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| **Minding the Gap - News Brief: No. 148** |
| **Launch of the Health Foundation’s COVID-19 Impact Inquiry**  Without doubt the coronavirus (COVID-19) pandemic is the biggest crisis to hit the UK in living memory. The growing toll of COVID deaths and cases is evidence that this is a genuine health emergency. But the impact on job losses, business failures and rising domestic violence are a reminder this is also an economic and social crisis that will have its own impact on the nation’s health. This report suggests that the combined effect of the virus and the restrictions imposed by government have compounded existing health inequalities. The report also suggests that those living in the nation’s poorest areas – who already had lower life expectancy than those in better off areas – are now facing worsened long-term health outcomes linked to intense financial hardship.  [Report](https://www.health.org.uk/news-and-comment/blogs/levelling-up-just-got-much-harder) |
| **The Bigger Picture: Learning from Two Decades of Changing NHS Care in England**  Health care is one of the largest parts of the UK economy, accounting for 10% of GDP. In common with most industrialised nations, the majority of health care spending is publicly funded. England totalled £127.0bn\* and represented more than a fifth of total expenditure on services. The NHS is by far the largest part of the publicly funded health care system in the UK. It is a vital part of the welfare state, providing care to both improve population health and relieve pain and suffering. As well as providing care, the NHS acts as an insurer so that people do not have to plan for potentially high health care costs, removing a source of fear and anxiety and preventing exclusion from treatment. As a universal, free at the point of use service (with charges in only a few areas), the NHS is in the top three of 22 OECD countries in terms of low financial barriers to care.  This report looks back at how NHS care in England has changed over the past two decades. It finds a disconnect between the way services have developed and the changing health needs of the population. It finds that, while the volume of health care delivered grew substantially, growth varied significantly across different services.  [Report](https://www.health.org.uk/sites/default/files/upload/publications/2020/The_Bigger_Picture_WEB.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11890733_NEWSL_HMP%202020-10-16&dm_i=21A8,72UY5,FLWQCU,SMLGL,1) |
| **Protecting our Communities: Pulling Together to Achieve Sustainable Suppression of SARS-CoV-2 and Limit Adverse Impacts**  Directors of Public Health are being asked to provide advice which balances the need for interventions to protect our communities from SARS-CoV-2 whilst minimising adverse impacts on the economy, social life, inequalities, and overall health and wellbeing. Non-Pharmaceutical Interventions (NPIs) remain a core part of the set of tools available to reduce the spread of the virus.  The purpose of this document is to support Directors of Public Health, local authorities, and partners in considering the range of NPIs that might be most appropriate. In producing the document, the ADsPH have identified strategies and measures that local areas can use to suppress the virus. There is no ‘zero risk’ scenario and, as such, local areas have tough decisions to make. This document sets out a menu of choices which have shown promise, whether in local places, nationally or internationally, in slowing the spread; as well as choices which have been pursued in previous outbreaks of communicable disease. The document starts from a position of clear and transparent principles. Where evidence is provisional, developing, or silent we have set out a rationale.  Given the pace at which the epidemic is moving we explicitly acknowledge that it is a time of much change and learning. Consequently, the document will regularly reviewed, and updated, to reflect the growing understanding and the evolving evidence.  [Document](https://www.adph.org.uk/wp-content/uploads/2020/10/Protecting-our-communities_ADPH_final.pdf) |
| **A Telling Experience: Understanding the Impact of Covid-19 on People who Access Care and Support – A Rapid Evidence Review with Recommendations**  Few of us could have predicted that we would be hit so hard by the Covid-19 pandemic this year. Think Local Act Personal’s (TLAP’s) mission is personalisation and is designed to ensure that the voice of people with lived experience is heard in all aspects of care and support.  This report documents the results of this collaborative effort in the form of a rapid evidence review. It brings together and makes sense of a diverse range of research, intelligence and insight. There are inevitably limitations. It has not been possible to capture the experience of all groups in every place or setting, in a situation which remains fast moving and fluid. For all that, what the report succeeds in doing in my view is to paint a picture of the experiences and concerns that have commonly affected people accessing care and support and unpaid family carers. Some of the findings make uncomfortable reading. Whilst there are examples where people have received good support, others have fared less well.  [Report](file:///\\wakefield.gov.uk\datastore\Public%20Health\Joint%20Public%20Health\Minding%20the%20Gap\2012%20and%20beyond\LA%20Newsletters\This%20report%20documents%20the%20results%20of%20this%20collaborative%20effort%20in%20the%20form%20of%20a%20rapid%20evidence%20review.) |
