

Northern Universities' Public Health Alliance meeting
5th July 2018, The University of Manchester

Attendees:

Professor Martyn Regan (*Public Health England and University of Manchester*), Professor Arpana Verma (*University of Manchester*), Greg Williams (*University of Manchester*), Dr Nick Goldspink (*N8 Research Partnership*), Dr Chris Birt (*University of Liverpool*), Professor Petra Meir (*University of Sheffield*), Professor Jane South (*Leeds Beckett University and Public Health England*), Nicola Hodgkiss (*Public Health England*), Professor Dame Margaret Whitehead (*University of Liverpool*), Professor Penny Cook (*University of Salford*), Dr Jane West (*Bradford Teaching Hospitals NHS Foundation Trust*), Mick Hanratty (*Well North*), Professor Rob Campbell (*National Forum for Health and Wellbeing*, on behalf of Dr Martin Myers MBE, *Lancashire Teaching Hospitals and NHS Foundation Trust*, and Professor Rumesh Gupta, *University of Bolton*), Professor Paul Johnstone (*Public Health England*), Professor Mike Kagioglou (*University of Huddersfield*), Dr Benjamin Barr (*University of Liverpool*), Professor Clare Bamba (*Newcastle University*).

Foreword from Professor Martyn Regan

It gave me great pleasure to host such a positive meeting at The University of Manchester on 5th July in favour of establishing a Northern Universities' Public Health Alliance. I had a strong sense that we all wanted to find even better ways to work together as a Northern academic public health community. If we can find ways to ensure that all of our intellectual assets across the North are best-aligned we will then be able to develop a better, shared, understanding of the depth of the public health challenges we face together as an academic community. Perhaps we will then be better placed to demonstrate to local and national funders how we have the commitment and capability to address them. There are already clear signs across our evolving public health systems that we are moving into an increasingly place-based approach to public health transformation. There are some excellent examples of how this can be done with an academic flavour to create learning cities. It is my great hope that we can help to further this agenda and work more actively together to take this forward. We have an unprecedented opportunity now to collaborate across the North and to put timely evidence, from cutting edge local research, at the heart of a fast paced public service reform agenda, both locally and at scale too.

I look forward to our next meeting in Newcastle, which will kindly be hosted by Professor Clare Bamba.

Current networks amongst members

A first step for the Northern Universities' Public Health Alliance is to demonstrate where some of the members are already actively working together across the North and where there are perhaps opportunities to strengthen these networks. Those involved in the first meeting discussed some of the existing extensive networks below:

Equal North (*Led by Clare Bamba and Eileen Kaner stemming from Margaret Whitehead's previous work on the Due North Report*) - Equal North is run through fuse, SchARR and LiLaC. There are over 500 members from the north (and others) to take forward research about reducing inequalities in the north from work around the north/south divide. It is funded by the NIHR School of Public Health

Research. They've hosted several workshops and people can join the network on the Fuse website (<http://www.fuse.ac.uk/research/healthinequalities/equalnorthresearchandpracticenetwork/>). They have also written a paper around public health priorities in the north. It is to be used as a way of not just disseminating research but what we should be doing.

NIHR Clinical Research Network (*Jane West*) – The CRN is the research delivery arm of NIHR. It supports delivery of research but has historically had a very clinical focus. Since January 2018 the remit has widened to include public health and social care studies that take place outside the NHS, e.g. the network can now provide support for studies based in communities, schools or are Local Authority led, and no link to the NHS is required. The wider remit is taking time to fully deliver and has required a number of practical and cultural changes within the network. More public health studies added to the CRN portfolio will encourage the network to develop the mechanisms necessary to support and deliver non-NHS studies. There is also now a focus on directing resources where populations need it the most (i.e. with the greatest health needs) which will hopefully translate to NIHR funding being more equally distributed in future. You can visit the website at <https://www.nihr.ac.uk/about-us/how-we-are-managed/managing-centres/crn/>.

Liverpool and Lancaster Universities' Collaboration for Public Health Research (LiLaC) (*Margaret Whitehead*) – The Universities of Lancaster, Liverpool and Central Lancashire formed the LiLaC collaboration in 2012 focused on an upstream approach to tackling health inequalities. They are one of the eight centres that make up the NIHR School for Public Health Research (SPHR) as well as being a partner in the North West Coast's NIHR Collaboration for Leadership in Applied Health Research & Care (CLAHRC). You can visit the website at <http://www.lilac-healthequity.org.uk/>.

