Ellis[1], Anna Stielke[1], **Elodie Besnier**[1], Malcolm Ward[1], Mariana Dyakova[1]
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The importance of health professionals as global citizens is demonstrated by the 2014 NHS Wales commitment to a Charter for International Health Partnerships (the Charter), which also supports recent Welsh legislative developments.

- Meet the legislative requirements of the Well-being of Future Generations (Wales) Act 2015 (the Act) to be a globally responsible Wales. - Fulfil the NHS Wales pledge to the Charter through the delivery of Global Citizenship (GC) training.

To explore perceptions and interest in global citizenship, the International Health Coordination Centre (IHCC) circulated a scoping questionnaire to the 10 Welsh NHS Health Boards and Trusts along with a fact sheet to ensure an accurate and similar understanding of the concept of global citizenship. The data from the questionnaire informed the development of a project proposal and multi-actor project group to respond to the specificities and interest of the target audience regarding GC.

The 81 responses to the questionnaire collected from different NHS professions and groups showed strong interest in the health of those living overseas with a high level of empathy and a responsibility to global health issues and their potential impacts on the NHS (>95% of positive responses). 90% of participants expressed an interest in online and workshop sessions providing continued professional development on Global Citizenship. Such sessions have to address key challenges due to the geographically dispersed, diverse and time-poor target audience with uneven access to IT equipment.

The scoping demonstrated a strong appetite for global citizenship training across the NHS in Wales. Training will enhance learning, empathy and increase understanding of the importance of global and environmental responsibility, the sustainable development agenda and connections to population health and wellbeing in Wales and abroad. The health-focused global citizenship training will be a unique resource, contributing to the fulfilment of NHS Wales' national and international obligations under the Act the Charter and the SDGs.

• Public Health Practitioners, particularly those with an International/Global Health remit.
• Directors of Public Health and Consultants would learn from the experiences of embedding global citizenship training within NHS Wales, enabling them to consider future replication within their own settings

Session: **Sex, relationships and reproductive health**
Date: **Wednesday 21 June**
Time: **10.00 - 11.00**

Institutionalization of Immediate Post-Partum IUD Services as a routine part of antenatal counselling and delivery room services in 6 countries

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[2]Public Health, NHS Greater Glasgow and Clyde, Glasgow, UK

Family spacing of 3 years has been estimated to reduce under 5 mortality by 25%. In many low resource countries, delivery in hospital is a key time when women are in contact with health services and motivation for contraception is high.

To ensure counselling and delivery of post-partum IUD (PPIUD) is part of routine clinical practice in maternity hospitals to reduce maternal and under-5 mortality. To learn lessons about large scale implementation of an evidence based intervention

This initiative is led by the International Federation of Gynecology and Obstetrics working with national societies of obstetrics and gynecology. Health care professionals, managers and policy makers are educated on the need for family spacing and the safety and effectiveness of PPIUD. Medical and nursing staff are then trained in counselling and delivery of PPIUD via a training the trainer model. Data are collected by data collection officers on all women delivering before discharge and follow-up takes place at 6 weeks post-partum.

To date, there have been over 7,000 trained in counselling and/or delivery of PPIUD and 20,000 women have accepted PPIUD. Follow-up is a challenge as less than 50% of women return for post-natal checks but existing data suggest explusion rates of less than 5%, equivalent to interval insertion. In some countries including India and Sri Lanka, PPIUD has now been adopted as national policy. Important lessons have been learnt about ensuring ownership by health care leaders, creating demand through community development and ensuring adequate supplies of equipment and information on the method.

Many women are still denied access to this effective, cheap, potentially life-saving method of contraception through lack of awareness and prejudice of communities and professionals. High quality training and counselling of women and their extended families can overcome these barriers. If PPIUD is correctly inserted by trained staff there are low complication rates. To achieve institutionalisation, initiatives have to be funded

long-term and there has to be a great deal of effort in ensuring local staff have true ownership of the programme. Data collected real-time on tablets is invaluable

Anyone interested in global women's health, women's rights and achieving the sustainable development goals on maternal mortality. It will also be relevant to those wishing to scale-up projects to achieve sustainable change in clinical practice and adoption of evidence based interventions.

Sex and Relationships Education (SRE) in secondary schools: current practice and future possibilities

Lois Murray[1,2], Kate Jehan[1]
[1]Department Public Health and Policy, University of Liverpool, Liverpool, UK
[2]Public Health Department, Warrington Borough Council, Warrington, UK

Young people face inequalities in sexual and reproductive health. New sexual and emotional health issues are emerging with the rise of social media. SRE in the UK is not meeting young people's needs, which is an important public health issue.

To explore experiences of SRE and different approaches to SRE among secondary school teachers and school nurses in Warrington, to inform public health strategies and local policy and practice

A scoping literature review was first carried out to inform the qualitative research. The literature review examined sexuality education experiences among educators and sex and relationship needs of young people. Qualitative semi-structured interviews were carried out with seven secondary school teachers and three school nurses working in Warrington secondary schools. Thematic analysis was used to analyse the study findings and six key themes were identified. The findings were then used to develop policy and practice recommendations.

Teachers and nurses identified a need for greater focus on positive relationships and the emotional elements of SRE in order to respond to high burden of emotional health issues among young people. Lack of confidence was identified in delivering SRE, particularly for social media, pornography and 'sexting', which were felt to be urgent issues to address as they contribute to gendered stereotypes, asymmetrical power relationships and sexual violence. Training is a priority to ensure educators can effectively tackle these issues. Time pressure and capacity were found to limit SRE provision.

The research adds valuable insights into emerging areas of SRE, identifying concerns that the digital age is increasingly exposing young people to gendered stereotypes and unhealthy sexual behaviours. The identified need for a more positive approach to SRE and the desire for better training and coordination have important policy implications for improvement of sexual health of young people.

Public health professionals, local authority public health teams, health educators, health promoters, community healthcare providers, community sexual health service providers, school health professionals, secondary school teaching professionals, local authority officials

SH:24 - the future of sexual and reproductive health services developed with public health registrars

Joia de Sa[1], **Victoria Spencer-Hughes**[2], Helen Skirrow[3], Lucy Furby[3], Gillian Holdsworth[1]
[1]Service Development, SH:24, London, UK, [2]Dept of Sexual Health & HIV, King's College London, London, UK, [3]Public Health, Southwark Council, London, UK

SH:24 is a pioneering online sexual and reproductive health service developed in collaboration with users, clinicians, designers and public health. It provides free STI testing kits, chlamydia treatment, online contraception, information and support

To illustrate the contribution of public health registrars to the development of an innovative online sexual and reproductive health service now contracted in ten areas in the UK and the catalyst for the procurement of a pan London e-service.

This presentation will detail the development of the SH:24 service, activity and outcomes and the contribution of public health registrars to specific phases of its development.

SH:24 has demonstrated excellent take-up, high return rates, positive user feedback and recognition with several awards. Registrars contributed to wide-ranging aspects of the service. Below are a number of their contributions: - Hep B and C needs assessment in 2 London Boroughs - Development of safeguarding policies - Development of KPIs and service specification - Business cases for Chlamydia treatment and emergency hormonal contraception - Evaluation of click and collect service pathway - Business case for pan-London e-service - Development of social value proposition and policy

Innovation can bring added value and impact to public health interventions. Public health registrars can make a meaningful contribution to new services, bringing core public health skills and learning to adapt to alternative environments and opportunities. Factors for success include collaboration, constant feedback cycles informing service optimisation and use of an agile, design-led approach to developing the service.

All public health professionals particularly those involved in sexual health commissioning

Session: **Pests & pollution - helping to protect**
Date: **Wednesday 21 June**
Time: **10.00 - 11.00**

Environmental Public Health Tracking: a cost-effective system for characterising the sources, distribution and impacts of environmental hazards

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[3]University of Birmingham, Birmingham, UK

A public health collaboration in Sandwell UK has successfully developed, piloted and established the first Environmental Public Health Tracking programme in Europe systematically linking data on environmental hazards, exposures and diseases.

Identify key causes, extent and distribution of the complex of interactions between physical, biological, socio-economic systems,and the impact on local health. Target and monitor effective interventions to protect health and reduce inequalities.

Existing networks of environmental, health and regulatory agencies developed a suite of innovative methods to routinely share, integrate and analyse data on hazards, exposures and health outcomes to inform interventions.

