

**Northern Universities' Public Health Alliance meeting
14th November 2018, The University of Newcastle**

Attendees:

Dr Hakim Yadi (*Northern Health Science Alliance*), Professor Paola Dey (*Edge Hill University*), Dr Christopher Birt (*European Public Health Association*), Mick Hanratty (*Well North*), Professor Arpana Verma (*University of Manchester*), Greg Williams (*University of Manchester*), Professor Martyn Regan (*Public Health England and University of Manchester*), Dr Steven Senior (*University of Manchester*), Professor Karen Bloor (*University of York*), Professor Jane South (*Leeds Beckett University*), Professor Petra Meir (*University of Sheffield*), Shirley Hannan (*Northern Health Science Alliance*), Hannah Davies (*Northern Health Science Alliance*), Professor Gill Rowlands (*University of Newcastle*), Dr Nick Goldspink (*N8*), Professor Clare Bamba (*University of Newcastle*)

Foreword from Professor Martyn Regan

Improving the Health of the Public 2040, published by the Academy of Medical Sciences in 2016, sets out an aspiration for regional hubs to help drive forward public health research. My role, on behalf of PHE, is to help facilitate discussions with our partners. We have already had the first meeting about getting universities together across the North at the International Festival of Public Health in July, and we all know that for colleagues to get together takes quite a bit of effort and so one thing we recognised at that meeting is that we need to further develop and maintain our momentum. We have started well and have agreed to come together and work as northern universities, facing similar challenges that need to be addressed. We have said what we meant, and perhaps now we need to go on to mean what we say.

There is an incredible amount of fantastic intellectual firepower across the northern universities and a tremendous aspiration from local public health leaders to tackle the challenges we all face across the north. However, there does seem a general sense that there remains a disconnect between our aspiration and our ability to deliver it together. There is room for a 'glue' and a 'brand' to join everything together to say this is what we're about and this is what we're trying to do together, whilst not displacing our own individual work and networks. In particular, there is an opportunity to influence research funders, and to say there is a group of people across the north who understand the problems and what is needed, but they are short of the appropriate research investment that will allow them to address them.

NUPHA can be that 'glue' and 'brand' to help to bind us together as a research community across the region. It would not take over any other existing networks but can act as a focus to hold up our ability to tackle the challenges we have. Alongside this, I have been speaking to Directors of Public Health with an interest in Research and Development, and there are a number of colleagues across the North who are keen to engage with us as we go forward and sponsor research in their local areas. Very quickly we could begin to develop social movement for public health research supported by a combined service and academic model. The more we can demonstrate how we can work

together and listen to local public health and community leaders, the better placed we may be to respond to and support them.

Professor Clare Bambra (chair)

We assume that everyone here, within the NUPHA network and our colleagues are interested in a northern alliance. We need to think about how we structure it and ensure representation and leadership that is across all universities in the north, whilst reaching out to other networks and stakeholders that can engage in public health. One of these elements is linking in with other alliances and the Northern Health Science Alliance (NHSA) is one of those. Dr Hakim Yadi, the Chief Executive Officer, is here to explain how he can help facilitate us.

Northern Health Science Alliance (NHSA)

The NHSA was established in 2010 and linked the eight medical schools of the N8 universities with their corresponding teaching hospitals – a total of 16 founding partners. At the time there were the Academic Health Science networks and these were brought in as well – 4 AHSNs, 8 medical schools, and 8 hospitals.. It is a not for profit organisation and they are funded by hospitals, universities and AHSNs as well as Research England (used to be HEFCE). The NHSA is aligned to deliver 3 core activities. The inception of the alliance had public health at its heart.

