Report: First Annual Health Equity Network Conference - October 5, 2023



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1. Introduction

This is a record of the first Health Equity Network annual conference held in Birmingham on 5th October. In this report you will find links to the video recordings of the events of the day and to the main points that arose from the group work in breakout sessions. This includes opening and closing speeches by Sir Michael Marmot and to the video recordings of the panellists as they discussed the conference theme of, Growing a Movement for Health Equity and to the input on why we need a health equity network.

What is hard to get across in print is the energy that people brought to the conference! People made a real effort to get to Birmingham from across the country. They brought with them a strong desire to connect with others, to talk of their passion about work on health equity and to discuss the issues and themes on the agenda.

Alan Higgins Health Equity Network Lead
Alison Biedron Health Equity Network Coordinator

2. Reflections and Moving Forward - Alan Higgins, IHE

The 5th October conference was a very good demonstration of the value of bringing people together. We benefited from an excellent suite of speakers with inspirational and thought provoking inputs. But above all, the success of the conference was down to the people who attended.

A number of things are on our minds as a result of the conference. One is about how we arrange next year's annual conference to be bigger and better than this one. A few of the points we have learned from the feedback and from running this one:

- More time for group work with the ability to enable pop up discussions on the day.
- We need to have a venue with better access to separate rooms for the breakout sessions.
- Pay more attention to catering! Lunch needs to be better provided.
- Make space for discussion about the Network itself.

A second thought is that 12 months is too long between in-person conferences. If we hope to fuel the development of the movement for health equity we need to look at more ways for people to come together. We are looking at ways of running smaller scale events across the year to build on the momentum from this year's conference.

Third, as noted earlier, only a fraction of the people in the Network were able to attend the conference. We need to find a way of engaging everyone in the fervour of the conference discussion and sense of purpose.

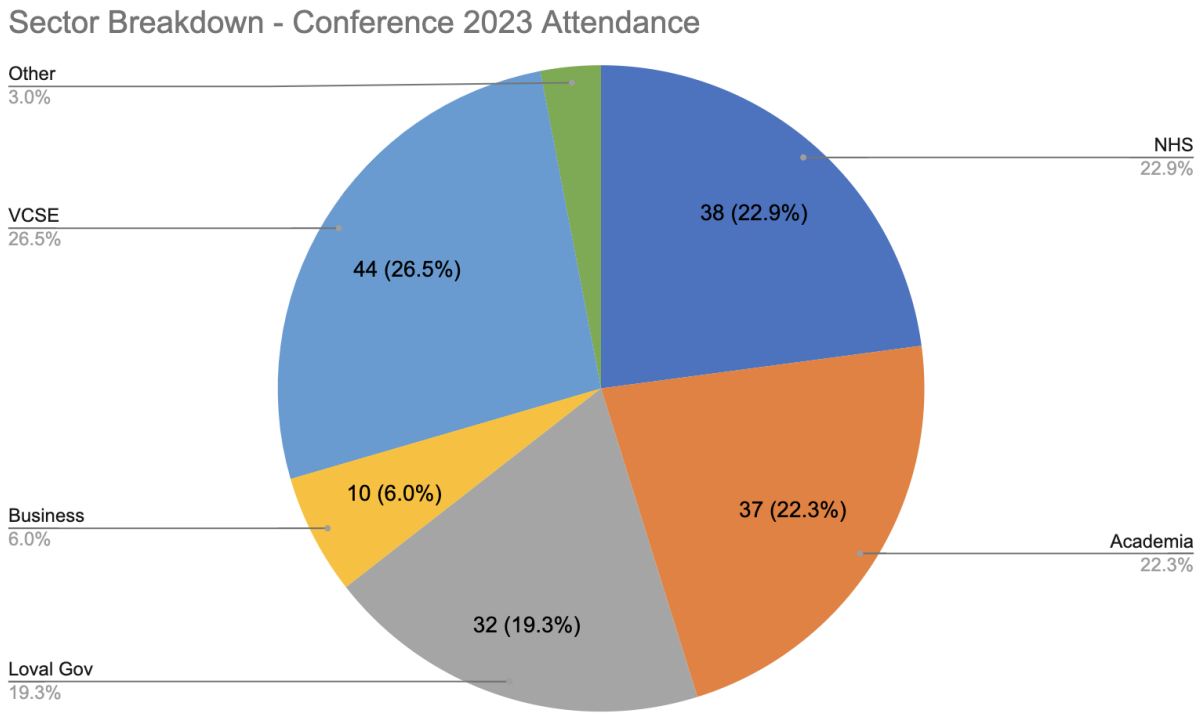
To build on this, we will be inviting everyone in the Network to contribute to the discussion on Growing a Movement for Health Equity. We will be posting the ten minute videos from the panel discussions on the Network platform with questions to prompt the discussion. We will develop the narrative of the movement from that discussion.

