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| **Minding the Gap - News Brief: No. 151** |
| **Digital Technology and Health Inequalities: A Scoping Review**  The increasing use of digital channels and the use of social media are becoming a significant method the public are required to access in order to contact and receive health-related services and activities This report suggests that these digital channels access is not equal and the exclusion to these services mainly effects older people, rural communities and those with low incomes. Exclusion is often because of the lack of access, skills or motivation  This report help us understand and offer advice on how equality can be promoted or risks mitigated in the design and use of digital technologies. We hope this scoping review will be of value to those seeking to better understand how the digital and health inequalities intersect, including leaders in national and local public sector organisations, and those involved in research and development of digital health technology. The report also helps to explain how digital exclusion may impact on an individual’s health and the actions needed to prevent some groups from being left behind.  [Report](https://phw.nhs.wales/publications/publications1/digital-technology-and-health-inequalities-a-scoping-review/) |
| **Digital Inclusion in Health and Care: Lessons Learned from the NHS Widening Digital Participation Programme (2017-2020)**  COVID-19 has changed the dial on digital. At home, at work, in our communities, in hospitals and care settings, digital has been central to our national response, and a lifeline during lockdown for those with the access, skills and confidence to benefit. However, this report highlights that too many are still locked out and if we don’t act now, millions of people will be left further behind with deeply damaging consequences for health inequalities.  The report also suggests that digital access, skills and confidence has become a social determinant and there is a need to employ and co-design a method of involving patients, the public, providers and decision makers. The report also recommends improving digital health literacy in the community to reduce health inequalities, building trust and relationships with poorly-served groups of people is essential to mitigate barriers to people access digital health services,  [Report](https://www.goodthingsfoundation.org/sites/default/files/research-publications/digital_inclusion_in_health_and_care-_lessons_learned_from_the_nhs_widening_digital_participation_programme_2017-2020__0.pdf) |
| **Behavioural intervention for weight loss maintenance versus standard weight advice in adults with obesity: A randomised controlled trial in the UK (NULevel Trial)**  According to this research programme, helping people with obesity to avoid weight regain after clinically significant weight loss is vital for tackling the increasing global burden of obesity-linked preventable morbidity and mortality. Effective behavioural weight loss interventions are widely available, but interventions to support individuals in maintaining weight loss that are scalable for population delivery and impact are not. They suggested that, mobile internet technology could potentially provide individually tailored behavioural weight management support at scale.  However, amongst individuals with obesity in this research programme, they found no evidence of an effect of a low-intensity behavioural intervention on weight loss management at 12 months compared to standard lifestyle advice.  [Report](https://eprint.ncl.ac.uk/file_store/production/256191/F40910CA-9691-4114-83D8-0EA1DC1D8C32.pdf) |
| **One Size Does Not Fit All: Moving Towards Delivering Culturally Competent Services**  This report looks at the impact of coronavirus on local black, Asian and minority ethnic (BAME) communities. A key lesson from this report is that specific community groups used different services in different ways and as a result, they had different views about the support they need. It is also clear that the existing methods of cascade, with a strong reliance on online communication, do not work for everybody in BAME groups. A common issue is the lack of trust in the system, based on people’s previous experiences of giving feedback, only to see no action resulting from their efforts. The report makes six recommendations to ensure that individuals are able to access the care and support they need in the future.  [Report](https://www.healthwatchenfield.co.uk/sites/healthwatchenfield.co.uk/files/20201201_OneSizeDoesNotFitAllReportFinal.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11997517_NEWSL_HWB_2020-12-07&dm_i=21A8,755CD,FLWQCU,SYUC4,1) |
