

Unlocking Public Health Challenges of Our Time

Programme: 14 November 2017

Cambridge Institute of Public Health (CIPH) Annual Conference

Sainsbury Laboratory, Bateman Street, Cambridge, CB2 1LR

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Conference programme:

08:45	Registration & refreshments
09:20	Mission of Cambridge Institute of Public Health Professor Carol Brayne Director, Cambridge Institute of Public Health
09:30	Improving the health of the public by 2040 Professor Dame Anne Johnson (Introduction) Professor of Infectious Disease Epidemiology, UCL & Chair of the Academy of Medical Sciences Health of the Public 2040 Working Group
10:00	Session 1: A healthier, fairer future <i>This session aims to discuss the current environment that we live in and the impact it has on our health and how this might look by 2040.</i> Professor Dame Theresa Marteau (Chair) Director, Behaviour and Health Research Unit (BHRU), University of Cambridge Professor Dame Carol Black Expert Adviser on Health and Work to NHS England and Public Health England & Principal of Newnham College Cambridge Professor Nick Wareham Director, MRC Epidemiology Unit /CEDAR, University of Cambridge Professor Edwin Fisher Professor, Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina - Chapel Hill
11:20	Coffee Break (with poster presentations)

<p>11:40</p>	<p>Session 2: Developing the next generation of researchers and practitioners</p> <p><i>This session will explore the skills and possible mechanisms required when creating the next generation of trained researchers and practitioners in public health, including short talks from our bright minded students and graduates.</i></p> <p>Dr Christine Hill (Chair) Consultant in Public Health Medicine / Deputy Director, NIHR CLAHRC East of England</p> <p>Dr Andres Roman-Urrestarazu Gillings Global Public Health Fellow, Cambridge Institute of Public Health</p> <p>Dr Eleanor Turner-Moss Academic Clinical Fellow in Public Health, Cambridgeshire County Council & MRC Epidemiology, Unit/CEDAR (Cambridge MPhil Public Health 2016-17)</p> <p>Dr Eleanor Powers NHS registrar (Cambridge MPhil Public Health 2016-17)</p>
<p>12:20</p>	<p>Session 3: Harnessing the digital revolution</p> <p><i>This session will discuss the opportunities and pitfalls when harnessing large data sets for use in Public Health.</i></p> <p>Dr Daniela De Angelis (Chair and plenary) Programme Leader, MRC Biostatistics Unit (BSU), University of Cambridge</p> <p>Dr Paul Newcombe Programme Leader Track, MRC Biostatistics Unit (BSU), University of Cambridge</p> <p>Dr Charlotte Warren-Gash Visiting Fellow, PHG Foundation</p>

13:05	Lunch (with poster presentations)
14:05	<p>Session 4: Optimising research to improve the health of the public</p> <p><i>This session will discuss the opportunities within CIPH (and beyond) to improve public health by the enhancement of coordination and collaboration.</i></p> <p>Dr Fiona Godlee (Chair and plenary) Editor in Chief, BMJ</p> <p>Professor Carol Brayne CBE Director, Cambridge Institute of Public Health</p> <p>Dr Branwen Hennig Senior Portfolio Lead in Population Health, Science Division Wellcome Trust</p>
15:05	<p>Session 5: Working together to improve health and health equity</p> <p><i>This session aims to provide an overview as to how to strengthen and highlight researchers' work amongst practitioners, policymakers, commercial sector and the public.</i></p> <p>Professor Sheila Bird (Chair) Honorary Senior Fellow, Cambridge Institute of Public Health</p> <p>Professor Mike Kelly Senior Visiting Fellow, Cambridge Institute of Public Health</p> <p>Professor Simon Griffin Professor of General Practice, University of Cambridge and Programme Leader MRC Epidemiology Unit</p> <p>Ms Helen Oliver Director Network Leadership, Eastern Academic Health Science Network (EAHSN)</p>