The reasons for founding were:

1. Health inequality between the north and south isn't just found in one city but it is shared across the north
2. A number of institutions are tackling these inequalities in their own way (e.g. ageing in Newcastle)
3. There is a need for an external voice to the corridors of power - a lot of activity is in London, and the NHSA is a useful voice there

The NHSA's business plan is:

1. **Advocacy** – voice for the North in London and internationally
2. **Research collaboration** – providing the glue, umbrella, and cattle rod
3. **Being an entrance point** – an entrance point for commercial partners that want to conduct clinical research in the northern powerhouse – primarily ones not in the north

One of the aims of the NHSA is to support the increase in research activity across the North. We can support research collaborations across NUPHA members. It can be light touch, such as letters of support and endorsement from member universities and in some instances, the NHSA can lead research bids. The NHSA can support consortia from across the North but will also support individual organisations or regional bids. They can act as a neutral partner in ensuring complementarity rather than competition. The NHSA are supporting the creation of alliances of people who work in certain specialities all across the north. The NHSA want to work with NUPHA and offer what they have as a brand, but also on the ground support to whatever guise NUPHA sees fit.

An example of an alliance that has been set up through NHSA is the Northern Pain Alliance (NPA). This was originally to support a MRC partnership grant, which was unsuccessful, but members still

want to take this partnership forward. In particular, the NHSA are keen to create a 'brand' for the NPA, something that NUPHA can replicate for public health. There is strength in it having its own identity as opposed to being NHSA. The members of the NPA used the network to reach out to other people. There is no formal prerequisite in how they would work with us. In partnership, if they can add to that, they will.

NUPHA/NHSA Memorandum of Understanding

When NUPHA was first initiated in 2013, the critical failure factor was that there was not enough sustained interest in ensuring it was going to continue to run. The rationale behind a Memorandum of Understanding (MoU) between NUPHA and NHSA is to keep it broad – anyone who aligns themselves with public health research can be a member. It is independent of all other structures that are forming around us. NUPHA does not just rely on an individual in an institution forming that input into the alliance, but the collectivism of all members. The other key thing is that the opportunities for communicating across our discipline through the alliance will be heightened – for example through the N8 partnership and some of the key contacts they have down in London.

It is this ethos that we are not trying to detract from the networks in existence, but sometimes those can turn into a barrier for other people to come into, so we want to be greater than the sum of our parts and the MoU with NHSA might be the vehicle forwards for internal integrity and external validity.

It is hoped that the MoU will officially launch NUPHA and explain that the universities are signed up to NUPHA with the NHSA. It is not legally binding and it is just an intention of our ability to join together our agendas. It is an intention to work together and formulate these networks that will hopefully grow with time and build upon our assets and plug some gaps by working in this collaborative way. There are times when the members may be in competition for funding etc., but there might be opportunities when we can still be collaborative with it. The MoU does not tie NUPHA and its members to anything, it is very aspirational.

Regardless of the MoU, NUPHA and its partners can still use NHSA for their communications, advocacy, access to industry etc. The vast majority of NUPHA members are members of the NHSA anyway. The offer from NHSA is not contingent on the MoU but the MoU is a statement of intent and a statement to make NUPHA more visible. Shirley Hannan and Hannah Davies can help with media, organisation and other things, but the offer from NHSA is there regardless of any contractual agreement.

The MoU might be useful because we want it to be broader than the N8 (for example, Fuse and its partners are keen to be part of the alliance). As there are different memberships, networks and organisations within NUPHA, the MoU could be useful. As NHSA exists as a legal entity, whereas NUPHA does not, people might not be able to say that their University signs up to the alliance and they may need to discuss it with other colleagues within their institution, but people can join the alliance as a member of their respective institution.

NUPHA will not belong to any University and the constituents of NUPHA are fluid. In terms of outlining what NUPHA is going forward, there is a possibility that NUPHA could position itself as a sub-group of NHSA. However, the Terms of Reference (ToR) have been drawn up to allow for

different universities to do what they do with their own agenda. The ToR is there to facilitate that members may join the meetings, but there is no compulsion to attend, and if there were organisations that were funding members e.g. NIHR Schools of Public Health Research, they will already have their own networks established. NUPHA is here to think about those universities that might be doing public health research that are not a part of these more established networks. For example, The Schools of Public Health Research have strict restrictions on who can get the money – it has to be with the SPHR partner. One of the reasons for forming NUPHA was to see if we had created these barriers from working together through these funding streams being sent to specific networks already. NUPHA is a way of cutting across these barriers. The principle is similar to the Academic Health Science Networks and some of the universities who may not have a pure public health research department but demonstrate some of the inequalities of research funding between the north and south. Looking at simple things like how much of BRC funding goes to the golden triangle versus the north. If NUPHA can help us to work together it might change and it is really up to its members as to what NUPHA becomes.

