



Association of the Directors of Public Health Yorkshire and the Humber

Sector-led improvement conference brochure

Making the link: evidence and practice

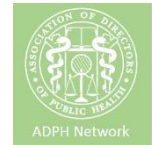
Friday 17 February 2017, Royal York Hotel, York

Programme

- 9.30 Arrival and registration
- 10.00 Introduction and housekeeping (Tim Allison, DPH, East Riding of Yorkshire Council)
- 10.05 Welcome to York from City of York council (Councillor Carol Runciman, Chair of the York Health and Wellbeing Board)
- 10.15 Keynote presentation: We can solve poverty in the UK (title TBC). Chris Goulden, Deputy Director of Policy and Research, Joseph Rowntree Foundation
- 11.00 Whole system community-centred approaches for health and wellbeing: evidence into action. Jane South, Professor of Healthy Communities, Leeds Beckett University and Public Health England
- 11.20 Break
- 11.45 Parallel sessions: oral abstract presentations
- 13.00 Lunch and poster presentations
- 14.00 Parallel sessions: Communities of Improvement, practitioner registration scheme and linking practice and evidence
- 15.30 Final plenary (Andrew Furber, DPH Wakefield and President, ADsPH)
- 15.50 Closing remarks (Tim Allison, DPH, East Riding of Yorkshire Council)
- 16.00 Close



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Parallel sessions

The morning sessions will feature the oral abstract presentations with the opportunity to attend three sessions. After lunch you will be able to attend two sessions relating to the work of the Communities of Improvement, a workshop focusing on the links between practice and evidence or a workshop on the forthcoming public health practitioner registration programme. The schedule for the sessions can be found at the end of this conference brochure. Poster presentations can be viewed during the coffee and lunch breaks.

Morning parallel sessions

Balance a physical activity approach in Making Leeds 'Fall proof'

The importance of being physically active to shield against the possible declines in both physical and psychosocial has been well recognised for many years.

In response to the ageing population Leeds has developed the Make It Fallproof model creating a falls prevention pathway, with a particular focus on active ageing. Model includes a campaign, website dedicated to falls prevention, DVD and a programme of activities promoting active ageing, including both prescribed interventions and community based activities.

Leeds has conducted local research in 2015 on the locally delivered postural stability exercise and contemporary dance programmes examined the impact of participation on physical activity patterns, balance, fear of falling and mood demonstrated the following findings:

Contemporary dance programme

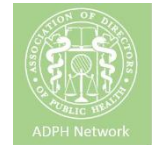
- 85% adherence
- Decreases in time spent sitting in the week
- Increase in moderate and vigorous physical activity patterns during the week
- Statistical significance in time taken to complete Time Up and Go
- Decreases in fear of falling
- Increased levels of happiness
- Viewed the dance positively as a new way of being active
- Enjoyed the group nature
- Observed health benefits that they attributed to the dance (e.g. reduction in pain and increase in mobility in joints)

Leeds Falls prevention exercise programme

- 70% adherence rate at week 20
- Significant reduction in time taken to complete Time Up and Go
- Decreases in fear of falling
- Increases in confidence
- Increases in functional markers
- Reported improvements in mental wellbeing



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The feasibility of both a contemporary dance programme and falls prevention exercise programme to modify risk factors for falls is now delivered through the **Make it Fall proof** campaign across Leeds.

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Yorkshire and Humber Physical Activity Knowledge Exchange –YoHPAKE

Since the Everybody Active Everyday Event in March 2016, a group of likeminded physical activity stakeholders have been developing a knowledge exchange in the Yorkshire and Humber region. The aim of this collaboration is to develop a regional network to bridge the gap between research and practice in physical activity and sport. An initial scoping event was held in July 2016 where 40 interested parties were invited to discuss their interest in the collaboration. Subsequently, a central team have been working on the following:

- A virtual platform for the sharing of research and knowledge around physical activity
- A membership platform to maintain accurate membership records
- A virtual “ask YoHPAKE” platform where members can submit requests for support from other members
- A schedule of physical events starting with a launch conference

The online platform was launched in November 2016 and membership currently totals 194. The 30+ organisations represented in the membership include local authorities, universities, county sports partnerships, PHE and other key stakeholders. A formal launch conference will be held in Leeds on 25.1.17; the planned workshops will represent the first collaborative work streams of the YoHPAKE community.

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How being active helps rehabilitation and recovery from long term conditions

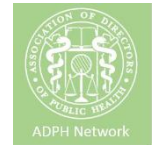
Rotherham Public Health’s “Active for Health” research project has been delivering specialist physical activity sessions for people with long term conditions. It is a three step model linking rehabilitation and primary care to long term exercise opportunities. It is collaboratively funded via Sport England, CCG and Public Health. In the workshop we will explain the aims and objectives, model, and first year outcomes and show a video to bring the project to life. Our aim is to redefine the role that exercise plays in rehabilitation and our initial findings show that there are significant mental and physical outcomes already being achieved. The additional social value of completing group exercise is also something that has a considerable mental health benefit.

The strong links between health, public health, social care and sports development have enabled Rotherham to develop clear pathways which is integrated into commissioning and performance frameworks. This support is being exploited as part of the development and promotion of the project in Year 2. Our challenge for Year 2 is to increase the referrals from Primary Care and to establish further links to the social prescribing programme in Rotherham.

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Smokefree pregnancy and beyond

Doncaster's smoking at delivery rate has remained consistently high with little improvement in over 5 years. "Smoke Free Pregnancy and Beyond" is a smoking cessation support service in Doncaster for pregnant women, women to one year post-delivery and their significant others. This redesigned service model sees specialist stop smoking advisors sitting alongside Health Visiting teams. The length of the relationship, from conception through infancy, offers a new opportunity to influence smoking behaviour beyond pregnancy. Smoking at delivery data has shown a decrease in rates since the re-modelled service came into effect from 20.5% in 2014/15, to 12.9% in 2015/16. DMBC commissioned Sheffield Hallam University to evaluate the service on the following:

- Smoking cessation outcomes and behaviour change processes among antenatal and postnatal service users.
- The lived experiences of antenatal and postnatal service users with respect to barriers and facilitating factors for smoking cessation, and the overall use of the service.
- Staff perceptions with respect to quality assurance, training needs, and overall evaluation of and satisfaction with their role in the service.

Findings indicated several areas where service provision and outcomes could be improved including the exploitation of factors affecting motivation to quit and preparing services users for a smoke-free life.

Contact: carrie.wardle@doncaster.gov.uk

Me Time Clubs – improving cessation outcomes for pregnant smokers

The proportion of pregnant women in North Lincolnshire who smoke at time of delivery is considerably higher than the England and regional averages and is a cause for concern. In both 2014/15 and 2015/16 the proportion was over 19%.

In 2014 North Lincolnshire Council commissioned Solutions 4 Health to provide adult stop smoking support in its area following a service model that focussed on community engagement and improved service accessibility. This model led to a dramatic increase in the number of adults stopping smoking in the general population and from lower socio-economic groups but did not improve the proportion of pregnant women stopping smoking. Service outcomes typically showed fewer than 8 pregnant women stopping smoking per quarter.

