

UKCRC PUBLIC HEALTH RESEARCH CENTRES OF EXCELLENCE  
ANNUAL CONFERENCE

# Progress and Pathways



igniting our potential

29th June 2017  
Royal College of Physicians, London

**#UKCRC17**



# Welcome

Welcome to the 2017 UKCRC Public Health Research Centres of Excellence Annual Conference. The title of this year's conference is 'Progress and Pathways'. Its key aims are to celebrate and reflect on the significant progress made by the UKCRC Public Health Research Centres of Excellence initiative, and to consider future opportunities and directions.

The conference will begin by considering the rationale for the UKCRC initiative, which continues to influence the Centres' work. The conference will then focus on the UKCRC Public Health Research Centres of Excellence initiative's achievements and progress in three interlinked themes: capacity building and career development; creating partnerships and promoting system level change; and the impact of our innovation on research, policy and practice and population health. Each theme will be explored through presentations from across the UKCRC Centres. The sessions will be chaired by some of our key policy and practice partners. After lunch the conference will resume by considering the current state of evidence based policy and future challenges to be followed by a discussion surrounding potential pathways for the future in a plenary session on what we have learnt and what still needs to be done. This will be followed by a UKCRC Centre Directors' plenary examining key lessons learnt and reflections on success, and will draw to a close with a presentation on future possibilities and pathways.

With so many stories of success to tell from across our Centres, it has been a challenge to distil the many years of work into a single day conference. A range of further case studies, drawn from across our Centres and reflecting the themes of today's event, can be found in this brochure. We are confident that today will demonstrate the scope and achievements of the UKCRC initiative, and the potential for public health research in the UK to continue to improve population health.



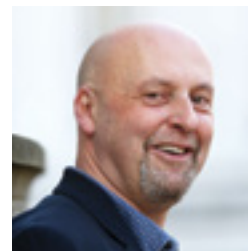
*Nick Wareham*

Professor Nick Wareham  
Director of CEDAR



*F Kee*

Professor Frank Kee  
Director of CoENI



*Simon Murphy*

Professor Simon Murphy  
Director of DECIPHer



*Ashley J. Adamson*

Professor Ashley Adamson  
Director of Fuse



*John Frank*

Professor John Frank  
Director of SCPHRP



*John Britton*

Professor John Britton  
Director of UKCTAS





igniting our potential

## The UKCRC Public Health Research Centres of Excellence Initiative – strengthening public health research

**In 2006, the major funders of public health research in the UK came together under the auspices of the UK Clinical Research Collaboration (UKCRC) to develop a coordinated approach to improving the UK public health research environment.**

The findings of the UKCRC Public Health Research Strategic Planning Group were documented in the UKCRC *'Strengthening Public Health Research in the UK'* report. The report identified a need to develop academic capacity and methodological approaches, increase research on health behaviours and interventions, promote multidisciplinary collaboration and improve the use of existing data within the field. In 2008, this resulted in the launch of the UKCRC initiative - a commitment of over £20 million by a consortium of eight funding partners to create five UKCRC Public Health Research Centres of Excellence, with additional funding from the Medical Research Council (MRC) and the Scottish Chief Scientist Office (CSO) for a sixth centre.

In January 2013, an international scientific panel carried out a review of the UKCRC Centres. The panel concluded that the initiative had been very successful in achieving its initial goals; was at the international forefront of integrating public health research, policy and practice; and recommended the awarding of further funding. The funders endorsed the recommendations of the panel and all Centres were supported for a second five-year term.



# The UKCRC Public Health Research Centres of Excellence



**The Centre for Diet and Activity Research (CEDAR)**, a partnership between the University of Cambridge, the University of East Anglia and MRC Units in Cambridge, studies the factors that influence dietary and physical activity behaviours, develops and evaluates public health interventions, and helps shape public health practice and policy.



**The Centre of Excellence for Public Health Northern Ireland (CoENI)** has the aim of strengthening research and engaging policy, practice and the public in complex public health issues such as obesity and health inequalities.



**The Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer)**, a collaboration between Cardiff, Bristol and Swansea Universities, tackles multiple health issues and evaluates multi-level interventions that will have a particular impact on the health and wellbeing of children and young people.



**The Centre for Translational Research in Public Health (Fuse)** brings together the five North East Universities of Durham, Newcastle, Northumbria, Sunderland and Teesside in an innovative collaboration to transform health and wellbeing and reduce health inequalities through the conduct of world-class public health research and its translation into value-for-money policy and practice.