Effective data sharing and horizon scanning systems have been established, novel statistical methods piloted, plausible associations framed and tested, and targeted interventions informed by local concerns applied. These have influenced changes in public health practice and generated novel assessments and interventions e.g. using statistical process charts for the first time to target routine nuisance inspections, and for routinely monitoring the relationship between hazards and disease. The asset-based approach was attractive to politicians and directly led to investment in 'urban greening'.

Tracking is a powerful tool for identifying and addressing the key environmental public health impacts at a local level. Sandwell's experience demonstrates that it can be established and operated at virtually no cost. The transfer of National Health Service epidemiological skills to local authorities in 2013 provides an opportunity to expand the programme to fully exploit its potential.

FPH members and other public health professionals and organisations including commissioners, local politicians, policy makers and service deliverers

Management of a Large Community Outbreak of Hepatitis A in a Deprived Area of West Yorkshire October 2015

Dawn Bailey[1], Mike Gent[2], Suzi Coles[2]
[1]Public Health, Leeds City Council, Leeds, UK
[2]Health Protection, Public Health England, Yorkshire and Humber, UK

A large community outbreak of Hepatitis A occurred between August and October 2015. The outbreak occurred in a small, deprived, urban area of West Yorkshire. In total, 18 cases were associated with the outbreak.

This presentation outlines the local system response, associated challenges and learning gained in the management of a large community outbreak of Hepatitis A in West Yorkshire.

This presentation will highlight the complexities of managing a community-focused outbreak within a deprived area. It will outline the nature of the outbreak, the evidence based interventions planned and the coordinated multiagency response across a complex system. Delegate participation will be included in scenario based group work. We will ask participants to consider how they would have responded in the incident situation and ask them to discuss challenges. We will present the outcomes achieve and challenges identified.

We will present the results and effectiveness of the interventions delivered and how approaches had to be adapted to suit the local population need.

A summary of how the outbreak was concluded, including local learning from putting evidence into practice will be shared. We will outline progress on local discussions on outbreak management roles and responsibilities, who pays and how do we mobilise services going forward. An outline of the process of submitting our evidence to the Health Select Committee will be presented and the current position on this.

This presentation will be suitable for public health specialists working in local authorities, PHE and the NHS who have a remit or interest in commissioning of community services, health protection and/or outbreak management.

The Prevalence of Scabies among Traditional Quran House (khalwa) in Sherg Alneel locality, Khartoum State, 2016

Fatemeh Suliman[1]
[1]Medicine, University of Khartoum, Khartoum, Sudan

Scabies is considered one of the neglected tropical diseases by WHO ,all over the world as well, as in Sudan. As far as l know, there is no previous studies considering Scabies prevalence ,associated and predisposing factors in Khartoum State, Sudan.

This study will detect the prevalence of scabies among students in Quran houses , and its association with tenia capitis infection , also will identify the major influencing factors of scabies transmission among them.

This is a cross sectional school based study, conducted from October _ November 2016, at Aeid Babiker khalwa in Sherg Alneel locality in Khartoum state. This locality contain the largest number of khalwas in Khartoum state. It was chosen randomly from more than 100 khawas in the locality. The sampling technique used for selecting the student-ultimate sample unit -was systematic random sampling. The total number of students in khalwa was 812 male, aged between (5_20) years, the sample size was 200, calculated using following formula: n=z2pq/e2.

The prevalence of scabies was(56%), the prevalence of tenia capitis was(69.6%) and there was a significant association between them. there were a significant association between the malnutrition, poor health status ,personal hygiene ,sharing personal things with colleague (t_shirt, internal clothes), previous history of scabies and prevalence. but there were no significant association between the state of origin, being on medications(steroids and antibiotics),previous contact with infected person, having animals at home, number of bath per months, using soap when showering ,age and prevalence.

The very high prevalence and association between scabies and tenia capitis infections reflect how much overcrowding and poor ventilation (as basic mutual problems in khalwas) could amplify the chances of infection acquisition. Also there are a lot of other influencing factors like malnutrition, poor personal hygiene and sharing personal things with others which are simply avoidable, and for that responsible parities should state primary rules and conditions to improve the environment of this institutions and health awareness of their students.

There should be primary conditions and rules regarding healthy environmental status before setting up khalwas. Also each khalwa should have it's own sources of income and general doctor. Any case of scabies should be treated early to avoid minor epidemics. Health education for students is mandatory.

Session: **Improving Dementia & Well-being support**
Date: **Wednesday 21 June**
Time: **13.30 - 14.30**

Developing a 'Planning for Better Health and Wellbeing' resource for planning and public health practitioners in Wales

Liz Green[1]
[1]Wales Health Impact Assessment Support Unit, Public Health Wales, Wrexham, UK

Land use and transport planning policy has a clear impact on health and wellbeing. However, many public health and planning officers do not have the tools or language to facilitate joint working effectively. A rosource was developed to address this

The aim of the resource is: to introduce planners and public health professionals to the planning and public health systems and identify where key requirements overlap;map opportunities for collaboration; provide evidence and tools to support this.

The resource was scoped out with a small group of cross sector stakeholders from planning, public health and health care domains by Public Health Wales Policy Directorate. An Advisory Group was established once the work was commissioned from the Town and Country Planning Association. They provided important information and context. A large participatory workshop was held at which the draft resource was discussed, amendments proposed and feedback given. This strenghtened the final resource. It was signed off by the Advisory Group and PHW.

The resource was launched at the end of 2016 at a Public Health Wales event entitled 'Planning for Better Health and Wellbeing'. Over 150 people attended from a wide range of domains including public health, planning and health care sectors. It has been widely disseminated and embraced as a positive document which translates the new Planning landscape in Wales for public health (and other) officers and explains the health systems to Planners and where the entry points may be and the evidence which can support joint working. It has been embraced by a number of Planning Departments in Wales.

The resource is supporting a wide range of public health officers to facilitate and implement health improvement with traditionally described 'non-health' sectors. In mapping out entry points for both sectors it provides tools and evidence to enhance the effective delivery of public health aims i.e. in relation to limiting the creation of obesogenic environments and promoting active travel. At its core it promotes understanding of different sectors needs, constraints and languages. It delivers key messages of shared evidence for shared policy actions and shared actions for shared outcomes

This paper will be of interest to a wide range of public health officers and partners. It will be of relevance to those who lead on obesity, physical activity and active travel.

12 Settings: Promoting Mental Health and Well Being in Colleges and Universities - A Public Health Approach with Transient Populations

Rachel King[1], Linda Irvine[1], Joanna Maclean[2], Chris O Sullivan[2]
[1]Strategic Planning, NHS Lothian, Edinburgh, UK
[2]Mental Health Foundation, Edinburgh, UK

The community of a college/university is a transient one. Mental health needs are varied in this setting. Public health offers clear methododology to support the promotion of good mental health, tackle inequalities and build partnerships within this

To develop a settings based approach based on a Public Health Model to raise awareness and develop work on mental health and wellbeing in Lothian's colleges/ universities. To build partnerships and focus on key populations to tackle inequalities

A three level approach was used to develop this project. Throughout there was involvement from colleges/ universities. First focus was universal mental health and wellbeing. This included offering training, capacity building, using resources to increase awareness and support for relevant campaigns. Second focus was on key populations affected by inequalities. This involved focus on specific topics eg self-harm, and developing small projects to highlight key issues. Last, improving care pathways for students with mental health issues.

Results were positive for each level. Universal mental health work including training/capacity building is mainstreamed in settings. Policy and practice and working groups focused on mental health are now common. Several settings have pledged to tackle stigma. A Lothian network across settings developed. There are increased resources, awareness/support for those at risk of poor mental health. This includes international students, who have been a focus throughout. There is more knowledge and partnership between NHS/ universities in terms of use of services in crisis by transient populations

The strength of this model rests on a number of intertwined aspects. Using an evidenced public health model/settings approach was positive in supporting whole college/university communities while bringing a different perspective on mental health within this context. Developing networks, small projects to test change, and sharing learning made a bigger impact across a wider community than would otherwise have occurred. Understanding the nature of the transient populations and taking a partnership approach to this can support work with other transient populations eg prison, traveller, migrant

Participants will have the opportunity to: discuss a model for promoting mental health in a college/ university setting; consider evidence, policy, practice, environment and inequalities within this; focus on application for other transient/hidden populations; consider impact on inequalities

Evaluating Dementia Friendly Communities (DFCs) in England: Insights from Phase 1 mapping of DFCs with an online presence (DEMCOM Phase 1)

Louise Lafortune[3], Antony Arthur[2], Andrea Mayrhofer[1], **Marina Buswell**[1], Stefanie Buckner[3], Christopher Skedgel[2], Elspeth Mathie[1], Anne Killett[2], Nicole Darlington[1], Claire Goodman[1]
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[2]University of East Anglia, Norwich, UK
[3]Institute of Public Health, University of Cambridge, Cambridge, UK

A DFC can involve a wide range of people, organisations and geographical areas. A DFC recognises that a person with dementia is more than their diagnosis and that everyone has a role to play in supporting their independence and inclusion.