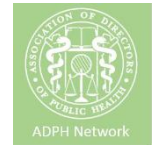
Early in 2016 a new model of providing support to pregnant smokers was developed and launched. Operating under the name "Me Time Club" and building on an approach used by S4H in the Wirral; the new model offers a 12 week support programme to pregnant smokers covering many aspects of pregnancy related health and wellbeing alongside the continuous theme of smoking cessation. The sessions cover such things as massage and relaxation, healthy eating, yoga and infant feeding. During each session every woman is given individual stop smoking support and has her smokefree status verified through a CO test. Success is measured by four week quit status and, more importantly, by the number of women who remain smokefree up to the point of delivery.

The new model has been running for two full quarters for which data can be reported. In each over 25 pregnant smokers stopped smoking for a minimum of 4 weeks with the support offered, representing a 3-4 fold improvement in outcomes.

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North Lincolnshire Get Going Programme – Using an innovative approach to tackle childhood obesity

Get Going uses an innovative approach towards tackling childhood obesity through 1 to 1 family delivery. Before each programme begins, information is gathered on physical activity, nutrition and family habits/behaviour. Using this information, the PAHC is able to create a bespoke progressive personalised plan.

The programme works intensively with a family for 10 weeks and following this the PAHC continues to support the family through regular contact (fortnightly) and follow up appointments which are completed after 3, 6 and 12 months.

To date, Get Going has worked with over 400 families and some of the key successes include young people increasing physical activity by 4 hours per week, 3 in 4 children reducing their body mass index (BMI z-score) and a retention rate of 93%.

100% of parents reported that their family's knowledge of nutrition and healthy diet had improved upon completion of the programme with 97% of parents reporting that their family's consumption of fruit and vegetables had improved.

Additionally, a 3 hour Obesity Chat Training course is delivered to professionals such as School Nurses and School staff who work with young people. This has created a wider workforce and supports the discussions with parents around their child's weight.

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Leading the local public health system

Public Health is everyone's business; we can all have a positive influence on improving our own and others health and wellbeing. Developing a public health workforce, across the Council and at all levels, is absolutely critical. The Barnsley Director of Public Health Annual Report

https://www.barnsley.gov.uk/media/2616/barnsley-dph-annual-report-2015_16.pdf describes the

innovative leadership work to embed the influence of public health across the Council and with partners.

The presentation will include examples of our local priority health outcomes and how they are being tackled through our distributed model of public health providing the best model for embedding public health across the council. Only through this co-ordinated effort across the Council will our public health improvements be realised and this will be a critical interdependency as we continue to operate our public health council model.

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Evaluating the Sheffield City Council Housing+ programme: Can housing officers improve health and wellbeing outcomes for tenants by providing more holistic support?

What was the rationale for Housing+?: The potential role of social housing providers to reduce health inequalities and improve tenant wellbeing has been widely recognised.

What is Housing+?: Housing+ is a new model for delivering an integrated and enhanced housing service to council tenants in Sheffield. The service involves, as a minimum requirement, an annual visit designed to discuss wider determinants of tenancy sustainability including health, employment, education, home skills, engagement and involvement. Neighbourhood officers work with a geographically based caseload of between 180 and 330 households and take a holistic approach where the focus is on prevention, dealing with low level issues directly; signposting people to resources within the local community to help prevent



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problems escalating; and where necessary, referral to other services for more specialist help and support as required.

What are the expected outcomes?: The new service has the potential to improve self-reported wellbeing, social isolation, social capital, fuel poverty, community cohesion, perceived community safety and reduce hospital admissions.

How is Housing+ being evaluated?: Interviews, focus groups and a telephone survey, as well as routine data is being used to explore the impact of the change in housing services for communities, tenants and housing officers.

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Better transport better health

There is increasing evidence of the effect that poor air quality has on health. Transport emissions are the main source of air pollution and West Yorkshire has adopted a multi-agency approach to tackling the issue. West Yorkshire Low Emissions Strategy (WYLES) and the development of a 20 year transport strategy 2016-36 have been key strategic drivers for action. PHE Y&H Centre's report 'Better Transport, Better Health' highlighted the links between transport, health and wellbeing and air quality. Both reports (WYLES and Transport Strategy) promote walking and cycling combined with improved access to public transport. Transport Strategy consultation workshops were delivered by WYCA and PHE with the support of local authorities engaged in this agenda (Calderdale DPH). During the Transport Strategy consultation, PHE also submitted an organisational response as a key stakeholder which drew on the air quality, physical activity and obesity evidence base, co-benefits of 'Better Transport' for health and proposed a range of key indicators which could be used to measure progress and success across the 20 years.

It is hoped the momentum in West Yorkshire will carry through to other local authorities in YH where PHE and LA Public Health can work together to influence transport strategies to improve health and wellbeing.

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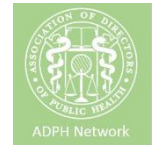
Healthy Wakefield Charter: Working with the wider public health workforce to create a healthier Wakefield District

The presentation will:

- Outline the key elements of the Healthy Wakefield Charter
- Demonstrate how Wakefield's Health Improvement team has worked with partners to create healthy places, healthy practice and healthy people
- Highlight how the Charter has helped set a vision for all partners in the wider public health workforce
- Provide examples of local practice around how this work has led to the development of health improvement plans across the wider public health system.
- Provide examples of local practice around how these plans have resulted in the development of the wider public health workforce around MECC, data and intelligence (HNA, HIA and evaluation), and partnership working



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- Include examples of practice from the following areas of the wider workforce - spatial planning, transport, housing, leisure services, culture (e.g. libraries and museums), environmental health, children and young peoples' services, community pharmacies and workplaces

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Well Doncaster: lessons from a realist evaluation of the Bumping Space in Denaby

Well Doncaster is part of Well North, a collaboration between local areas and PHE, and is a response to Due North. It follows an asset-based approach to community development, capitalising on positives in life that create wellbeing and protect health.

Well Doncaster's particular geographic focus is Denaby Main, a former mining community; prioritised based on demand for unplanned healthcare, socio-economic need and a lack of assets. Well Doncaster acts as a 'lightening rod' encouraging people to reconnect with what is healthy. One way of doing this is via our Bumping Space project; a simple model whereby an initial group of people meet in a visible place, create an engaging atmosphere; once someone connects they are met with a friendly face, a 'cuppa' and a person that shows a genuine interest.

Bumping Space operates in the social world, where people can choose to engage (or not) and this means evaluation which recognises complexity and is interested in offering explanation about how, why and for whom it works is useful. We will set out how we have developed and tested theories on how a peer support approach creates health and well-being and set out the implications for wider work on health inequalities.

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Mindful Employer in Leeds

In Leeds, a public health priority is to reduce stigma and discrimination for people with poor mental health. Leeds Mind is commissioned to engage with employers in Leeds to deliver a Mindful Employer (ME) initiative. This includes managing a network which facilitates peer employer support to deliver evidence based anti-stigma interventions in an effective way.

Leeds Mind developed a national 10 step toolkit for employers. Active employers include Asda, LCC, NHS, small and large businesses to:

Engage -Engage with your employees; increase their awareness of mental health

Educate-Help employees to understand their role, building confidence and reducing stigma

Embed-Implement a solid approach to prevent bullying and discrimination and use a sustainable approach to supporting employees

Outcomes. In an academic evaluation key headlines showed:

A positive effect for employers engaging with the ME interventions. There is clear engagement with the issues of stigma and general lack of education towards mental ill-health. Also there is potential for a culture-shift towards proactively engaging with a more positive environment that supports mental health and wellbeing (rather than simply dealing with the consequences of a lack of mental health). The results showed that there was a very clear and measurable positive effect and the ME interventions were impactful upon culture, rhetoric and practice.