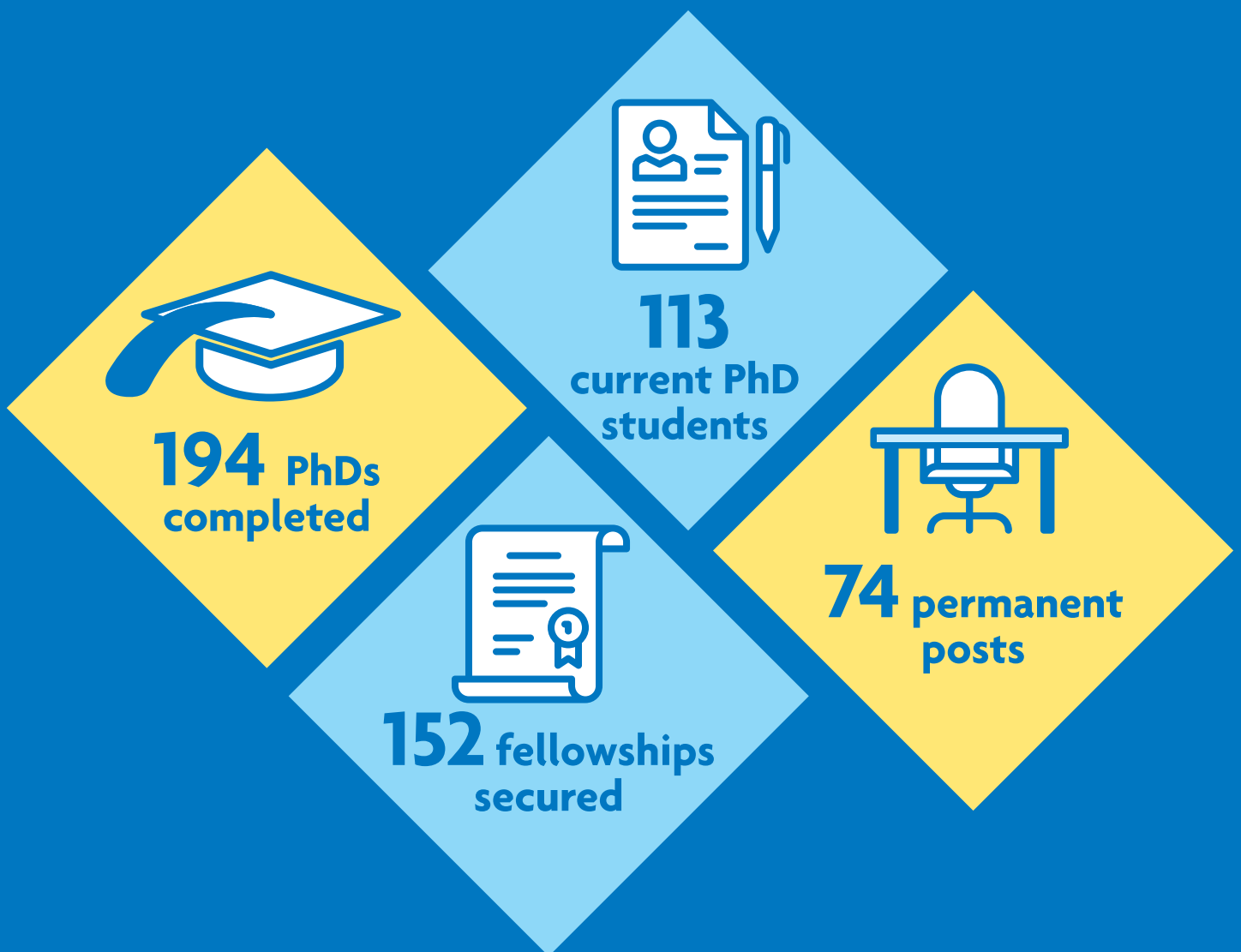
**The Scottish Collaboration for Public Health Research & Policy (SCPHRP)**, based within the University of Edinburgh, facilitates collaboration between all sectors of the public health community in Scotland, in order to inform the development and evaluation of novel public health interventions that equitably address major health problems.



**The UK Centre for Tobacco and Alcohol Studies (UKCTAS)**, a network of 13 universities (12 in the UK, one in New Zealand) aims to deliver an international research and policy development portfolio, identify effective public policies to improve public health and wellbeing and build capacity in tobacco and alcohol research.

## Building capacity and career development

The UKCRC Public Health Research Centres of Excellence have built significant new academic capacity through strategic investment in career development, with a strong emphasis on supporting early career researchers, and creating opportunities for working across disciplines in academia and policy/practice. Each of the Centres has created a vibrant research environment, which encourages development and interdisciplinary collaboration. To date, the Centres have supported 194 PhD students to completion, with a further 113 students currently pursuing their studies. We have also been successful in providing support for early career researchers, with 152 fellowships secured. We are particularly pleased that the initiative has resulted in establishing 74 permanent posts to ensure the ongoing sustainability of the Centres.





## PhD to Postdoc: building experience in research, policy and media

### Dr Kathryn Hesketh



Funded by a UKCRC fellowship through CEDAR, Kathryn Hesketh completed an MPhil in Epidemiology and then joined the Behavioural Epidemiology programme in 2010 for her PhD, exploring the determinants of physical activity in preschool-aged children.

She secured additional ESRC funding for a placement that enhanced her training in translation, undertaking an internship with the Cabinet Office Behavioural Insights Team (“the Nudge Unit”), where she applied the principles of behavioural science to policy development. Kathryn led a practical evaluation of Cambridgeshire County Council’s Early Years Physical Activity and Nutrition pilot programme, giving her experience of working with practitioners. Her work has achieved media coverage, allowing her to apply her Centre-backed media training.

Kathryn was awarded ESRC funding for an eight week overseas institutional visit to Duke and Harvard, hosted by Prof Sara Benjamin Neelon (CEDAR Senior Visiting Fellow). Kathryn applied learning gained in the US to her own study – supported by internal CEDAR pump-priming funding – to investigate determinants of pre-schoolers’ physical activity to inform future interventions.

Kathryn is now a Sir Henry Wellcome Postdoctoral Fellow in Epidemiology. She is based at the Institute for Child Health, University College London, and is a Visiting Fellow at CEDAR, and at UNC and Johns Hopkins Universities in the USA.