We aim to identify if DFCs support people living with dementia and their carers to maintain their independence and feel valued members of their local community and, if so, which approaches have worked best and at what cost for which groups of people.

A 3-phased multi method approach is proposed. Phase 1 will complete a review of online information about DFCs. This will provide a comprehensive overview of the range, development process and focus of different initiatives, the population targeted, resources used to establish and maintain them and how impact is conceptualised. It will confirm the sampling frame for phase three. Phase 2 will refine a validated evaluation tool (from age friendly cities) that is dementia specific. Phase 3 will purposively sample 4-6 DFCs using this tool.

The emerging results from Phase 1 will be presented. This will be a review of online information and related documentary evidence to establish how they have been implemented, their focus, approach, who is involved and evidence of benefit and for whom. This will demonstrate the range of achievement, populations reached and resources used to implement and sustain dementia friendly communities. Additionally, DFCs will be plotted against dementia prevalence maps to assess whether DFC activity is consistent with prevalence-based need.

The overall evaluation aims to establish dominant approaches to the creation of DFCs, the range of methods used, populations reached and evidence of effectiveness including their potential as a resource for public health. A key deliverable for policy makers is a dementia specific evaluation tool to measure benefits accrued to people living with dementia and progress made by DFCs. Presenting our results from Phase 1 at this early stage to an audience of people who form a key part of delivering DFCs means that evidence can be shared in a timely manner and key insights can be incorporated.

This should be of interest to those involved in the grassroots of implementing and delivering dementia friendly communities as well as local and national policy makers.

Dementia Friendly Communities: Working together to create communities where dementia is understood and accepted.

Liz Fisher[1], Emma McNamara[1]
[1]Public Health, Wigan Council, Wigan, UK

Wigan Borough has received the 'Working to become Dementia Friendly' recognition and is undertaking a range of activities to create dementia friendly communities, raise awareness of dementia to reduce stigma and increase our diagnosis rates.

Create dementia friendly communities by building on community assets and empower people to share experiences and undertake social activities to reduce isolation, enabling people with dementia to feel valued and able to live well in their community.

This asset based community development approach mobilises people living with dementia, their families, carers and the wider community to be the decision makers for their dementia friendly community, by identifying 'assets' rather than focusing on problems. Over 600 local people have attended community engagement events to identify what a Dementia Friendly Community means to them and support with identifying a range of innovative interventions with the successful projects being chosen by the local community and monitored on a 12 month basis.

14 dementia friendly communities have been created with over 70 dementia friendly interventions happening regularly, attracting over 500 people each month. Feedback includes: "Best day of the month!" "An extremely beneficial class focused on around relaxation, a superb way to recharge the batteries!" At a recent focus group people living with dementia and their families said they enjoyed the variety of activities and felt that they were meaningful. They have also developed good friendships which is important to them as they had been able to exchange valuable information with each other

Engaging with people living with dementia, their families/carers and local community has been key to the success of Dementia Friendly Communities and subsequent awareness raising activities eg, a Dementia Awareness Week celebration event, local memory walks and Wigan Dementia Action Alliance. Wigan Borough's journey to create a community where dementia is understood and accepted both for people living with dementia now and to help support the increase in people with dementia in the future is growing from strength to strength. Wigan won Dementia Friendly Community – Town of the Year in 2016.

Anyone who provides a service that touches people with dementia. Public Health, Local Authorities, CCG's, General Practitioners, Practice Nurses, Community Matrons, Care Home Managers, Social Workers, Day Centres, Voluntary Sector

Session: **Partnerships across the community - doing it together**
Date: **Wednesday 21 June**
Time: **13.30 - 14.30**

Investing to save through Local Area Coordination – as easy as ABCD?

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Public services are shifting to greater self-reliance and community resilience to reduce health/care use. Local Area Coordination (LAC), an Asset Based Community Development approach, aims to do this, impacting at individual and community levels.

LAC was developed overseas and has not been well studied in the UK. We evaluated the effectiveness and return on investment of LAC in Leicestershire, focusing on individual and community-level outcomes and health and social care integration.

We used a mixed-methods approach to evaluate outcomes, and social return on investment (SROI) to evaluate cost-effectiveness. We carried out a scoping and familiarisation rapid evidence review. Qualitative methods included thematic analysis of case studies and Outcome Star plans, and consultation with beneficiaries, providers, commissioners and partners. Quantitative methods included activity monitoring and Outcome Star analysis. The evaluation ran over 12 months in ten areas within four Districts, delivered by eight Coordinators.

LAC worked with 1,498 beneficiaries, two-thirds at Level 1 (signposting) and one-third at Level 2 (intensive support). Referrals were received from the voluntary and statutory sectors, self-referral, friends and neighbours. 520 Outcome STARs captured Individual outcomes: better quality of life and mental health/wellbeing, reduced isolation and maintenance of independence. Moderate outcomes were achieved for Health and Care Integration with better service navigation and reduced pressure on services. Community impacts are starting to emerge. LAC provided a SROI of £4.10 for every £1 spent.

LAC is a successful and cost-effective way to increase individual and community resilience and reduce health/care use. This asset-based approach engenders trust between Local Area Coordinators, beneficiaries and partners, particularly as Coordinators are located within the communities in which they work. It is important that future delivery is promoted so more partners are aware of it and that Knowledge Management Systems are in place to capture outcomes. Community-level outcomes may take 10-20 years to realise, meaning commissioner and partner expectations need to be managed accordingly.

The learning audience will include: Public health commissioners; Community-based public health providers; Adult Social Care commissioners and providers; CCG commissioners; Health and Care Integration Leads. We will share Pilot successes and learning points to inform wider commissioning / delivery.

Capacity building of youth as protagonists for better society

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While evidence & policy discourse has highlighted importance of asset based approaches, yet youth continue to be often seen as problematic in the "throes of tumultuous physical & emotional change", with focus on risk factors such smoking, drugs & sex

The presentation will outline the background, principles, methods and learning from the Junior Youth Spiritual Empowerment Programme being considered across various neighbourhoods and other settings.

It will highlight case studies from the materials for development of language and expression, the focus on service projects, engagement in artistic activities, and participation in recreation and sports activities as part of a coherent educational programme. It will share the narrative from the animators and participants from implementation of the programme in various setting.

The programme enables the youth to focus on issues of personal development (through developing powers of expression and perceptions), as well as practical contributions to the community & society. The training materials aim to build capacity through, understanding of certain concepts, acquiring knowledge, developing certain attitudes & qualities, & gaining specific skills & abilities. There is growing recognition of the importance of positive vision of young people, acknowledging their altruism, sense of justice, eagerness to learn about the world they live in and contribute to their community

No attempt at community building can afford to ignore the central importance of youth. The junior youth empowerment programme provides useful insight, materials, learning and experience to support youth become involved in meaningful community social action and individual development. Young people are key assets in any community and should not be viewed as problematic whose risk factors need to be controlled. Youth are key protagonists for betterment of society, who need to be supported to take control of their health, wellbeing and development.

Youth are key protagonists for betterment of society, who need to be supported to take control of their health, wellbeing and development.

Transformational Partnership for Primary Health Care (TraPP) Model –Kola Daisi Foundation Community Primary Health Centre (KDFC): A 5-year Experience

JO Akinola[1], AO Adebiyi[1], OC Uchendu[1], ET Owoaje[1], TO Alonge[1]
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Primary Health Care was designed to bring qualitative and affordable health care to people where they live and work. This has however been faced with manpower, funding, community-led participation and sustainability, planning challenges in Nigeria.

The TraPP model aimed to address the inefficiency in the delivery of PHC and improve performance of the health system through Public Private Partnership between Kola Daisi Foundation, University College Hospital, Ibadan and Yemetu Aladorin community.

The TraPP model was based on a tripartite Memorandum of Understanding (MoU) with full community participation anchored by the Department of Community Medicine, University College Hospital (UCH) Ibadan. The model was conceptualised using a 5-year business model approach that would see the facility being self-sustaining. Statutory stakeholders' meetings such as drug revolving fund (DRF) committee, ward health committee (WDC) and facility committee, hold for monitoring implementation and evaluation of the programme.