Thanks to everyone who was able to attend the conference in Birmingham, and take part in the day's discussion on growing a movement for health equity.

Welcome to our social movement!

3. Attendance statistics

About 200 people from the Health Equity Network attended the conference. Just over a quarter of that number were from the voluntary and community sector. The other main sectors represented were health and care, academia and local government. A smaller group, about 6% of participants on the day, were from the business sector. Although 200 people was the maximum capacity of the venue, this only represented about one-seventh of the total membership of the network. As of October 2023, the Network is comprised of over 1300 active members.



4. Reflections of the day - Sarah Martin, IHE

We invited Sarah Martin, a researcher at the Institute of Health Equity, to attend the conference and to write her thoughts about the day.

The Health Equity Network hosted its first annual National Conference this October 5th, 2023, at the Council House in Birmingham. The network, which aims to build momentum on health equity, has over 1300 active members from across the UK, and its first annual conference was an opportunity to bring members together to share experiences and support action on health equity.

The theme of the Health Equity Network 2023 conference was “Growing a Movement towards Health Equity” and offered the opportunity for those working across the network to inform a narrative on a movement for greater health equity.

The day started with a welcome by Deborah Cadman OBE, the Chief Executive of Birmingham City Council, who reflected on the successes of the city of Birmingham in terms of its diversity and innovation, encapsulated by the huge success of the Commonwealth Games hosted in the city the previous year. This was whilst still acknowledging the city’s ongoing work to tackle health inequities, noting challenges such as one quarter of Birmingham’s population living in the most deprived areas in the UK.

The opening remarks were given by Sir Michael Marmot, whose unwavering optimism set the tone for the day ahead. In his remarks, Sir Michael Marmot touched upon some critical challenges currently facing the health equity space, including intergenerational equity, action on the social determinants of health and finally the importance of discovering public purpose and working for the common good.

Sir Michael reflected on the joint nature of successful social movements and urged the network to usher in greater equity in the conditions that will lead to better health for all through such collaboration; “convening the network means that we can learn from each other's experiences, be inspired by what others are doing, and figure out what works and what doesn’t.”

The conference forum offered an opportunity for attendees to reflect on current progress and experiences in key areas related to health equity. Participants were divided into smaller facilitated breakout groups, which, in the morning session, cut across four main discussion topics. The sessions included Racial Health Equity - from Insight to Action, Innovative Approaches to Tackling the Social Determinants of Health: Lessons from Trust Providers, Rural Determinants of Health and Community-led Innovations, and Combined Authorities, Regional Economic Partnerships and Health Inequalities.

Following the breakout groups, a panel discussion took place to further the conversation on what it means to create a movement towards health equity. The panel was made up of current public health leaders and inspirational figures in the health inequalities movement, including Professor Bola Owolabi, the Director of Health Inequalities at NHS England Director Healthcare Inequalities, Professor Kevin Fenton who is President of the Faculty of Public Health, and Director of Public Health for London at the Office for Health Improvement and Disparities at the Department for Health and Social Care, and Pete Gladwell, the Director of Social Impact Investment at Legal & General.



Each of the panellists drew on their own experiences of furthering the movement. Professor Bola Owolabi stated that whilst health inequalities are complex, they are avoidable and a solvable challenge on which we can take tractable action. She called on the network to draw on its own spheres of influence and asked that we lead the way on ‘what works’ to provide a system response; “the answer lies between us, and that is why a movement is the necessary response”.

Professor Owolabi also called on the NHS to leverage its role as an anchor institution to contribute to the wider system response to health inequalities, particularly in its

role as a commissioner and provider of services, real estate owner, employer and as a key partner within the integrated health system. She stated that tackling health inequalities is a “win win” and thanked Sir Michael for being “the epitome of endurance in this space.”