## A journey from PhD to Senior Investigator

### Dr Graham Moore



When the UKCRC Centres were established, Graham was a PhD student at Cardiff University. Alongside this, he worked part-time on a number of DECIPHer studies, including an evaluation of the effects of smoke-free legislation on socioeconomic inequalities. Graham became a DECIPHer Research Associate in 2010. Building on his PhD, which developed a process evaluation framework within a pragmatic trial, he then led the development of MRC guidance for process evaluation within this role.

In 2013, he became DECIPHer lead for complex intervention methodology, and obtained an MRC Fellowship, which led to a series of papers on school influences on socioeconomic inequalities in young people’s health. In 2015, he secured a post as a Senior Lecturer in Social Sciences and Health, and became Deputy Director of DECIPHer’s Cardiff hub in 2016.

Graham reflects, “My journey from PhD to senior investigator has been helped by my location within an innovative multidisciplinary centre with access to excellent support structures, working alongside policy and practice colleagues and a vibrant community of researchers. It has required a willingness to be flexible and seize the opportunities for development that the centre provides, but this has allowed me to develop my skills and establish myself as an academic leader within a core University post, assuming a leading role in developing the next generation of public health researchers within DECIPHer.”

## From Research Fellow to Senior Epidemiological Scientist and Honorary Fellow of the Faculty of Public Health

### Dr Lynsey Patterson



Since November 2009, Lynsey held a joint health protection service / academic position at the Public Health Agency (PHA) and the UKCRC Centre of Excellence for Public Health, Northern Ireland (CoENI).

Her early work was part of an all-island DEL funded grant (to CoENI) where she examined anti-obesity medication prescribing using primary care prescribing data. However, as she went on to specialise in healthcare associated infections and antimicrobial resistance (AMR), a recognised global public health problem, she was keen to use her academic association with the Centre to address local issues and most recently, she has led a project to examine trends in levels of antibiotic prescribing to the elderly, which will be used to inform interventions in this population. She has also used her association with the Centre to collaborate with a Health Economist to improve our understanding of public knowledge of AMR, work that will inform future communication campaigns.

Lynsey has said: *“My unique position has allowed me to understand both service and academic priorities and the need to build capacity in both areas through collaboration. In the future I hope that my role, and others like it, will facilitate the dissemination of innovation and address part of the challenge of translating research into impact.”*

## Embedded Research: the challenges and opportunities of using evidence in times of change

### Dr Mandy Cheetham



As a Fuse Post-Doctoral Research Associate based at Teesside University, Mandy has been able to gain valuable experience of multiple research projects in collaboration with diverse academic and policy and practice partners. One such opportunity was to work as an ‘embedded researcher’ three days a week with Gateshead Council in an innovative partnership between Fuse and the Local Authority that supports the use of research evidence.

The model involves an embedded researcher being co-located with the Council’s Public Health team to undertake research and inform the planning and design of interventions. The collaboration aims to improve the use of research and increase awareness among academics of the realities of evidence use in the Council.

The research initially focused on a qualitative evaluation of an integrated health and wellbeing service to build on the Council’s support for individuals, families and communities and its attempts to reduce health inequalities. In the second year the research is exploring different approaches to engaging communities in health and wellbeing activities to prevent childhood obesity, in collaboration with a local voluntary sector service. A case study about this has been included in the National Children’s Bureau (NCB) report: *‘Working together to reduce childhood obesity’* authored by Emily Hamblin, Andrew Fellowes and Keith Clements (May 2017).

The findings of the first year have contributed to our understanding of the structural and organisational issues affecting implementation of integrated wellbeing services. Findings from the second year will inform the delivery of targeted services to reduce childhood obesity in a context of on-going efficiency savings in public health.



## SCPHRP Public Health Professional Fellowships Case Study

### Susan Fleming



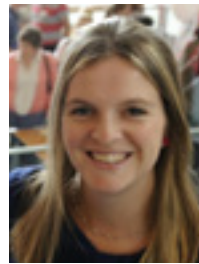
From 2013 to 2016, SCPHRP piloted a part-time fellowship programme for three mid-career public health professionals from Scotland's NHS. The focus was to improve the science on a project which their workplace had already prioritized. Susan Fleming is a Public Health Researcher at NHS Greater Glasgow and Clyde (NHS GGC) and one of the public health professionals who participated in this programme. Susan describes how, *“the key learning objective for me from the professional fellowship was to develop skills in writing for publication. This skill is not only useful for my own career development but enhances the support that I am able to afford colleagues should they wish to publish their own research.”*

Over the course of the fellowship, Susan worked on a project examining the extent to which health visitor decision-making was informed by adopted assessment tools at the '30 month' universal child health surveillance assessment in NHS GGC. To do so, Susan worked closely with colleagues from SCPHRP, who provided guidance on all aspects of the project, particularly in relation to statistical analysis, identification of appropriate journals and writing style.

Susan's reflections on the project were that *“the fellowship increased my skills in writing for publication. Valued characteristics of the fellowship were its person-centred nature (setting your own objectives and topic of interest), the friendliness and warmth of mentors, and their specialist knowledge.”*

## From PhD to Lecturer, via Uruguay

### Dr Suzi Gage



Suzi worked as an RA for 5 years at the University of Bristol before beginning her PhD, on a range of research topics *“from language to map reading!”* Her PhD investigated tobacco and cannabis use, and links to mental health outcomes. She reflects, *“Being part of the UKCTAS meant I met peers who were interested in similar research questions to me, and was able to keep up-to-date with the tobacco and alcohol research field more generally.”*