At inception, the model involved the state, local government council, the National Primary Health Care Development Agency (NPHCDA), the National Health Insurance Scheme community-based and NGOs were involved. Planning, decision-making, implementation, and evaluation were community-led .Three years after inception, the facility was self-sustaining. Other achievements include a household enumeration of the catchment area and a GIS environmental mapping which was used to improve environmental sanitation of the community. Currently, the facility provides services for clients from a 30 km radius.

The initiative has fostered effective healthcare service delivery at the community level through judicious and effective mobilization of available resources – finance, manpower and community collaboration- which has provided the platform to meet the increased demand and utilisation of health service by the community. The TraPP model has also demonstrated the sustainability of health care program based on community participation and full sense of ownership and has demonstrated the vital importance of private sector in the provision of healthcare services especially in resource-poor societies.

The model was successful on the heel of community participation and ownership which has improved the health services and conditions of Yemetu Aladorin residents. This model and facility was recently adopted as a prototype for use by the Federal Ministry of Health of Nigeria in December 2016.

Our communities at the heart of improving wellbeing – driving change through community-centred approaches in Telford & Wrekin and Shropshire.

Liz Noakes[1], Rob Eyers[2], Helen Onions[1], Rob Thomson[3], Paul Cronin[4], Tony Wilson[5]
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The causes of poor health are clearly rooted in our communities. Both health & wellbeing strategies and the local NHS Sustainability and Transformation Plan commit to use community-centred approaches to improve the health and wellbeing of local people.

This session showcases the inspirational work of local community organisations with the aim of sharing valuable learning of how public health teams can work with community groups to develop relationships and nurture and support their development.

Sharing their experiences of working with community groups through their growth and evolution, the local DsPH will introduce: Telford After Care Team, set up by Rob Eyers because he wanted to make a difference to others, this award winning team provide mutual aid and peer support for people recovering from drug and alcohol addiction. Shropshire Compassionate Communities, a befriending service helping people long-term illness and frail and vulnerable people and the Men in Sheds movement aimed at reducing male social isolation and loneliness.

Following a scene setting overview to start the session, the two DsPH will each introduce motivational community leaders from their patch. Experiences of collaborative working between public health professionals and these community groups will be shared, using PHE's guide to community-centered approaches as background context. The session will highlight key insights and learning from both professional and community leader perspectives regarding what has worked well and the challenges which need to be overcome to make this type of collaboration work most effectively.

Harnessing the power of local residents and organisations to support people to lead healthier lives and promote self-care will also relieve pressure on our health and social care systems. Public health professionals can support this agenda by: • Being passionate advocates for their local communities • Aligning community aspirations with the local political agenda and strategic ambitions • Developing strong relationships with community leaders and groups • Actively encouraging and celebrating volunteering • Supporting grant funding, evaluation, workforce development and training

• People making a difference in their communities plays a vital part in improving health and wellbeing at all stages of life. • Public health professionals can play an important role in supporting this agenda. • The PHE guide to community-centered approaches is a useful resource and touchstone.

Grace Under Fire

Uy Hoang[1], **Samia Latif**[2], Emma Simpson[3], Naomi Morris[4], Claire Reading[5], Daniel Flecknoe[6]
[1]FPH Public Film Society, Faculty of Public Health, London, UK, [2]Communicable Disease Control, PHE East Midlands, Leicester, UK, [3]Obstetrics and Gynaecology, Royal College of Obstetricians and Gynaecologists, London, UK, [4]School of Earth and Environmental Sciences, University of Portsmouth, Portsmouth, UK, [5], M&#233decins Sans Fronti & #232res , London, UK, [6], Global Violence Prevention SIG, London, UK

The film follows the story of Dr Grace Kodindo highlighting the plight of women affected by fighting in the Democratic Republic of Congo.

Highlight the plight of women affected by conflict.

Planet on a plate: can we align health and sustainability goals by changing what we eat?

Tara Garnett
Food Climate Research Network, Environmental Change Institute, University of Oxford, Oxford, UK

The food system today is inequitable, environmentally unsustainable and fails to feed people adequately and effectively. If we are to address our environmental problems, adapt to climate change, create a more food-secure, fairer and nutritionally adequate food future then the current food system needs to change. Most efforts so far have focused on changing methods of food production and distribution. However, evidence is mounting that while 'production-side' approaches may be necessary, they do not represent a sufficient response to the multifaceted nature of the problem. To address the multiple challenges we face three additional approaches are needed. First there is a need to address power imbalances in the food system. Second, food losses and waste need to be reduced. Third – and the focus of this paper - diets will need to change. What, and how much we eat is directly related to what, how much and in what ways it is produced. We therefore need to consume more 'sustainable diets' – eating patterns that have lower environmental impacts, that deliver broader societal benefits, and support good health. This paper considers what we know so far about the characteristics of such diets and where the knowledge gaps lie; what we need to do to shift eating patterns, and third, what the role of the public health community might be.

Should public health also seek to improve planetary health and if so how?

Mike Rayner
Nuffield Department of Population Health, University of Oxford, Oxford,UK

Deteriorating planetary health is of growing concern. The main responsibility of public health is human health not the health of the planet. Not all public health interventions will promote planetary health and some may even be detrimental.

This presentation will ask what we know about: a) the impact of public health interventions on planetary health; b) the impact of interventions aimed at promoting planetary health on human health.

First a distinction will be made between short term human health, the long-term health of the species and planetary health. Then evidence for the impacts (both intended and unintended) of interventions aimed at promoting: a) human health; b) planetary health; and c) both planetary and human health will be reviewed. Evidence of the cost-effectiveness, practicality and acceptability of such interventions will also be considered. The focus of this analysis will be interventions aimed at changing the food system (from production to consumption).

Studies of public health interventions aimed at promoting human health (albeit rare compared with medical interventions) are relatively common compared with studies of interventions aimed at promoting planetary health or both human and planetary health. However it may be possible to extrapolate from what we know about public health interventions to make predictions about interventions aimed at promoting planetary health or both human health and planetary health.

What we know about interventions aimed at promoting planetary health is limited but what we do know suggests that public health interventions will generally but not always promote planetary health and vice versa. There may be circumstances where, human health – particularly current human health – will need to be 'traded off' against planetary health and these need to be recognised. For example sugary drinks taxes are probably bad for planetary health but good for human health.

This presentation will aim to challenge the audience into thinking more deeply about the difference between public health and planetary health and will argue that obviously public health cannot 'save the world' by itself.

The legal fight for public health. Protecting the health of people and the planet through the right to breathe clean air.

Andrea Lee
Clean air team, Client Earth, -,-

Air pollution has been singled out as the biggest environmental health risk by the WHO.

ClientEarth will discuss their work to ensure that legal limits of air pollution are met in the UK and throughout the EU, as well as proposal for a new Clean Air Act that would incorporate WHO guideline levels.

Setting up a rapid data reporting system for suicide prevention: reflections on the challenges and opportunities of a complex project.

Alexandra Smith, Jane Brett-Jones, Jonathan O'Sullivan
Public Health, Camden & Islington Local Authorities, London, UK

A strong local need was identified for improved data collection for suicide prevention. We are designing a rapid reporting system triangulating data from several sources. Multiple challenges arise from this work, providing useful learning and skills.

Aims: to reflect on my role as a registrar in leading this work within the wider suicide prevention strategy; to discuss obstacles and opportunities arising; & to consider the process of skill development as a registrar and learning for future work.

As part of reviewing progress on the project within the team, I undertook a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) to assess key factors impacting on the likely success of setting up the data reporting system. We discussed weighting of these factors in assessing their likely impact on project success, and in deciding strategies to address them. I also considered the process of developing skills through practice, and reflected on specific skills which I have gained or extended through this work.

This SWOT analysis has supported team discussion about addressing key issues facing the project, including resource limitations, information governance, and the regional nature of work in many London systems. We have also acknowledged key favourable factors, including a committed team, strong links across local authority (eg Using Data Better group), supportive national policy context, and links established to learn from other localities where similar systems are running successfully. My own reflection on skills developed has enabled deeper learning from this project to assist future work.

The development of a rapid reporting system for deaths by suicide in Camden & Islington is an important project, which will enable improved and timely data collection to assist in suicide prevention work as part of the broader suicide prevention strategy. This is a complex piece of work involving engagement and negotiation with a wide range of internal and external stakeholders, promoting skill development. SWOT analysis provided a useful framework by which key challenges and opportunities arising from this project were identified, which will help to enable the success of the project.