	<p>Dr David Pencheon Director, NHS Sustainable Development Unit (SDU) for NHS England and Public Health England</p>
16:15	Coffee Break
16:35	<p>Session 6: Panel Session, Future of Public Health</p> <p><i>This panel session will openly discuss and begin to answer questions from the audience.</i></p> <p>Dr Danielle Cannon (Chair) Strategic Development Manager, Cambridge Institute of Public Health</p> <p>Panel: Professor Carol Brayne, Director, Cambridge Institute of Public Health, Professor Mike Kelly, Senior Visiting Fellow, Cambridge Institute of Public Health, Professor Kay Tee Khaw, Professor of Clinical Gerontology, University of Cambridge and Professor Nick Wareham, Director, MRC Epidemiology Unit /CEDAR, University of Cambridge.</p>
17:20	<p>Keynote Lecture</p> <p>Professor Stephen Toope (Introduction) Vice-Chancellor of the University of Cambridge</p> <p>Keynote Lecture Speaker, Dr Flavia Bustreo, Assistant Director-General, Family, Women's and Children's Health, The World Health Organisation</p>
18:30	Drinks Reception & Networking

Conference opening:

Professor Carol Brayne

Director, Cambridge Institute of Public Health, University of Cambridge

'Mission of Cambridge Institute of Public Health'

Delegates will be welcomed and an overview of public health, the CIPH and the conference programme will be given.

Carol is a medically qualified epidemiologist and public health academic. She graduated in medicine from the Royal Free Hospital School of Medicine, University of London, and then trained in general medicine and epidemiology, focusing on ageing and dementia. Her main research area comprises longitudinal studies of older people. She is lead principal investigator in the group of MRC CFA Studies which continue to inform national policy and scientific understanding of dementia in whole populations. As Director of CIPH, she works to develop public health as a powerful community at the University of Cambridge. Carol was awarded a CBE for her services to public health medicine in 2017.

Professor Dame Anne Johnson

Professor of Infectious Disease Epidemiology, UCL & Chair of the Academy of Medical Sciences Health of the Public 2040 Working Group

'Improving the health of the public by 2040: Progress on implementation one year on'

Over the coming decades, the UK population will face a wide range of complex health challenges and opportunities, many of which can only be fully addressed through strategies to secure and improve the health of the public as a whole. The 'Health of the public by 2040' report explores how to organise our research environment to generate and translate the evidence needed to underpin such strategies. In the year since its publication, significant progress has been made on the recommendations which will be presented at this conference.

Anne (MD FMedSci FRCP FFPH FRCGP DBE) is Professor of Infectious Disease Epidemiology and Chair of the Population and Lifelong Health Domain both at UCL. Her research focuses on the epidemiology and prevention of HIV,

sexually transmitted infections and other infectious diseases. She is a member of the DEFRA Adaptation Sub-committee of the Committee on Climate Change and is Chair of the Academy of Medical Sciences Health of the Public 2040 Working Group. She is a Governor of the Wellcome Trust.

Session one: A healthier, fairer future

Professor Dame Theresa Marteau

Director, Behaviour and Health Research Unit (BHRU), University of Cambridge

Theresa studied Psychology at LSE and the University of Oxford. Her research interests include: development and evaluation of interventions to change behaviour, risk perception and communication and acceptability to publics and policymakers of government intervention to change behaviour. In addition to directing BHRU she is Director of Studies in Psychological and Behavioural Sciences at Christ's College, Cambridge, and a Fellow of the Academy of Medical Sciences and the Academy of Social Sciences. In 2017, she was appointed Dame Commander of the Order of the British Empire in recognition of her contribution to Public Health.

Professor Dame Carol Black

Expert Adviser on Health and Work to NHS England and Public Health England & Principal of Newnham College Cambridge

'Workplaces: impact on public health'

There is compelling evidence that the conditions of work are important for the overall wellbeing of working people – a large proportion of the population – and their mental and physical health. Further, there is growing recognition among employers of the importance of employee health and wellbeing to the performance and reputation of their organisations, and a keen awareness of the costs when employee health and wellbeing are neglected. There is also evidence of the benefits of good

work and workplaces for the health of the public generally. This heralds a wider culture change in attitudes to health and work. Among health professionals, maintaining in or returning to work is becoming widely accepted as a desirable health outcome of encounters with patients. One of the developments listed as necessary in Improving the Health of the Public by 2040 is working with all sectors of society – one of these sectors must be employees.

