



**HEALTH
EQUITY**

NORTH

**ROUNDTABLE
REPORT**

FOREWORD



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Ill health is holding the North of England back – it accounts for a third of the productivity gap between the North and the rest of the country. Improving the health of our region is fundamental to a better, more balanced and prosperous society for all.

The cost of living crisis, COVID-19 and decades of under-investment in public health and in the infrastructure that determines good health have led the North to this position.

This is why Health Equity North (HEN) has been established. It brings together world-renowned researchers who are embedded within their communities in the North and have an unparalleled understanding of the health challenges faced within our regions.

At the HEN launch, we convened a roundtable with representatives from business, regional and local government, academia and industry sectors that are all working to tackle health inequalities across the North to create a healthier and wealthier region.

The roundtable explored what civic and business leaders can do to create health and wealth in northern communities. The discussions centred around the three themes of HEN: Health for Wealth, Child of the North and Health Resilience.

The vast experience and knowledge in the room paved the way for insightful debate and conversation around the challenges that lie ahead. These covered the benefits of devolution, the changing labour market, the gap between the education system and the employment sector, and the need to shift policy and funding from treatment to prevention.

There was resounding agreement that investment in children's health is key to breaking the cycle of poor health outcomes across the life course. It is clear that economic productivity, health resilience and child health are all interlinked and must be tackled together if we are to see real change in the health of people across the North.

The insights gained through the roundtable will help shape and steer Health Equity North's focus and activity as we continue our work to fight health inequalities through research excellence and collaboration across the North of England.

Introduction

In April 2023, Health Equity North hosted a roundtable discussion at its launch, bringing together leading experts from across the country to discuss the findings of the Health Equity North 2023 report and to develop policy recommendations in response to some of the key findings. This report summarises the discussions raised at the roundtable and finishes with some recommendations to help implement the HEN 2023 report findings and tackle the health inequalities facing the North of England.

Background: Introduction to Health Equity North

Established in 2023, Health Equity North (HEN) aims to develop place-based solutions to public health challenges and health inequalities across the North of England. The institute brings together world-leading academic and policy expertise from the Northern Health Science Alliance (NHSA), a health and life sciences partnership of leading universities, NHS hospital trusts and academic health science networks in the North of England. Members of HEN have a unique understanding of their local and regional communities which allows for place-based research and policy solutions, with potential for national and international translation.

Health Equity North Mission: To fight inequity by influencing policymakers and enhancing stakeholder understanding of health inequalities through research-informed evidenced solutions

Background: Health Equity North 2023 Report

People in the North of England are facing unfair and devastating health inequalities. By simply being born in the North, a baby can expect to live at least one year less than the English average. For a baby born in the North East of England, they can expect to live three years less than a baby born in London. The North also has above average infant mortality rates with an average of 4 deaths per 1,000 live births, compared to 3 deaths per 1,000 live births in London and the South East, equating to an additional 144 infant deaths in the North in 2021.

People in the North report higher rates of bad/very bad health and there are higher rates of disability in the North with a shocking 82% of the 72 local authorities having a higher disability prevalence than the national average. This poor health and disability has contributed to high rates of economic inactivity. The top five local authorities in the country with the highest levels of economic inactivity as a result of ill-health and disability are based in the North. Finally, all three regions in the North provide higher than average unpaid care, averaging 50 hours per week.

In summary, extreme regional inequalities across the country have resulted in concerning patterns of lower life expectancy, unpaid care, disability, infant mortality rates and poor health for the people in the North.

Roundtable Discussions

The roundtable discussion was shaped by the Health Equity North 2023 report and the institute's three core research strands: Health for Wealth, Health Resilience and Child of the North. It was held under Chatham House Rules.

Health for Wealth

Health for Wealth focuses on the economic impact of health inequalities and ill health across the North of England and seeks to develop policy solutions. The health of people living in the North is worse than elsewhere in the country, which leads to lower levels of productivity and thus poor economic outcomes for the country. Individuals who experience periods of ill health are at increased risk of losing their job and may receive lower wages upon their return to work.