This presentation will reflect on my role as a registrar within the public health team, in leading the project and in working with internal and external stakeholders. The discussion will concentrate on challenges faced during this work, and on the skills and learning gained from these.

Increasing uptake of influenza vaccination among social care workers in Southwark using behavioral insights techniques.

Suzanne Tang, Sarah Robinson, Sophie Baird
Public Health, Southwark Council, London, England

Flu vaccination uptake in social care workers is poorly understood. Previously in Southwark, vaccines were provided through a pre-paid voucher scheme with minimal promotional activity. No uptake information has previously been analysed locally.

Our aim was to use behavioural insights techniques to encourage vaccine uptake in frontline social care workers and identify an effective process to analyse health behaviour and increase vaccine uptake, which can be replicated for future programmes.

Staff groups were identified as those who have sustained or repeated exposure to vulnerable risk groups for flu. Instead of the usual voucher method, a novel approach using an online pharmacy reporting tool was employed to commission local pharmacies to deliver the vaccines with payment by activity. Staff could choose any participating pharmacy and attend without an appointment. A thorough and sustained strategy for communication and promotion using behavioural insights techniques was implemented throughout the programme to encourage uptake.

96 vaccinations were delivered to frontline social care workers in Southwark during the 3 month programme. Over a third of these were delivered to Social Workers. Only 37% of those vaccinated had taken up the flu vaccine last year. One social care team reported an uptake rate of 88%, which was likely to be due to an actively engaged and motivated team leader and direct encouragement from the Public Health team through a question and answer session. It was difficult to estimate the uptake rate overall due to very limited information on the total number of eligible staff.

This programme achieved a high uptake rate of up to 88% with positive feedback from both service users and providers. It highlighted the usefulness of behavioural insights techniques in health promotion and provided a template for future service provision. The majority of those vaccinated did not take up the vaccine last year, suggesting a change in health behaviour; and we expect that a positive experience this year will encourage future uptake. We recommend a thorough evidence review to identify relevant at-risk staff groups and engagement of relevant team leaders earlier in the process.

This presentation will be useful for trainees, consultants and other public health professionals working in health promotion and health protection in the local authority setting. It is also relevant for those with an interest in behavioural insights and community engagement.

Estimating and comparing the cost-effectiveness of primary prevention policies affecting diet and physical activity in England

Adam Briggs[1], Jane Wolstenholme[2], Peter Scarborough[1]
[1]Centre for Population Approaches on Non-Communicable Disease Prevention, Nuffield Department of Population Health, Oxford University, Oxford, UK, [2]Health Economics Research Centre, Nuffield Department of Population Health, Oxford University, Oxford, UK

Competing government resources make it essential for decision makers to be able to directly compare the costs and impacts of different public health interventions. At present, public health cost-effectiveness analyses are rarely comparable.

This project aims to develop a comparative cost effectiveness model to compare primary prevention interventions affecting diet and physical activity, two of the leading behavioural risk factors for mortality and morbidity in England.

A review of public health economic model structures alongside responses from a stakeholder consultation was used to inform the model's design and outcomes. When developing the model, particular focus was placed on how to estimate comparable costs and health state utility values across multiple diseases. Following the completion of the primary analyses, sensitivity analyses and probabilistic uncertainty analyses were run, and model validation was explored.

A pre-existing multi-state life table model has been extended to assess the comparative cost effectiveness of primary prevention policies in England. Outcomes include the impact of policies affecting diet and physical activity by age and sex on non-communicable disease incidence, prevalence, and mortality, life expectancy, the change in quality-adjusted life years and costs, the change in cost-effectiveness, and time to return on investment. Results will be presented in full at the conference.

This project develops a novel method for estimating comparable costs and utilities across multiple diseases, and embeds wthem within a multistate life table model. The model is then used to estimate the cost-effectiveness of increasing access to leisure centres and reformulating food to reduce salt. In the future, it is hoped that the model will be developed into a tool to help decision makers judge where best to invest across diverse interventions in order to maximise health and minimise costs.

I think that this work may interest local and national public health decision makers, as well as those interested in public health economics and simulation modelling.

Non-communicable diseases in low income countries: evidence based interventions to reduce impact of the tobacco, alcohol and food industries.

Dave McConalogue[1], Victor Joseph[2], Katy Scammell[1], Tim Elwell-smith[1], Andy Beckingham[2]
[1]Non-Communicable Diseases, Special Interest Group, Faculty of Public Health, London, UK, [2]Public Health in Africa, Special Interest Group, Faculty of Public Health, London, UK

NCDs account for over 60% of global deaths; 80% of which occur in LICs. The burden of disease from NCDs in LICs is expected to increase rapidly, unless urgent action is taken. There has been little funding for research or action in this area.

To raise awareness of the importance of NCDs in LICs and develop key actions through the Faculty in order to stop and reverse the increase of the disease.

A review of the epidemiology of NCDs in LICs, including projections on developing burden of disease. Case study of the process and impact of alcohol, tobacco, and food industry incursions into LICs, and interventions to reduce their impact. Literature review and collation of views of key informants to understand the challenges and research needs relating to NCDs in LICs. Case study of a proposed public health law in a LIC.

NCDs are a large and growing problem in LICs in Africa. Tobacco, alcohol and unhealthy food are strong contributors to this increasing burden. The tobacco, alcohol and food industry have increased their marketing activities in Africa and are influencing government policy to prevent the introduction of effective legislation to curb the negative effects of their products. The WHO Global Action Plan for the Prevention and Control of NCDs outlines effective methods to tackle NCDs, but work needs to progress quickly if the Global Goals target for NCD mortality reduction is to be achieved by 2030.

The global threat of NCDs has been recognised by the international community, but to date little has been done to tackle this in LICs. The public health workforce have an opportunity to use learning from the UK and other developed and developing countries as a basis for advocacy and technical support to prevent the predicted increase in NCDs in LICs. This represents an ideal opportunity for the Public Health community to work with partners to contribute to prevention of an NCD epidemic in LICs. This work will contribute to the Faculty's global public health advocacy objective.

Those interested in NCDs and global health, from a research and intervention perspective. This subject area is relevant to all roles within the specialism of Public Health.

Global Health Security - can it be an entry point for Public Health Capacity Building in support of Universal Health Coverage?

Neil Squires
Global Public Health, Public Health England, London, UK

Global Health Security is a Global Public Health Priority post Ebola, at a time when the international community has committed to delivering the Sustainable Development Goals. Synergy between these agenda's is essential to maximise global health.

The aim is to highlight the opportunities that a process of Joint External Evaluations of International Health Regulation compliance will provide in framing the need for strong national public health institutions which work in support of the SDG

Aligning policy commitments to ensure that the SDG's are the overarching framework for Disaster Risk Reduction and for strengthened Global Health Security is a priority. Understanding the interlinkage of the SDGs and the need for collective action on all of them should provide the policy backdrop for future debate on Global Health Security (GHS). The public health insitutions and the skills and competencies needed for GHS are also those needed to build stronger health systems, without which the GHS agenda will fail.

Results will be achieved by ensuring that future policy dialogue, which brings together Global Health Security and Health System Strengthening expertise, is set within the context of international debate on the SDGs and the commitment to Universal Health Coverage. This dialogue has already begun, with a series of meetings hosted by the World Health Organisation. The effectiveness of this approach will depend on the extent to which every nation meets its commitment to the SDGs and recognises that success will depend on strengthened global collaboration.

We are at the start of the process, in the first year of SDG delivery plans. If we are to ensure effective use of limited resources then we need to actively plan to create synergy between global health initiatives and to ensure that these do not run in parallel but are aligned. Funding and targets will determine prioties and approach and we need to ensure that both the funding, and the indicators chosen to measure progress, create the incentives for intersectoral and collective action.

The SDGs are everyone's responsibility. Even for those not directly engaged in global health, recongnition that we need to think globally in order to effectively act locally is important. This is a agenda that needs the engagement of all those committed to improving the public's health.

21st century Public Health: improving health and wellbeing and saving money by turning ideas into practice that also support Sustainable Development.

Helen Ross[1], David Pencheon[2], Gemma Partridge[3]
[1]Sustainable Development, Special Interest Group FPH, Nottingham, UK, [2]Head, Sustainable Development Unit, Cambridge, UK, [3]SD, NICE, London, UK

The Sustainable Development Special Interest Group is supporting the Faculty in delivering our Manifesto commitment to implement a cross national approach to meeting climate change targets in ways that improve health and wellbeing.