| **The Independent SAGE Report 21: Covid-19 and Health Inequality**  The most deprived neighbourhoods in England have a COVID-19 mortality rate more than twice that of the most affluent. Likewise, people in the lowest paid occupations are twice as likely as those in higher occupational groups (such as professionals and business leaders) to die from COVID-19. This report examines these inequalities in COVID-19 in more detail – contextualising them within the wider issue of health  Inequalities.  The report provides an overview of socio-economic health inequalities in the UK. It then summarises epidemiological evidence of socio-economic inequalities in relation to COVID-19 (both in the UK and internationally) and examines the pathways linking COVID-19 and inequality. In part three, it examines inequalities and the impact of the emergency policy response to COVID-19, including the lockdown, the emerging parallel pandemic of restricting non-COVID NHS services, mental health impacts, rising homelessness and school closures. Part four examines the emerging evidence of an unequal COVID-19 economic crisis and the impact that it could have on future health inequalities. The report concludes by outlining some key recommendations whereby local government and devolved authorities, the NHS and national government can act to reduce these inequalities.  [Report](https://www.independentsage.org/wp-content/uploads/2020/11/Inequalities-_i_SAGE_FINAL-draft_corrected.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11973289_NEWSL_HWB_2020-11-23&dm_i=21A8,74MND,FLWQCU,SUAI8,1) |
| **Levelling up Health for Prosperity**  This report reveals how cuts to public health budgets since 2014 have disproportionately hit the Midlands and north of England. In the 2019 general election, the Conservative party’s manifesto made ambitious pledges on both the economy and health. This report outlines policy to make health improvement and the reduction of place-based health inequality a joint enterprise between local and national government and recommends three ‘paradigm shifts’ for a new approach to health and prosperity.  The report suggests that the government holds unique levers – taxes, legislation, regulation and funding – to improve health. Building on a long-term commitment in local government to reducing health inequalities and that local leaders should be empowered to lead programmes, interventions and collaborations to address the specific needs of their populations and pursue inclusive growth.  The report outlines policy to make health improvement a joint enterprise between local and national government and recommends three ‘paradigm shifts’ for a new approach to health and prosperity. The paradigms set up health as a national mission, place local action is at the heart of our strategy, and back that strategy with adequate funding. They suggest that together they would deliver both health improvements and significant and progressively distributed economic gains.  [Report](https://www.ippr.org/files/2020-12/levelling-up-health-for-prosperity-dec-20.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12021578_NEWSL_HMP%202020-12-08&dm_i=21A8,75NWQ,FLWQCU,T0AVC,1) |
| **Public Health Grant Cuts 'Worst in Poorest Areas'**  The poorest parts of England have seen the biggest cuts to councils' public health budgets and since 2014 the public health grant has been cut by around £13.20 per person across England. At a more regional level, the north east was worst affected, with cuts of £23.24 per person. Research shows that investing in public health is good for people and good for the economy.  [Article](https://www.bbc.co.uk/news/health-55216408) |
| **Downturn in Workers' Mental and Financial Wellbeing During Covid-19: The Hardest Hit are those that can Least Afford it**  The COVID-19 crisis has impacted almost all aspects of our lives to an unprecedented extent. With large numbers of workers furloughed, on reduced hours, or having lost their jobs, many experienced a fall in income in spring and summer 2020. This briefing explores the extent to which such falls in income are impacting mental wellbeing.  [Briefing](https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/reports/7090-LUni-WorkFoundation-MentalHealthv4.pdf) |
| **State of the North 2020/21: Power Up, Level Up, Rise Up**  Covid-19 has thrown our long-term inequities and lack of resilience into a stark spotlight. The health, social and economic effects of the Covid-19 pandemic have not been felt equally, with some communities and places being disproportionately affected by the virus and its  Consequences. A recovery that simply restores the old order would be unsustainable and unacceptable.  This report sets out some of the ways in which the North’s economy does not, currently, create the conditions for a good life for everyone in the region – and how a truly ‘levelled up’ North might look. The report argues that regional recovery from Covid-19 must start with a focus on people a need to support a ‘good life’ for people in the North, and consider several measures relating to health, skills, employment, and democracy.  [Report](https://www.ippr.org/files/2020-12/state-of-the-north-2020-21-dec-20.pdf) |
| **Destitution in the UK 2020**  ‘Destitution’ denotes the circumstances facing people who cannot afford to buy the absolute essentials that we all need to eat, stay warm and dry, and keep clean. The UK should be a country where everyone has the chance of a healthy, decent and secure life regardless of where they live. Instead, too many people are experiencing destitution. This study reveals that even before the COVID-19 outbreak destitution was rapidly growing in scale and intensity.  The report estimates that more than a million households were destitute in the UK at some point in 2019, with these households containing 2.4 million people, of whom 550,000 were children. This means that they could not afford to buy the bare essentials. The report also presents conclusions, recommendations and policy implications.  [Report](https://labourlist.org/wp-content/uploads/2020/12/Destitution-in-the-UK-2020.pdf) |