| **The COVID-19 Pandemic and Health Inequalities**  This essay examines the implications of the COVID-19 pandemic for health inequalities. It outlines historical and contemporary evidence of inequalities in pandemics—drawing on international research into the Spanish influenza pandemic of 1918, the H1N1 outbreak of 2009 and the emerging international estimates of socio-economic, ethnic and geographical inequalities in COVID-19 infection and mortality rates. It then examines how these inequalities in COVID-19 are related to existing inequalities in chronic diseases and the social determinants of health. It then explores the potential consequences for health inequalities of the lockdown measures implemented internationally as a response to the COVID-19 pandemic, focusing on the likely unequal impacts of the economic crisis. The essay concludes by reflecting on the longer-term public health policy responses needed to ensure that the COVID-19 pandemic does not increase health inequalities for future generations.  [Report](https://jech.bmj.com/content/jech/74/11/964.full.pdf) |
| **Unequal Impact? Coronavirus, Disability and Access to Services: Interim Report on Temporary Provisions in the Coronavirus Act**  The intention in this interim Report is to summarise the evidence we have received on the actual and potential unequal effects on disabled people of these temporary provisions. This report looks at Care Act easement provisions and temporary Mental Health Act provisions as well as local authority duties to children and young people with special educational needs. The report considers the transparency and reporting requirements on their use, and the adequacy of mechanisms in place to review, suspend, reinstate or repeal the provisions during the two-year lifetime. The starting point is that the temporary provisions have the potential to substantially restrict or curtail important, hard-won rights on which disabled people rely for their quality of life. Their use in the current emergency circumstances and the robustness and proportionate level of transparency and accountability. Whether or not they should remain in statute for any longer than is strictly necessary. The report concludes that these provisions have the potential to substantially restrict or curtail rights that disabled people rely on for their quality of life.  [Report](https://committees.parliament.uk/publications/2710/documents/27010/default/?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11850630_NEWSL_HWB_2020-10-12&dm_i=21A8,72006,FLWQCU,SHSCN,1) |
| **The Long Shadow of Deprivation: Differences in Opportunities Across England**  A socially mobile country provides equal opportunities for everyone, across big cities and small towns, and regardless of whether your parents are rich or poor. This report makes use of newly linked administrative data on all state-educated pupils born between 1986 and 1988 to follow a group of sons from where they grew up, looking at their family circumstances and their educational achievement, through to the labour market. This report finds that social mobility in England is a postcode lottery, with large differences across areas in both the adult pay of disadvantaged adults, and the size of the pay gap for those from deprived families, relative to those from affluent families. It also finds inequalities in infant health outcomes and mental health in areas with average lower pay.  [Report](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923623/SMC_Long_shadow_of_deprivation_MAIN_REPORT_Accessible.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11850630_NEWSL_HWB_2020-10-12&dm_i=21A8,72006,FLWQCU,SKOCM,1) |
| **An Intergenerational Audit for the UK**  The focus of this intergenerational audit is on economic living standards in Britain. It considers living standards within four domains: jobs, skills and pay; housing costs and security; taxes, benefits and household income; and wealth and assets. It finds that coronavirus has impacted on physical health and social interaction across cohorts, while the nature of the pre-pandemic economy has largely driven the impacts on living standards. This has manifested itself in physical health risks to older adults, and a clear distinction between the economic experiences of pensioners and working-age families during the lockdown.  [Report](https://www.resolutionfoundation.org/app/uploads/2020/10/Intergenerational-audit-2020.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11882962_NEWSL_HMP%202020-10-13&dm_i=21A8,72OYA,FLWQCU,SL39W,1) |