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An Evaluation of North Yorkshire Horizons Drug and Alcohol Treatment and Recovery Service

Current UK drug and alcohol treatment policies recommend services incorporate recovery-oriented systems of care. In North Yorkshire, specialist adult substance misuse services were reconfigured to integrate treatment and recovery support. The service, North Yorkshire Horizons (NYH), opened in October 2014. Recognising the importance of evidencing effectiveness and impact, and with a view to contributing to the published evidence base, a two-year academic service evaluation was commissioned.

Undertaken by LJMU, the two-year evaluation incorporated qualitative and quantitative methods to evidence process, impact, effectiveness and cost-effectiveness. Findings showed NYH improved outcomes including financial circumstances, housing, reduced drug-related offending, physical health, employment, life skills, education/training, parental skills, social networks, mental health and family relationships. Results also suggested investment in adult drug and alcohol services in North Yorkshire is cost effective and generates high return on investment.

To ensure evidence was embedded into practice, findings were fed back to commissioners regularly throughout the evaluation, ensuring up-to-date process findings could be actioned in a timely way e.g. recommendations to maximise delivery of positive service elements (e.g. activities to support people to take responsibility and accept their past) and recommendations to address barriers to access (such as time and location of services). The evaluation has contributed to an extension to the service contracts.

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Delivery of Substance Misuse Identification & Brief Advice (IBA) in universal settings through digital platforms

In 2010/11 referral rates to alcohol services indicated under identification of problematic alcohol use in Sheffield. This was in part due to lack of knowledge and education about problematic/risky alcohol use and the format in which validated tools were presented for frontline staff didn't lend themselves to efficient use. SHSC developed an online screening tool which delivers screening, personalised brief advice and immediate referral into commissioned pathways according to agreed thresholds. Since July 2012 when the tool was first implemented, thousands of individuals have been screened and received personalised brief advice relating to their alcohol use that otherwise may not have done so. These interventions have been delivered by universal/frontline services rather than specialist services, supporting the Making Every Contact Count agenda.

Supported by commissioners and the Director of Public Health, roll out of the tool has occurred across a variety of frontline services in Sheffield and further developed to include DUDIT for drug screening.

Currently in Phase 3 development, the aim is to widen the scope to include targeted self-screening, general self-screening and public awareness raising through innovative engagement strategies. It is viewed as one of the key future approaches in Sheffield to addressing whole population level alcohol use.

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Barriers and enablers to hepatitis B testing and healthcare by migrant Chinese populations in South Yorkshire

Globally, 2 billion people have had hepatitis B infection. In England, the Chinese are a high risk group who underutilise health services. We explored the determinants of hepatitis B testing and health-seeking by the Chinese in South Yorkshire through focus group discussions and key informant interviews with the



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community, health practitioners and commissioners. Community issues included population mobility undermining continuity of care, poor disease knowledge, stigma, and pervasive myths. The community were unfamiliar with health services, lacked reliable information sources and misperceived their personal risk of infection. There was little social discourse about hepatitis B and communication difficulties were common. Health practitioners were hesitant to test/vaccinate, did not do contact tracing, and missed opportunities to test. There was poor awareness of infection risk in the Chinese, and ignorance of culture. Stigma-associated services, inadequate language support, variable health literacy of interpreters and lack of 'cultural competence' were barriers. Health commissioners also lacked awareness of health needs of the Chinese. The Chinese are dispersed, lack advocates and struggle to articulate their needs. Competing demands on limited resources meant they are often overlooked. Chinese migrant groups are invisible populations. Multi-modal approaches are needed to address community as well as supply-side barriers.

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North East Lincolnshire Burden of Disease Study

As with most parts of the UK, the health and social care system in Northern Lincolnshire is facing enormous challenges over the next two decades, mainly due to ageing population and growth in long term conditions. In 2015 a report was produced for NHS bodies in Northern Lincolnshire which presented a bleak, fatalistic picture of future health trends across the area without any suggestion that anything could be done to change the direction of travel. Local DsPH wished to challenge the assumptions that lay behind the report and commissioned a Burden of Disease study.

The project aimed to identify the current disease burden across the lifecourse in a number of major long term conditions such as cardiovascular disease, cancer, diabetes, respiratory disease, mental illness and musculoskeletal disease and to undertake modelling based on available data sources to predict future disease burden relating to these conditions. Separately an evidence review was undertaken to identify the most cost effective public health interventions which would reduce or delay disease burden and its impact on health and social services. The presentation will identify the major findings from the study for North East Lincolnshire and the recommendations for the health economy arising from this.

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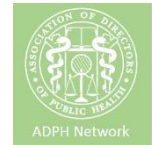
The state of men's health in the city of Leeds: using evidence to commission gender-sensitive services

The Leeds 2013 Joint Strategic Needs Assessment highlighted a four-year lower life expectancy in men compared to women, but the underlying causes of this were not thoroughly understood. A review of men's health and service use was funded.

Analysis of GP audit and Public Health Observatory data showed that men were more likely to die prematurely than women (20% of male deaths occurring before age 65 vs. 12% of female deaths), more likely to engage in unhealthy lifestyle behaviours, yet less likely to use lifestyle services or complete health checks and bowel cancer screening. Large within-sex variation was observed at a local level (MSOA level). Inequalities were a consistent theme in citywide policy, however men were rarely mentioned. Following this review, the latest Joint Health and Wellbeing Strategy highlighted the impact of gender on health outcomes and suggested a more person-centric approach to service provision. The review influenced the healthy living, community health development and preventative cancer service specifications.



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This review identified where men have the greatest needs and provided evidence to get men's health on the agenda in Leeds. This close working relationship between research and practice demonstrates how academic support can be utilised to improve commissioning and service design.

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The start of a journey towards Suicide Safer Community Accreditation

A review of progress towards suicide safer community accreditation that will consider: the steps taken to date to identify this as a priority objective; the reasons for selecting this as a priority area; partnership approaches to suicide prevention, the development of a local plan and task group; barriers to achieving progress and identification of future priorities and actions to achieve suicide safer accreditation.

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Towards outcomes-focused public health commissioning: developing use of the Outcomes4Health online payments and monitoring system

On transfer of Public Health to Local Authorities in 2013, East Riding of Yorkshire took the decision to utilise the Outcomes4Health (O4H) online contract performance monitoring and payments system for Public Health commissioned services. Following an initial pilot phase, a Task and Finish Group was established to implement the roll-out of the O4H platform.

Among other features, the O4H platform enables real-time inputting by provider practitioners, automatic processing of tariff-based payment claims, and handling and analysis of large quantities of data. The presentation will focus on learning from the roll-out which has involved incorporating a range of commissioned services with greatly varying complexity of performance and payments information, and will be illustrated with examples of successes and challenges, drawn from a variety of services, for example, NHS Health Checks, Contraceptive services in Primary Care, and emerging work with 0-5 Children's Services. The presentation will also reflect on the impact of this innovative approach to contract monitoring in terms of organisational change and working relationships, and embedding its principles in the commissioning cycle, with the aim of delivering an outcomes-focused commissioning model.