Carol (DBE, FRCP, FMedSci) chairs the Board of Think Ahead, the Government's fast-stream training programme for Mental Health Social Workers, and the RSSB's Health and Wellbeing Policy Group. She is a member of the Welsh Government's Parliamentary Review of Health and Social Care and Bevan Commission on health, in Wales, the UK Active board, Rand Europe's Council of Advisers, PwC's Health Industries Oversight Board, and the Advisory Board of Step up to Serve. She is currently working on an independent review for the UK Government of employment outcomes of addiction to drugs or alcohol, or obesity, and the benefits system.

Professor Nick Wareham

Director, MRC Epidemiology Unit /CEDAR, University of Cambridge

'Cardiometabolic diseases: are we heading for a healthier, fairer future?'

The rising global prevalence of diabetes and its complications is a clinical, public health and societal challenge. Looking backwards, this talk will discuss the societal changes that have led to this epidemic and consider whether they were predictable. Looking forwards, it will discuss the likely future challenges and the extent to which current research and interventions are likely to result in a healthier, fairer future

Nick is Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science at the University of Cambridge in which he leads a programme on the aetiology of diabetes and related metabolic disorders. He also is Director of the UKCRC Centre of Public Health Research Excellence in Diet and Activity Research (CEDAR), the NIHR Global Diet and

Activity group (GDAR) and the lead for the Cambridge BRC theme in Diet, Nutrition and Lifestyle. He is an Honorary Consultant with Addenbrooke's and Public Health England.

Professor Edwin Fisher

Professor, Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina - Chapel Hill

'Towards an Expansive Model of Public Health'

John Snow's identification of the Broad Street pump as the "focus of infection" in an 1854 cholera outbreak in London provides a compelling, but, in the 21st century, misleading aspiration for public health. It would indeed be good if one or a few foci of causation were identifiable for diseases, but the causes of and threats to health and well-being offer few of these. Several decades ago, genetics offered such hope of causal foci as in much talk of finding "the gene" for this, that, or another disorder in the early days of gene mapping. In the ensuing years, understanding of the role of genetics has expanded to include epigenetics, diverse gene X environment X behaviour interactions, and the recognition that the contribution of genetics to etiology is generally through complex genetic profiles rather than one or a few polymorphisms. There is emerging a change in weltanschauung, an expansive world view about health, from illness as micro, discreet and individual, to health as macro, complex, behavioural and social, from valuing necessary, sufficient or focal causes to embracing complexity and interactions among determinants not as unfortunately messy but as the nature of things, from the hegemony of clinical care to Health in All Policies. Discussion will include two examples of this evolution, peer support in prevention and care, and changing views of mental illness and health.

Edwin, Ph.D. is a clinical psychologist. He is a past-president of the Society of Behavioral Medicine and editor of Principles and Concepts of Behavioral Medicine: A Global Handbook (Springer, forthcoming). He is also the Global Director of Peers for Progress, dedicated to research and promotion of peer

support in health, health care and prevention worldwide. He has written on community and peer support in health and health care, asthma, cancer, diabetes, psychopathology, smoking cessation, and weight management and on conceptual issues in the varied connections of health and behaviour.

Session two: Developing the next generation of researchers and practitioners

Dr Christine Hill

Consultant in Public Health Medicine / Deputy Director, NIHR CLAHRC East of England

Christine did her medical training at the University of Cape Town and holds Masters degrees in Business Administration, Law (in Legal Aspects of Medical Practice), Public Health. She did her public health specialty training in Cambridge. She has held senior management and hospital director posts in acute hospitals in both government and private healthcare sectors. She is Clinical Research Specialty Lead: Public Health, for CRN Eastern, leads the Health Policy module on the MPhil in Public Health at CIPH; the CLAHRC East of England Fellowship programme, and is training lead for the Gillings Cambridge-Institut Pasteur Fellowships. She is a Fellow of the Faculty of Public Health.