Whilst NUPHA is in the formation phase, they are happy to support e.g. meetings and legal support to help set NUPHA up as an entity. They are here to offer us free resource that we can use if we want to. One example might be to offer resource to help formalise the ToR more maturely so there is a greater sense of what we want to achieve. It could be like Leeds where they have mapped the research inverse law. This is now becoming an NIHR agenda after the Chris Whitty letter. The NHSA are very happy to open up engagement and they have already engaged with organisations that are not members (e.g. Fuse).

NUPHA is an alternative way of engaging and bringing more of the universities into the conversation to learn more about what we have as institutions and what others have. We can prompt questions in terms of the ways we might individually or collectively reshape our existing networks. It is about helping the partners to be the best we can as a grouping of northern universities and taking the opportunity of what is coming at us on the service side and coming at it in real time. There is a challenge and an opportunity and it is here and it is now. NUPHA does not want to be constrained by existing arrangements but it wants to be liberated by what we need and have offered.

Membership will not be at institutional level, but open to anyone involved in public health research, teaching, capacity building etc. across the north. This includes organisations like PHE and NHSA. People can sign up as individuals within their institution and over time it can build up and become more. There are no limitations on who can sign up for a future mailing list etc. and there are people who may see no need to join the network as they already have their strong research/teaching links and do not wish to mix these up. However, NUPHA aims to be greater than the sum of its parts and work for the north. It will be transparent and open, and if people want to join the network they can. It can be difficult to get NIHR funding for example, but as a network there is an opportunity to break the mould and help those without track records work with others to lead these bids. The hope is that as NUPHA becomes more successful as an opportunity to collaborate, more people will want to join the network. A reciprocal relationship can be harnessed between NUPHA and the universities involved by opening up our own networks to other partners. NUPHA does not have the reach to do it at scale with local relationships, but its members do. By working together we can do things at scale and open up our networks together and let the expertise slide in irrespective of networks.

Individuals will sign themselves up to the network, the ToR will be recirculated to members, and there will be an MoU with the NHSA. There is an interest in establishing how different universities form the leadership grouping of the network. Any member who wants to join this core group can nominate themselves by emailing nupha@nupha.ac.uk. This is an early stage and governance and management will form in the future as NUPHA moves forward.

NIHR Contractual Levers Grant

A potential for collaborative work across the NUPHA network could be applying together for the [NIHR Contractual Levers in Local Government](#) grant opportunity. There is an offer there for there to be a pan-northern bid that is open to all members of NUPHA. The initial conversations could be around childhood obesity and understanding the key things that are happening in schools in terms of childhood obesity, holiday hunger, etc. from the perspective of parents and staff who are trying to tackle things from micronutrient deficiency through to obesity. There is a question as to whether it could be worth going something geographically broad but experimental in terms of a place-based complex intervention.

Members of the consortium have already been thinking about this bid already, and there are some established networks that will be going forward with it. NUPHA is offering a separate bid that could help to start this new collaboration. The call is very core to what is already being thought about and developed in local areas, and there is a lot of interest from the consortium for anything that drives this sort of work forward. If the work goes down the route of food and nutrition, there are some opportunities within the network to utilise different partners such as the N8 Agrifood partnership. There is also an interest in incorporating health literacy in an approach, and there has been some previous work around this in Finland and Italy.

There are a number of research opportunities and proposals that can be utilised across the north. There is an NIHR Business Intelligence tool that can be utilised by anybody in an NHS infrastructure. There are also a number of things that can be done either at scale or complimentary across the north, including a willingness with DPHs who are interested in working with NUPHA.

Moving forward with this bid and other potential bids as a group is a good example of how NHSA can help in bringing the network together.