There exists a £4 gap in productivity per-person per-household between the North and the rest of England. Thus, improving the health of people living in the North of England would generate an additional £13.2 billion in UK Gross Value Added. There are substantial benefits to be had for the UK economy by investing in the health of those living in the North.

The roundtable discussed the devolution of fiscal powers to local councils, as seen in areas like Greater Manchester, and viewed this as an opportunity to bring together local groups, skills and public health resources to tackle issues facing communities. However, the group noted that devolution needs adequate funding for it to be successful. Instead, there have been real term public health cuts in local council budgets, especially following the cost of living crisis. Many councils have had to make difficult decisions to cut or minimise services in response to shrinking budgets which has a direct impact on the health of local communities. This is especially concerning for the North of England where despite having the highest public health need, has also experienced the largest reduction in budget over recent years, as highlighted in the 2020 Covid-19 and the Northern Powerhouse report

Although devolution is a positive shift towards giving local communities more control over how their budgets are spent, the group recognised that limitations remain. It was agreed that the shift to local council control is the right thing to do regarding public health but various challenges including austerity, the pandemic and cost of living crisis have limited the potential benefits, largely due to reduced budgets and resources.

The roundtable agreed that devolution is a valuable opportunity to bring together local partnerships, but significant long-term investment is required. However, it was also noted that not only is funding required, but the powers available to local councils also needs consideration. Even with public health powers in the hands of local councils, many drivers of health inequalities remain at national government level, including decisions regarding benefits and the minimum wage. Thus, although devolution is a step in the right direction, many powers that influence health remain centralised and need to be shifted to devolved regions to improve the health of communities (See box 1).



Box 1: Case Study: Bedroom Tax

An example of how more decision-making powers can have a direct and positive impact on an individual's quality of life can be seen via the varying responses to the bedroom tax between England and Scotland. The bedroom tax refers to the reduction in a person's housing benefit or universal credit if their rented council or housing property has a spare room. In 2023, the reduction stands at 14% for one spare bedroom and 25% for two spare bedrooms, which will have a significant and direct consequences for those on the lowest income. In Scotland, housing policy powers are devolved but other powers including benefit rates are not. To overcome this, Scotland offers a discretionary housing payment for all those affected by the bedroom tax, which covers the difference to ensure individuals are not left out of pocket. This case study shows how devolved powers can directly influence the money in people's pockets.

There is currently a cycle of extreme acute need which accounts for a significant proportion of public health resources, partly due to preventative initiatives being undervalued and underfunded for so many decades. The group discussed the need for resources to be funnelled towards prevention initiatives to help ease the need for acute services that are unable to cope with the current demand. Preventative initiatives require fresh funding, and resources should not be taken away from acute care. A key aspect of this preventative approach is to shift interventions to the child population. Not only is this more financially affordable than responding to acute need, but it is better value for money and will have long-term health benefits for the population, reducing the demand and cost of acute care. As health and wealth are so closely linked, a healthier population will yield economic benefits for the country.

In order to tackle such issues, we need a shared political vision that looks beyond the next election, to ensure long-term investment in the health of our population. More work needs to be done to communicate the benefits and competitive advantage of preventative healthcare. Cross-departmental and cross-party work is needed to build large scale support within government.

Health Resilience

The Health Resilience strand of HEN's work draws on work conducted to highlight the effects of the COVID-19 pandemic and explores what can do be done at different levels to help the North build health resilience for a healthier and more prosperous future. The impact of the pandemic can be seen within northern infrastructure, high streets and communities. The region was already experiencing significant health issues prior to the pandemic, many of which were exacerbated and accelerated by the outbreak of COVID-19 and more recently, the cost of living crisis. The North experienced a 17% higher mortality rate from COVID-19 and spent an additional six weeks in the most severe lockdown restrictions.