Dr Andres Roman-Urrestarazu

Gillings Global Public Health Fellow, Cambridge Institute of Public Health

‘The Gillings Fellowship: Creating the future leaders in global public health’

Designed to advance the next generation of public health leaders, the three year post-doctoral fellowships aim to instil financial acumen and business entrepreneurship against a backdrop of research excellence, all at a formative stage in the careers of young scientists. The research focus covers two areas critical to the provision of sustainable global public health solutions: emerging infectious diseases and neuroscience, specifically

autism. Today's complex public health challenges demand leaders with strategic vision, excellent leadership skills and an ability to negotiate local, national and global health systems with ease, with the generous support of Dennis and Mireille Gillings the Fellows are training to become the future public health leaders. The Gillings Fellows receive public health leadership skills training during the first year of the fellowship, followed by one-to-one professional coaching support in years two and three. During year two, the Fellows undertake the Postgraduate Diploma in Entrepreneurship at the Judge Business School in Cambridge. This qualification enables the Fellows to develop a critical understanding of entrepreneurship and the core skills needed to develop a sustainable business case, including building the financial model, for an entrepreneurial venture of each Fellow's choice. While the Cambridge Institute for Public Health has been producing scientific leaders in public health for decades, the Mireille and Dennis Gillings Global Public Health Fellowships are presenting an exciting opportunity to establish an explicit link between scientific and business leadership and train future global public health leaders in areas such as entrepreneurship and policy. This presentation will give you a detailed account of the experience together with an overview of the different stages and plans for the fellowship.

Andres is Assistant Professor at Maastricht University Department of International Health and concurrently holds the Gilling's Fellowship in Global Public Health at CIPH, University of Cambridge, and the Institut Louis Pasteur (ILP), Paris. He currently leads a project that studies the association between austerity, macroeconomic indicators and substance misuse. His clinical work and research is based in the Autism Research Centre, Department of Psychiatry, University of Cambridge, where he works on neurodevelopment disorders and more specifically ASD, disability, inequality and social policy.

Dr Eleanor Turner-Moss

Academic Clinical Fellow in Public Health, Cambridgeshire County Council & MRC Epidemiology Unit/CEDAR (Cambridge MPhil Public Health 2016-17)

'My experiences so far in Public Health'

An outline of relevant experience in developing my skills as a public health practitioner and researcher

Eleanor is an Academic Clinical Fellow in Public Health, working between Cambridgeshire County Council and the MRC Epidemiology Unit /CEDAR. She has longstanding interests and experiences in global public health but has only recently entered specialist training. She completed the MPhil in Public Health at the University of Cambridge this year.

Dr Eleanor Powers

NHS registrar (Cambridge MPhil Public Health 2016-17)

'An Unexpected Journey'

An overview of the Public Health MPhil in my career pathway

Eleanor graduated from the medical school of Newcastle University with MBBS in 2009. She trained as a junior doctor in the North East of England for five years, gaining insight into a wide variety of lifestyle-driven conditions and becoming increasingly certain that the public health approach was the best way to effect real health improvement. She was accepted into Public Health Specialty Training as an ST1 registrar in 2016, and was subsequently funded for the Cambridge University MPhil in Public Health. She achieved this degree with distinction and will graduate this November. She is interested in the impact of transportation and the built environment.

Session three: Harnessing the Digital Revolution

Dr Daniela De Angelis

Deputy Director and programme leader, MRC Biostatistics Unit (BSU), University of Cambridge

'Statistical challenges in the use of large data sets in public health'

Modern technology is enabling the collection and storage of ever increasing amounts of information, including electronic health records, new types of surveillance data and information from genetic studies. Availability of these rich data offer unprecedented opportunities to tackle questions of key biomedical and public health importance. However, use of these data resources is challenged by their sample size and high-dimensionality, privacy issues limiting direct access to finer granularity, and the likely selection and informative observation biases. I will touch upon these issues using some examples from the work in the BSU.

Daniela coordinates the “Evidence Synthesis for Health” theme. She has 25 years’ experience working at the interface between statistics and infectious disease epidemiology, significantly influencing both the statistical and epidemiological literature, and providing quantitative underpinning to the UK Department of Health policies on infectious diseases. She is member of advisory bodies including: Royal Statistical Society Council; the Department of Health Scientific Pandemic Influenza Advisory Committee subgroup on Modelling; and the Scottish Healthcare Associated Infection Preventive Institute International Advisory Group.