European Public Health Association (EUPHA) section on Food and Nutrition (*Chris Birt*) – Chris is the Vice-President of the Food and Nutrition section of EUPHA, which has over 1,000 members and looks to assemble researchers interested in food and nutrition for future collaborations together to research nutrition and how we move to more sustainable health. You can become a member via their website at <https://eupha.org/food-and-nutrition>.

White Rose Network (*Petra Meir*) – The Universities of Leeds, Sheffield and York have a consortium that aims to encourage partnerships across the universities in research, enterprise, innovation, and learning and teaching. It features a wide range of disciplines and there is sometimes the need to link up with other universities outside of the consortium. You can visit the website at <https://www.whiterose.ac.uk/>.

N8 Research Partnership (*Nick Goldspink*) – The N8 Research Partnership is a collaboration of eight research intensive universities in the north: University of Leeds, University of York, Newcastle University, The University of Sheffield, Durham University, Lancaster University, The University of Manchester and The University of Liverpool. The partnership aims to maximise the impact of research through the collaboration of the partners. It covers a wide range of disciplines but there are some public health elements to what they are looking at such as innovative technologies in Healthy Ageing and funding in food security. You can visit the website at <https://www.n8research.org.uk/>.

National Health Science Alliance (*Nick Goldspink*) –The NHA involves the same eight universities as the N8 partnership in addition to four Academic Health Science Networks with a focus on identifying

people's needs and matching them to the research capabilities within the health science system across the North of England. You can visit the website at <http://www.thenhsa.co.uk/>.

North West Coast CLAHRC (*Benjamin Barr*) – The North West Coast CLAHRC is made up of Alder Hey Children's NHS Foundation Trust, 5 Boroughs Partnership NHS Foundation Trust, Warrington and Halton NHS Trust, Lancashire Care NHS Foundation Trust, The Walton Centre NHS Trust, Mersey Care NHS Trust, Cheshire and Wirral Partnership NHS Foundation Trust, East Lancashire CCG, Liverpool CCG, Blackburn with Darwen Council, Cheshire West and Chester Council, Sefton Council, Lancaster University, University of Central Lancashire, University of Liverpool, the Innovation Agency, ABHI, North West TUC, and public and industry advisers. The CLAHRC has a strong focus on Public Health and the members match the contribution in-kind. You can visit the website at <https://www.clahrc-nwc.nihr.ac.uk/index.php>.

Well North (*Mick Hanratty*) – Well North is a Public Health England match-funded programme in 10 sites across the North of England (Skelmersdale, Sefton, Halton, Doncaster, Oldham, Whitehaven, Newcastle and Gateshead, Sheffield, Rotherham and Bradford) aiming to help reduce inequalities within communities through connections, relationships and challenging the delivery from the bottom up. The funding is coming to an end shortly and a Community Interest Company is in the process of being set up to continue the programme into the future. You can visit the website at <https://www.wellnorth.co.uk>.

National Forum for Health and Wellbeing (*Rob Campbell*) – Beginning in Preston in 2012, the National Forum for Health and Wellbeing is a community-based initiative that has grown since then. The forum runs health fairs which offer the opportunity for people to have health information/guidance but also offers diagnostic testing. They offer tests for BMI and blood pressure amongst others and have seen about 40,000 people through various events with about 10-15% being referred back to their GPs for issues. The idea was to make it possible for health information to be targeted at hard-to-reach groups. To take it national is an aspiration but it has mostly run throughout the North West with some fairs in London, Wales and India. They are not based in the University system - they have connections with universities but they are not very strong. They are looking for connections into public health research to demonstrate the evidence-base for going for further funding and research. You can visit the website at <http://www.nfhw.org.uk/>.

Opportunities to expand networks and create new collaborations

These networks and collaborations demonstrate that the local public health research concept is a powerful movement with so many things moving at different paces in different places. There are some fantastic local research platforms with local leaders showing a willingness to do things differently. We need a local focus to get relationships going, as things are difficult to get done at distance. Last year PHE convened a national workshop on research priorities in this area and have access to a network of researchers and stakeholders with an interest in this, many of whom are working in the North (contact Prof Jane South for further information).

There is nothing to stop research going forward that is supported by others with such great work going on in many different places. Instead of trying something out in one area, there is an opportunity to say we can do great things at scale across the north. Places like the North East are

continually underfunded, and this is something we can address by looking at what opportunities we have to work together going forward.