| **Covid-19 and English Council Funding: What is the Medium-Term Outlook?**  This report considers how councils’ revenues and spending needs may evolve over the period to 2024–25, accounting for both the impact of Covid-19 and the pre-Covid funding outlook.  [Report](https://ifs.org.uk/uploads/R179-COVID-19-and-English-council-funding-what-is-the-medium-term-outlook-1.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11850630_NEWSL_HWB_2020-10-12&dm_i=21A8,72006,FLWQCU,SHSE9,1) |
| **Sugar Reduction in Food Well Below Target Of 20%**  There was a small 3% overall reduction in sugar in food products sold between 2015 and 2019, this was far below the government's voluntary target for the food industry of 20% by 2020. The report states that the largest drops in sugar were in yogurts and breakfast cereals and the report suggests that there had been "hardly any change" in sugar content in food eaten outside the home.  [Article](file:///\\wakefield.gov.uk\datastore\Public%20Health\Joint%20Public%20Health\Minding%20the%20Gap\2012%20and%20beyond\LA%20Newsletters\There%20was%20a%20small%203%25%20overall%20reduction%20in%20sugar%20in%20food%20products%20sold%20between%202015%20and%202019,%20according%20to%20a%20Public%20Health%20England%20(PHE)%20report.)  [Report](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925027/SugarReportY3.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11850630_NEWSL_HWB_2020-10-12&dm_i=21A8,72006,FLWQCU,SKOCM,1) |
| **Inquiry into the Support Available for Young People who Self-Harm**  This inquiry, led by the All Party Parliamentary Group on Suicide and Self-Harm Prevention and supported by Samaritans, explored the experiences of young people who self-harm in accessing support services. In particular, it examined: support services currently available in both clinical and the wider community settings (including schools); plans for improving and expanding this support; and the changes needed to ensure that support is made more effective and widely available. It concludes that young people who self-harm are often made to wait until they reach crisis point before receiving support.  [Report](https://media.samaritans.org/documents/Inquiry_into_the_support_available_for_young_people_who_self-harm.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11850630_NEWSL_HWB_2020-10-12&dm_i=21A8,72006,FLWQCU,SJ8ZO,1) |
| **Pushed from Pillar to Post: Improving the Availability and Quality of Support after Self-Harm in England**  This report finds that there is no consistently effective support available to people who self-harm. The research identified four key support needs for people who self-harm, which are seen as essential to providing effective care: distraction from immediate self-harm urges; emotional relief in times of stress; developing alternative coping strategies; and addressing the underlying reasons for self-harm. The report makes several recommendations for how the needs of people who self-harm can be met more effectively.  [Report](https://media.samaritans.org/documents/Samaritans_-_Pushed_from_pillar_to_post_web.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11882962_NEWSL_HMP%202020-10-13&dm_i=21A8,72OYA,FLWQCU,SKO8B,1) |
| **State of the Nation 2020: Children and Young People’s Wellbeing**  The report presents a collection of indicators of children and young people’s wellbeing following the structure of the Office for National Statistics’ seven domains of wellbeing for children and young people. The report is about children and young people aged 5 to 24 years in England, though many of the indicators, for pragmatic reasons, relate to children and young people across Great Britain and the United Kingdom. In general, data is limited to the March to August period, though some indicators have been extended to September to improve the evidence available. As a result, evidence on any effects of the return to full education is not captured in this report.  [Report](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925329/State_of_the_nation_2020_children_and_young_people_s_wellbeing.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11890733_NEWSL_HMP%202020-10-16&dm_i=21A8,72UY5,FLWQCU,SLXDA,1) |