Dr Paul Newcombe

Programme Leader Track, MRC Biostatistics Unit (BSU), University of Cambridge

‘Genetic fine-mapping from publicly available disease consortium results’

In a recent trend, “meta-GWAS” (meta-analyses of genome wide association studies), comprising tens of thousands of people, have boosted the power of genetic association studies for a variety of diseases and disease traits. Typically, however, privacy concerns and the logistics of sharing data on such a large scale means only simple summaries of findings are shared online. This considerably complicates post-discovery “fine-mapping” work, which aims to identify the causal variant(s) within a disease-associated genetic region or, in practice, a manageable set of variants worthy of more detailed biological follow-up. The simplified form

of the available results prevents use of the standard statistical models required to explore which genetic variants (of potentially 1,000s) are most likely to explain the disease signal in a particular genomic region.

I will describe our recently developed algorithm “JAM”, which allows sophisticated statistical models to be explored in summarised data, i.e. as shared by “meta-GWAS” consortiums. The missing information on genetic correlation structure is extracted from additional public resources such as the 1,000 genomes project. After a brief description of the problem and method, I will demonstrate a recent application in which JAM was used to search for genetic drivers of prostate cancer risk using consortium data from over 144,000 people.

After completing a PhD in statistical genetics at the London School of Hygiene & Tropical Medicine in 2009, Paul spent three years working in a drug development setting for the GlaxoSmithKline statistical genetics group. He joined the BSU in 2012 as a senior investigator in the SGX theme, where he has continued to work on a broad range of statistical genetics questions. In early 2017 he was appointed Programme Leader Track, and now leads a small group of methodological statisticians working on a range of problems from genetic fine-mapping and causal variable selection to risk prediction.

Dr Charlotte Warren-Gash

Visiting Fellow, PHG Foundation

‘Linking and sharing routine health data for research in England’

Research using de-identified routine health data can provide unique insights to improve population health. England has a wealth of routine health data from sources such as electronic records and public health surveillance systems. However, due to challenges in linking and sharing these datasets their potential to enable powerful, efficient research that informs health policy and services is not being realised. We present results from semi-structured interviews that shed light on researchers’ experiences of accessing and working with routine electronic health data on infections

in England. We compare this with models of good practice from elsewhere in the UK and internationally. Finally, we make recommendations to improve the experiences of data users and ultimately to obtain the greatest societal benefits from collection of routine health data.

Charlotte conducted this work as a Visiting Fellow of the PHG Foundation – a non-profit policy think-tank with a special focus on how genomics and other emerging health technologies can provide more effective personalised healthcare. She is a Consultant in Public Health and an Associate Professor in Epidemiology at the London School of Hygiene & Tropical Medicine. Her research into neurological consequences of chronic reactivating viral infections is funded by a Wellcome Intermediate Clinical Fellowship.

Session four: Optimising research to improve the health of the public

Dr Fiona Godlee

Editor in Chief, BMJ

‘Research challenges: How can we improve integrity of public health research’

Fiona will explore issues of transparency, independent accountability and reproducibility of public health research

Fiona qualified as a doctor in 1985, trained as a general physician in Cambridge and London, and is a Fellow of the Royal College of Physicians. She has written and lectured on a broad range of issues, including health and the environment, evidence based medicine and research integrity. She is on the advisory or executive boards of Alltrials, the Peer Review Congress, the International Forum for Quality and Safety and Healthcare, Evidence Live, Preventing Overdiagnosis, and the Climate and Health Council. She is co-editor of Peer Review in Health Sciences, an honorary professor at the

Netherlands School for Primary Care Research (CaRe) and a senior visiting fellow at CIPH.

Professor Carol Brayne

Director, Cambridge Institute of Public Health

‘Research in the field of brain ageing: how context, timing and funding structures influence potential for impact’

Today research, to attract funding, often has to provide a narrative about its value and impact within relatively short time frames. This presentation will give an illustration of research and impact in the field of brain ageing, particularly dementia. I aim to illustrate how context, timing and funding structures influence the potential of research to make its impact, as well as the nature of research itself. In that mix surveillance and knowing what is happening in the population is crucial. The short term timeframe often dictated is rarely, if ever, achievable. Public Health research aimed at population benefit is a multidisciplinary, complex, long term effort and requires sustained and sustainable infrastructure, funding and capacity.