On the science of movements, Professor Kevin Fenton reflected on the success that the HIV community has had in the last 40 years and shared three key lessons he had learnt about the power of movements. Firstly, on the importance and power of the narrative, and particularly on understanding the power of now in relation to narrative. Secondly, he reflected that movements need to organise for success - asking the audience are you organised to make a difference on health equity where you are today?

Finally, the last critical step is leadership - Professor Fenton called on everyone in the room to be leaders of equity and make a commitment to start this movement in their own context. He reflected on the success that other recent movements have had such as tobacco reduction and other NCD prevention movements, by exhibiting these three characteristics; “successful movements are planned, deliberate and focussed.”

Pete Gladwell from Legal & General, the partners of the conference, spoke about the role of the private sector in the movement towards reducing health inequalities. He stated that Legal & General were introduced to the movement and motivated by their ambition to tackle social issues, and what they can do as business to contribute to social justice. The private sector can play a key role in reducing health inequalities by improving equity in the social determinants due to its influence in shaping the conditions in which people live and work, and therefore, their health.

Pete also reflected on the power of people coming together from all different sectors and regions to address the injustice of health equity, whilst reflecting on his own past working in the voluntary sector, as a youth worker in Oxfordshire.

An important area of discussion was around business moving away from the “tick box” concept of Corporate Social Responsibility, and instead stepping up to fulfil its corporate social role in addressing key factors impacting health inequalities. He emphasised that this was not about business replacing the need for public sector or a strong and vibrant voluntary sector, or for business lobbying to pay less tax - but

about business stepping up to see what good it can do, and how to tackle some of these issues and agendas impacting social injustice, alongside the public and voluntary sector.

Some of the audience questions during the panel discussion asked if the network should be more political. The panellist reinforced the message of focussing on the spheres of influence to have an impact - “maximise that role as a leader, and if national strategy catches up - excellent- if it never does, we proceed regardless.” The panellists also emphasised what can be achieved when you understand and meet politicians where they are. Being prepared and being ready to leverage whatever opportunity you have to push the agenda by having your strategies and asks ready so you can move quickly; “even when you’re working in an environment where you think you can’t move forward, you often can.”

Other questions were around how best to foster a social movement for health equity whilst still ensuring that the national movement works from the bottom up, without leaving the local level vulnerable. Emphasis was placed on the importance of the movement being owned by local actors and utilising things such as the network to enable and support each other. The power of bringing together work being done on the ground is important and showcasing examples of successes was also emphasised. Furthermore, having persuasive arguments backed up by clear examples of where we have made a difference, leading with local success stories.

The Health Equity Network acts as a platform to enable people who are doing great work on health equity in regions, towns, cities, and organisations across the UK to share what they are doing with others, be inspired by what others are doing and collaborate in joint working. Reflective of the network itself, the participants who attended the conference were varied, coming from local government, third sector organisations, public health professionals as well as students.

The conference was able to successfully prompt conversation, particularly making participants think about how to take concepts and actions back to their own work contexts. Some key takeaways from participants of the conference were that it was a great opportunity to gather public health people all in one place, helping to break down silos of working in different places and creating a common platform. Others took meaning from the panel discussion and prompted thoughts on how to better

evaluate the role of business and the private sector, as well as making them think about the relationship between power, communities, and attitudes.

Other participants commented on the value of the breakout sessions, with the majority valuing the opportunity to form breakout groups and discuss topics with colleagues from different areas. The sessions allowed for time to share experiences from across different localities, and put forward in like-minded groups, particularly focussing on how to continue momentum and turn ideas and discussions into actions.

The conference was also open to students from Aston University in Birmingham, particularly those studying public health. Attending the conference early on in their public health careers, they highlighted some of the key takeaways from the breakaway discussion group sessions, including the importance of including topics such as racism and equity as part of the curriculum, so people could become knowledgeable to these issues early on.