Through the Centre, Suzi attended numerous early career events and UKCRC conferences, providing opportunities to develop her skills and networks and was lucky enough to take part in a workshop in Uruguay last year, learning about implementation science as related to tobacco and alcohol policy research. Since gaining her PhD Suzi has fed back in to the centre by assisting Olivia Maynard in organising an early career event and was able to secure a lectureship at the University of Liverpool, another organisation within the centre. *“As I already knew the members of the addiction group before I took up my post, my transition between institutions was straightforward and I was able to create research collaborations as soon as I started here.”*

## Creating partnerships and promoting system level change

The UKCRC Public Health Research Centres of Excellence have demonstrated a strong commitment to developing sustainable partnerships with policy makers and practitioners, and involving members of the public in the development and evaluation of new interventions. These include innovative networks and systems such as the Public Health Improvement Research Network (PHIRN) in Wales, the Public Health Evidence Network (PHEN) in Scotland, ASKFuse in England and the Northern Ireland Public Health Research Network (NIPHRN). Centre innovations in policy and practice engagement have played a crucial role in enabling our researchers to develop high quality system level interventions, and to promote the use of research evidence within policy and practice for real impact. To date, across the initiative, we have established collaborations with 342 policy/practice organisations, covering national and local government and the third sector, and crossing policy areas including health, education, housing, the police, transport and social care. Partnership innovation has also resulted in more strategic and effective engagement with the public. This has included the development of the young people's public health involvement group ALPHA and over 1,500 separate public engagement activities that have ensured our research has both relevance and meaning.



## Development of a coherent voice on evidence for health in Scotland – the Public Health Evidence Network (PHEN)

**Dr John McAteer and Dr Garth Reid**



The Public Health Review in Scotland identified a need for greater efficiency and effectiveness in getting evidence into policy and practice. PHEN aims to facilitate this by creating a much closer link between those who generate and manage evidence with the policy makers and practitioners who apply it.

Our scope is to focus upon interventions and policies to improve the health and wellbeing of the public and reduce health inequalities, synthesising diverse sources of knowledge and evidence to produce high quality reviews and advice. PHEN currently consists of the Evidence for Action (Efa) team in NHS Health Scotland, SCPHRP, Glasgow Centre for Population Health (GCPH), Healthcare Improvement Scotland (HIS) and the MRC Social and Public Health Sciences Unit (SPHSU). Four pieces of work have been undertaken to date, directly feeding into requests from Scottish Government. 1) A literature review of early learning, childcare, and impact upon parent and family outcomes; 2) Development of an animated film about the role of power in health inequalities; 3) An evidence review related to the What Works Scotland initiative; and 4) Linkage of intervention strategies to a set of recently developed children and young people profiles. PHEN benefits all partner organisations through facilitating closer links with policy makers and practitioners, and increasing the reach and scope of work undertaken.

**PHEN**  
Public Health Evidence Network

## 360 Selfie: Capturing social, physical and environmental triggers relating to smoking cessation

**Dr Richard I. Purves**



The number of people setting a quit date through Stop Smoking Services (SSS) in England and Scotland has been declining consecutively in the last few years.

There is strong evidence that exposure to various cues within the social and physical environment can undermine attempts to quit. Previous research has examined these contextual risk factors in laboratory settings or following experimental cueing in the general environment. However, little is known in real-world settings about contextual risk factors, which lead to craving without experimental cueing. Current data recording processes are sub-optimal in terms of participant burden, the amount and type of data recorded and the reliability and accuracy of self-reporting.

To help smokers address these cue-induced cravings when attempting to quit, this research utilises a novel method of real-time collection of in-depth data from attempting quitters to capture the cues that induce craving. This study will use 360 cameras as a method for mapping and understanding participants' social and physical environment in order to enhance the effectiveness of existing smoking cessation interventions that could reduce rates of lapse and relapse among those attempting to quit.

## A road to impact: engaging with the Department for Transport to support policy, develop careers and deliver online tools

**Dr David Ogilvie and Dr James Woodcock**

# CEDAR

Centre for Diet and Activity Research  
A UKCRC Public Health Research Centre of Excellence

CEDAR has developed a productive relationship with the Department for Transport (DfT), which has acknowledged our “clear impact on DfT’s cycling policy development”. Through Cambridge’s Centre for Science and Policy’s Policy (CSaP) Fellowship Programme we have engaged with Pauline Reeves, Deputy Director for Sustainable Travel and Equalities, and Permanent Secretary Philip Rutnam.



DfT policymakers have spoken at CEDAR events, and our researchers have shared our evidence at policy events and forums. In 2016 Dr David Ogilvie spoke by invitation at a Policy Leaders Fellowship Roundtable on the future of cities, addressing a number of Directors General, Permanent Secretaries and other senior UK policy leaders. We were part of a CSaP/DfT organised ‘Policy Propellers’ professional development scheme, which seeks to help up-and-coming civil servants gain a better understanding of evidence use in policymaking.

Our relationship with DfT has led to the commissioning of the Propensity to Cycle Tool – [www.pct.bike](http://www.pct.bike) – a project led by Dr James Woodcock in collaboration with Universities of Leeds and Westminster to help planners prioritise cycling investment. Public Health Modelling researchers have also developed improved active travel appraisal methods for the DfT’s transport analysis guidance (WebTAG).

In addition, we have provided relevant evidence submissions to a range of parliamentary and guidance bodies, and developed relationships with local and regional government and other agencies in the UK and internationally.

