Inequalities in health and wealth

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From Newcastle.
For policy makers.

Inequalities in health and wages

1)Health and social mobility locally, regionally, and nationally.

2) Geographical inequalities in health and employment

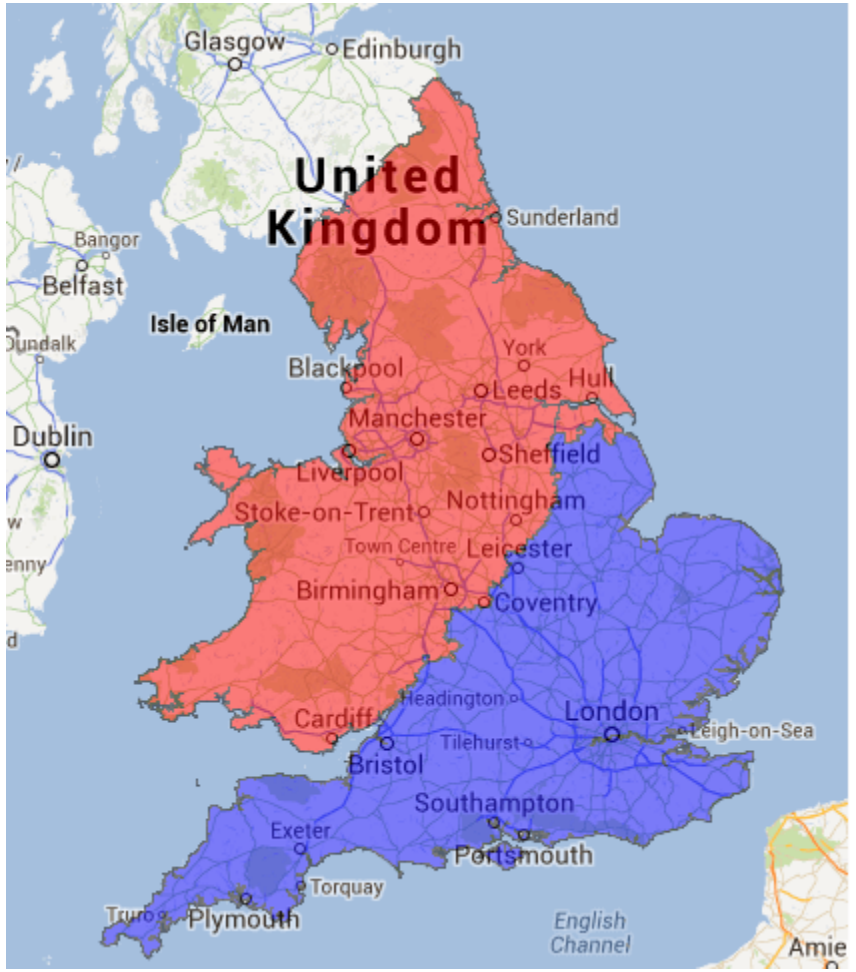
3)Policy responses to inequalities

4)Our research

5)Key findings

6)Recommendations

7)Challenges



*Map created by reddit user atrainmadbrit :*https://brilliantmaps.com/england -north-south/

Deprivation in the North East

Just under half of all LSOAs in Middlesbrough are in the 10% most deprived in the country.

Between 2015-2019 deprivation has been increasing in the North East.

Fig. 3 - LSOAs in North East Local Authorities in the most deprived 10%, 2019

Local Authority Area	IMD 2019 (LSOAs amongst 10% most deprived)		Change from IMD 2015	
	Number	Proportion of all LSOAs in Local Authority Area	Change in Number of LSOAs	Percentage Point Change (proportion of all LSOA's)
Middlesbrough	42	48.8%	0	0
Hartlepool	21	36.2%	2	3.4
Newcastle upon Tyne	45	25.7%	6	3.4
South Tyneside	25	24.5%	3	2.9
Redcar and Cleveland	21	23.9%	2	2.3
Sunderland	42	22.7%	6	3.2
Stockton-on-Tees	25	20.8%	3	2.5
Darlington	12	18.5%	2	3.1
Gateshead	21	16.7%	6	4.8
Durham County	39	12.0%	3	0.9
Northumberland	23	11.7%	9	4.6
North Tyneside	12	9.2%	3	2.3

Table from: https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Northumberland-Knowledge/NK%20place/Indices%20of%20deprivation/Indices-of-Deprivations-2019-Summary-Report.pdf

Poverty in the North

- Poverty rates over 5 percentage points higher
- Child poverty rates 29% in the North East, compared to 21% in the South East.
- Fuel poverty rates are also higher
- 21% in the North East compared to 11% in the South East