The pandemic also had a significant impact on the labour market in the North. Since 2020, unemployment in the North is 20% higher and wages fell during the pandemic, all of which negatively impacted economic productivity. In addition, the mental health gap between the North and the South has widened since the outbreak of COVID-19, especially for ethnic minority women and young people. There was a 12% increase in the number of prescribed anti-depressants in the North during the pandemic. From April 2020 to September 2021, the economic cost of mental health issues developed during the pandemic in the North is estimated to be £2 billion. This demonstrates that poor health resilience is extremely costly to the UK government and economy which compromises the future prosperity of the country. In summary, the North has become less resilient, and it is vital to build this back to ensure local communities can respond to future health shocks. The roundtable discussions turned to how this health resilience can be built.

The pandemic exposed many issues and tested the robustness of social infrastructure. During this time, local communities were given access to funding and decision making powers which resulted in effective public health initiatives being implemented in response to local issues. This highlighted the benefit of working alongside communities and allowing them to drive the change, instead of central government implementing top down strategies. The group agreed that more power sharing should be given to local groups but that proportional outcomes and reporting should be expected. A lack of funding was highlighted as a barrier to unlocking the true potential of locally-driven public health initiatives.

The roundtable turned to the important role that industry and employers can play in helping people back into the labour market following the damaging impact of the pandemic. Across the North, there are many vacancies not being filled. Investment and changes to recruitment practices are needed to ensure the talent pool is suitable to fulfil the job roles available across various sectors. Initiatives that support people from various ethnic and socioeconomic groups should be funded and supported, to ensure equal opportunities.



Employers may struggle to engage with these groups due to a lack of internal representation and so more needs to be done to build trust and connections between community groups and potential employees. Furthermore, the labour market would benefit from a cultural shift to be more accommodating and supportive of people with disabilities or specific work requirements such as working part time or online. This is especially vital for the people of the North who are a diverse population and have been hit by the long-term health impact of the pandemic which may hinder their ability to meet certain work criteria. Flexibility in employment will open up the talent pool and help those most impacted by regional health inequalities get back into work, which will benefit the individual, employer and wider UK economy.

Engaging with young people coming through the system was also highlighted as an important step in widening the talent pool. There is currently a gap between the education system and employment sector which needs bridging to help support children and young people to develop the skills needed in the labour market. However, schools are under immense pressure and do not have the resources to engage with business. Similarly, businesses often do not know how to access schools to begin such conversations. More is needed in this area to ensure adequate and robust support is in place to improve the job market across the country.



Child of the North

Child of the North is a partnership with the N8 Research Partnership offering a research and policy-based programme fighting for a fairer future for children wherever they grow up. In particular, the alliance has a vision for children in the North of England to grow up with the same opportunities and life changes as children in the rest of the country.

The health inequalities across the country has no more profound expression than in the difference seen in the health of children. The United Kingdom has one of the highest under-five mortality rates in Western Europe and is ranked 27th according to the United Nations in terms of child health and wellbeing.

In particular, Children in the North of England are more likely to live in poverty than children in the rest of the country. This poverty has a significant impact on a child's physical and mental health, education, social wellbeing and future life prospects. The poor outcomes experienced by children across the North have been further exacerbated by the pandemic during which 34% of northern children (approximately 900,000) were living in poverty compared with 28% of children in the rest of the country.

The cost of living crisis has also contributed to poor health outcomes. For example, families living in the North are more likely to suffer from food insecurity, live in poor quality accommodation and experience fuel poverty, all of which exacerbate the level of poverty children are exposed to.

The roundtable again made clear the need for more local and place-based

approaches. Designing and implementing initiatives for the challenges faced by local communities will ensure resources are targeted to the specific needs of children in various regions across the North.

This approach is likely to be more impactful than national initiatives that may lack awareness of what is required. There is great benefit to be had if members of central government are more aware of the issues within local communities by spending more time with local groups to better understand the context.



There is a strong economic case for investing in the health of our children. Following Brexit, many employers can no longer rely on migrant workers and need to reconsider where and how workers can be recruited. The children of the North will be our future employees and so it is vital that we invest in their health and wellbeing, to ensure a strong and productive workforce in future decades.

This theme again highlighted the importance of prevention initiatives. Many of the challenges relating to health inequalities in the North of England, including health resilience and economic productivity, can be traced back to early childhood. Thus, investing in the health of children in the North is a prerequisite for a healthier and more productive country in future years. However, this is a significant challenge and will likely take many generations to overcome.