NUPHA and civil society research organisations

As a network it is worth thinking about how NUPHA can link with civil society networks. There are inequalities in where research funding goes. There are some organisations (e.g. Joseph Rowntree) who already do a lot of work in research, and others (e.g. Citizens Advice) who are coming up in this field. There is also an emerging importance of blue and green space that some organisations are looking at. There are many areas of interest and it is worth linking with them as there are mutual benefits as some of these organisations have access to resources and data that academics do not. By linking with civil society, we can have a more engaged scholarship around inequalities where we are looking at the evidence base here and now. NUPHA have an opportunity to do it in an ad hoc way where we can link into lots of networks and open it up and see what happens. There is also potential for us to make it a little more focused and have conversations with the main groups and see how

they can link with NUPHA, creating a forum for a round table discussion around where the mutual benefit might be.

Moving forward, it can be a key NUPHA objective to ensure that the voice of civil society is embedded into the work we do. As NUPHA forms, we can take the opportunity to include them in the conversations and link all of these things together. By engaging with other stakeholders we can help shape our direction as an alliance, and there is an opportunity with the Joseph Rowntree Foundation in particular as they are focused around the north.

The European Public Health Conference (EPH)

If the alliance wants to make its presence known to the world, a good place to start might be the EPH conference. It is by far the biggest public health event in Europe and is attended by 1,500+ from European public health institutions every year. The UK attendance tends to be dominated by Oxbridge, London, Glasgow and Edinburgh. Northern universities make less of an input but it could be worth putting in an abstract by May 2019 for a workshop focused on the work going on in Northern Universities. Even though there are ongoing issues regarding the UK's relationship with the European Union, it is still worth making the alliance known across Europe.

As NUPHA becomes more formed, there will be a need to have an international presence. This is similar to the NHS, which generally promotes its work at commercially facing conferences, but there is nothing to say they cannot attend the likes of EPH. The opportunity for showcasing at the EPH could be a catalyst for helping to understand what the USP for NUPHA is.

The best approach for getting NUPHA accepted at EPH could be to submit an abstract under practice as opposed to research, and to potentially think about conducting a workshop. There is a possibility that this could be a pre-conference workshop, which could be done as part of one of the European Public Health Association sections and can be a half-day session. However, this approach would mean that less people might attend as it is prior to the conference and people would have to pay an additional registration fee. It is acknowledged that even if the session were to be conducted as part of the conference, there would still be many parallel sessions and it would be in competition with other areas. Possible routes for encouraging people to attend the workshop could include having a catchy title, getting a big name speaker, or a workshop on public health post-Brexit.

Website

www.nupha.ac.uk has been acquired, along with a generic email address of nupha@nupha.ac.uk for progressing NUPHA. The NHS are happy to help with support, press releases etc. and they might be the best group to push it out and make it a big story. Following the launch of the Health Inequalities report in Newcastle, NUPHA could be quite a newsworthy alliance if it can be spun the right way. The North is coming together because of the shared challenges can be a good angle to explore and there is a good opportunity for progressing this.

Initially the website will be launched as a static information site, which will have information and links to all partners and their organisations. It will be kept up to date through the secretariat for NUPHA, which will be housed at The University of Manchester. A separate template has been provided for all partners to fill in their information and provide the relevant logos and pictures to demonstrate their affiliation. As NUPHA progresses, a social media platform will be embedded into

the site. As the site forms, a small working group will form to decide who can have control of the social media account and what the best practice should be.

All partners may need to explore whether there may be any restrictions from their organisations in terms of using their logos etc. but it is anticipated that as people are affiliated with their university, this should not be an issue so long as the universities deem NUPHA as a credible organisation. All partnership logos will be displayed in alphabetical order.

Once the website is up and running, a launch will be scheduled in conjunction with the NHSA.

Next NUPHA meeting

The next NUPHA meeting will take place at the University of Sheffield on Friday 12th April 2019 at 10:30am. Full address details are below, and anybody who wishes to attend should contact Victoria O'Reilly at victoria.oreilly@manchester.ac.uk.

Pemberton Lecture Theatre A
2nd Floor, SchARR
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30 Regent Street
Sheffield
S1 4DA

Full instructions of how to get to the building are here: <https://www.sheffield.ac.uk/scharr/contact-find>