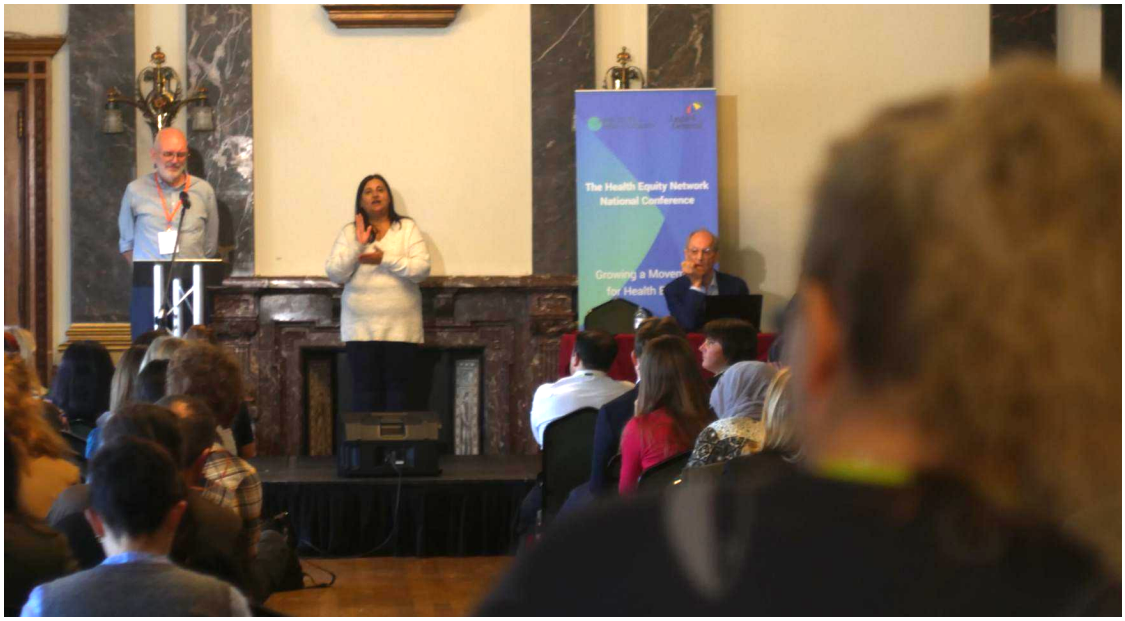


The afternoon sessions were made up of discussions from Dr Justin Varney, the Director for Public Health at Birmingham City Council, on why we need a health equity network. This was followed by a brief discussion on the Places and Marmot work conducted by the IHE led by Dr Jessica Allen from IHE, and Sally Cartwright, the Director of Public Health for Luton, echoing the Network's focus on place-based working.

The second session of the conference discussed Great Problems and Great Ideas, across the thematic areas of Working well: what can employers do to address health inequalities, Children and young people's perspectives on child health equity, Primary

care and Health Inequalities and Housing and Health Inequality, before final comments were given.

The conference in Birmingham hopefully marks the first of many opportunities for the Network to meet and share experiences and expertise in this area. As the network continues to grow, it will continue to support the growth of this movement for health equity.



5. Growing a Movement for Health Equity

A panel discussion on the theme of, Growing a Movement for Health Equity, formed a central part of the conference. The panel discussion started with Excellent presentations from our key speakers Sir Michael Marmot, Prof. Bola Owolabi, Prof. Kevin Fenton and Mr. Pete Gladwell from Legal and General. The links to the video recordings of their input can be found before the bullet points. Each lasts about 10 mins and are well worth watching.

The points that emerged in discussing a movement for health equity included the following.

Sir Michael Marmot
Introduction to the Panel Discussion: https://youtu.be/8AzHkGRSX6U

- The Network is a place to learn about what is happening, be inspired and figure out what works and what doesn't to achieve health equity. The Network will play a vital role, we want it to spread across the UK and be a model for other countries in the world.
- We want a social movement for greater equity in the conditions that will lead to better health for all.
- We want a movement to rediscover public purpose and the common good and to recreate fairer societies.

Professor Bola Owolabi
Prof Bola Owolabi: https://youtu.be/JQpYE2ncTxI

- Focus on our spheres of influence rather than our spheres of concern. Focus on what works.
- We need a movement because the answers lie in interactions between the different sectors.
- The health service has an enormous contribution to make to reducing inequality in health through
    - Its role as both a commissioner and provider of services
    - Its role as an anchor institution including directly as an employer
    - Its role as a key partner in Integrated Care Systems.
- We need to pivot from developing policy to putting policy into practice, from rhetoric to action.

Professor Kevin Fenton

Prof Kevin Fenton: https://youtu.be/VDtNM0mcf5M

Three key points about developing a movement for health equity.