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Reducing Budgets Together

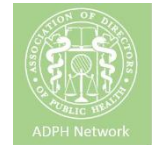
Nationally one of the highest spend areas in local authority public health is substance misuse, whilst based mainly on the local need it is often flagged as where savings can or should be made. With any service where clinical delivery based on the amount of people receiving treatment there inevitably comes an ethical and clinical safety issue to consider when cutting budgets, in political environments this is not always understood.

The traditional commissioning model lends itself to the development of service specifications based on the financial envelope or on the basis of best value rather than clinical safety. Finding new ways to commission within local authorities has become a vital part of the emerging role of public health.

Faced with a significant financial reduction for re-tendering in 2017 we designed a collaborative development contract which enables us to meet the needs of the patient, budget reductions and minimise the risk to the bidder.



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We believe this model can be used in other service areas where external competitive tendering is required and service delivery may be compromised by immediate budget reductions.

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Master or Apprentice: Rethinking entry points and training in Public Health

Background: The Public Health workforce needs to adapt to a policy environment in which the need to improve public health has to be delivered within financial constraints.

Methods: 14 qualitative individual interviews or focus groups (of up to 10 people), were conducted with senior Public Health staff in 12 local authorities and in Public Health England in the Yorkshire and the Humber region of England. Thematic analysis was applied to the transcribed interviews.

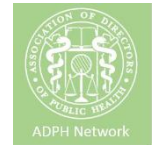
Results: Despite cuts in training budgets, junior staff were increasingly expected to deliver Public Health functions. There is also an absence of a career ladder for this core Public Health workforce. There were concerns that financial constraints would lead to reductions in Public Health skills with fewer staff to provide critical analysis. Formal qualifications were increasingly less valued. Instead staff were expected to have a broader skill set with an emphasis on experience. Entry points into Public Health careers need rethinking. There was an expectation that Public Health departments would 'grow their own'.

Conclusions: Apprenticeship schemes could help maintain or enhance the professional status of Public Health and provide a training route for Public Health practitioners. On-going work on developing a practitioner apprentice scheme will be reported.

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Afternoon parallel sessions

Tobacco control

1. Standardised Packaging

In December 2012 Australia became the first nation on earth to introduce standardised plain packaging for tobacco products. The intention was to reduce the appeal of tobacco products to consumers, increase the effectiveness of health warnings and reduce the ability of the retail packaging of tobacco products to mislead consumers about the harmful effects of smoking or using tobacco products. In May 2016 Britain stepped up. But are we ready to make the most of this major policy? The workshop will highlight how the Yorkshire and the Humber lead the way nationally and explore the opportunities to help us maximise the public health benefits locally, regionally and nationally.

2. E-Cigarettes

The need for clear and consistent messages to the public. There is widespread public confusion about e-cigarettes and [research shows people's perceptions have become less accurate](#). All the evidence tells us e-cigarettes are less harmful than tobacco but a growing number believe e-cigarettes are at least as harmful or say they don't know. The session will explore how Yorkshire and the Humber developed the first regional consensus for e-cigarettes

3. Tackling Illegal Tobacco

Tackling Illegal Tobacco - a programme that shifts attitudes and drives action across the region. Cheap illegal tobacco is widely available across the Yorkshire and the Humber. It makes it easier for children to smoke, and it brings crime directly into local communities. The session will explore a comprehensive framework on how to tackle illicit tobacco and how West Yorkshire has reducing the illicit market in 3 years.

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Drugs and alcohol

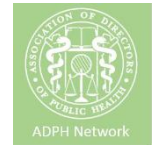
Reducing Drug & Alcohol Related Deaths (DARDs) in Yorkshire and the Humber – a Sector led Improvement initiative.

The local and regional DARD work in 2015/16 originated from the DPH network and focused on a systematic review of Confidential Inquiries and DARD Review systems across Yorkshire and the Humber. Nationally a rise in incidences of DARDs led to the roll out of events in 2016 to focus on better understanding why deaths occur and on responding to the particular challenges of DARD prevention and reduction. The ADF COI further continues this work by focusing part of each meeting on 'Working with complex cases within new operating environments'; work includes debates on clinical issues, prescribing and case file audits, working within budget constraints, challenging culture & promoting/sharing best practice (e.g. Naloxone policies, practices and delivery) especially where drug and alcohol use has been for a large part of the local treatment population - a long term condition. This is a presentation of some of this work to date and showcases how the ADF COI work collaboratively to support alcohol and drug treatment and reduce alcohol and drug related deaths in the region.

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Healthy weight and physical activity

Moving from individual to population based approaches and from local to regional perspectives- the story so far. ADsPH Review of Networks paper offered opportunities to improve coordinated activity across a regional basis, increasing partnership working between ADsPH and PHE Y&H Centre & efficiencies by working at scale. Regionally challenges include decreasing capacity, increasing impact of austerity, mixed delivery models. The evidence base around pseudo-high-risk prevention strategies was used as starting point for moving from an individual to population focus.

Shared challenges faced by the Col to improve healthy nutrition and physical activity levels will contribute to reducing obesity across the Y&H region. Col is moving from a focus on healthy weight and weight management commissions and services to addressing the wider determinants moving in an upstream direction to prevent unhealthy weight in populations not treat it in individuals. To achieve this collaborative approach to sector led improvement common ground must be found. Methods to achieve this

- Group work and addressing questions posed by chair
- Population level interventions LAs are considering
- Benefits of these, including benefits to other agendas
- Challenges to be faced in implementation

Responses formed the basis of the regional work plan for 2017.

Contact: Fiona.phillips@york.gov.uk or Nicola.corrigan@phe.gov.uk

Children and young people

The session will cover the Y&H Children and Young People's Community of Improvement's (Col) progress so far, learning and successes' and future priorities. The session will explore the challenges and potential opportunities to deliver more effective regional collaboration on the children and young people's agenda. The Col has recently developed a PSHE advocacy statement and guide on behalf of the Y&H Association of Directors of Public Health network. The workshop will present how the statement was developed and discuss what will be done differently as a result of this work.

Contact: ben.leaman@calderdale.gov.uk, Alison.iliff@phe.gov.uk or Gemma.mann@phe.gov.uk

MECC

The Yorkshire and Humber Col for MECC has been grown from a Network which was formed from an identified need from Local Authorities to share, learn and develop practice around MECC. Now with the development of Col we are formally linked to Public Health England (Deputy Chair PH Workforce Manager) and Directors of Public Health. Currently membership includes all Local Authorities, Public Health England, Fire and Rescue Service, Allied Health Professionals and still growing.

We are developing a work plan and have ambition to drive the MECC agenda for the region. We recognise that with limited resource and capacity in the system there is great value of sharing capacity and learning.