The aims of this session are to: 1 update public health colleagues, about the latest guidance and progress. 2 provide opportunities for colleagues to contribute ideas and good practice that demonstrate leadership in environmental sustainability.

3 short presentations about the evidence, guidance and progress for Sustainable Public Health and Climate Change, followed by a discussion about how Public Health colleagues can address Health Improvement, Determinants of Health, and Health Communication to influence and act on the broad determinants of health at a system, community and individual level. Specialty Training Curriculum Learning Outcome 5.7 specifically applies in demonstrating leadership in environmental sustainability with a focus on the links to health and climate

The outputs of this session will inform the work of the Special Interest group in 2017-8 and will support Faculty members and registrars in achieving their competencies and continuing professional development. The outcomes will improve health and wellbeing, save money and address climate change and sustainable development targets.

This session is important for the development of the Public Health workforce and for the health and wellbeing of the population at a time of scarce resources.

Directors of Public Health, Consultants in Public Health, Registrars and the wider Public Health workforce.

Modern Slavery / Forced Labour

Karen Saunders[1], Robin Brierley[2], Nick Walton[3], Christian Kinde[4]
[1]leave blank, Faculty of Public Health, leave blank, UK, [2]leave blank, West Midlands Anti-Slavery Network, leave blank, UK, [3]leave blank, West Midlands Police Force, leave blank, UK, [4]leave blank, Film-maker, leave blank, UK

"Slaved" by Christian Kinde and a selection of modern slavery films from Unchosen present a powerful narrative of modern say slavery, helps people to spot the signs and take practical action against it.

Prevention and equity in later life: where do we stand?

Louise Lafortune[1], Joao Correa Delgado[2], Hannah Jordan[3], Penny Breeze[3]
[1]Cambridge Institute of Public Health, University of Cambridge, Cambridge, England, [2]Medical School, University of Exeter, Exeter, England, [3]ScHARR, University of Sheffield, Sheffield, England

The NIHR School for Public Health Research Ageing Well Programme (AWP), which consists of 7 projects, has developed tools to inform preventive public health practice as well as evidence to help promote healthy ageing and address inequitable access.

Following an overview of the aproach underpinning the AWP, presentations will cover 3 projects: a) ageing without cardiovascular risks, b) access to smoking cessation services, and c) cost-effectiveness of lifestyle interventions to prevent dementia.

The first project mobilised data from two large routine databases to examine the effect of combined cardiovascular risks on a range of late life outcomes. The second project developed an individual patient-level simulation model that incorporates modifiable metabolic risk factor trajectories with dementia risk scores to estimate dementia incidence, health outcomes, survival and societal costs. The third project used repeated cross sectional household survey data from a smoking toolkit study to explore equity issues in older smokers.

Analysis of six cardiovascular risk factors showed that an optimal "combined" score is not only associated with better cardiovascular outcomes but also with healthy ageing phenotypes. The dementia model demonstrates the broader benefits healthy ageing interventions and policies would have on health and social care demand. The smoking cessation project found that doctors raised smoking as a topic equally across age groups, but older smokers were less likely to be offered services. Whether this is a true inequity in access or an informed choice by older smokers to not seek support is unclear.

The AWP used a range of methodological approaches to reflect the complexity of improving health in heterogeneous ageing populations, and the need for various types of evidence to help develop cost-effective and equitable public health interventions. Combined, these projects show how we can mobilise large datasets and available tools to inform the decision-making process and underpin practice with strong evidence. The next (ongoing) step is to deploy a range of activities to facilitate the translation of these findings into local practice and policy.

Delegates will learn about the diverse outputs of the AWP, i.e. evidence relating to managing cardiovascular risks and potential equity issues around smoking cessation in older age, as well as decision support tools that can be mobilised for evaluation and planning purposes.

Entitlement to Healthcare in England for Migrants and Refugees - A Training Programme

Robert Verrecchia
Take Action Group, M&#233decins Sans Fronti &#232res, London, UK

Refugees and Migrants face many barriers to accessing healthcare England. This is due to a number of factors including legal entitlement rules, misinformation among healthcare professionals and a fear of negative consequences.

To improve the awareness of healthcare workers in England of the issues surrounding entitlement to health care for refugees and migrants

Doctors of the World have developed a training session aimed at health care professionals in England which aims to inform about entitlement, highlight many of the barriers to care and empower professionals on how to take positive action. Médecins Sans Frontières's UK Association action group are supporting the project by delivering the training through it's membership. This engagement in the association members for UK based project is a novel approach for MSF.

The project hopes to empower healthcare professionals to provide appropriate and sensitive care to vulnerable refugees and migrants. A technique for monitoring and evaluation is under development.

Refugees and migrants are a vulnerable population group who are at risk of significant health care needs, yet often struggle to access health care. Educating healthcare workers on the legal rights and issues surround this represents an opportunity to improve quality and appropriateness of care.

Better understanding of the legal entitlement to health care in England, barriers facing refugees and migrants in seeking this health care and an understanding of some positive steps that can be taken by professionals.

Tackling Tuberculosis; the contribution of a public health registrar in different settings within the West Midlands

Nicola Benge[1], Nicola Bennett[1], **Helen Green[2]**, Nadia Inglis[3], Bharat Sibal[4], Annette Wood[1]
[1]Screening and Immunisations, NHS England, Birmingham, UK, [2]Public Health Registrar, Public Health England, Birmingham, UK, [3]Public Health, Coventry City Council, Coventry, UK, [4]West Midlands East Health Protection Team, Public Health England, Birmingham, UK

Levels of Tuberculosis (TB) in England remain among the highest in Western Europe. Inequalities are also widening, with an increase in the proportion of cases with a social risk factor. Tackling TB requires the coordinated action of many partners.

A public health registrar has the unique opportunity to experience the perspective of different organisations (NHS England, Local Authorities and Public Health England) and how they can contribute to addressing this public health issue.

This presentation will focus on the experience from the perspective of a public health registrar working on the following projects in the West Midlands: a) Incident requiring contact tracing in high TB incidence areas; b) Designing a pathway for latent TB testing for unaccompanied asylum seeking children; c) Reviewing neonatal BCG vaccine policies in place across the West Midlands; d) Implementing neonatal BCG vaccine policies, with a focus on low TB incidence areas.

Working in different settings afforded the opportunity to explore different aspects of TB control, focusing on the following TB Strategy key areas: contact tracing, BCG vaccination uptake and tackling TB in under-served populations. It highlighted the challenges faced when implementing best practice and when the level of need can vary markedly between localities.

By focusing on a common aim across registrar training placements, in this case tackling TB, this helps to strengthen understanding of how organisations can work together to address key public health issues. It also allows for long term follow up of implementation of the work done by registrars and how it can result in change.

Learning outcomes include the contribution of a registrar to TB control within different organisations (NHS England, Local Authority and Public Health England) and reflections on the benefits to a registrar of focusing on a common aim across training placements.

A Registrar Placement at Liverpool School of Tropical Medicine

Sepeedeh Saleh, Ruth du Plessis
[1]Department of International Public Health, Liverpool School of Tropical Medicine, Liverpool, UK, [2]Department of International Public Health, Liverpool School of Tropical Medicine, Liverpool, UK

We are two Public Health registrars based in the North West. We are midway through an academic placement at the School of Tropical Medicine in Liverpool and explain a little about the school as well as sharing some of our experiences of our time there.

The presentation aims to provide insights into some of the varied and unique training opportunities available to Public Health registrars at this exciting institution.

Public Health after ISIS - working for Medecins Sans Frontieres (MSF) in Iraq.

Daniel Flecknoe
Public Health, Nottinghamshire County Council, Nottingham, UK

A presentation on my recent experience delivering health promotion & community engagement activities to a population displaced by war, the health impacts of armed conflict & the challenges of delivering healthcare in a highly insecure context.

Public health professionals interested in global health, conflict prevention, mental health, PTSD, health promotion and overseas experience.

Everything you ever wanted to know about the UK Five Year Forward View for Mental Health - and the Prevention Concordat for Better Mental Health

Christina Gray[1,3,4], Lily Makurah[2], Jude Stansfield[1,2], Chris Nield[1,5], Lina Martino[1,6], Mike Mchugh[1,7], Liam Hughes[1,8]
[1]Public Mental Health Special Interest Group, Faculty of Public Health, London, UK, [2]Health and Wellbeing Directorate, Public Health England, London, UK, [3]Visiting Fellow, University of the West of England, Bristol, UK, [4]Consultant in Public Health, Somerset County Council, England, UK, [5]Independent Public Health Consultant, England, UK, [6]Speciality Registrar, Public Health, England, UK, [7]Consultant in Public Health, Leicestershire County Council, England, UK, [8]Fellow by Distinction, Faculty of Public Health, London, UK

The Five Year Forward View for Mental Health will, for the first time, hold the NHS publicly to account for performance against a range of outcomes relating to mental health interventions. This is will be supported by a new framework for prevention.