## Changing physical and social environments to promote physical activity: The Physical Activity and the Rejuvenation of Connswater (PARC) study

**Dr Mark Tully**

The Centre of Excellence for  
**Public Health**  
Northern Ireland



The PARC study evaluates the £40m Connswater Community Greenway project, an urban regeneration programme to improve the built environment and quality of life of 40,000 residents in East Belfast. The project has had a multi-disciplinary foundation, with public health and social scientists, geographers and economists working in partnership with local government departments, and statutory and community stakeholders, to promote active lifestyles and reduce sedentary living.

Outputs from the PARC study have had discernible impact. For example, it has been shown that interventions that consider the social, political and material contexts in which activity occurs can increase rates of physical activity and have helped reshape health promotion campaigns by the Public Health Agency and Active Belfast. Moreover, through discrete choice experiments, a policy that increased walkability and people’s perception of access to shops and facilities has potential to increase walking by about 36 min/person/week, valued at £13.65/person/week. In a systematic review, Hunter et al (2015) showed how changes in the built and urban green space environment can improve physical activity levels, a paper, which has been referenced in the forthcoming Strategic Plans for Greenways and in recommendations from the World Health Organisation (Europe) on urban green space interventions.

## Data Linkage Innovation

**Prof Ronan Lyons**



Public health involves many disciplines in diverse settings, any of whom can intervene to improve the health of the population. All interventions happen in complex environments in which change at multiple levels is virtually constant and the consequences of interventions may be felt differentially by multiple organisations over varying time periods.

Privacy protecting data linkage offers the opportunity to integrate data at the individual and micro-environmental level to evaluate the impact of public services and third sector organisations on individual and societal health and on wider social goals. Linkage at the household level opens up the opportunity to engage with partners in local government and the 3rd sector.

We have undertaken studies with the enthusiastic engagement of partners from diverse organisations e.g. education, housing, police, social services, fire service, and care and repair, bringing together vast amounts of data on millions of de-identified individuals over many years.

Data linkage has supported otherwise infeasible simple or clustered trials and natural experiments, including the health impacts of neighbourhood regeneration, social housing improvements, energy efficiency investments, air pollution warning systems, changes in alcohol outlet density and the educational impact of school breakfasts and physical activity, resulting in substantial policy impact.

## AskFuse: Mobilising knowledge with public health professionals

**Dr Peter van der Graaf**



In June 2013, Fuse launched AskFuse, a rapid response and evaluation service to provide decision makers and practitioners with an easy-to-access portal for public health evidence in North East England. The service responds to a broad range of research requests from the health, wellbeing and social care sectors. Examples of enquiries include requests for support with applying the existing evidence base, queries about how to make best use of current data, and requests to undertake service evaluations.



AskFuse draws on the expertise of Fuse colleagues and works collaboratively with partners throughout the process of addressing a specific issue. AskFuse has supported more than 240 enquiries, resulting in over 30

funded projects, and more importantly has created meaningful partnerships. This is evidenced by increased applications from local partners for the NIHR School for Public Health Research (SPHR) Public Health Practice Evaluation Scheme (10 in last call alone) and several co-organised events. The service has also attracted national interest and has been copied by others.

The AskFuse service provides space for bringing together decision makers, practitioners and academics; helps to develop a clearer sense of local research needs on key public health topics; and identifies potential for working across local authorities.



## Impact through innovation

The UKCRC initiative was set up to address the shortcomings in tackling “public health issues which are likely to have a significant impact on the health of the nation”. To date, we have secured external funding for 1,222 research studies, published over 4,500 peer reviewed papers and delivered nearly 1,500 conference presentations. In this, the Centres have promoted theoretical and methodological innovation and have made a significant impact on developing the scientific evidence base for effective approaches to improving population health. The emphasis placed on collaboration is highlighted by the use of high quality evidence to inform decision making in health and other sectors, and demonstrable impacts on policy, practice and the health of populations.



**4,591**  
peer-reviewed  
papers



**1,487**  
presentations at  
conferences



**1,222**  
research  
studies

## Impact through innovation: adaptation of an effective school-based smoking prevention intervention (ASSIST) to address obesity, illicit drug use and promote physical activity

**Prof Rona Campbell**



ASSIST is an effective school-based peer-led smoking prevention intervention. It has been part of the Tobacco Harm Reductions plans of the Scottish and Welsh Governments and is recommended in National Institute of Health and Care Excellence guidance on smoking prevention. In the UK, over 120,000 students have taken part in ASSIST.

It is estimated that 2,200 young people have not taken up smoking because of ASSIST who otherwise would have done so. Using the Medical Research Council Guidance for the development of complex interventions, and the ASSIST model of informal peer-led delivery, DECIPHer affiliates adapted ASSIST to address other public health priority areas through phased research on intervention adaptation, feasibility testing and a pilot cluster randomized control trial. AHEAD (Activity and Healthy Eating in ADolescence) is an obesity prevention programme. PLAN-A attempts to increase adolescent girls' levels of physical activity. ASSIST+FRANK is a drug prevention programme to deliver information from the UK national drug education service: [www.talktofrank.com](http://www.talktofrank.com). Results showed AHEAD was feasible to implement, but resource intensive, expensive and suggested focusing on physical activity and nutrition was too difficult for peer supporters.

The evaluations of PLAN-A and ASSIST+FRANK are funded by the National Institute of Health Research Public Health Research board and are still on-going. The UKCRC funding of DECIPHer provided time for the principal investigators to develop these applications and support for public engagement activities to refine the interventions. Both principal investigators have subsequently secured tenured employment, at the University of Bristol (Sebire) and Cardiff University (White).