Our current priorities are:

- to build capacity and capability for MECC across the system
- share best practice and learning across system



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- develop and promote range of high impact resources for MECC
- lead advocacy and evaluation of MECC

Contact: susan.blundell@leeds.gov.uk or chris.sharp@phe.gov.uk

NHS Health Checks

This session will describe the NHS Health Check Community of Improvement and outline and how we work to drive sector-led improvement including

- Our agreed priorities
- Successes to date – practical examples of quality improvement work
- Joint working across PHE/LAs and other organisations
- National messages and challenges
- Plans for the future – including update on integrated wellbeing services in YH

Contact: lucy.jackson@leeds.gov.uk or melanie.earlam@phe.gov.uk

MH and suicide prevention

This session will firstly introduce the *Prevention Concordat Programme for Better Mental Health*. This is a national policy initiative to galvanise local and national action around the prevention of mental illness, and the promotion of good mental health.

Concordat guidance is expected in February 2017 which will cover:

- how to enable a whole system approach to mental health
- support for measuring improvements in public mental health
- involving users and communities at all stages of planning
- the role of national leadership from PHE and other bodies
- case studies and examples of best practice
- clarity of who needs to be involved

The Y&H Mental Health and Suicide Prevention Community of Improvement (CoI) supports the Prevention Concordat but recognises the competing priorities faced by public health teams at a local level. This session will present and discuss the priorities for public mental health (as viewed by the Concordat and the CoI) and how to take these forward to form a strong local partnership. There will also be a local example presented of the complex challenges faced by partnerships for suicide prevention work.

Contact: duncancooper@wakefield.gov.uk or Corinne.harvey@phe.gov.uk

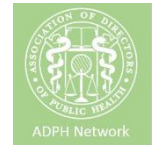
PH Intelligence Network (PHINE)

The Yorkshire and Humber PHINE network is a community of improvement for those working in LAs with an interest in data and intelligence. The network is supported and managed by PHE's LKIS team. There are at least four network events each year which are in addition to various CPD events. The presentation will cover the achievements and benefits from operating as an intelligence network and will focus on:

- Where PHINE adds value to the system
- Improvements in access to key record level datasets eg HES and mortality
- Developing the K&I workforce across the region and between job roles
- Benefits from working peer to peer



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- Influencing the design and content of national tools and resources
- The impact of new data analysis for the system

Contact: Barbara.coyle@phe.gov.uk

Sexual Health

This session will cover the practical considerations around commissioning contraception services, workforce training and managing sexual health outbreaks.

Contact: Katie.needham@northyorks.gov.uk or Sharron.ainslie@phe.gov.uk

Publishing your work

A crash course session where attendees can learn how to prepare and present their work for publication in academic journals, as well as find out where they can try and get published.

Contact: Andrew.lee@phe.gov.uk

Practitioner registration (Val Barker and Ruth Speare)

This session will introduce the planned programme for practitioner CPD and registration including:

- practitioners in Yorkshire and the Humber
- How the results of the practitioner survey have shaped the proposed programme here in Y&H
- Update on national HEE deep dive
- Group discussion/feedback on key CPD and programme priorities

Contact: Val.Barker@hee.nhs.uk



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Poster presentations

Poster presentations will be available to view during the coffee and lunch breaks.

Developing health checks as part of an integrated wellness service

City of York Council is delivering its mandatory health checks as part of an Integrated Wellbeing Service (IWS); this novel approach means that health checks become just one element of lifestyle and behaviour change services available in York.

Aim: The aim of this model is to offer users alternative community and workplace based venues in which to have a health check; to strengthen the focus on lifestyle and behaviour change factors within a health check; to empower and support people to take more control over their own health; to divert users away from primary care services and towards the integrated wellbeing service unless there is a clearly defined health need. The model has been developed to ensure that the integrated wellbeing service is better placed to motivate and support people to make lifestyle changes to manage their risk factors.

Methodology: An action learning methodology will be used to review progress of the integrated wellness model, its set up and establishment and initial outcomes.

Contact: nick.sinclair@york.gov.uk

Public Health Research and the NIHR Clinical Research Network

The [NIHR Clinical Research Network](#) is the research delivery arm of the NHS. It comprises 15 Local Clinical Research Networks (LCRNs) providing support for setting up and delivering research. There are some challenges for public health which now sits outside the NHS and does not fit well with a clinical Network that has historically been constrained to cover NHS costs. Services are now delivered across a range of settings which creates uncertainty around the definitions of NHS staff, settings and patients. Right now, these terms are important to Network resource allocation. However, it is clear that public health research benefits the NHS and is central to delivering the 'radical upgrade of prevention and public health' outlined in the NHS five year forward view. Therefore, we would like a Network that balances 'clinical' and 'individual' with 'population' and 'prevention' and to achieve that we need more public health studies in the CRN portfolio. This will create a more balanced portfolio and ensure that public health research is well represented within the NIHR. CRN support is available for research outside NHS settings and we are keen to talk to colleagues in local government, PHE and academic departments about how it can help.

Contact: jane.west@bthft.nhs.uk

Putting individuals with Learning disabilities first in East riding of Yorkshire - removing barriers to cancer screening

Evidence suggests that people with learning disabilities have a higher incidence of cancer and a lower uptake of screening than the general population.

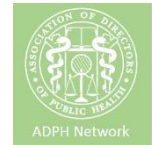
Aim: Building a model; engaging General Practice, optimising levers and utilising existing resources to raise the profile of improving access to cancer screening for people with learning disabilities in East Riding of Yorkshire.

Objectives: To identify the learning disability practice population

- Initiate and facilitate cross provider inequalities working group



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- To define and ensure consistent use of Cardiff Assessment tool to systematically identify, document and address health needs within annual health checks
- To provide training to GP practice staff
- To incentivise GP practices to sign up to the Directed Enhanced Service of annual health checks, map percentage uptake and obtain permission for data sharing.
- To establish and populate a learning disabilities icon with access and links to resources on the GP portal.
- To coordinate working with the learning disabilities team in ERY on cleansing the GP list of people registered with learning disabilities and ensuring the correct read codes are used.
- To raise awareness and increase engagement by delivering presentations on the importance of bowel, breast and cervical cancer screening to practice staff and carers groups.

Contact: moira.gove@nhs.net

Developing, implementing and evaluating a 'Healthy Conversations' training programme across Sheffield City Council

'Making Every Contact Count' (MECC) aims to create a healthier population with a greater propensity to take control over their own health, wellbeing and general lifestyle choices.

Four staff cohorts have undertaken a MECC Plus 'Healthy Conversations' training programme developed and tailored by Sheffield City Council. Evaluation pre and post training informed the tailoring of subsequent content and delivery to specific staff teams. Focus groups were conducted at 3 and 6 months post training. Under 50% of staff had no previous knowledge of the MECC approach prior to training. Post training, staff acknowledged they would feel more comfortable talking to customers about their health and wellbeing. The majority rated the training as either 'very good' or 'excellent'. Staff reported an increased confidence to discuss issues with customers and a reinforcement of existing knowledge. Some felt the training had raised awareness of their own health and wellbeing.

The MECC approach is not a 'one size fits all' model. Training needs to be bespoke, involving key stakeholders from the outset to ensure services are willing to commit staff time and organisational support. MECC training is likely to be most effective when targeted towards staff teams with extended customer contact.