| **Lydia's Mental Health and Income Story**  As part of our work on the mental health income gap, this blog from a member of the Money and Mental Health Policy Institute Research Community. In this piece, Lydia reflects on her own experiences of mental health problems and how they affect her income.  [Blog](https://www.moneyandmentalhealth.org/mental-health-income-lydia-story/?mc_cid=d4a0c173e1&mc_eid=0792faa98f) |
| **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 socioeconomic, ethnic and geographical inequalities in COVID19 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, arguing that we are experiencing a syndemic pandemic.  The essay 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.  [Essay](https://jech.bmj.com/content/jech/early/2020/06/13/jech-2020-214401.full.pdf) |
| **1 In 3 BME Workers have had to Self-Isolate during Covid-19 Pandemic**  This article highlights that a disproportionate number of black and minority ethnic workers have had to self-isolate when compared to their white colleagues. The research shows that more than a third (35%) of BME workers have self-isolated during the pandemic compared to a quarter (24%) of white workers. BME workers are more likely to be exposed to the virus, less likely to work in Covid-Secure workplaces, and therefore more likely to be plunged into hardship if they have to self-isolate.  [Article](https://www.tuc.org.uk/news/tuc-1-3-bme-workers-have-had-self-isolate-during-covid-19-pandemic) |
| **Renewing Neighbourhood Democracy: Creating Powerful Communities**  The effects of lockdown and the massive strain placed on public services throughout 2020 have led to a renewed focus on local response, on the resilience and ingenuity displayed on a volunteer basis across the country. Power is more than simply a function of the location of government decision-making – whether local or national. Government policy must contain provisions that increase the autonomy and participation of communities, but it must also recognise the value that comes from community self-organisation as a good in itself.  This report looks at initiatives to increase the power of communities and strengthen neighbourhood-level democracy. The report sets out recommendations which build on the recent ‘Levelling Up Our Communities’ report as well as other solutions proven effective in practice. The report discusses how to renew democracy at the neighbourhood level and explores approaches to community empowerment past and present, what has worked, what barriers stand in the way and what changes are needed to the policy environment now for it to bring communities into the fold more effectively and deepen local democracy  [Report](http://www.localis.org.uk/wp-content/uploads/2020/11/035_RenewingNeighbourhoodDemocracy_WebAWK.pdf) |
| **Co-Production and Communities: How to Make it Real for Commissioners**  Co-production is fundamental for good commissioning. This webinar looks at how commissioners and communities can work successfully together to maximise the existing resources and provide the best possible outcomes for people. This webinar looks at it from both the local authority and individual point of view, with real examples.  [Webinar](https://www.scie.org.uk/care-providers/coronavirus-covid-19/webinars/2020-08-14?utm_campaign=12020807_SCIELine%2003%20December&utm_medium=email&utm_source=SOCIAL%20CARE%20INSTITUTE%20FOR%20EXCELLENCE%20&utm_sfid=0030f00002sMD4JAAW&utm_role=Policy%2Fpublic%20affairs&dm_i=4O5,75NBB,RO4ANM,SZ141,1) |
| **Planning Early Childhood Services in 2020: Learning from Practice and Research on Children’s Centres and Family Hubs Published**  Sure Start and children’s centres have been an important, ambitious and evolving part of maternity and early year’s national policy and local services for the past two decades. Since the introduction of revised statutory guidance for children’s centres in 2013 there has been an increasing diversity of local delivery approaches as local authorities respond to changes in population need and public funding. This includes adapted approaches to delivering local place-based whole family services, such as family and integrated hubs.  This report sets out to understand contemporary local practice relating to children's centres and family hubs, and to explore how far this current practice, alongside existing research and evidence, can guide the future development of these important aspects of early childhood services.  [Report](file:///G:\Public%20Health\Joint%20Public%20Health\Minding%20the%20Gap\2012%20and%20beyond\Reports\Children\Planning%20Early%20Childhood%20Services%20in%202020%20-%20EIF%202020.pdf) |