| **Logic Model for Integrated Care**  This logic model for integrated care describes what good looks like, providing a visual depiction of how a fully integrated health and care system might be structured and function, and the outcomes and benefits it should deliver for those who use services and their carers. It describes the enablers of integration, the key components of integrated care, the outcomes for people who use services, for the integrated services and for the wider health and care system and the long-term impacts and benefits.  The stakeholders of this logic model it would be a useful tool for local planning and performance monitoring. They encourage you to use the logic model for this purpose, and to provide us with your feedback.  [Logic Model](https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model?utm_campaign=11901335_SCIELine%2015%20October%202020&utm_medium=email&utm_source=SOCIAL%20CARE%20INSTITUTE%20FOR%20EXCELLENCE%20&utm_sfid=0030f00002sMD4JAAW&utm_role=Policy%2Fpublic%20affairs&dm_i=4O5,7334N,RO4ANM,SML0H,1) |
| **Cancer in the UK 2020: Socio-Economic Deprivation**  Socio-economic deprivation is a major factor and for many, inequalities are getting worse rather than better. The evidence is clear: at every step of the pathway, the most deprived populations have higher risk, have worse experiences and poorer outcomes than the least deprived. This report finds that there is a clear variation between socio-economic groups in the determinants of both cancer incidence and outcomes in the UK. The report suggests that it is imperative to mitigate any further inequalities exacerbated by COVID-19 is also shared by governments across the UK and that the NHS England’s guidance on COVID-19 restoration and recovery outlines a number of actions for local systems to take, in collaboration with local communities and partners, in order to catalyse progress in reducing health inequalities. The report calls for urgent action to address this and reduce the disproportionate burden of cancer on those individuals from the most deprived areas.  [Report](https://www.cancerresearchuk.org/sites/default/files/cancer_inequalities_in_the_uk.pdf?_ga=2.110634245.1682345541.1601464894-1815161696.1601464894&utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11850630_NEWSL_HWB_2020-10-12&dm_i=21A8,72006,FLWQCU,SIHJ7,1) |
| **Health, Care and Cash: Improving the Lives of Older People in 'Red Wall' England**  There has been much talk of the Red Wall after the last General Election saw the Conservative Party winning a swathe of Parliamentary seats in the Midlands and North of England traditionally viewed as safe for Labour. It may be fair to suggest that these places are in the English ‘mainstream’ places where large numbers of ‘ordinary’ or ‘hard working’ people live, as they are sometimes termed by politicians. Although affluence can be found in these places, modest and low to middle incomes are much more the norm and they mean that overall, these areas are typically ones where money is tight – tighter than in England as a whole. This briefing discusses the social policies that could be beneficial to older people living in the 'red wall'. This includes looking at issues such as access to the NHS, waiting times, health outcomes, funding of social care, housing and financial support.  [Report](https://www.ageuk.org.uk/contentassets/1b6fd4043e774128ba0c5a79a18de9c1/health-care-and-cash-_-age-uk.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11850630_NEWSL_HWB_2020-10-12&dm_i=21A8,72006,FLWQCU,SKOH6,1) |
| **Some Employers Only Paying Lip Service to Black Staff’s Fears**  Organisations are urging public sector employers to ensure that all staff have robust, up-to-date risk assessments, to help protect Black workers as coronavirus infections rise. This research shows that 60% of Black staff working in the NHS, care homes and schools weren't given COVID-19 risk assessments, even at the height of the pandemic.  [Research](https://www.unison.org.uk/news/2020/10/%e2%80%8bsome-employers-paying-lip-service-black-staffs-covid-fears/?utm_medium=email&utm_campaign=activist%20141020&utm_source=Communications&utm_content=button%20link) |
| **Redundancies Double According to Labour Market Statistics**  Redundancies increased by a record 114k on the quarter to August, which is double the number it was at the same time last year. As of September, there remain 673,000 fewer people on payroll compared to March, with indications that younger and older workers are most impacted. And while September saw a record increase in the number of vacancies, this was from a very low base, and there are still over 40% fewer vacancies compared to the same period last year. With a high likelihood of further local lockdowns leading to further rises in unemployment in the months ahead, a key priority must be to strengthen the social safety net to ensure those who do lose their jobs have the support they need to get by in an increasingly challenging jobs market.  [Article](https://www.lancaster.ac.uk/work-foundation/news/blog/redundancies-now-double-last-year-according-to-labour-market-statistics) |
