

## School for Public Health Research

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### Equal North Network Meeting

*Equal North: Communities and Neighbourhoods*

[St Mary's Conference Centre](#), Sheffield

Monday 20<sup>th</sup> November 2017

#### Overview

##### Introduction to Equal North

**Clare Bamba**, Professor of Public Health, Newcastle University.

- Shared with delegates the work Equal North are doing bringing together researchers, practitioners and policymakers. New members were welcomed and advised they could make links with other members with overlapping interests using the online database on the Equal North webpage. The Equal North network now has 470+ members.

**Sarah Salway**, Professor of Public Health, University of Sheffield

- Introduced the theme of the event today around Health Inequalities across communities and neighbourhoods.

**Greg Fell**, Director of Public Health, Sheffield City Council

- Discussed 10 steps to reframing inequalities in health, emphasising the importance of making health inequalities an inter-sectoral issue and not just a public health focus.
- Highlighted the tensions around taking action on health inequalities: often evaluated through a 'return on investment' and 'cashable savings' vs. effectiveness (while health technologies are typically invested in on the basis of their cost effectiveness).
- Encouraged more focus on policy led interventions to impact on health inequalities rather than individual level interventions
- Highlighted the unequal terms of engagement for third sector organisations compared to NHS trusts, with shorter contracts and greater reporting demands

**Jane South**, Professor of Healthy Communities, Leeds Beckett University

- Discussed community engagement, equity and empowerment, asking what we do know and what can be done to impact on health inequalities?
- Noted that there is still a tendency to undervalue community contributions to designing research and co-producing research evidence
- Community researchers have valuable skills, knowledge and insight which can be a bridge to the most excluded groups. These individuals also have cultural connections which help to understand and reach more marginalised individuals.
- The challenge is translating evidence into action. Suggests that new models of evidence are needed if we are to empower communities through

research.

Panel discussion: **Sarah Salway** (Chair), **Ian Drayton** (SOAR), **Ghazala Mir** (University of Leeds), **Frances Cunning** (Deputy Director Health and Well-Being, Public Health England), **Paul Johnstone** (Regional Director, Public Health England, North of England), **Ade Adebajo** (INVOLVE Diversity & Inclusion)

- It was noted that there is a general imbalance of power between communities, policymakers and researchers which needs to be challenged.
- Equal North has capacity to identify and address the gaps between policymakers, researchers and the community through network events to build trust, understanding and facilitate ongoing dialogue and debate
- Tensions around timescales for evidence were highlighted: immediate need versus long term goals. For instance, service provision to address level of critical need is prioritised over investing in longer term evidence base
- Belief in the evidence is important, and this is also shaped by the narrative of those in a position of power.
- Tendency of practitioners to focus on outcome evaluation rather than incremental learning and knowledge transfer. Should aim to try and use learning to inform practice and policy decisions.

#### WORKSHOP SESSIONS

- *How can housing providers help tackle health inequalities?*  
Liddy Goyder, Ellie Holding, Louise Brewins and housing colleagues
- *What is the relationship between community empowerment and health inequalities?*  
Amy Barnes, Janet Harris, Ian Drayton, Debbie Matthews
  - Choice and control greatly increase community members' sense of wellbeing. This includes individual access to services; being able to negotiate for themselves within organisations; and that resources are shared across sectors. Silo working can be problematic within local authorities. This is often because of budget constraints.
  - Community members often find navigating around complex systems to be disempowering. Exacerbated further in areas of multiple deprivations.
  - Often change within communities is perceived to be 'done to' them, treating individuals passively. This can be a result of budget constraints and a lack of trust from policymakers towards community members being in control of plans and finances. Also exacerbated as a result of expedience.
- *How can we ensure good health in diverse communities?*  
Sarah Salway, Ade Adebajo, Vicki McGowan, Maria Zubair, Bereket Loul
  - The UK's long history of migration and ethnic diversity is important context for understanding and responding to recent demographic trends
  - To-date public health research and practice has not embedded attention to ethnic diversity and migration as core dimensions of health inequalities work.
  - Promoting good health in diverse communities requires us to address four inter-related areas: responding to diversity in health-related needs; addressing socio-economic disadvantage at individual, family and neighbourhood levels; promoting social capital and community cohesion; tackling racism and exclusionary processes within and beyond communities.
  - There is a need to generate and mobilise better data and evidence to inform action in these four areas.

Julia Burrows, Director of Public Health, Barnsley Metropolitan Borough Council  
Frances Cuning, Deputy Director Health and Well-Being, Public Health England

- Being clear when a formal piece of research is needed to direct investment versus getting on with doing things that are clearly a good idea – ‘ the ‘sloppy slippers’ story
- Challenging the feeling that nothing can be done in the current climate of austerity – lots of good work is still being done and we need to be empowered by working together