Contact: a.haywood@sheffield.ac.uk or donna.turner@sheffield.gov.uk

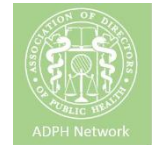
Opportunistic HIV Screening of new patients within high prevalence GP practices

Leeds City Council piloted a 12 month HIV testing project within primary care settings from November 2015. Funded by Public Health England and the Elton John AIDS Foundation with support from the three Leeds CCGs who funded additional blood borne virus screening, the project aimed to offer all new patients screening for HIV, HBV & HCV at registration in surgeries located in high HIV prevalence areas. The project also developed a new prompt protocol in the GP IT system aimed at increasing HIV testing in patients presenting with a clinical indicator illness.

During the twelve months of implementation 31 GP practices enrolled in which 20,159 eligible new patients between the ages of 16-65, registered. 26.68% (5379) of patients were offered tests for HIV, HBV and HCV,



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of those, 3759 (69.88%) were tested. There have been eight, twenty six and six positive results for HIV, HBV and HCV respectively, representing a total positivity yield (per 1000) of 10.6 (2.1, 6.9 and 1.6). The pilot is currently in the evaluation phase however, interim findings demonstrate high patient acceptability and positivity rates as well as an increase in healthcare workers' awareness and confidence in offering BBV screening.

Contact: hannah.sowerbutts@leeds.gov.uk

Today's the Day, Leeds South and East CCG and Leeds City Council Public Health Campaign which aims to encourage more local people to make a stop smoking quit attempt

Specific wards within the LSE CCG area have higher prevalence rates of smoking than the Leeds / national average. In addition national data highlights higher smoking rates in the lowest income social groups, increasing the burden of smoking-related illness.

To tackle this issue, LSE CCG commissioned Magpie to design a public awareness campaign: **Todays the Day**. Campaign development was a response to findings from a study by Leeds Beckett University into what is preventing local people from quitting and what would help them quit.

Campaign aims: *To increase referrals into the Leeds Stop Smoking Service and increase the number of local people making a quit attempt.* The campaign includes:

- Real life stories of local peoples journeys to stop smoking, capturing the support they received from smoking cessation services.
- Campaign material displayed throughout the community, at community venues.
- Bus rear and bus shelter adverts.
- Facebook campaign.
- GP Practice promotion and text messages to patients.

Outcomes of carrying out this campaign are currently in the evaluation phase. Interim findings suggest that in recent months within certain postcode areas there has been an increase in the number of individuals contacting smoking cessation services enquiring about support to help them stop smoking.

Contact: joanne.davis2@leeds.gov.uk

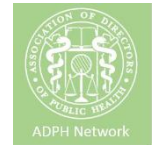
Asset Based Community Development in Public Health

Three example of working with communities and multiagency partners in the 10% most deprived areas of Leeds to reduce inequalities by using principles of asset based community development. These examples are; open space technology to engage residents and develop locally led action plans and partnerships; identifying and working with men who do not typically engage to develop insight and identify a pool of resources to support in community development; and working to identify and strengthen assets of those with drug and alcohol issues. Outcomes have included; additional capacity in the form of one stop centre pop up services in a community often reluctant to travel to access existing provision; engagement from men in a community often reluctant to engage and talk about/share concerns of poor emotional health and wellbeing; development of volunteer support influencing others around alcohol through art and music therapy.

Contact: Elizabeth.bailey@leeds.gov.uk



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No Thanks I'm Pregnant – Leeds social marketing campaign on alcohol during pregnancy

FASD is a series of preventable birth defects caused by a woman drinking alcohol at any time during her pregnancy. Evidence suggests that drinking during pregnancy is one of the major causes of learning disabilities. Leeds developed a social marketing campaign to increase understanding of the wider health risks to the foetus associated with alcohol. The campaign promoted the new recommendations that no alcohol during pregnancy is the safest choice and encouraged women to avoid alcohol completely while pregnant. The aim was to encourage consistent messages across the city in relation to drinking alcohol in pregnancy; both online and delivered by health professionals. Evaluation suggests the campaign was well received and that use of Facebook and social media was particularly successful. However more work with health professionals to deliver the new recommendation consistently is now being undertaken.

Contact: jan.burkhardt@leeds.gov.uk

Men in Sheds – Withernsea

Withernsea - isolated, deprived coastal community, prevalence of multiple long term conditions. East Riding suicide audit data: 3:1 male to female suicide ratio. Risk factors for male suicide in over 50s: living alone, physical illness and depression.

Project aims: improve health outcomes for men by creating opportunities to pursue practical activities of specific interest, create social connections and reduce associated risks to physical health of social isolation. This has been achieved within commissioning arrangements, whilst still allowing for community development principles to be applied ensuring the project evolves sustainably, ultimately transferring ownership to the beneficiaries.

Objectives include: Create a place of leisure where men meet to work safely/inclusively/at own pace on practical projects, sharing tools/resources; incorporate MECC, facilitating links with other service providers; brief intervention, advice, signposting and referral; exit pathways into additional learning, volunteering, additional physical/social activities.

Progress, June to December 2016: Provider has co-ordinated project worker, permanent venue, volunteers, publicity and local connections. Evaluation methods are established including WEMWBS and Outcomes4Health Software to record outputs; engagement, attendances, volunteer numbers, with targets already being reached. Case studies are being developed with positive benefits to participants already demonstrated, participants have reported feeling supported with long term conditions.

Contact: janet.smith@eastriding.gov.uk

Innovation in communicating to underserved populations

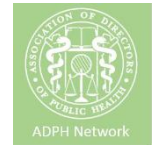
The Health Protection Team from Leeds City Council's Public Health has pioneered a community based communication approach of informed 'TB Champions' from underserved migrant populations. This innovative low cost/high impact approach is increasing awareness of Latent TB Infection (LTBI), promoting the uptake of screening and treatment compliance.

TB Champions are volunteers from communities, which have migrants from counties with a high incidence of TB. Champions receive basic awareness of TB, local screening arrangements and treatment available.

Dispelling myths and reinforcing key messages is a critical component of the training as misinformation can embody and reinforce social isolation and discrimination. The Champions support their community with key



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messages, such as TB being preventable, curable and that screening and treatment is free. When TB Champions engage with their community and raise awareness of TB they also promote registering with a GP. TB Champions volunteer within their community in different capacities; therefore this role complements their existing trust status and supports the sustainability of the approach. The 'Champions' project is a collaboration involving Leeds City Council, NHS Leeds Community Healthcare, and NHS Leeds South and East Clinical Commissioning Group and a most importantly a range of 3rd Sector groups and projects.

Contact: kevin.mcgreedy@leeds.gov.uk

Tackling long term Methadone use

It is broadly accepted that substitute medications for opiate users can be effective, however balancing long term prescribing with abstinent recovery for heroin addicts brings a new and largely unexplored dilemma for practitioners delivering substance misuse treatment.

It is not unusual to have patients who have been in receipt of a methadone script for 5 – 20 years largely remaining the same in dosage and presenting the same profile for that whole treatment episode.

There is emerging evidence which suggests that long term methadone prescribing whilst effective in reducing crime has potential negative health outcomes. In addition there is a school of thought that asserts that remaining on methadone is detrimental to a person's recovery and limits their ability to engage effectively in day to day life including talking therapies. Gaining abstinence from substitute medication as part of the recovery process is not always embraced by practitioners and historically the workers dialogue included that the patient would be on methadone forever.