NIHR Applied Research Collaborations (ARC) – The NIHR have announced an investment of £135million to go to ARCs for applied research and the support of implementing research into practice. The North West Coast (led by Professor Mark Gabbay at the University of Liverpool), Greater Manchester (led by Professor Dame Nicky Cullum at The University of Manchester), NE and NC (led by Professor Eileen Kaner) and Yorkshire (led by Professor John Wright at Bradford Teaching Hospitals NHS Foundation Trust) will all be making bids, with results expected in early 2019. The bids have been asked to demonstrate how they can connect with other ARCs and the local Schools of Public Health Research.

NIHR Health Protection Research Units – There are currently 13 research units but they are due to end in 2019 so there will be a new call coming out soon. They are a consortium of universities but all are linked to PHE as it is a collaboration with them.

NIHR Policy Research Units – They have recently commissioned the next phase of 15 research policy units, with four led by the North (Behavioural Science – Newcastle University, Economic methods of evaluation in health and social care interventions – University of York, Economics of health systems and interface with social care – University of York, and Older people and frailty – Universities of Manchester and Newcastle). The units are influenced by the Department of Health and Social Care to provide evidence directly to the government.

N8 Agrifood – The N8 Agrifood offer pump-priming funding for universities to work between themselves within the network with a focus on sustainable food production, resilient supply chains, and improved consumption and health.

Joint Programme Initiative – This is a European Commission initiative, but the money comes from the member states of the initiative and they decide who gets the money. The main funding streams are:

- JPND - *Alzheimer and other Neurodegenerative Diseases*
- JPI FACCE – *Agriculture, Food Security and Climate Change*
- JPI HDHL – *A Healthy Diet for a Healthy Life*
- JPI on Cultural Heritage - *Cultural Heritage and Global Change: A New Challenge for Europe*
- JPI Urban Europe - *Urban Europe - Global Urban Challenges, Joint European Solutions*
- JPI Climate - *Connecting Climate Knowledge for Europe*
- JPI More Years, Better Lives - *The Potential and Challenges of Demographic Change*
- JPIAMR - *Antimicrobial Resistance- The Microbial Challenge - An Emerging Threat to Human Health*
- Water JPI - *Water Challenges for a Changing World*

- JPI OCEANS - *Healthy and Productive Seas and Oceans*

UK Prevention Research Partnership (UKPRP) – The UKPRP initiative is a joint call between the Research Councils and UK Health Departments for prevention research. There is £40m - £50m available, and the first round of funding has already taken place. There will be a new round of funding that will close in the New Year, and there may be opportunities to link up with proposals already being submitted within a Northern consortium.

NIHR – The members of the public health panel have previously discussed how they are not getting sufficient quality public health proposals. There may be an opportunity to use the hook of Due North to give the context and place based tools with the PHE hot spot analysis to focus in on the areas within a Northern Public Health Alliance. There may also be an opportunity to link in some of the indicators work that has been done as part of the CLAHRC which have been set up to run natural experiments in small areas, as well as some of the other mapping work that PHE have done. There is an opportunity to send things to the PHR programme at any time and they will review it.

PHE's Regional Research and Evaluation Hubs

This network will also compliment work being done at Public Health England in relation to the creation of Regional Research and Evaluation Hubs which will be based on the PHE Centre footprint. These 9 hubs are being set up in response to recommendation 6 in the Health of the Public 2040 Report which was produced by the Academy of Medical Sciences in September 2016 (details below). These hubs will have an initial online presence on the Knowledge Hub platform and work began as a series of research workshops considering research priorities in each of the regions – reports for which can be found on the gov.uk website.

Recommendation 6

We recommend that Public Health England, Health Education England and their equivalents in Scotland, Wales and Northern Ireland work with the research community to:

1. Develop regional hubs of engagement between practitioners and researchers to integrate health of the public research and health and social care delivery, building on existing national and regional public health structures, which together can form a UK-wide network.
2. Strengthen the mechanisms for obtaining and providing independent evidence on improving the health of the public, directed at all health and social care practitioners, and for reviewing the uptake of evidence-based practice guidance.