| **How are the Lives of Families with Young Children Changing? The Changing Face of Early Childhood in the UK**  This evidence review reveals the extent of changes to family life in the UK over the past 20 years, and highlights how these changes are experienced unequally across the population. The report argues that, without understanding family life today, the policies and initiatives that seek to address other key areas of society – education, the economy, physical health and mental health – will falter.  [Review](https://mk0nuffieldfounpg9ee.kinstacdn.com/wp-content/uploads/2020/11/How-are-the-lives-of-families-with-young-children-changing-Nuffield-Foundation.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11997517_NEWSL_HWB_2020-12-07&dm_i=21A8,755CD,FLWQCU,SXDJ2,1) |
| **Child Sexual Abuse in Healthcare Contexts**  This report finds that health care practitioners abused their positions of trust and authority to sexually abuse children under the guise of medical procedures. Based on the accounts of 109 victims and survivors who came forward to the Truth Project, the report analyses experiences of abuse across a wide range of health care settings from the 1960s to the 2000s. The report provides an insight into the role of health care in victims' and survivors’ lives, revealing that for many participants, their health care needs related to the physical, psychological and sexual abuse they had suffered.  [Report](https://www.iicsa.org.uk/key-documents/24199/view/truth-project-thematic-report-child-sexual-abuse-healthcare-contexts.pdf) |
| **State of the Nation: Understanding Public Attitudes to the Early Years**  Science tells us that a child’s experiences from conception through their first five years will go on to shape their next 50. It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow. It tells us that investing in the start of life is not an indulgence, but economically, socially and psychologically vital to a prosperous society.  This report sets out the findings from the most comprehensive study of attitudes towards bringing up children from conception to 5 years ever undertaken in the United Kingdom. Thousands of parents and non-parents have participated to help shed light on how we approach the early years of life for children in the UK.  [Report](https://mk0royalfoundatcnhl0.kinstacdn.com/wp-content/uploads/2020/11/Ipsos-MORI-SON_report_FINAL_V2.4.pdf) |
| **Unseen and Undervalued: The Value of Unpaid Care Provided to Date During the Covid-19 Pandemic**  This report finds that with every day of the Covid-19 pandemic that passes, unpaid carers are saving the UK state £530 million in the care they provide. Carers UK is calling on the government to provide additional support for carers over winter and ensure those caring for more than 50 hours a week get access to a funded break.  [Report](https://www.carersuk.org/images/News_and_campaigns/Unseen_and_undervalued.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11997266_NEWSL_HMP%202020-11-27&dm_i=21A8,7555E,FLWQCU,SXB9A,1) |
| **Harnessing Health and Housing Support to Improve Population Health Integrated Care Webinar Series 2020/21**  This webinar discusses the impact of housing and health related issues and how partnership working between health, local government, housing and other agencies can support improved care and health outcomes. It promotes a proactive and preventative approach by working with housing partners on a shared agenda to support those experiencing the greatest inequalities.  The webinar draws on different local partnership examples to demonstrate the scope and benefits of health and housing interventions and discusses the findings from a new evaluation into the success factors behind Nottingham’s Housing to Health Project, including cultural and practical considerations for systems to effectively develop similar partnerships.  [Webinar](https://www.scie.org.uk/integrated-care/delivering/nhs-england-webinars/health-and-housing-support?utm_campaign=12020807_SCIELine%2003%20December&utm_medium=email&utm_source=SOCIAL%20CARE%20INSTITUTE%20FOR%20EXCELLENCE%20&utm_sfid=0030f00002sMD4JAAW&utm_role=Policy%2Fpublic%20affairs&dm_i=4O5,75NBB,RO4ANM,SZ141,1) |
| **Arrears 40% higher in areas with stricter COVID rules**  This article explains that housing providers operating in areas with higher COVID-19 restrictions are more likely to experience an increase in arrears.  [Article](https://housingdigital.co.uk/housemark-arrears-40-higher-in-areas-with-stricter-covid-restrictions/) |
| **Supporting Midwives to Address the Needs of Women Experiencing Severe and Multiple Disadvantage**  Midwives can be extraordinarily effective in identifying needs and advocating for vulnerable women during their pregnancy, but their effectiveness is often hampered by a lack of resources and professional support. This must be addressed if midwives are to give women experiencing severe and multiple disadvantage the level of integrated support they need, to lessen the risk to them and their babies. This position statement calls on all UK NHS bodies to adopt its five-point plan to improve these women's outcomes.  [Position Statement](https://www.rcm.org.uk/media/4507/rcm_position-statement_multiple-disadvantaged_draft_final.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11997517_NEWSL_HWB_2020-12-07&dm_i=21A8,755CD,FLWQCU,SYV5H,1) |