- Narrative
    - What is our story, how do we tell our story, how do we bring others together around that story?
    - The power of narrative, of now, is key.
- Organise for success – have we got the right vision, funding, governance, transparent data?
- Leadership
    - We are all leaders – find your voice, your narrative, to lead, organise and advocate.
    - Think about the leaders we interface with.

Mr Pete Gladwell

Pete Gladwell: https://youtu.be/rXjsVh6QGSQ

- Don't assume that people in the business sector don't care about equity in health.
- Business has a role in society and in health equity
    - Treating employees well and fairly
    - Being conscious of the products and services provided and their role in health equity.
    - Influencing across the sector and upwards to government.

See the potential and the good in business and look for ways of engaging.

6. Place Based Working and Why We Need a Network

Dr. Jessica Allen and Sally Cartwright, DPH Luton

Dr. Allen and Ms. Cartwright had a discussion about the place based work in Luton, and how they have adopted the recommendations from the Marmot report to their local communities and truly embraces becoming a Marmot town.

Dr Jessica Allen and Sally Cartwright https://youtu.be/xnH5TXvS05I

- What led Luton to initiate the work towards being a Marmot town?
    - Started from awareness of the health inequalities problems
    - Commitment to ending poverty in Luton
    - Impact of the Covid pandemic.
- What have been the positives so far?
    - Having the report has changed the nature of the discussion about the core challenges.
    - Commitment across the agenda has made it easier to bring partners together.
- What are the challenges in bringing the whole system together?
    - It is challenging to take everybody on the same journey.
    - Needing to prioritise - employment initially.
    - Challenge to build on great work and take it even further.
- Connecting with others and with the social movement is important for Luton



Dr. Justin Varney spoke about Why we need a Health Equity Network and how the membership can use this moment to make real gains and create actionable items for health equity going forward.

Dr Justin Varney
Dr Justin Varney: https://youtu.be/GAT2BqydOeY

- The dial is not moving in the right direction on inequalities. It's not that we don't know what to do. It's that we don't address the problem.
- We need heroes, guerillas and quiet activism … we need a movement and that is why this Network is important. But we need a network of action not a network of allyship.
- The Network can bring people together from all parts of society and provide the thought space for people to be imaginative, learn from other countries and disciplines.
- If not us, if not now, then whom?



7. Breakout sessions

There were two breakout sessions for participants to engage in workshop style discussions on health equity issues. The morning and afternoon sessions each featured four workshops so eight themes in all.

Morning session: 10:30-11:25AM

Racial Health Equity - from Insight to Action - Dr Cordelle Ofori and Jamaica Noferini

What does racism look like and what is its role in driving health inequalities? This workshop frames racism as a public health issue and provides key insights from a soon to be published report commissioned by the Greater London Authority on establishing an evidence base for racism and the social determinants of health. The session will include an example of local work in Manchester, followed by a practical and interactive exercise for the group.

Key points

- We must recognize white privilege. We need to notice the things we do not experience when others are subjected to it everyday. Call out racism when you see it.
- Allyship is key; People of Colour should not have to do all the work. Exhaustion of People of Colour trying to change this by themselves is real. Take active steps to be more diverse in your organisation.
- The destructive power of othering is tangible. We must counter that, and build healthier relationships and practices. Imbed these ideals in your day to day work.

Innovative approaches to tackling the social determinants of health: lessons from provider trusts Dr. Mimi Malhotra and Andrew Attfield

Reducing health inequalities requires action on the social determinants of health from a range of sectors, including the healthcare sector. We will share learning from a set of interviews conducted by UCLPartners with four provider trusts that are all taking innovative approaches to tackle the social determinants of health. We will also explore work to increase local employment at Barts Health NHS Trusts in more detail.

The interactive session will provide opportunities for participants to discuss their own work on the social determinants, and barriers and opportunities to progress this.

Key points

- Great work is already happening in secondary care and hospitals, it just need to be focussed under the umbrella of social determinants
- Extra resources are not always necessary to scale up projects across different institutions, and harnessing the energy of young generations can help
- Sharing data and code openly with healthcare institutions as well as using collaborative language to engage multiple sections

<u>Rural Determinants of Health and Community-led Innovation. Dr Veronika Rasic and Su Maddock</u>

What are the rural determinants of health and how do they affect rural communities in the UK? In this workshop you will learn about the effect of social determinants in rural areas and how an innovative community interest company, Better Places, has tried to tackle these challenges in Devon. Through discussion with other participants you have the chance to explore rural challenges, current rural community initiatives, and future opportunities for collaboration between sectors
Key points

- Hidden inequalities: Rural health data has big gaps. Development of rural health indicators to help capture the full nuanced picture. The type and method of data collected about ethics and information governance to protect small, local communities.
- Place based approaches: Important for supporting pre-existing programs in rural communities. Respecting and valuing the knowledge of existing local leaders and to involve them in the planning process.