Ideas about areas of interest for collaborative work

There are many areas of collective interest within the alliance, such as health inequalities and place-based community work. With there being such a collective interest, there could be an opportunity to develop something that the alliance can take to PHE and NIHR to encourage them to take a risk and make an investment. There is a question of whether there is a particular problem that members can focus on to understand what the group can bring to the problem now and where we can develop further evidence around the solutions. As a group, what can we offer to people who are struggling

and how can we build the solutions so that we can deliver the evidence base? Some potential opportunities for focus are outlined below:

Community assets/engagement/power research – Work under this umbrella is bringing out more questions than answers and is a cross-cutting issue. People want good evidence for community based initiatives (e.g. Asset-based Community Development and Social Prescribing), but there is a need to get good measures at a community level. There is a need to bring community perspectives in, particularly about inequalities, with there being inequalities in academia that perpetuate them further. It would be an exciting opportunity to think that universities were aiding the effort as opposed to standing on the outside, and it would be beneficial to do more work with practitioners and members of the public and communities around this.

Well North multi-site evaluation – as a programme that runs across the north, there may be opportunities to look into multi-site evaluation of the programme and the different approaches each area takes. This could be similar to a bid Newcastle University recently were awarded through the Big Local using a community centred approach, evaluating them individually and collectively.

UK Centre for Tobacco and Alcohol Studies – How can groups from the North become more involved with UK centres? A lot of the work at the moment is within more focused interest networks.

Austerity – How can we as academics provide support so that the transformation does not impact negatively on public health?

Collective power

There is a need to recognise that all of the networks already running within the north will continue to run, but in recognising this there could be some great mileage in working together. There is an opportunity to promote and build a narrative around the collective power of the north, demonstrating the key themes to best help local leaders and communities to be inclusive and to recognise the opportunities that lie in place. Although there are similarities drawn with some of the networks such as Equal North, along with overlapping of membership, rather than being the interface between research and practice, NUPHA will be a platform to promote the research capacity in the north through the wide, inclusive membership.

In general, as academics there is competition against each other with competing interests. NUPHA can be the alliance that unifies stakeholders in public health throughout the north and pushes through priority areas in partnership with local government and PHE. A decision (amongst members) needs to be made on whether to focus on a particular topic area like alcohol, or whether to use the findings and recommendations arising from the Due North Report to form the basis of a clear public health message that can be used to demonstrate the existing strengths and remaining issues in the north that require additional funding.

What members can offer the Alliance and what the Alliance can offer members

Members of the Alliance have demonstrated the wealth and strength of the talent available in the north, and bringing this together provides an opportunity to create an alliance of benefit to all. Alliance members have expressed some of these benefits below.

Professor Mike Kagioglou was part of the National Health and Care Infrastructure Research and Innovation Centre funded by EPSRC over 7 years at the value of £11m. Within the centre they looked at healthcare infrastructure including access to services and the impact it had on populations and public health. A lot of the work was around infrastructure policy, the interface between various sectors in health, construction, finance and planning and this is experience that they could bring to NUPHA, in making more explicit the link between healthcare infrastructure and health outcomes/benefits.

Professor Rob Campbell echoes the benefits of continuing the dialogue of NUPHA to learn more about what is actually happening across the north, with it being particularly beneficial to raise the profile of the alliance in a public way.

The Northern Health Science Alliance has offered their support as a member of NUPHA going forward.

Public Health England have offered their support as a member of NUPHA going forward.

Going forward

NUPHA has a desire to move forward as an inclusive alliance with all public health stakeholders across the north of England. As such, a few actions are to be put into place over the coming months in advance of the next meeting.

Joint statement – NUPHA's members will develop a joint statement outlining the fantastic research and knowledge base that is in place across the members. The statement can build on the Due North report and the findings from Equal North. This can be issued as part of a launch of NUPHA and a NUPHA website (under development) with the help of members' universities' press offices. **The University of Manchester** (*Arpana, Martyn and Greg*) and **Public Health England** (*Paul and Nicola*) will initiate the document by pulling together some of the key findings from Due North, along with key information from the members' biographies. A draft statement will be sent around to members for comments in advance of ratification at the next meeting.

Next meeting – Professor Clare Bambra will host the next meeting at **Newcastle University** (date TBC), with the following meeting to be hosted by Professor Petra Meir at the **University of Sheffield**. Public Health England and The University of Manchester will help with arrangements as required before the meetings and future meetings are expected to go in rotation between members. Prior to the meeting, **NUPHA's aims** and a **Terms of Reference** will be developed, thinking about Due North as a backdrop.

Further members to invite – NUPHA would like the membership to include all stakeholders in the north and as identified, some members were missing from the initial invitation list. Identified members were Sheffield Hallam University, Liverpool John Moores University, Northumbria

University, University of Sunderland and Teesside University. These members, amongst others, will be invited to join the Alliance.