The session will outline this new area of health policy followed by a constructive, critical and lively discussion about the promotion and prevention framework. This will inform the developing support programme.

There will be a short presentation on the policy, the programme and the metrics of the Five Year Foreword View for Mental Health and on progress to date in developing the supporting framework for promotion and prevention. The presentation will be followed by and interactive discussion about the challenges and opportunities of implementation.

Hot news! Opportunities identified to reduce health inequalities and improve the public's mental health.

The future is in our hands.....

This session will be of interest to colleagues with an interest in mental health, health inequality and prevention.

Sugar Sweetened Beverages (SSBs) Coverage in the British Media – An Analysis of Public Health Advocacy versus Pro-Industry Messaging.

Alex Elliott-Green, Lirije Hyseni, Ffion Lloyd-Williams, Helen Bromley, Simon Capewell
Public Health and Policy, University of Liverpool, Liverpool, UK

SSBs are an increasing contributor to rising rates of diabetes, obesity and cardiovascular disease. The media has an important role in framing perceptions of these products and therefore has significant potential to influence public health policy.

We assessed the extent of media-based public health advocacy versus pro-industry messaging regarding SSBs.

We conducted a systematic analysis to identify and examine all articles regarding SSBs published in mainstream British print newspapers and their online news websites from 1st January 2014 to 1st January 2015. We initially conducted a brief literature search to develop appropriate search terms and categorisations for grouping and analysing the articles. Articles were then coded according to the publishing newspaper, article type, topic, prominence and slant (pro- or anti-SSB). A contextual analysis was undertaken to examine key messages.

1295 full-text articles published during 2014 were assessed for eligibility of which 374 were included in this analysis. The majority of articles (81%) suggested that SSBs are unhealthy. Messaging from experts, campaign groups and health organisations was fairly consistent about the detrimental effects of SSB on health. Few articles assessed any approaches or solutions to potentially combat the problems associated with SSBs. Only a quarter (24%) suggested any policy change. 31% placed the responsibility for combating consumption of sugar on individuals and 36% offered no solutions.

Sugar–sweetened beverages featured heavily in mainstream British print newspapers and their online news websites during 2014. Public health media advocacy was prominent throughout, with a growing consensus that sugary drinks are bad for people's health. However, the challenge for public health will be to mobilise supportive public opinion to help implement effective regulatory policies. Only then will our population's excess consumption of sugar sweetened beverages come under control.

The media offers a platform for both public health advocacy and industry messages. Although SSB consumption was often associated with detrimental effects on health, the food industry often managed to avoid association with this negative press by placing responsibility on individual consumers.

Understanding how commissioners and service providers can influence immunisation uptake in Travelling and Gypsy communities; a qualitative study

Julie Mytton[1], Cath Jackson[2]
[1]Centre for Child and Adolescent Health, University of the West of England, Bristol, England, [2], Valid Research, London, UK

Inequality in immunisation uptake in Travelling communities is well documented. Commissioners and service providers need to understand barriers and facilitators to uptake for these communities to deliver and develop services.

To explore Traveller (English Gypsies, Slovakian & Romanian Roma, Irish Traveller and Scottish Showpeople) and service provider views on the barriers and facilitators to uptake of adult and child immunisations, to inform potential interventions.

Phase 1; we interviewed 174 Travellers from 6 communities across 4 cities, recruited through gatekeepers and using translators where necessary, collecting views on factors influencing, and ideas for improving, uptake. Phase 2; we interviewed 39 providers or commissioners of immunisation services. Phase 3; 51 Travellers and 25 service providers co-created potentially acceptable interventions. We used a framework approach to analyse transcripts. The Social Ecological Model provided the theoretical framework.

Immunisations were generally accepted by communities; knowledge and access to information were greater for current parents than older generations. Low literacy, limited English and lack of interpreters were barriers to services and giving consent. Verbal information through trusted health staff and services tailored for Travellers were valued. Recall systems were perceived as effective even for families who regularly travelled. Service providers felt that discrimination, poor school attendance, housing problems and poverty were barriers though these were infrequently reported by communities.

Factors influencing immunisation uptake are evolving through subsequent generations. Five interventions were prioritised across communities; Cultural competence training for health professionals, Identifying Travellers in health records, GP receptionist to support Travellers, Flexible and diverse appointment systems and Protected funding for specialist Health Visitors. All of these can be built upon existing good practice. This evidence may enable commissioners and providers to make informed and efficient investments to reduce immunisation uptake inequality for Travellers.

Public Health Leads for health improvement, health inequalities, Traveller health and immunisations. Commissoners of immunisation services, primary care and of services to improve Traveller health.

Abstract ID: 145
Evidence into practice
Youth mentoring for young people at risk of exclusion from secondary school: a feasibility randomised controlled trial

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Mentoring is used with young people to help improve their health, wellbeing, and educational attainment. Despite the growing interest in mentoring programmes, the evidence-base is weak, with no randomised control trial (RCT) yet undertaken in the UK.

This study aimed to assess the feasibility and acceptability of conducting a definitive RCT of the (cost-) effectiveness of Breakthrough Mentoring, a council-supported programme that provides formal, one-to-one, mentoring through paid, adult mentors.

31 secondary school students, judged to be at risk of exclusion by school staff, were approached and 21 (8 girls, 13 boys) were recruited to the study. Participants were aged 12–16 years (mean= 14.10 years) and randomised to receive weekly 2 hour mentoring sessions for one academic year (n=11, intervention) or care as usual (10, control). Participants completed questionnaires and took part in interviews. A process and cost-effectiveness analysis were conducted. Quantitative measures were analysed descriptively; qualitative data thematically.

Follow-up at 6 and 12 months was 100% and 86% at 18 months. Participants were happy to complete the questionnaires and were accepting of the study design. Control participants reported wanting a mentor and some were mildly upset at not achieving this. Intervention participants indicated that having a mentor, unconnected to school, helped them talk about and deal with difficult feelings. Some reported negative experiences of the way the mentoring programme ended. The process evaluation showed that the study design and intervention were acceptable to parents, mentors, schools, and commissioners.

The recruitment, randomisation, and retention of students at risk of exclusion from school to an RCT for 6, 12, and 18 months' follow-up is feasible and acceptable. Before a definitive trial can be considered, further research is required to characterise youth mentoring in the UK and to investigate how to best measure its effectiveness.

Learn about conduct and findings of a feasibility randomised control trial evaluating a formal youth mentoring programme; using this study design with the target group was feasible and acceptable to participants and relevant others; further research of UK mentoring programmes is required.

Dolce Agonia (Sugar Agony)

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Commissioned by El Poder del Consumidor, a consumer rights organisation, the equivalent of Which in Mexico. This documentary was filmed shortly before and after the introduction of the sugar tax in 2014.

A Coalition of Partners to strengthen public health capacities and services across the European Region.

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The Public Health Services Programme of the WHO Regional Office for Europe, Division of Health Systems and Public Health is the is the custodian of the European Action Plan for Strengthening Public Health Services and Capacities (2012-2020).

The session discusses efforts to accelerate implementation of the European Action Plan following its midterm-evaluation and in particular the associated Coalition of Partners initiative to strengthen public health services across the European Region.

In Jan 2017 WHO Public Health Services Programme convened a group of senior government officials and leaders from the international public health community to discuss the creation of a Coalition of Partners (CoP). The vision of the CoP is to grow into a forum where policy makers responsible for public health services are brought together with experts from international organizations, and donors, to learn from one another, pool resources and spawn action focused on strengthening national public health services. UK participated in the workshop.

The principles of the Coalition include an orientation towards practical action that empowers Member States to lead public health reforms, co-creation of the tools and expert assistance needed, and a clear focus and shared responsibility for implementation. Discussions from the CoP meeting will be presented, including the proposed practical actions arising from the CoP. Already the initiative has created renewed collaborations and a demand from WHO Member States to support their public health reforms through the Coalition.