| **How will Brexit Affect the UK’s Response to Coronavirus?**  Coronavirus has demanded exceptional things of the NHS, and of health services across Europe. Now, the UK is scheduled on 31 December to make the biggest changes to its domestic and international legal system in 50 years during what may be a period of difficult containment – or of an ongoing and resurgent second wave.  This briefing will look at how leaving the single market might affect UK health and social care services in the short term as they try to deal with coronavirus while maintaining normal services. It will also look at what difference a deal might make, and the options that the UK and the EU have. It does not look at the longer term, at wider public health, or at possible implications for health services in the EU.  [Briefing](https://www.nuffieldtrust.org.uk/files/2020-10/coronavirus-brexit-briefing-3.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11890733_NEWSL_HMP%202020-10-16&dm_i=21A8,72UY5,FLWQCU,SMLJL,1) |
| **Webinar recording: Involving citizens in the next phase of the pandemic response**  This webinar looked at engagement by NHS England and Improvement’s London region who have worked with residents to help shape policy and their response to the pandemic. The webinar covered why citizen engagement is crucial to COVID-19 recovery and how Integrated Care Systems could benefit from adopting the same approach.  [Link to webinar](https://www.scie.org.uk/integrated-care/delivering/involving-citizens-pandemic-response?utm_campaign=11901335_SCIELine%2015%20October%202020&utm_medium=email&utm_source=SOCIAL%20CARE%20INSTITUTE%20FOR%20EXCELLENCE%20&utm_sfid=0030f00002sMD4JAAW&utm_role=Policy%2Fpublic%20affairs&dm_i=4O5,7334N,RO4ANM,SML0H,1) |
| **The Real Red Wall: Liverpool, Covid-19 and the North-South Divide**  Looking at a “heat map” of England’s coronavirus cases this week, it could be argued that the north is suffering from the virus at a disproportionate rate when compared to the rest of the country. This article suggests that this is the real “red wall” and is a continuous band of high coronavirus rates running from Liverpool in the west to Newcastle in the east. What unites “the north” in this sense, and what this “red wall” highlights, is the nature of working poverty.  [Article](https://www.ft.com/content/afb01dca-dec4-4993-a608-09ad7f4e4176?sharetype=blocked) |
| **Mind the Income Gap**  The income gap for those with mental health problems is significant – annual median income for people with common mental health conditions is estimated to be £8,400 less than that for the wider population. People with mental health problems are more likely to be unemployed, which has been driven in part by inflexible recruitment practices and discrimination from employers and when people with mental health problems are in work, they are more likely to be in the lowest paid occupations and face significant challenges in accessing higher paid jobs People with mental health problems are more likely to receive benefits, which provide a low level of financial support and they have also been hit harder by the freeze in working-related benefits.  This report takes a longer-term look at the labour market and social security system, to help us understand how outcomes in each drive the mental health income gap and the challenges people with mental health problems can face. Mental health income gap is both large and long-standing. With typical incomes of people experiencing some mental health problems just two-thirds that of those without similar conditions, closing this gap will be a huge task. Nor is the income gap a new development or driven exclusively by recent changes; many of the issues identified in the analysis of the data and according to this report are embedded in the practices of employers and the social security system  [Report](https://www.moneyandmentalhealth.org/wp-content/uploads/2020/09/Mind-the-income-gap.pdf) |
| **Marmot Review 10 Years On**  It has been ten years since the publication of The Marmot Review, for the first time in more than 100 years life expectancy has failed to increase across the country, and for the poorest 10% of women it has actually declined. Over the last decade health inequalities have widened overall, and the amount of time people spend in poor health has increased since 2010.    #Marmot2020 confirms an increase in the north/south health gap, where the largest decreases were seen in the most deprived 10% of neighbourhoods in the North East, and the largest increases in the least deprived 10% of neighbourhoods in London.  There are a number of key points made within the report, but the principle point I would like to make is that, the more deprived the area, the shorter the life expectancy. This social gradient has become steeper over the last decade, and women in the most deprived 10% of areas for whom life expectancy fell from 2010-12 and 2016-18. There are marked regional differences in life expectancy, particularly among people living in more deprived areas, a general point is that the North is doing worse than the South.  Mortality rates are increasing for men and women aged 45-49 – perhaps related to so-called ‘deaths of despair’ (suicide, drugs and alcohol abuse) as seen in the USA. Child poverty has increased with children’s and youth centres have closing and the reduction in funding for education. There is a housing crisis and a rise in homelessness, people have insufficient income to lead a healthy life and there are more ignored communities with poor conditions leaving people with little reason for hope, aspiration and tangible possibility to improve their lot!  Marmot Review 2020  [Executive Summary](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)  [Full Report](https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf) |