Exploring the profile of patients prescribed methadone in York we embarked on a new model of working with this group. Systematically reviewing the plan of care and actively promoting alternative care packages, with the ultimate aim of engaging the patient in an intensive therapeutic abstinent environment and support network. Sharing the way we embarked on addressing this issue may prompt different thinking when facing complex health issues with decreasing budgets.

Contact: leigh.bell@york.gov.uk

The challenges of flu vaccination among frontline staff in a local authority and care home staff

Background: Seasonal flu is a serious viral infection, especially among those considered to be at risk groups. Each year, employers are urged to vaccinate their frontline staff in order to protect the spread of the infection to those clients they serve, and to protect themselves, thus ensuring business continuity. While the system of flu vaccination for frontline staff working in the NHS is funded by the government, there is no coherence system in place for those in the local authority.

Objectives: The objectives of this work are to describe flu vaccination in Doncaster Council targeting staff; to draw lesson on efficient delivery mechanisms; and to raise the problem of inconsistency of approach between the NHS and local authority frontline staff in relation to flu vaccination.

Method: A service evaluation of update of flu vaccination among frontline staff in the local authority and care homes and associated challenges.

Results: Uptake rates and delivery mechanisms of flu vaccination among local authority and care home staff over the past three years will be presented.



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Conclusion: Uptake rate of flu vaccination among staff in the local authority is low. A national effort is needed to increase uptake in the local authority.

Contact: victor.joseph@doncaster.gov.uk

PALS (Practice Activity and Leisure Scheme) – Exercise Referral in Kirklees

PALS is a partnership Exercise Referral Scheme offering advice, support and motivation for up to 45 weeks to inactive people who want to become active. The main goals are:

- support people with long term health conditions to become active
- improve physical, social and mental wellbeing
- help participants develop control over their lives/ health condition.

Participants are recruited to PALS via medical referral for a range of health conditions where there is evidence that activity can benefit, eg diabetes, heart disease, pain, hypertension, respiratory problems, joint problems, fallers, weight control problems and moderate mental health issues. PALS Officers work with the individual to set activity plans with goals. These are reviewed regularly After 12 months individuals are encouraged to continue being active. Tailored activity programmes signpost individuals to activities which suit needs/interests eg PALS specialist activities, swimming, walking. Participants also receive support from volunteers. Staff are trained in motivational interviewing, exercise referral and hold numerous level 4 qualifications eg Stroke and Activity.

Evaluation of PALS demonstrates:

- 89% of clients adhere to activity at 12 months
- 68% of clients demonstrate increased levels of activity (2–4 times/week)
- 75% report positive health changes
- 90% satisfied with scheme.

Learning:

- 45 weeks needed to change behaviour
- staff should be suitably qualified
- specialist activity sessions important
- include key partners
- follow national recommendations (NAQF)

Contact: Juliet.jackson@kirklees.gov.uk

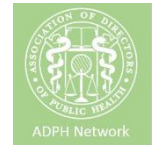
Challenges to TB Treatment Adherence for Adults Who Substance Misuse In Leeds

Tuberculosis is the second leading cause of death from infection worldwide and is still classed of paramount public health importance in England despite it being both preventable and curable. There are a number of known risk factors which leave individuals more susceptible to the disease, including the use of harmful substances, such as alcohol and drugs. These same risk factors are also associated with poor adherence to treatment and can lead to the development of drug-resistant strains of TB and poorer health outcomes for patients.

Aim: This research aims to explore, from the health professional's perspective, the reasons why adults who are substance misusers in Leeds may not adhere to TB treatment. Solutions used by health professionals in Leeds to overcome the challenges are also identified and explored.



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Design & Methods: This research is a qualitative study consisting of 6 in-depth, semi structured interviews with health practitioners currently managing TB cases who substance misuse in Leeds. Thematic analysis is undertaken to identify key themes from the data in relation to challenges that exist to TB treatment adherence.

Results: The findings identify interrelated challenges faced by substance misusers which influence their ability to adhere to TB treatment, namely chaotic lifestyles; relationships, rapport and trust; TB medication interactions; and the degree of illness experienced by the patient.

Conclusion: In order to successfully secure improvements in treatment adherence for substance misusers the health and social care economy must work in partnership to address the challenges in a holistic manner in order to positively influence the health outcomes for these patients.

Contact: Rebecca.ingham@phe.gov.uk

Improving TB control in Yorkshire and Humber: delivering on the Collaborative Strategy

The Collaborative Tuberculosis Strategy for England was published in early 2015, with the aim of reducing the incidence of TB and reducing health inequalities. Fundamental to the success of the strategy is the establishment of TB Control Boards which oversee delivery of the ten key areas for action.

The Yorkshire and Humber and North East TB Control Board, established in September 2015, has made good progress against these areas and continues to deliver locally adapted solutions despite limited resources.

Highlights of the past year include a gap analysis of Yorkshire and Humber CCGs against the model national service specification, with tailored recommendations for lead commissioners; a region-wide needs assessment of MDR-TB leading to recommendations across the health and care system; successful implementation of the national LTBI screening programme in all the high burden areas, and high profile workshops to address TB in underserved populations and the challenges posed by new NICE guidance. Work is now underway to address wider social issues and health inequalities experienced by many patients with TB.

Contact: renu.bindra@phe.gov.uk

Using innovative methodology to understand our populations as part of complex adaptive systems

This work is one of a suite of projects utilising innovative software called Sensemaker and aims to elicit the landscape of Parenting in the East Riding of Yorkshire.

Sensemaker elicits micro-narratives from a sample in response to a particular question. The person is then asked to signify their own story on a number of triads. This yields quantitative data to describe the population's experience alongside in-depth qualitative data that is used to understand the detail that sits beneath.

In this study, this combination of data allows us to understand what is important to parents, both in contact and not in contact with services, whether or not commissioned services are in line with this and to triangulate with the consultation done with professionals concerned with parenting. These findings will form part of the Parenting Strategy currently being developed. Based on evidence on how best to seek solutions within complex adaptive systems, of which parents are a part, this work looks for emerging patterns and working "a priori" rather than "a posteriori". Practical application of these findings will include the identification of the direction of travel regarding services and support for parents on a variety of indices



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and the scope for mini-projects to test and take action to further support parents according to their perception of parenting in the East Riding of Yorkshire.

Contact: Esther.hall@eastriding.gov.uk

The Public Health Resource Centre in Leeds

The Public Health Resource Centre (PHRC) in Leeds is a service that offers our customers' evidence based information and resources on public health topics that are accessible for all age groups and literacy levels. The resources we have on offer are available for our customers to borrow, free of charge, to then use with their own service users and these include books, DVDs, leaflets and interactive models.

In borrowing the resources from the PHRC, the customers are able to engage with the population of Leeds in healthy conversations and in turn contribute to the Making Every Contact Count (MECC) agenda. As part of the MECC agenda the PHRC have recently created some podcasts which showcase the effective use of our interactive models by customers.

The PHRC is led by our conversations and feedback from customers and also by the public health priorities within the Leeds team. In this way, the service is constantly adapting to change within public health in the wider workforce of Leeds.

In addition to resources people can borrow, we offer training on 'hot topics', such as Domestic Violence and Child Sexual Exploitation. These are also led following requests from customers to know more about specific topics.