## babyClear®: Implementing an effective system level intervention to promote smoking cessation in pregnant women

**Dr Ruth Bell and Susan Jones**



The proportion of women smoking in pregnancy is higher in the North East than elsewhere in England. Smoking in pregnancy has a significant impact on women's and babies' health, including increased risk of premature births, stillbirths and low birthweight.

Fuse researchers worked in partnership with Fresh North East (the regional tobacco control office), midwives and stop smoking staff and identified a need for improved implementation of NICE guidance to support pregnant women to quit smoking.

This work led to the implementation of babyClear®, a system-wide service reconfiguration. Routine carbon monoxide monitoring and opt out referral to Stop Smoking Services were introduced across all eight NHS Trusts, underpinned by training of front line staff in maternity and a variety of smoking cessation services, and the introduction of a clear referral pathway.

Funding through the NIHR School for Public Health Research (SPHR) Public Health Practice Evaluation Scheme (PHPES) allowed the evaluation by Fuse of the effectiveness and process of implementation of this initiative. Results showed that quit rates in pregnancy nearly doubled, and there was a significant increase in birthweight among quitters' babies. For maximum benefit, organisations required the ability to reorganise and standardise their systems, requiring belief from staff, maintenance of practical adjustments and reflection on adapting to new challenges.

## Six Steps in Quality Intervention Development (6SQUID)

**Prof Daniel Wight, Dr Erica Wimbush,  
Dr Ruth Jepson, Dr Larry Doi**



Compared to the vast literature on how to evaluate interventions, there is little to guide researchers or practitioners on how best to develop interventions in practical, logical, and evidence-based ways to maximise effectiveness. Drawing on the strengths of existing frameworks, and on our own experiences, we developed the 6SQUID framework to address this gap. This work was completed in collaboration with colleagues from Glasgow University and NHS Health Scotland.

The six essential steps in the framework are:

1. define and understand the problem and its causes;
2. identify which causal factors are modifiable;
3. decide on the change mechanisms;
4. clarify how these will be delivered;
5. test and adapt the intervention; and
6. collect sufficient evidence of effectiveness to proceed to a rigorous evaluation. The framework is currently being employed to develop interventions globally, with authors of several published papers stating that their work was informed by the framework. It has been used to design masters' level modules at Edinburgh University and Glasgow University. The Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer) currently uses the framework as one of the preparatory reading materials for their developing and evaluating interventions summer school.

6SQUID could help make better use of scarce public resources by avoiding the costly evaluation, or implementation of unpromising interventions.

## Electronic cigarettes and tobacco harm reduction

**Prof John Britton**



UKCTAS has played a leading role in promoting the use of electronic cigarettes and other non-tobacco nicotine sources as a reduced harm substitute for smoking in the UK and elsewhere, and generating significant reductions in UK smoking prevalence, and the liberalisation of regulatory schemes for electronic cigarettes, encouraging wider use, in some countries.

This has been achieved through a number of strands of work. Evidence summaries for Public Health England (PHE) and the 'Nicotine without smoke: Tobacco harm reduction' report for the Royal College of Physicians have been produced, advocating adoption of electronic cigarettes as a consumer alternative to tobacco.

Primary research (funded by HTA, CRUK, Pfizer, PHE and others) demonstrates the efficacy of e-cigarettes in smoking cessation, the natural history of dual use, aldehyde emissions from EC flavourings, and the safety and effects of e-cigarettes in pregnancy. UKCTAS submitted written and oral evidence to Victoria Health and the Therapeutics Goods Administration in Australia, Ministry of Health in New Zealand, and the Canadian, Scottish and Welsh parliaments/assemblies. A briefing paper critiquing a scientific assessment and policy options report on electronic cigarettes was prepared for the WHO Seventh Conference of the Parties 1 of the Framework Convention on Tobacco Control. UKCTAS has been instrumental in establishing the UK Electronic Cigarette Research Forum in partnership with Cancer Research UK and Public Health England, with the aim of stimulating new research in this area.

## A taxing topic: providing evidence and evaluation on the sugary drinks levy

**Dr Jean Adams, Dr Oliver Mytton,  
Prof Martin White**



Centre for Diet and Activity Research  
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With the MRC Epidemiology Unit, CEDAR scientists have contributed to a growing evidence base about the harms of sugary sweetened beverages (SSBs). CEDAR have collaborated on a modelling study on the potential health impacts of different industry responses, such as reformulation, price

**rises and marketing changes and contributed to understanding public perceptions of sugary drinks.**

In 2015, CEDAR gave written and verbal evidence on the health benefits of fiscal measures to the House of Commons Health Committee. The Committee's November 2015 report Brave and Bold Action supported the idea of a tax, and, despite initial government opposition, in March 2016 the Chancellor announced a levy on manufacturers of SSBs.

CEDAR scientists responded by leading on plans, with partners from Oxford and LSHTM, for a major natural experimental study to evaluate whether, how and in whom the levy has an effect on health. Grounded in a 'systems approach', the research will break important new ground. It will be the first study to consider the impact on reformulation, the processes by which the tax came about, as well as wider changes in public, political, societal and industry attitudes.

CEDAR are also contributing to an evaluation of Jamie Oliver's 10p SSB restaurant charge; and are collaborating with researchers abroad to evaluate the impact of taxes elsewhere, notably in Barbados.

## Impact of the Roots of Empathy Programme on Social-Emotional Learning: A Randomized Controlled Trial

**Prof Paul Connolly**



Roots of Empathy (ROE) is an NIHR funded universal, school-based social and emotional learning programme aimed at increasing prosocial behaviour and reducing difficult behaviour. It consists of 27 lessons, based around a monthly classroom visit by an infant and parent. Children learn about the baby's growth and development and are encouraged to generalize from this to develop empathy towards others.