| **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) |
| **COVID-19 in the North: Health and Wealth in the Pandemic**  **Venue: Online**  **Date: 15 December 2020**  **Time: 2:00pm – 3:00pm**  This one-hour seminar will explore the impacts of COVID-19 on health and wealth in the Northern Powerhouse region, delivered in partnership with the Northern Health Science Alliance (NHSA).  In Mid-November 2020, a report published by the Northern Health Science Alliance (NHSA) revealed that the North of England was hit harder than the rest of the country during the first wave of the COVID-19 pandemic, exacerbating already existing health and economic inequalities between the North and the rest of the country  This session will allow you to hear from contributors to that report, including from NIHR Applied Research Collaborations (North East and North Cumbria, Greater Manchester, North West Coast, Yorkshire and Humber) and the NHSA.  Chaired by Professor Clare Bambra, Professor of Public Health, Newcastle University. Clare is also Inequalities Lead for the NIHR ARC North East and Cumbria, as well as for the NIHR School for Public Health Research (SPHR) and Fuse, the Centre for Translational Research in Public Health. She is also Director of the Fuse-led Equal England Network, part of the NIHR SPHR.  With presentations from:  Dr Luke Munford, Health Economist at the University of Manchester and a member of the NIHR ARC Greater Manchester.  Dr Sophie Whickham, Wellcome Trust Research Fellow at the University of Liverpool and member of the NIHR ARC North West Coast.  Followed by a panel Q&A session featuring the above report co-authors, alongside:  Dr Seamus O'Neill, CEO of the NHSA  Dr Heather Brown, Health Economist at Newcastle University and co-lead of the Fuse Health Inequalities Programme.  Professor Kate Pickett, Professor of Epidemiology at the University of York and a member of the NIHR ARC Yorkshire and Humber.  This is the second in a series of six online seminars around Inequalities and Prevention and Early Intervention and Behaviour Change.  The series is delivered by the NIHR ARC North East and North Cumbria, in partnership with Fuse, the Centre for Translational Research in Public Health, the NIHR School for Public Health Research, and Equal England.  For more information and to register [click here](https://www.eventbrite.co.uk/e/covid-19-in-the-north-health-and-wealth-in-the-pandemic-tickets-128813624017) |
| **Webinar: Build back fairer: Inequalities and COVID-19 in England: A jointly hosted event by the Health Foundation and the UCL Institute for Health Equity**  **Venue: Online**  **Date: 15 December 2020**  **Time: 9:00 – 10:30**  **Build Back Fairer: the COVID-19 Marmot Review:** Commissioned by the Health Foundation, is being launched in December 2020 and investigates how the pandemic has affected health inequalities in England. The pandemic has amplified socioeconomic inequalities leading to a greater risk of mortality for BAME communities and more deprived areas and regions. Meanwhile new inequalities have emerged in relation to people’s occupation and housing conditions. Unless urgent mitigating action is taken to build back fairer, the impacts of pandemic containment measures will significantly widen inequalities in the early years, in education, employment, income, health and between communities.  **The pandemic’s impact on socioeconomic and health inequalities**  Professor Sir Michael Marmot will present the findings followed by a panel discussion in which speakers will delve into its key themes including education, employment, income and poverty, ethnicity, regional differences in England and building back fairer.  Speaking in this section:    • Professor Sir Michael Marmot, Director, Institute of Health Equity  • Chair: Richard Horton, Editor, The Lancet  • Andy Burnham (TBC), Mayor of Greater Manchester  • Angela Donkin, Chief Social Scientist, National Foundation for Educational Research  • Kevin Fenton, London Regional Director, Public Health England  **The long-term implications for socioeconomic and health inequalities**  This section will look at the report through the lens of the COVID-19 impact inquiry. It will look ahead to what needs to be done in the future and how to address the long-term challenges coming out of the pandemic. Members of the inquiry’s expert advisory panel will consider some of the wider challenges for communities and the economy, and how they influence health.  Speaking in this section:    • Professor Sir Michael Marmot, Director, Institute of Health Equity  • Chair: Dame Clare Moriarty, Chair of the COVID-19 impact inquiry advisory panel  • James Banks, Senior Research Fellow, Institute for Fiscal Studies  • Mehrunisha Suleman (TBC), Senior Research Fellow, the Health Foundation  For more information and to register [click here](https://thehealthfoundation.zoom.us/webinar/register/2216061336310/WN_h0NPQe3BSW6TFYZl0JvIvg?utm_source=Institute+of+Health+Equity+Updates&utm_campaign=44190c6d66-EMAIL_CAMPAIGN_2019_05_23_06_56_COPY_01&utm_medium=email&utm_term=0_87647e5806-44190c6d66-407546941) |
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