

# **Equal North: Research and Practice Network Regional Meeting (Fuse QRM)**

**Thursday 12<sup>th</sup> January 2017**

## **Summary Report**

The first Equal North Research and Practice Network regional meeting, organised by the Equal North and Fuse Health Inequalities teams, was held in Newcastle on Thursday 12<sup>th</sup> January 2017. There were a total of 90 attendees, with 60% from academia and 40% from practice. The event consisted of a morning session of keynote speakers and an afternoon workshop session, and finished with an expert panel discussion. There were also plenty of networking opportunities during registration tea/coffee, lunchtime and an afternoon refreshment break.

### **Overview of keynote presentations**

#### ***Prof Dame Margaret Whitehead, WH Duncan Professor of Public Health, University of Liverpool***

Professor Dame Margaret Whitehead started off the day by giving an overview of the Due North report – the reasons behind it, the team involved and the main findings and recommendations. She displayed some stark data illustrating the North-South divide in health and health inequalities and their social determinants, including unequal distributions in service provision and funding across areas by deprivation level in general, and particularly in those in the North. There was also evidence of previous successes being reversed (previous declines in poverty rates now increasing, and the decline in services such as Sure Start centres – which opposes one of the recommendations from the report of ‘promoting healthy development in early childhood’), additional indications of increased poverty (e.g. the increase in Foodbank use), and how the poorest are hit hardest by changes in tax and benefit measures and spending cuts. Dame Margaret talked through the recommendations that arose from the Due North report and how these can be met both locally and by central government. She went on to show examples of actions being made locally and the impact of Due North in informing government policy, including successes such as the reversal in plans to change how child poverty is measured, changes in tax credits and ‘fit for work’ assessments for chronically sick claimants. International recognition of Due North report was also demonstrated by its planned publication by the World Health Organisation.

#### ***Prof Paul Johnstone, North England Regional Director, Public Health England***

Professor Paul Johnstone began with a showcase of ‘Due North’ activities that have taken place since the Due North report was published. Further data demonstrating health inequality between the most and least affluent areas in England, and the North and the South were presented, with further examples of underlying causes (e.g. unequal distribution in transport infrastructure spending, migration from the North to the South). Other North-South divides were also discussed mainly around child development and education. Paul discussed the current political context and the importance that upcoming changes incorporate the redistribution of power and skills to result in ‘local’ and ‘individual’ control. The ‘South-Bank Question’ approach was proposed (South-Bank is an area of Middlesbrough with a high deprivation level), in which all local authority decisions are tested on how they would affect ‘South-Bank’, i.e. the most deprived area of the authority. A number of research needs and evidence gaps were discussed, including the need for narrative behind current life expectancy changes and the effects of a universal basic income. To end, Paul introduced the launch of the Due North blog site – another communication channel for those working in the field of health and social inequality.

#### ***Prof Peter Kelly, Director Public Health England North East***

Professor Peter Kelly completed the morning session with a talk on health inequalities in North East England. He was proud to report a number of regional health successes (teenage pregnancies, smoking prevalence, alcohol related harm, mortality from cardiovascular disease, workplace health and making

every contact count) achieved by all of the local authorities (and PCTs previously) working together. The issue of treatment versus prevention was raised – the region’s NHS services were commended for their excellent performance in terms of treatment and their role in the successes presented, but it was argued that re-allocation of funds into prevention activities could potentially have an even larger effect. The future vision for the North is to continue the good work and achieve the best and fairest health and well-being. One location where further work is needed is the borough of Stockton-on-Tees, which famously has the largest health gap between its most and least affluent populations, even compared with locations of similar environmental composition. Peter placed further emphasis on the structural issues, or ‘causes of the causes’, moving away from the focus on individual behaviour, and quoted the words of the visionary Dr M’Gonigle, Medical Officer of Health for Stockton-on-Tees from 1924 to 1938 that still ring true today: “poverty, not ignorance, was the cause of morbidity and mortality amongst the poor and this poverty was not the fault of individual families but of a society that provided inadequate wages and welfare benefits”. He also stressed that poverty may not just be considered in financial terms, but also in terms of aspiration, hope and opportunity. Peter ended his talk with a similar question to the ‘South Bank’ one, urging all policy makers to ask the question of how all proposed policies would impact health inequalities.

### **Workshop session**

Delegates were assigned to seven workshop groups with sizes ranging from 4-18 participants. The workshops began by asking the participants to discuss and generate lists for the following questions:

1. What causes inequality in the North and the North-South divide?
2. What are the key inequalities in the North?

Participants were then asked to prioritise the issues identified for question 2 in terms of ‘not urgent but important’, ‘urgent but not important’ and ‘not urgent and not important’. Finally, participants were asked to discuss and suggest proposed solutions at the local, regional and national level.

### **Discussion panel**

Panel members:

- Prof Paul Johnstone
- Prof Peter Kelly
- Prof Clare Bambra (Professor of Public Health, Fuse)
- Jane Hartley (Chief Executive, Voluntary Organisations' Network North East)
- Dr Sohail Bhatti (Consultant in Public Health Medicine, Newcastle City Council)
- Prof Mark Shucksmith (Director, Newcastle University Institute for Social Renewal)

The final session of the day was a panel discussion where attendees were given the opportunity to pose questions to the morning’s keynote speakers along with additional academic and practice representatives from public health, social care, medicine and the voluntary sector.

Health inequality policy over the last 20 years was discussed. It was agreed that the current political climate (Brexit, devolution) provides an opportunity for new thinking.

### **Summary of the event evaluation form**

Completed event evaluation forms were received from 39 delegates. Of these 41% were from a university organisation, 36% from a local authority, 13% from an ‘other’ type of organisation and 10% were from an NHS organisation. There was no representation from the voluntary or community sector. The keynote presentations were rated as “very good” or “excellent” by 92% of the respondents. Feedback included “the speakers were very thought provoking” and “excellent opportunities [for networking] and good range of staff present from all sectors”.