| **Research Assistant/Associate - Knowledge Exchange**  Applications are invited for the position of Research Assistant/Associate - Knowledge Exchange to work at the interface between the NIHR Public Health Intervention Responsive Studies Teams (PHIRST) academic work programme and a wide range of policy and practice partner organisations in the field of public health.  The successful candidate will perform the role of Knowledge Exchange Broker (KEB) and will work across Local Government to broker selected intervention evaluations, which have been approved as eligible projects by the NIHR Public Health Research programme and allocated to our PHIRST. In addition to Fuse our PHIRST includes academic partners in Northern Ireland, Scotland and Yorkshire.  This role is part time at 0.5 FTE and is Fixed Term until 31/07/2023.    Further information can be obtained by contacting Mrs Laura Ritson ([laura.ritson@ncl.ac.uk](mailto:laura.ritson@ncl.ac.uk)), PHIRST Project Manager.    [Full details available here](https://jobs.ncl.ac.uk/job/Newcastle-Research-AssistantAssociate-Knowledge-Exchange/619995601/) |
| **Living our Values Equality, diversity and inclusion in the British Association of Social Workers (BASW)**  **Venue:**  Online  **Date:**  Thursday, 12th November, 2020  **Time:**  16.00 to 17.15  Social work has an international Code of Ethics that includes challenging discrimination and recognising diversity. BASW is engaged in extensive work to increase its equality, diversity and inclusion, and to support the social work profession to challenge inequality.  This free online seminar will share experiences and learning from BASW’s equality, diversity and inclusion work. It will be place this in the context of international social work efforts to promote social justice and draw on learning from other countries, and will explore the challenges in BASW’s work and highlight factors that have supported change.  This event will be held online from 16.00 to 17.10. For further details or to request your free seminar place please [click here](https://www.eventbrite.co.uk/e/living-our-values-equality-diversity-and-inclusion-in-basw-registration-122557559961)  PLEASE NOTE that places are limited so please be sure you can attend before booking.  You must also be an Academy member in order to attend any events. If you are not yet a member you will be prompted to join when registering to attend this event. |
| **Prevention in Mental Health: From Theory to Practice**  **Venue:** Online  **Date: 7th – 10th December 2020**  Mental ill health will always be a part of many people’s lives but, increasingly, many of the causes of mental ill health can be successfully addressed. Preventive approaches can help to reduce levels of mental ill health in the population and can also mean that more people living with mental health problems are able to stay well and avoid relapse or crisis.  The Covid-19 pandemic has shown that addressing growing levels of mental ill health is one of the defining public health challenges of our time. Preventive approaches are fundamental to achieving this, but there often needs to be greater clarity about what these mean in practice and how they can be implemented within the NHS, local communities, schools and families.  From health promotion to suicide prevention, and from the role of general practitioners to that of local authorities, this conference will bring together experts from all parts of the health and care sector to discuss what prevention means with regard to mental health and how preventive approaches can be applied in practice. Join us to hear from a range of speakers, including academic and policy experts, national body leaders, frontline staff, experts by experience and young people.  This event is run in partnership with the Mental Health Foundation. You can watch the sessions live or catch up on demand until Sunday 20 December.  How does the virtual conference format work?  Full programme coming soon.  Early bird rates available until Sunday 8 November. Find out more and register [here](https://www.kingsfund.org.uk/events/prevention-mental-health?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11858934_MKEVT_J1344_Prevention%20in%20mental%20health_Soft_launch&utm_content=Find%20out%20more%20and%20register&dm_i=21A8,726EU,FLWQCU,SI5Q3,1) |
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