The initiative sets out to be transformative while remaining humble, growing organically, being inclusive and most importantly focusing on practical actions that lead to change at country-level. Rather than focusing on public health interventions in any given area, the CoP aims to strengthen the ‘skeleton’ of the system, adopting a systems perspective and focusing on the ‘enabler functions’ of public health services: public health law; financing; structural organization and governance; and importantly human resources for public health.

Global futurology and UK Public Health

Justin Varney
Healthy People Division, Public Health England, London, UK

Expanding life expectancy, global political and economic shifts, ecological and environmental changes and progressive urbanisation combined with changing patterns of employment and life norms create new challenges & opportunities for Public Health.

To reflect on the global futurology trends and predictions and the potential opportunities and challenges that may come as a result for Public Health in the UK

The future is not a fixed path and there are opportunities for PH professionals to use the futurology narrative to mobilise for action especially around prevention as well as using it to think through some of the ramifications for local communities and work with key local and national stakeholders to mitigate some of the potential inequalities and inequities that could emerge.

Public Health professionals, LA professionals, 3rd sector organisations and NHS and PH providers

I, Daniel Blake

Alex Bax[1], Mark Gamsu[2]
[1]leave blank, Pathway, leave blank, UK, [2]leave blank, Leeds Beckett University, leave blank, UK

Award winning film by director Ken Loach, follows the story of a recently unemployed 59-year-old carpenter who befriends a destitute, single mother as they both struggle to navigate the benefit system.

Improving the mental health of young lesbian, gay, bisexual & trans people: Using Public Health leadership to tackle homophobic bullying in schools.

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[1]Public Health Warwickshire, Communities Group, Warwickshire County Council, Warwick, UK, [2]Independent Public Health Consultant, UK, [3]Public Health, Somerset County Council, Somerset, UK

Discrimination, homophobic bullying and violence are a significant threat to the mental health of young people who identify as LGBT, particularly in schools. Preventative measures and specific support have been shown to reduce rates of bullying.

To describe what is currently being done in local areas to tackle homophobic bullying, discuss facilitators and barriers to implementing interventions effectively, and identify actions for local Public Health teams.

The workshop will consist of a brief presentation outlining evidence-based interventions for tackling homophobic bullying in schools, followed by tabletop discussions of the following: - What is currently being done in your area to prevent and address homophobic bullying? - What works well in terms of influencing schools? - What are the barriers to influence and effective intervention? - How can local authority public health teams and other partners provide leadership and support? - Who else might we engage to facilitate this relationship?

The workshop will provide an opportunity to develop understanding of the evidence base around preventing and addressing homophobic bullying in schools, and share learning from local practice. By the end of the workshop participants should have a clear set of actions that can be taken locally, including steps to address gaps in support.

Poorer emotional and mental health among young LGBT people is an avoidable inequality in health. Preventing and tackling homophobic bullying in schools can have an important impact on reducing the negative health consequences and improving subsequent educational and life outcomes; however, efforts to address the problem are currently very limited. Strong public health leadership is crucial to working in partnership to translate evidence into strategy.

Health (including public health and mental health), education and other professionals working with or commissioning services for young people.

Marketing food to children – what should the Faculty's policy be?

Jenny Mindell, Members of the Health Improvement Committee
The Faculty's Health Improvement Committee

The Faculty's Health Improvement Committee (HIC) develops policy positions on a wide range of issues. These polices are improved by the input of members. The policy on marketing of food to children, published in 2013, is in need of updating.

To involve Faculty members to influence the development of the Faculty's position on marketing of food to children & to gain understanding of the process of developing position statements and the role they can play in influencing national policy.

1. (15') Members of the Faculty's HIC will: A. summarise the evidence on the effects of food marketing to children; B. describe marketing techniques; & C. describe current WHO & UK national policies, the current UK regulatory landscape, & how these vary by country. 2. (25' including feeding back) In groups, attendees will identify gaps in the evidence (A); our understanding (B); and what (C) does not cover. 3. (15') All will discuss FPH policy, opportunities for advocacy, and how to 'future-proof' government action. 4. (5') Summing up

Attendees will be: reminded of how food and drink marketing to children focuses on foods high in fat, salt & sugar and uses fun, fantasy & taste to affect children's preferences, purchases and consumption; updated on the current gaps in national action on junk food marketing; and involved in updating the Faculty's position statement on marketing food to children and identifying opportunities to stimulate action. The final position will have the buy-in of more members; members will have a greater understanding of how they can engage with, and influence, the policy making process of the Faculty.

Food marketing to children is of public health importance after the publication of the government's watered down Child Obesity Plan. FPH's current position is that children and young people should be protected from all forms of marketing that encourage unhealthy eating. Current food marketing regulation does not reflect modern marketing environments. The current statement (www.fph.org.uk/uploads/Position_statement_food_marketing_to_children.pdf) will be updated later in 2017, in collaboration with partner organisations. The outcomes of the workshop discussion with members will feed into this.

Participants will increase their understanding of developments on: evidence about food marketing to children and the WHO's recommendations; reducing junk food marketing in the UK, gaps and opportunities for action; and how to influence and support the Faculty's policy making process.

Ethical Foundations for Public Health Law – Implications for Policy and Practice

Farhang Tahzib[1], John Coggon[2], A.M. Viens[3], Peter Schroeder[4]
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Public health is not merely a technical speciality but grounded in values & moral norms that guide decisions, behaviour & practice. It is founded on the special importance of health, and its improvement through coordinated population approaches

This workshop aims to enhance the conference theme: Good laws to prevent bad health. It does so by examining the ethical foundations for public health law and their interrelationship, and practical implications for policy, research and practice

The session will be based on presentations on leading edge research & participatory discussion to provide insights on the conceptual background & framework of public health ethics and law. It will highlight how the concept of law should be understood within the context of public health, & how ethical (& other) considerations bear on measures to improve population health. The workshop will consider ongoing debate around the nanny state, the intervention ladder, & will share case studies & evidence on implications for policy and practice

The workshop will enable participants to reflect & consult around the current evidence & issues & implications for policy & competent public health practice & leadership. Public health law it is argued is: “A field of study & practice that concerns those aspects of law, policy, & regulation that advance or place constraints upon the protection & promotion of health (howsoever understood) within, between, & across populations.” The rationale & implications are explained, & participants will see both how law & ethics are intrinsic to public health, & how good laws may serve public health agenda

The workshop will enable a clear understanding of the necessity to engage in reflective and practical analysis of public health ethics & law when advancing general public health agendas, & the place & potential roles of ethics & law in the development of public health measures. It will enable participants to better appreciate the debate around nanny state accusations, the role of the intervention ladder & use of ethics & law in practice. In specific terms, the conclusion will be exemplified by reference to case studies where modes of governance have been central to promoting public health.

This session will be of interest and use to public health leaders, practitioners and members of the public health workforce broadly conceived. It forms part of an existing and ongoing agenda of professional training in public health ethics and law.

Up for Air - Exercise Film

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From a public health perspective, this film is a telling reminder of the benefits of exercise for all, especially for those with chronic disease where the benefits could be substantial.

“What Wales is doing today the world will do tomorrow”, United Nations

Catherine Weatherup[1], Angela Jones[2]
[1]Health & Sustainability Hub, Public Health Wales, Cardiff, UK , [2]Cwm Taf Public Health Team, Public Health Wales, Cardiff, UK

Legislation is arguably one of the most powerful tools available to governments to direct long-term goals. It can be an effective lever for influencing changes in society, providing a platform for directing action for the benefit of whole populations

To document how the Well-being of Future Generations (Wales) Act, has been developed to support individuals and communities to maintain, improve and sustain their health and wellbeing.

The Act includes seven statutory well-being goals, and places a new duty on national and local public services, no matter what their specific responsibilities, to maximise their contribution to improving the economic, social, environmental and cultural wellbeing of the country. The Act also defines sustainable development as a way of doing things rather than as an end in itself.

New monitoring and accountability structures have been established. The Auditor General for Wales is currently exploring new audit methods that will best capture the evidence from public services including Welsh Government, about how the duty is being met. A Future Generation Commissioner is scrutinising efforts at a local and national level to see whether Wales is making the progress at a scale and a pace that is required in order to contribute to global sustainability, as enshrined in the UN SDGs.

This groundbreaking legislation requires significant changes for many public services in Wales, including reflecting on their current activity, role and responsiblities for a more sustainable future; orientating what they do around the citizen and engaging more fully with other services in a collaborative and integrated way. Public Health has a key role as an advocate for long term planning and preventative action to improve well-being.

Public Health Community, Public Services, policy makers, governments, third sector, businesses.