<u>Combined Authorities, Regional Economic Partnerships and health inequalities - Jo Winterbottom and Grace Scrivens</u>

Join us in group discussion and share your challenges, successes, and expectations for levelling up and further devolution. We will sum up by identifying the barriers and enablers to effective regional working and highlighting opportunities for the future.

Aim: To identify barriers and enablers to effective regional working to tackle health inequalities and highlight opportunities for future activity and collaboration.
Key points

- Structures: Noted that we often achieve what we do “in spite of” not “because of” the structures and funding that are in place. Make best use of existing structures (ICBs/ICSs), aligning KPIs to the wider determinants. Structures need to be considered both vertically and horizontally, making the most of the potential role and contribution of the Third Sector, especially for engaging with citizens.
- Lived-Experience: There may be an opportunity to link the DWP Universal Support Programme to the provision of embedded roles for people with lived experience.

Afternoon session: 2:00-3:15pm

Working well: what employers can do to address health inequalities - Caroline Millar and Tammy Boyce

Caroline and Tammy will share the findings of recent research looking at the lives of ‘unseen’ workers such as cleaners and security staff, and the impact their work has on their health and wellbeing. This will be an interactive session looking at the practical steps that employers can take to address the health inequalities these workers experience. It will look particularly at the role of Anchor organisations in leading good practice in this area.

Key points

- How do you reach hidden workers? The workplace might be the only criteria that binds these workers together, so line managers must be involved to identify the areas where employers can improve.
- Anchor institutions can be useful in both the public and private sector to improve these disparities. Local authorities working with SMEs can also be fruitful. The private sector is very keen to make this work.
- Procurement teams can help by following good practice in looking after their employees. Ex. Sick pay on day one as opposed to day three is a policy change that could alleviate some of the burden on hidden workers.

Children and young people's perspectives on child health equity - Rukshana Kapasi and Cat Crook

This session will explore the work of the Children and Young People's Health Equity Collaborative (a three year partnership between Barnardo's, the Institute of Health Equity, Birmingham and Solihull ICS, Cheshire and Merseyside ICS and South Yorkshire ICS). We will share perspectives from over 300 children and young people on what determines their health and wellbeing, and where to prioritise action for child health equity. We will invite discussion and participation on the best ways to take meaningful action in partnership on these areas.

Key points

- Safety is a key theme. Children express feeling unsafe at home, and out of the home. The unsafe nature of green space results in it not being used, and having a detriment on children's health.
- Open access and data sharing across institutions is key for getting data points onto the CYP framework, which will inform the subsequent interventions for children.
- Importance of working with children and relinquishing the power differential, trust, good data, and valuation. Developing a toolkit is vital for place based working, and will find new ways of joining businesses with existing need.

Primary care and Health Inequalities - Dr. Laura Neilson

Focused Care: A model to respond in primary care to deprivation by making the invisible visible. A response to households with complexity of clinical need, engagement, economic and social stability in systems that are often baffled, bewildered and slightly broken.

Key points

- We are often stymied by barriers to intervention not because of real issues, but because only a small subsection of the whole picture is being targeted. Sometimes, a wider approach needs to be taken in order to achieve goals.
- "You can still plant a daffodil without redoing the whole garden". One can do both structural change while simultaneously doing individual or local level actionable change.

- Meaningful individual encounters are key to bringing people through a cycle of change. Trust and long term relationships are real commodities within this area. Focussed care brings these themes together.

Housing and health inequality - Stefanie Buckner, Claire Astbury, Alice Munro, Gill Leng

Warm and safe, suitable and stable homes enable us to lead healthy, independent lives; homes in which to 'start, live and age well' in. As a wider determinant of health, homes that do not provide this environment are a significant factor in health inequalities. This session will describe action taken to improve health through the home in three different places and discuss what more can be done to understand health impacts, how we can enable 'home' to be in all health policy and practice, and what good looks like, working in partnership.