Between 2011 and 2015, a cluster randomized controlled trial was conducted to explore the effects of ROE on 8-9-year-old children. In total 74 schools and 1,181 children took part.

The study found that the programme was very well received by schools, parents and children, and was delivered effectively to a high level of fidelity. ROE was also effective in achieving modest improvements in children's prosocial behaviour and reductions in their difficult behaviour at immediate post-test. A cost-effectiveness analysis indicated that ROE is likely to be cost-effective in line with national guidelines, and the Public Health Agency (NI) is now upscaling the roll out of the programme, which is being delivered in over 150 primary schools in Northern Ireland.

# Conference Programme

		<b>Location</b>
<b>08:30</b>	<b>Registration</b>	Wolfson Foyer
<b>09:30</b>	<p><b>Welcome and overview of the conference themes</b></p> <p><b>Creating partnerships and promoting system level change</b> (Professor Frank Kee, Director of CoENI)</p> <p><b>Building capacity and career development</b> (Professor Simon Murphy, Director of DECIPHer)</p> <p><b>Impact through innovation</b> (Professor Ashley Adamson, Director of Fuse)</p>	Wolfson Theatre
<b>09:50</b>	<p><b>Looking Back: The UKCRC initiative landscape and rationale</b></p> <p>Ms Christine McGuire, Department of Health, Acute Care and Quality Division</p> <p>Professor Mike Kelly, Department of Public Health and Primary Care, University of Cambridge (Chair: Professor John Frank, Director of SCPHRP)</p>	Wolfson Theatre
<b>10:10</b>		

## Parallel Session 1: Building capacity and career development

	Wolfson Theatre	Dorchester Library
	<p><b>1a: Building capacity: career development through promoting researchers' subject and methodological expertise</b></p> <p>Chair: Dr Nicola Armstrong Programme Manager, Public Health Agency, Northern Ireland</p>	<p><b>1b: Building capacity: career development through creating opportunities for working across policy/practice and academia</b></p> <p>Chair: Dr Julie Bishop Director of Health Improvement, Public Health Wales</p>
<b>10:15</b>	<p><b>UKCTAS:</b> Dr Ilze Bogdanovica: Getting a personal fellowship – journey, tips and tricks</p>	<p><b>SCPHRP:</b> Miss Ashley Goodfellow: SCPHRP Public Health Professorial Fellowship on preconception care</p>
<b>10:30</b>	<p><b>CoENI:</b> Dr Aideen Maguire: Surviving a PhD, Savouring the Post-Docs and Securing a Fellowship – a career in the CoENI</p>	<p><b>CEDAR:</b> Dr Emilie Aguirre: Legal high flyer brings novel perspectives to potential harms of sugar liberalisation</p>
<b>10:45</b>	<p><b>Fuse:</b> Dr Shelina Visram: From RA to SL – My career journey with Fuse</p>	<p><b>DECIPHer:</b> Professor Rona Campbell: Ivory towers and the coal face: moving beyond clichés to build public health research capacity in the 21st century</p>
<b>11:00</b>	Discussion of cross cutting issues for all session speakers	Discussion of cross cutting issues for all session speakers
<b>11:15</b>	<b>Break Osler Long Room - Refreshment and opportunity to view Centre displays</b>	



## Parallel Session 2: Creating partnerships and promoting system level change

Wolfson Theatre	Dorchester Library	Council Chamber
<p><b>2a: Building sustainable systems change and partnerships: public engagement</b></p> <p>Chair: Ms Jennifer Bostock Lay Expert, NIHR - SPHR Advisory Board</p>	<p><b>2b: Building sustainable systems change and partnerships: policy and practice</b></p> <p>Chair: Professor Roger O'Sullivan Interim Chief Executive, The Institute of Public Health in Ireland</p>	<p><b>2c: Building sustainable systems change and partnerships: development and evaluation of system level interventions</b></p> <p>Chair: Dr Helen Walters Consultant in Public Health Medicine / Consultant Advisor NIHR NETSCC</p>
<p><b>11:45 DECIPHer:</b> Dr Jeremy Segrott: Development of a young people's research advisory group (ALPHA)</p>	<p><b>SCPHRP:</b> Dr John McAteer: Development of a coherent voice on evidence for health in Scotland – the Public Health Evidence Network (PHEN)</p>	<p><b>Fuse:</b> Mrs Susan Jones: babyClear©: Implementing an effective system level intervention to promote smoking cessation in pregnant women</p>
<p><b>12:00 CoENI:</b> Dr Michael O'Rorke: Engaging the public through Science - the CoENI on tour</p>	<p><b>Fuse:</b> Dr Peter Van der Graaf: AskFuse: rapid response and evaluation service for policy and practice partners</p>	<p><b>DECIPHer:</b> Professor Simon Murphy: Achieving system level change: the School Health Research Network (SHRN) in Wales</p>
<p><b>12:15 CEDAR:</b> Dr Esther van Sluijs: It's child's play: a journey of public involvement in youth physical activity promotion</p>	<p><b>CEDAR:</b> Dr Flo Harrison: Engaging with the charity sector to improve physical activity: An evaluation of a physical activity intervention for deaf-blind participants</p>	<p><b>CoENI:</b> Dr Mark Tully: Changing physical and social environments to promote physical activity – the PARC study</p>
<p><b>12:30 UKCTAS:</b> Dr Suzi Gage: Using new media for innovative public engagement: Podcasting</p>	<p><b>UKCTAS:</b> Dr Karen Evans-Reeves: Using mediawiki to disseminate policy relevant research findings: The case of <a href="http://www.TobaccoTactics.org">www.TobaccoTactics.org</a></p>	<p><b>SCPHRP:</b> Professor John Frank: Working across sectors in public health research: Reflections from the Scottish Collaboration for Public Health Research and Policy</p>
<p><b>12:45</b> Discussion of cross cutting issues for all session speakers</p>	<p>Discussion of cross cutting issues for all session speakers</p>	<p>Discussion of cross cutting issues for all session speakers</p>