Dr Branwen Hennig

Senior Portfolio Lead, Population Health, Science Division, Wellcome Trust

‘Update from Wellcome’

The talk will give an outline of structures, schemes and developments at Wellcome that are relevant to Public and Population Health. This includes an overview of the broad funding structure, the new Science strategy, the UK Prevention Research Partnership (UKPRP, a new joint funding initiative), other relevant schemes, the Longitudinal Population Studies Strategy, as well as strategic priority funding initiatives.

Branwen joined the Wellcome Trust in 2016. She is responsible for the management of early- and mid-career funding schemes within Population Health (PH) and the development of strategic priorities under this remit. She also oversees the Wellcome Trust Centres for Global Health Research and is

involved in the management of the KEMRI-Wellcome Trust Research Programme in Kenya. She has a PhD in human genetics from Newcastle University and trained in epidemiology at the LSHTM.

Session five: Working together to improve health and health equity

Professor Sheila Bird

Honorary Senior Fellow, Cambridge Institute of Public Health

Sheila (OBE FRSE FMedSci) is the first female statistician to have been awarded four medals by the Royal Statistical Society. Her assessment of misuse of statistics in the BMJ led to statistical guidelines for contributors to medical journals. Her work has also had impact in a wide array of areas, from organ transplantation, AIDS/HIV, vCJD to Hepatitis C virus infection and opioid addiction. She was appointed OBE in 2011 for services to social statistics and was made a Fellow of the Royal Society of Edinburgh in 2012.

Professor Mike Kelly

Senior Visiting Fellow, Cambridge Institute of Public Health

‘Equality, equality everywhere but inequality prevails’

Since 1997, many official publications emanating from the English Department of Health have lamented the fact of and promised to do something about, health inequalities. The results have at best been disappointing. It will be suggested that policymakers and politicians have been looking in the wrong place for answers and suggests an alternative way to frame the problem.

Mike is Senior Visiting Fellow in the Department of Public Health and Primary Care at Cambridge Institute of Public Health, University of Cambridge. He was previously Director of the Centre for Public Health at the National Institute of Health and Care Excellence (NICE) in England. Here he led teams producing public health guidelines. From 2005 to 2007, he directed the

methodology work stream for the World Health Organisation's (WHO) Commission on the Social Determinants of Health. He had an academic career lasting twenty-seven years before moving into the National Health Service to lead the Research Team at the Health Development Agency and then moving on to NICE.

Professor Simon Griffin

Professor of General Practice, University of Cambridge and Programme Leader MRC Epidemiology Unit

'Policy in need of evidence: personal reflections on NHS Health Checks'

NHS Health Checks were announced by the then prime minister Gordon Brown in 2008. Their development, launch and implementation illustrate many of the challenges and limitations of attempts to improve health and reduce inequity through health care policymaking. For nearly 20 years I have published research on or relevant to Health Checks, however I remain sceptical about its impact on the policy. And yet as the national screening programme (for that is what it is) and the research evidence have developed, I sense that each is increasingly informing the other. I will present a few lessons learned following reflection on the process, the policy, the politics and the significant p-values (or lack thereof).

Simon leads a research programme which contributes to preventing the growing burden of diabetes, obesity and related metabolic disorders by translating epidemiological knowledge into preventive action. He is Honorary Professor of General Medical Practice at Aarhus University Denmark, Honorary Doctor of Umea University Sweden, Honorary Consultant at Cambridge University Hospitals NHS Foundation Trust, assistant General Practitioner at Lensfield Medical Practice and fellow of Wolfson College. He qualified from the London Hospital Medical College and trained in Clinical Epidemiology and Public Health at the University of Southampton and the LSHTM.

Ms Helen Oliver

Director Network Leadership, Eastern Academic Health Science Network (EAHSN)

‘Activating the community in rethinking Health and care’

The presentation will explore examples of Public involvement in supporting the transformation of health and care.