Contact: Rebecca.vaananen@leeds.gov.uk

Doncaster public health and local planners: a conversation worth having

To thrive #doncasterisgreat needs to become a town that grows and prospers economically whilst creating an environment that enables healthy living. Public health in local government is well placed to support this and one means is ensuring public health thinking is intrinsic to the planning process. Getting on the planning radar is not straightforward due to differences in culture, evidence and ways of working. It is not impossible though and we have had some successes. Key to this was developing trusting relationships, starting conversations and acting as a good partner. This helped us achieve the inclusion of a health chapter within the refreshed Local Plan. We were able to spot this opportunity and specifically to advocate, develop and steer the health chapter through the council processes. We have learned that relationship building beginning with informal 'chats' and sharing of perspectives is essential and leads to being sought out for advice. We were also fortunate to find a colleague in planning with an interest in how environments can be managed to either support or be a barrier to good health. There has been lots of learning by doing for both teams and our poster will describe this.

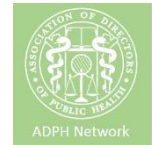
Contact: Caroline.temperton@doncaster.gov.uk

Suicide Prevention - The Leeds Approach

Strategic leadership: Leeds City Council is a strong advocate for its suicide prevention approach. We lead this work across the city due to a strong evidence base from a gold standard audit. It is owned and understood by partners across the city resulting in investment of public mental health interventions. There is strong



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political buy in for suicide prevention because of this. It is a priority for the health and wellbeing board giving opportunities to broaden and strengthen action on mental health and wellbeing across the system.

Local Action: The audit galvanised understanding that Leeds must take a board approach to be effective and used as a tool to shape the city's suicide prevention strategy with partners. This is very powerful resulting in other sectors owning and championing the agenda.

Investment in new public health interventions due to the audit

- Insight with local men
- Green Gym Initiative
- Postvention Service
- Suicide prevention training
- Crisis Cards

West Yorkshire Fire and Rescue ,third sector and primary care co-deliver “Adopt a Block” where isolated men at risk of suicide in areas of deprivation in high rise accommodation are engaging with services. This above was a result of services understanding the audit findings and their role in suicide prevention.

Contact: Catherine.ward@leeds.gov.uk



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Parallel sessions (you attend one presentation in each session and move between rooms as necessary)

Parallel sessions AM	Session 1 (11.45-12.05)	Session 2 (12.10-12.30)	Session 3 (12.35-12.55)
Plenary room	Balance a physical activity approach in Making Leeds 'Fall proof'	Yorkshire and Humber Physical Activity Knowledge Exchange -YoHPAKE	How being active helps rehabilitation and recovery from long term conditions?
Wedgewood	Smokefree pregnancy and beyond	Me Time Clubs – improving cessation outcomes for pregnant smokers	North Lincolnshire Get Going Programme – Using an innovative approach to tackle childhood obesity
Ebor	Leading the local public health system	Evaluating the Sheffield City Council Housing+ programme: Can housing officers improve health and wellbeing outcomes for tenants by providing more holistic support?	Better transport better health
Minster	Healthy Wakefield Charter: Working with the wider public health workforce to create a healthier Wakefield District	Well Doncaster: lessons from a realist evaluation of the Bumping Space in Denaby	Mindful Employer in Leeds
Jorvik	An Evaluation of North Yorkshire Horizons Drug and Alcohol Treatment and Recovery Service	Delivery of Substance Misuse Identification & Brief Advice (IBA) in universal settings through digital platforms.	Barriers and enablers to hepatitis B testing and healthcare by migrant Chinese populations in South Yorkshire
Clifford	North East Lincolnshire Burden of Disease Study	The state of men's health in the city of Leeds: using evidence to commission gender-sensitive services	The start of a journey towards Suicide Safer Community Accreditation
Tiles	Towards outcomes-focused public health commissioning: developing use of the Outcomes4Health online payments and monitoring system	Reducing Budgets Together	Master or Apprentice: Rethinking entry points and training in Public Health



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You attend one presentation in each session and move between rooms as necessary.

Parallel sessions PM	session 1 (14.00-14.35)	session 2 (14.40-15.15)
Wedgewood	Tobacco control	Drugs and alcohol
Ebor	Healthy weight	Children, young people and families
Minster	MECC	NHS Health Checks
Jorvik	MH and suicide prevention	PH Intelligence Network (PHINE)
Clifford	Publishing your work	Sexual Health
Tiles	Practitioner registration	



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Conference venue

Principal York Hotel, Station Road, York YO24 1AA

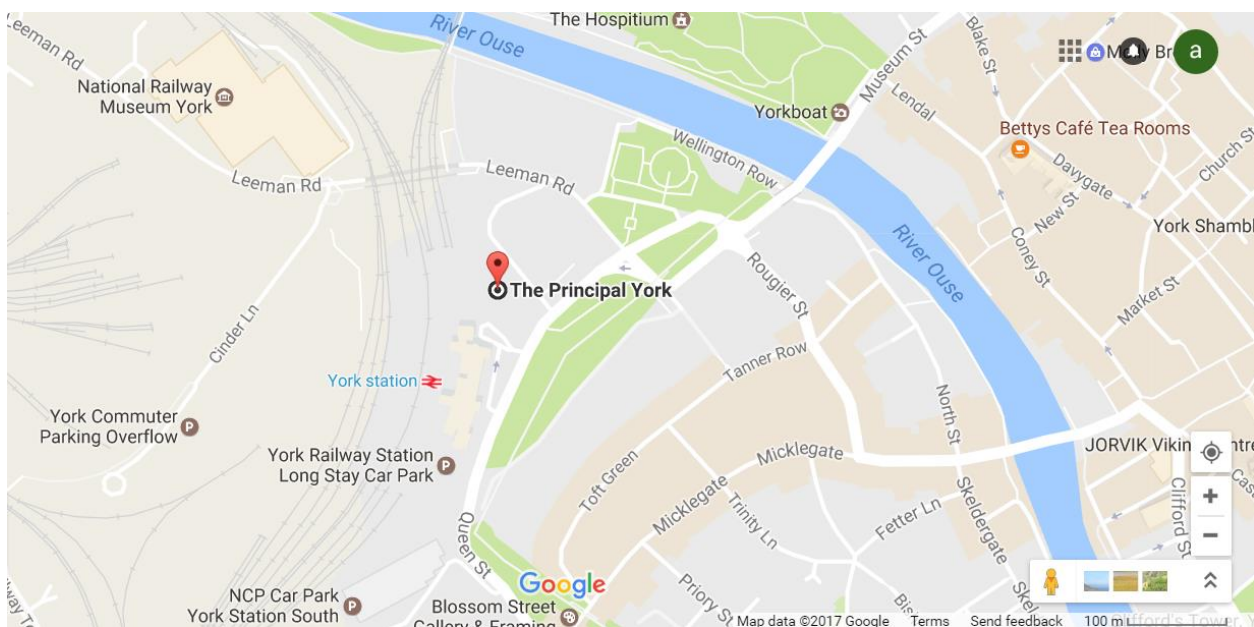
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Rail

The Principal York is next door to York Station which serves many destinations around the country, including Newcastle, Edinburgh, Manchester and London King's Cross.

Road

The Principal York is a 20-minute drive from the A1: simply type in the post code YO24 1AA to your SatNav or smart phone. There is a car park for guests' use, charged at £5 for 24 hours.



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