

Convention Policy Paper: Health

This paper sets out a series of policy propositions in the field of Health policy, for discussion at the 2023 Convention of the North.

It has been drafted by a group of policy officers from across the North of England, drawing on the expertise of local authorities, combined authorities and partner organisations.

Health Inequalities: Why the North should act

Health is indivisible from broader individual and socio-economic wellbeing. As the 2010 Marmot Report argues, good health – an essential foundation of a flourishing human life - is a benefit enjoyed by far too few. And across the North, health outcomes are consistently poorer than they ought to be; this represents an ongoing waste of potential with consequences for our society and economy.

There is a symbiotic relationship between the economy and health: a strong, sustainable, inclusive economy is critical to supporting people to be healthy, while a healthy population is a critical part of a productive economy. The converse is also true: an area with an unhealthy population will have a weaker economy, with potential for a 'vicious circle'. There is a substantial health gap between the North and the rest of England, with average healthy life expectancy 2.2 years lower across the North than the rest of country. Not coincidentally, there is also a well-known productivity gap between the North and the rest of England of £4 per person-per-hour. Both health and productivity are lower in the North and each impacts on the other.

Improving health in the North would lead to substantial economic gains. The NHTA's Health for Wealth report found [reducing](#) the £4 gap in productivity per-person per-hour between the North and the rest of England by 30% or £1.20 per-person per-hour would generate an additional £13.2 billion in UK GVA. The challenge is clear: if we can improve health in the North of England we have the opportunity to increase wealth, with benefits for the whole country as well as the North.

This is a specifically northern challenge: healthy life expectancy is lower here than anywhere else in the country, not just London and the South-East. If they experience a spell of ill health, working people in the North are 39% more likely to lose their job compared to their counterparts in the rest of England. If they subsequently get back into work, then their wages are 66% lower than a similar individual in the rest of England. During Covid-19, the North was [disproportionately](#) affected by health impacts and economic restrictions, and economic inactivity remains elevated. And Local Authorities in the North have faced disproportionately larger cuts to budgets, while reductions in social welfare since 2010 have also had more of an impact.

To tackle poor health and increase productivity in the North we need interventions from industry, central and local government; the scope of action to improve health outcomes goes far beyond the NHS. However, there is a lot that can be done in the pan-Northern sphere. Fostering true partnership working between the Integrated Care Systems, Health and Wellbeing boards, Local NHS and local authority commissioners along with the LEPS, local authorities and devolved Northern places, and the VCSE sector would support investment in



and the development of more preventative and place-based public health initiatives. Health objectives can be embedded in all areas of policy; housing, environment and good work. It is time health is put at the front and centre of Northern policy.

Assets

There exists a range of assets and strengths in the North to draw on. Devolved powers are key to making the North more prosperous and delivering place-based policy. Greater Manchester has increasing influence over its health and social care budget and with further devolution plans for Mayors across Yorkshire, our elected representatives at combined and local authority level have a crucial role to play. The 7 Northern Integrated Care Systems have recognised their own connection to each other, begun to meet, and specifically begun to explore the connection in the context of the relationship between health and the economy. There are also our excellent academic institutions, such as the NHTA, the National Centre for Ageing in Newcastle, the Centre for Public Health at the University of Liverpool, the Healthy Lifespan Institute in Sheffield, and the N8 Universities which are working to tackle entrenched inequalities across the region.

What progress can the North make collectively on this challenge already?

The pandemic saw a move to more place-based healthcare initiatives and combined and local authorities being given the powers to respond to local needs. Regional and devolved authorities now offer the opportunity of deep place-based working. Across the North we have a coalition of the willing in the form of LEPs, local authorities, combined authorities (including in Greater Manchester, with health devolution structures), hospitals, universities and other key stakeholders who want to tackle this problem.

The North also has a wealth of experience on the connections between work and health, with successful programmes in Liverpool City Region, Greater Manchester and South Yorkshire focused on supporting those with mental or physical health challenges to remain in, or access, employment. There are also examples of community-level work focused on using physical exercise to address mental and physical health and build confidence in people to take the first steps back toward the workplace.

Since 2014 there has been increased recognition of the untapped potential of the northern economy and a renewed focus from government on Levelling Up and regionally rebalancing the country – hopefully starting with addressing the entrenched inequalities in the North.

Barriers

The primary barrier to improving health and productivity in the North is not funding but the allocation of funding. There is a need to change the way funding is allocated from Whitehall – more money must be invested in the areas that need it and to place-based initiatives in the North, so those with the local knowledge of their region or community can develop and be accountable for policy in practice.

Deprivation is the leading cause of ill health and poor outcomes. The links between deprivation, chronic conditions and worse health outcomes have particular significance for regional inequalities. Deprivation, measured by the 2019 update of the Index of Multiple



Deprivation (IMD), is not equally spread throughout the county. There is far more deprivation in the North than in the rest of England.

Policy Propositions

We know that health inequalities are a product of deep-rooted structural inequalities, and that tackling them requires action across a wide range of policy areas, as set out by Professor Sir Michael Marmot in his two seminal reports on health equity, in his most recent work with Greater Manchester and Cheshire and Merseyside, and in the NHTA's [Child of the North report](#) with the N8 Research Partnership. The policy propositions in this paper for the Convention will all contribute to this aim in some way, and are aimed at helping to break the cycle of poor health and an underperforming economy.