**13:00 Lunch Osler Long Room - and opportunity to view Centre displays**

<b>14:00</b>	<b>Evidence-based policy and practice: future challenges?</b>	Wolfson Theatre
-	Professor Dame Anne Johnson	
<b>14:20</b>	Chair of the Academy of Medical Sciences Working Group for Improving the Health of the Public by 2040 (Chair: Professor John Britton, Director of UKCTAS)	

### Parallel Session 3: Impact through Innovation

	Wolfson Theatre	Dorchester Library
	<b>3a: Research Innovation and impact: methodological and theoretical innovations</b> Chair: Professor Ian Young Chief Scientific Advisor to the Department of Health, Social Services and Public Safety, Northern Ireland	<b>3b: Research innovation and impact: projects with impact on policy/practice</b> Chair: Dr Felix Greaves Deputy Director, Science and Strategic Information, Public Health England
<b>14:25</b>	<b>DECIPHer:</b> Dr Sarah Rodgers: Policy trials of complex interventions: maximising their contribution through data linkage	<b>CoENI:</b> Dr Mark McGovern: Keeping Policy Focused: Experience from Population-Based Research
<b>14:40</b>	<b>SCPHRP:</b> Dr Larry Doi: Six Steps in Quality Intervention Development (6SQUID)	<b>CEDAR:</b> Dr Tom Burgoine: The health impact of takeaways – impact on local and national policy
<b>14:55</b>	<b>Fuse:</b> Dr Mandy Cheetham: Embedded research: the challenges and opportunities of evaluating integrated wellbeing services in North East England	<b>UKCTAS:</b> Dr Duncan Gillespie: Development of the UK's drinking guidelines
<b>15:10</b>	Discussion of cross cutting issues for all session speakers	Discussion of cross cutting issues for all session speakers
<b>15:25</b>	<b>Break Osler Long Room - Refreshment and final opportunity to view Centre displays</b>	
<b>15:45</b>	<b>Policy and practice discussion panel with parallel session chairs</b> The UKCRC initiative: What have we learnt and what still needs to be done? (Chair: Dr Joe McNamara)	Wolfson Theatre
<b>Discussion Opportunities</b>		
<b>16:20</b>	<b>Directors Reflection Panel</b> The UKCRC initiative: What have we learnt and what still needs to be done? (Chair: Professor Mike Kelly )	Wolfson Theatre
<b>16:45</b>	<b>Future Directions, sustainability and the funding landscape</b> Professor Nick Wareham Chair of the Population Health Working Group and Director of CEDAR	Wolfson Theatre
<b>17:05</b>	<b>Close</b>	Wolfson Theatre***

\*\*\* Please note: Guests need to exit the Wolfson Theatre at 17:05 sharp due to another event  
Refreshments will be available in the Dorchester Library between 17:00 and 18:00hrs

# Notes

## Centre contact details

### **Centre for Diet and Activity Research (CEDAR)**

MRC Epidemiology Unit  
University of Cambridge School of Clinical Medicine  
Box 285 Institute of Metabolic Science  
Cambridge Biomedical Campus  
Cambridge CB2 0QQ  
+44 (0)1223 746892  
cedar@medschl.cam.ac.uk  
www.cedar.iph.cam.ac.uk

 @CedarUK

### **The Centre for Excellence for Public Health Northern Ireland (CoENI)**

Centre for Public Health  
School of Medicine, Dentistry and Biomedical Sciences  
Queen's University Belfast  
Institute of Clinical Science B  
Royal Victoria Hospital  
Grosvenor Road  
Belfast BT12 6BJ  
+44 (0)28 9097 6436/6437


coe@qub.ac.uk  
www.qub.ac.uk/coe

 @CoE\_NI

### **The Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer)**

Cardiff School of Social Sciences  
Cardiff University  
1-3 Museum Place  
Cardiff CF10 3BD  
+44 (0)2920 879 609

decipher@cardiff.ac.uk  
www.decipher.uk.net

 @DECIPHerCentre

### **Fuse - the Centre for Translational Research in Public Health**

Institute of Health and Society  
Newcastle University  
Baddiley-Clark Building  
Richardson Road  
Newcastle Upon Tyne NE2 4AX  
+44 (0)191 208 7296

fuse@newcastle.ac.uk

www.fuse.ac.uk

 @fuse\_online

### **Scottish Collaboration for Public Health Research and Policy (SCPHRP)**

20 West Richmond Street  
Edinburgh EH8 9DX  
+44 (0)131 651 1594

www.scphrp.ac.uk

 @SCPHRP

### **UK Centre for Tobacco and Alcohol Studies (UKCTAS)**

Clinical Sciences Building  
University of Nottingham  
City Hospital  
Nottingham NG5 1PB  
+44 (0)115 823 1380

www.ukctas.net

 @UKCTAS

enquiries@ukctas.ac.uk







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