Public health initiatives would benefit from being more targeted to the specific needs of local authorities to ensure a real difference is seen for children and families across the North.

Main findings

Many drivers of health inequalities remain only fixable at central government level meaning that places with specific needs often find those needs unmet.

Devolving decision-making powers to local councils is a positive step forwards in terms of addressing the health inequalities that exist across the country. However, local councils need to have more autonomy regarding the decisions and policies that drive health inequalities. In addition, there is a chronic lack of funding across the North despite the region having the highest public health need. Long-term and protected funding should be devolved to allow regions to tackle the most prevalent issues facing their local communities.

A recurring theme throughout the discussions was the need to shift policy, funding and resources from acute care to preventative care. A key step towards achieving this is to invest in the health of children to break the cycle of poor health outcomes across the life course. Transforming the health of children will yield long-term economic benefits for the country as more individuals will be contributing productive work within the labour market.

An important discussion highlighted the need for the labour market to be more accommodating of individuals with specific requirements, especially those in the North who are suffering from poor health. Following Brexit, employers need to adapt their recruitment and retention practices if job openings are to be filled. Closely related to this, discussions highlighted that there existed a gap between the education system and employment sector. Schools and employers should work together to address this gap and ensure young people develop the skills required to enter the job market. However, it was noted that schools are chronically underfunded and have little time to engage with this type of work. Furthermore, employers will also need support to develop such networks.

A healthier population will yield economic benefits for the country.

It is clear that economic productivity, health resilience and child health are interlinked challenges that need to be tackled together if real change is to be seen in the health of communities across the North of England. The roundtable discussions made clear that the pandemic and recent cost of living crisis accelerated and exacerbated the already devastating health inequalities across the North. Clear action is needed.



Policy Recommendations

- 1** Devolve more powers to local authorities to tackle the social determinants of health in their region. These should be adequately funded and with increased autonomy around decision-making.
- 2** Give local communities autonomy and power to find and fund interventions that work for their population. Supported in delivering these with proportional reporting to funders and outcomes reported.
- 3** Devolve more skills funding to local areas to strengthen these programmes in areas of deprivation, to help bridge the skills gap between school and entering employment, and to help young people into jobs.
- 4** Fund public health properly with a move to preventative public health across all stages of the life course but specifically towards children.
- 5** Ending child poverty should be set as a target for government.
- 6** Support employers to implement/support recruitment and retention initiatives for people with disabilities/certain requirements to help people back into the job market. These should include flexible working, hybrid working, part time options, training and mental and physical health support.
- 7** Implement a long-term health inequalities strategy, with cross-government support with measurable and achievable goals around health inequalities. This should identify targets, outcomes and which parts of government, local government and communities are responsible for delivering.
- 8** Commission work to communicate the benefits and competitive advantage of preventative healthcare within health, education and social settings.

Attendees

Chair - Jonathan Sheffield OBE, Northern Health Science Alliance Director
Hannah Davies, Executive Director Health Equity North
Alice Wiseman Director of Public Health Gateshead
Anne Longfield CBE, Chair, Commission on Young Lives
Ghazala Mir, Professor University of Leeds
Dr Michelle Cooper, MBE, CEO Durham Community Foundation
Tom Lloyd Goodwin, Director of Policy and Practice for the Centre of Local Economies
Andrew McPhillips, Economist, Northern Powerhouse Partnership
Professor David Taylor-Robinson University of Liverpool, Academic Director HEN
Dr Luke Munford, University of Manchester, Academic Director HEN
Professor Clare Bamba, Newcastle University, Academic Director HEN
Jordan Cummins, Health Director CBI
Dr Kath Mackay, Bruntwood SciTech, Northern Health Science Alliance Director
Heather Brown, Professor Lancaster University
Ed Whiting, Director Department of Levelling Up
Cllr Susan Hinchcliffe, Leader of Bradford City Council
David Levene Director NP11
Andy Collier, Senior Policy Advisor, CBI

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