With a background in criminology Helen began her career within a national offending profiling team, she then moved into roles within local government, regional government and primary care. In these roles Helen has led complex and innovative strategic partnerships within health, adult social care and community safety. She joined the EAHSN in September 2016, having previously held the position of Managing Director of Care City - a Healthy Ageing Innovation Centre based in North East London.

Dr David Pencheon

Director, NHS Sustainable Development Unit for NHS England and Public Health England

‘Working together to improve health and health equity’

In this session David Pencheon will offer an overview where practitioners, policymakers, the commercial sector and the public (either individually, or via social movements) can strengthen and align each other’s efforts on the strategic health and equity issues from local to global. He will use a specific lens to do this: namely, how practitioners, policymakers, commercial sector and the public can frame and address seemingly unrelated global threats to and opportunities for health in an aligned way by looking at fundamental principles (such as equity) and the latest evidence and experience on communication , framing, and engagement.

David is founder Director of the Sustainable Development Unit [SDU] for NHS England and Public Health England. The SDU develops organisations, people, tools, and policy to help the NHS and public health system in England

become leading sustainable and low carbon organisations. David was previously Director of the Public Health Observatory in Cambridge. He has worked as a clinical doctor in the NHS, a joint Director of Public Health, a Public Health Training Director, and with Save the Children Fund (UK). He has honorary chairs at University College London, and Exeter University. In 2012, he was awarded an OBE for services to public health and the NHS.

Session six: Panel - future of public health

Dr Danielle Cannon

Strategic Development Manager, Cambridge Institute of Public Health

Danielle supports the CIPH Director to manage the Institute's Strategy and Co-ordination team and implement their long term vision. She has a BSc in Physics from the University of Dundee and a PhD in BioPhysics from the University of Cambridge. She completed postdoctoral training at the University of Dundee and University College London. Danielle previously worked at Wellcome, where she managed the Cell Biology portfolio and a subset of the population health portfolio in the team of Cell, Developmental and Physiological Sciences. She also led Strategic initiatives and large projects such as the UK Biobank, Wellcome Centres competition and Health Data Research UK.

Professor Carol Brayne

Director, Cambridge Institute of Public Health

Professor Mike Kelly

Senior Visiting Fellow, Cambridge Institute of Public Health

Professor Kay-Tee Khaw

Professor of Clinical Gerontology, University of Cambridge

Kay-Tee trained in medicine at Girton College, University of Cambridge and St. Mary's Hospital, London and in epidemiology at the LSHTM, with

subsequent clinical and academic posts in the University of London and University of California San Diego. Her research interests are the maintenance of health in later life and the causes and prevention of chronic diseases. She is a principal investigator in the European Prospective Investigation in Cancer in Norfolk, part of a ten country half million participant research collaboration. She is Fellow of Gonville and Caius College, Cambridge, a Fellow of the Academy of Medical Sciences, UK, and was awarded CBE in 2003.

Professor Nick Wareham

Director, MRC Epidemiology Unit /CEDAR, University of Cambridge

Keynote Lecture:

Professor Stephen Toope

Vice-Chancellor of the University of Cambridge

Dr Flavia Bustreo

Assistant Director-General, Family, Women's and Children's Health, The World Health Organisation

'Health across the life course – unlocking the potential of women, children and adolescents'

Dr Flavia Bustreo was appointed to her current post at the World Health Organization in 2010. She provides strategic, technical and managerial guidance and oversight on matters critical to the promotion of health through the life course. Dr Bustreo oversees the work of five technical departments: Ageing and Life Course; Maternal, Newborn, Child and Adolescent Health; Public Health, Environmental and Social Determinants; Immunization, Vaccines and Biologicals; and Reproductive Health and Research, which includes a co-sponsored programme, the Special Programme of Research, Development and Research Training in Human Reproduction. In addition, Dr Bustreo manages the Gender, Equity and

Human Rights Team and the hosted Partnership for Maternal, Newborn and Child Health.