Proposition 1: Locally tailored approaches to supporting employment through health

20 years ago, the publication of Every Child Matters saw children and their families put at the heart of provision with a lead worker identified and services organised around their needs. A similar seminal moment has not been experienced for employment and health services. While there are examples of where this works in different areas of the North (e.g. IPS and Working Win in South Yorkshire, Working Well and the ongoing work of the Marmot report in Greater Manchester and Routes to work in Tees Valley), these need to be scaled up across the North in order to be fully effective. We also need to be able to link these large schemes with small-scale, locally-driven community provision to provide first-step support for those who are furthest from the workplace, with a strong role for the voluntary and community sector in this.

This comes at a time when levels of sickness related economic inactivity are rising across the North, with an increase of 50,000 since December 2020. There is also consistent feedback that existing services providers are finding it harder to find the necessary people to engage with in line with their specific contractual requirements. This is as a consequence of the number of people in the region who are still struggling with mental health related problems following the prolonged Covid pandemic, [estimated by the NHTA at a £2bn cost to the economy](#), and with the increased number of people suffering with long Covid.

The challenge here is the way in which such services are commissioned and subsequently delivered, with many different public agencies and Government departments commissioning a range of different services with different requirements, geographies, focuses and providers, all seeking to work with the same people.

We propose that:

- All local areas across the North to develop a health and employment integration plan which is codesigned with people and around their needs.
- Require publicly funded provision to be commissioned and delivered in line with this integration plan.
- Additional capability funding is provided to each local area to enable them to engage more extensively with local community and voluntary sector organisations, and with anchor institutions, to put in place engagement and initial employment pathways to reach unengaged people.



- Northern leaders and places adopt a “wellbeing-first” approach to policy areas that intersect with health inequalities, irrespective of whether their remit covers healthcare.

Proposal 2: Invest in networks of expanded family hubs

As well as addressing the needs of people of working age, we also need to think about the start that people have in life. We know that the first few years of life are critical to long term economic and health outcomes: supporting families and children in those early years will pay dividends. High quality childcare is a central part of this package alongside support for families; it supports development in the early years, and also enables parents of young children to access employment.

Educational inequalities start early, and the data shows that young children in the North are less ready for school than children in the rest of England. [Evidence](#) from NHSA suggests that enrolment of all low-income children in high quality early education programmes could close the gap in educational outcomes by as much as 20-50%, an investment that will pay off for years to come.

As well supporting longer term outcomes, accessible affordable childcare is central to the choices that parents, and particularly mothers, of young children make in relation to employment. High quality provision as part of a broader package of support services for families would be a central plank in improving health and increasing economic opportunity.

Mothers and their children growing up in the North – where inequalities are already substantial and where there are already many vulnerable households – are amongst those who have experienced the most negative consequences of the pandemic response. Addressing this injustice is central to delivering better health for the North.

We propose that:

Funding for Family Hubs should be expanded and targeted at the areas most in need, alongside childcare reform.

This would aim to deliver locally-tailored early family support, to put in place new provision, or supplement existing programmes, targeted at areas of highest need which will support early child development and workforce participation.

While the exact scale will require additional work to determine, this would represent a major expansion of investment and scope for Family Hubs; we estimate that an additional £200m per year directed towards Northern local authorities would be required to reverse recent declines in per-child spending and improve health and wellbeing outcomes.



Proposal 3: Transformational investment in prevention and tackling health inequalities

Good progress has been made developing Integrated Care Systems (ICS) across the North, following the Government's White Paper on Health and Care Integration. This has built on and accelerated the existing integration arrangements that were already in place in many parts of the North. The explicit recognition of a fourth aim of the NHS to support broader economic and social development is particularly welcome.

Health outcomes are poor in many parts of the North and health inequalities across the North have disproportionately widened since the start of the COVID-19 pandemic. NHS organisations are under intense pressure to deal with high demand and long waiting lists.

We need to accelerate the ICS agenda and ensure a joined-up system-wide approach is taken to improving health outcomes and tackling health inequalities. The work of Professor Sir Michael Marmot nationally and in some parts of the North provides a clear framework for addressing health inequalities through improving wider determinants such as tackling poverty, housing, good jobs, supporting children and young people, working with communities effectively, preventing ill health, sustainable places, and tackling discrimination.

We propose that:

- The North work with Government to design a bold, ambitious, multi-year prevention transformation fund for all of the North with total value in the region of £3-4 billion.
- This would bring together funding from a range of current programmes and new sources in a coherent devolved package.

Shifting the dial on key population health outcomes will require at-scale transformational investment in prevention and tackling health inequalities. This should be backed by robust evidence that demonstrates impact against an agreed outcomes framework, with clear accountability through ICS.

We will learn from previous investments, including devolution of transformation funds to Greater Manchester, which delivered significant improvements in life expectancy, smoking cessation, alcohol and violence related hospitalisation and increased physical activity compared to comparator areas, and international examples. Similar opportunities could now be possible across all of the North and nationally given the Integrated Care legislation.

Outcomes

Improved health outcomes can lead to better economic outcomes in terms of higher employment rates, lower rates of economic inactivity, higher GVA per-head, and higher median weekly pay.

[The Health for Wealth report by the NHTA](#) estimates that:

- Decreasing rates of ill health by 1.2% and decreasing mortality rates by 0.7% would reduce the gap in gross value added (GVA) per-head between the North and the rest of England by 10%.
- Increasing the proportion of people in good health in the North by 3.5% would reduce the employment gap between the North and the rest of England by 10%.