Key points

- Finding common ground in language, sharing and understanding is a great starting point. Housing is healthcare public health; treatment will not be effective when the patient returns to an uninhabitable environment.
- Relationships and trust between professionals, sectors, individuals and communities. This is a key element to improving health and health outcomes in local areas.
- People, homes and neighbourhoods: we can shift power here. Doing things WITH people rather than TO them.

8. Feedback from Attendees summary



The feedback from members was overwhelmingly positive. The energy on the day was palpable, and the buzz in the room illustrated just how pleased people were to be in person together. Out of over 50 responses to our feedback form, only 2 gave a rating less than 7/10.

Most of the feedback received asked for increased time in both the breakout sessions and the informal networking time, as participants felt that these sections could have been more maximally beneficial. Participants also noted that an increased focus on action as opposed to thought production would have made the day feel more worthwhile. There were also calls for knowledge and best practice sharing amongst various interesting topics, which could have been facilitated by more member-led but freely structured networking time.

The variety and notability of speakers were widely appreciated, and many felt that the panel discussion was the key moment of the day. Live streaming this session also allowed for others outside the conference to engage with the day's content, which was an added benefit. Members also praised the location of the venue; easy to access from most parts of the UK and closeby to a major train station.

The decision to keep the conference entirely slide-free was both praised and criticised for accessibility reasons, but there was mostly a positive association in keeping members engaged with others and not being overly lecture-style. The length of each speaker's input was kept to a maximum of 10 minutes, and this helped the flow of the day. Similarly, the choice to go straight from the morning's keynote address into the breakout session was commented on in keeping the day energetic rather than stagnant.

Overall, the members expressed their willingness to continue supporting the Network, and for an increased opportunity to engage in person with other Network members.

APPENDIX:

Record of Agenda

Venue: Council House, Victoria Square, Birmingham B1 1BB

Time	Itinerary Item	Actions and People
9.30	Arrival	Tea and coffee reception
10.00	Welcome Introductory address.	Deborah Cadman CEO of Birmingham City Council. Sir Michael Marmot.
10.15	Great Problems and Great Ideas First Session 1. Racial Health Equity – from Insight to Action 2. Innovative approaches to tackling the social determinants of health: lessons from provider trusts 3. Rural Determinants of Health and Community-led Innovation. 4. Combined Authorities, Regional Economic Partnerships and health inequalities	Jamaica Noferini and Cordelle Ofori. Dr Mimi Malhotra, Andrew Attfield. Veronika Rasic, Su Maddock. Jo Winterbottom, Grace Scrivens
11.15	Comfort Break	
11.30	Growing a movement for health equity Panel discussion	Sir Michael Marmot Prof. Bola Owolabi Prof. Kevin Fenton Mr. Pete Gladwell.
12.45	Break for lunch and informal networking	
1:40	Why we need a health equity network	Dr. Justin Varney
1.50	Places and Marmot work	Dr. Jessica Allen and Sally Cartwright, DPH Luton.

2.00	Great Problems and Great Ideas Second Session 1. Working well: what employers can do to address health inequalities 2. Children and young people's perspectives on child health equity 3. Primary care and Health Inequalities 4. Housing and health inequality	Caroline Millar, Tammy Boyce. Rukshana Kapasi, Cat Crook. Laura Neilson. Alice Munro and Gill Leng.
3.10	Plenary Session with feedback from workshops	Sir Michael Marmot Mr Pete Gladwell Dr Jessica Allen Mr Alan Higgins.
3.50	Closing address	Sir Michael Marmot
4.00	Close of conference	

Links to the videos

a. Midday panel on YouTube:
   https://www.youtube.com/watch?v=rnxkCOWyaDU

b. Recordings of speakers (unlisted) on YouTube:
   i. Sir Michael's opening speech
      1. https://youtu.be/lAW_t63YpoI
   ii. Sir Michael's Intro to the panel discussion
      1. https://youtu.be/8AzHkGRSX6U
   iii. Prof Bola Owolabi
      1. https://youtu.be/JQpYE2ncTxI
   iv. Prof Kevin Fenton
      1. https://youtu.be/VDtNM0mcf5M
   v. Pete Gladwell
      1. https://youtu.be/rXjsVh6QGSQ
   vi. Dr Justin Varney
      1. https://youtu.be/GAT2BqydOeY
   vii. Sir Michael's closing speech
      1. https://youtu.be/uk1efTyDVJE