Previously, Dr Bustreo served as the Vice-Chair of the Board of Gavi, the Vaccine Alliance, and served as the Executive Director of the Partnership for Maternal, Newborn & Child Health and the Interim Deputy Director of the Child Survival Partnership. In September 2016, Dr Bustreo was named Italy's candidate for Director-General of the World Health Organization.

Dr Bustreo's work has focused on policy development concerning child and maternal health, policy implementation and partnership-building with a wide range of stakeholders. She led the development of the Global Strategy for Women's, Children's and Adolescents' Health (2016—2030), and had contributed to the High Level Taskforce on International Innovative Financing for Health Systems and to the United Nations Taskforce on Millennium Development Goals (MDGs) 4 & 5 to reduce maternal and child mortality.

A clinician and epidemiologist, Dr Bustreo has extensive experience at country, regional and global level, including assignments for WHO country and regional offices in Bangladesh, Brazil, China, Egypt, India, Morocco, Peru, the Philippines, Senegal, Sudan and Uganda. She has also served at WHO's EURO office in Copenhagen, Headquarters in Geneva, at the World Bank and as a special advisor to the Norwegian Prime Minister's Initiative for MDGs 4 & 5. She has published numerous academic and popular articles in the field of public health, women's and children's health.

Dr Bustreo earned a degree in medicine with honours and a postgraduate qualification in rehabilitation medicine from Padua University, Italy, and later obtained a M.Sc. in Communicable Disease Epidemiology from the London School of Hygiene and Tropical Medicine. She has worked as a clinician with children and adolescents with disabilities, and with NGOs working with refugees in the former Yugoslavia and Iraq.

Poster presenters:

‘PublicHealth@Cambridge Network & Funding Support’

Author: Tennie Videler, PublicHealth@Cambridge Strategic Network
Coordinator & Funding Coordinator, Cambridge Institute of Public Health &
PublicHealth@Cambridge Network, on behalf of CIPH

‘Create Impact from your research: Policy Engagement Support’

Author: Lauren Milden, Public Health Policy Coordinator, Cambridge Institute
of Public Health Department of Public Health & Primary Care, on behalf of
CIPH

‘Frailty Trajectories: Understanding Tipping Points Across Care Settings’

Authors: Louise Lafortune & Joyce Coker, on behalf of the Frailty Trajectories
team

‘Cross-sectional associations between eating and drinking occasions, meals and snacks with blood lipids in a population-based cohort’

Authors: MAH Lentjes¹, LM Oude Griep², RH Keogh³, AA Mulligan¹, and KT
Khaw⁴

¹University of Cambridge, Dept. of Public Health & Primary Care, ²Imperial
College London, Dept. of Epidemiology and Biostatistics, ³London School of
Hygiene and Tropical Medicine, ⁴University of Cambridge, Clinical
Gerontology Unit

‘Challenges with partner notification in antenatal syphilis in Uganda; a randomized trial of 3 different approaches’

Authors: R Parkes-Ratanshi, K J Mbazira, E Nakku-Joloba, M Namawejje, A
Kiragga, J Kayogoza, A Rompalo, C Gaydos, Y C Manabe

‘Characteristics of Young Adults with Depression and Low-Grade Inflammation in the ALSPAC Birth Cohort’

Author: Bianca P Oltean, Emanuele F Osimo, Golam M Khandaker,
Department of Psychiatry, University of Cambridge

‘Do anti-amyloid beta protein antibody cross reactivities confound Alzheimer disease research’

Authors: Sally Hunter, Carol Brayne, Cambridge Institute of Public Health

‘Interventions to improve multiple health risk behaviours and promote cognitive health in older adults: what is the state of the evidence?: a systematic review’

Sarah Kelly Ph.D., Olawale Olanrewaju M.Sc., Andy Cowan B.A., Carol Brayne M.D., Louise Lafortune Ph.D, Cambridge Institute of Public Health

‘Adolescent parenthood associated with adverse socioeconomic outcomes at age 30 years in women and men of the Pelotas 1982 Birth Cohort Study’

Author: Denise Gigante, MRC Epidemiology Unit, University of Cambridge

‘A narrative systematic review linking environmental changes and physical activity and conceptual framework’

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‘Reduction in adolescent depression following contact with mental health services: a longitudinal cohort study in the United Kingdom’

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