Projected impact of Brexit

Table 13: Summary of economic resilience indicators

REGION	Labour Productivity, GVA per hours worked		Gross Value Added per head		Business density			Business growth		Economic inactivity rate				Fiscal balances		Average Rank
	Compared to UK average, 2016	Rank	2016, £	Rank	Businesses per 10k adults	Region/ UK Ratio	Rank	Annual growth, 2010-16, %	Rank	Total pop 16-64, %	Rank	Total pop over 16, %	Rank	Average 1997-2016, £	Rank	
London	133.3	1	45,046	1	1,464	1.41	1	5.9	1	21	4.5	30	1	-1,767	1	1
South East	106.1	2	28,506	2	1,243	1.2	2	3.5	3	18	2	35	2	-1,185	2	2.2
South West	90.7	6	23,548	5	1,144	1.1	3	3.7	2	18	2	36	3.5	1,068	4	3.9
East of England	94.7	4	24,488	4	1,130	1.09	4	2.9	6	18	2	36	3.5	-173	3	4.1
East Midlands	85.7	9	21,502	8	972	0.93	5	3.4	4	22	7	38	8	1,331	5	6.5
North West	92.6	5	22,899	6	896	0.86	6	3	5	22	7	38	8	2,571	9	6.5
Scotland	99.4	3	24,876	3	728	0.7	11	2.2	11	21	4.5	37	5.5	1,531	6	6.6
West Midlands	87.3	8	22,144	7	892	0.86	8	2.4	10	22	7	37	5.5	2,078	8	7.8
Yorkshire and Humber	84.8	10	21,285	9	895	0.86	7	2.8	8	23	9.5	38	8	2,061	7	8.2
North East	88.9	7	19,542	11	679	0.65	12	2.9	7	25	11	41	12	3,357	10	9.8
Wales	83.1	12	19,200	12	872	0.84	9	2.5	9	23	9.5	40	10.5	3,805	11	10.6
Northern Ireland	83.2	11	20,435	10	845	0.81	10	0.6	12	28	12	40	10.5	4,417	12	10.9
UK	100		26,584		1,040			3.5								

Why is the North falling behind?

De-industrialisation changing the geograph

economic growth and employment

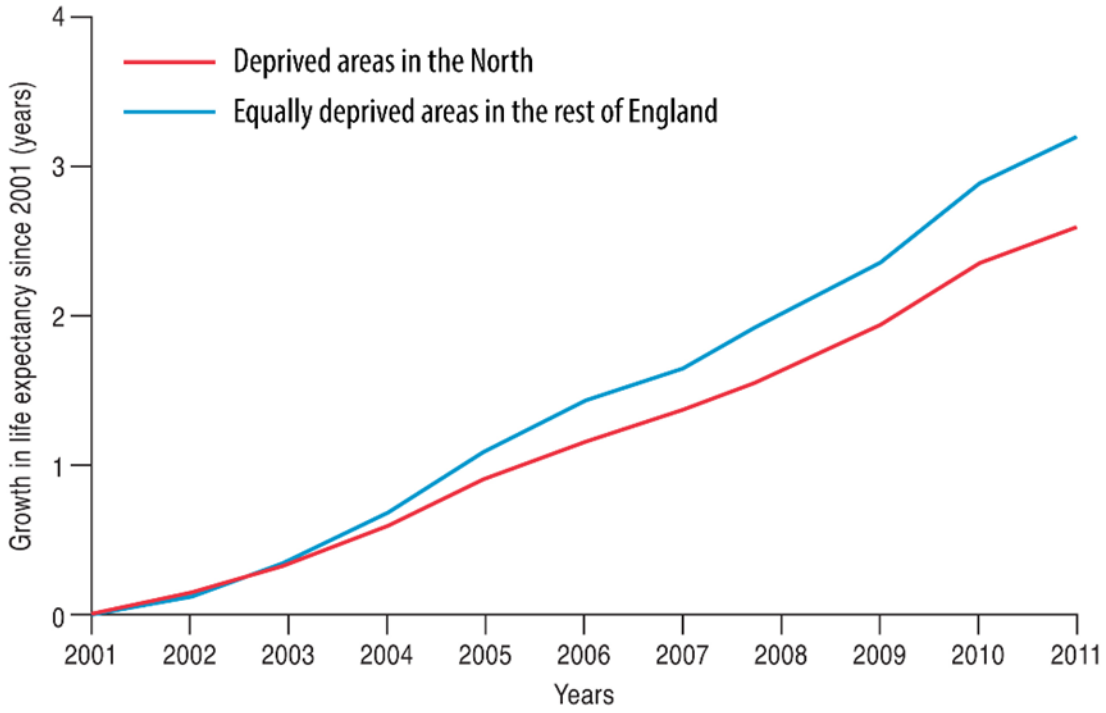
Disinvestment in peripheral former industri

areas

Austerity

Health Inequalities in the North

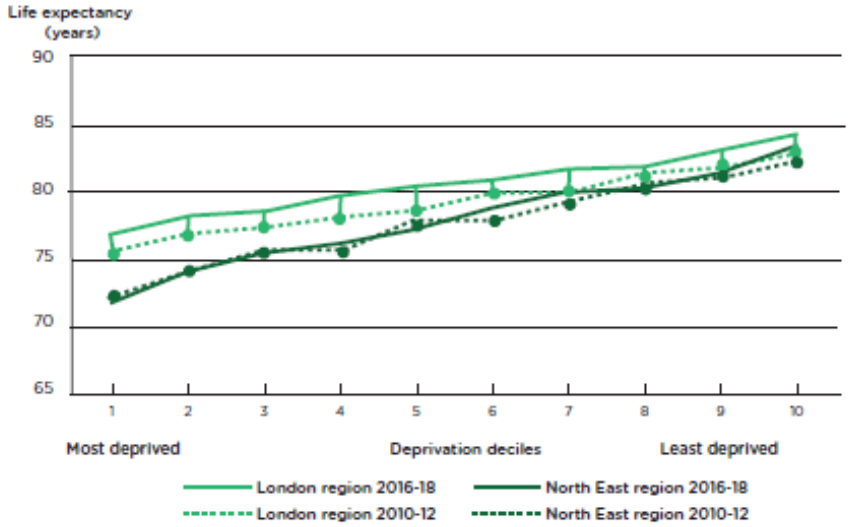
- Regional health divide has been widening in recent years.
- Between 1965 and 1995, there was no health gap between younger Northerners aged 20-34 years and their counterparts in the rest of England.
- Mortality is now 20% higher amongst young people living in the North.



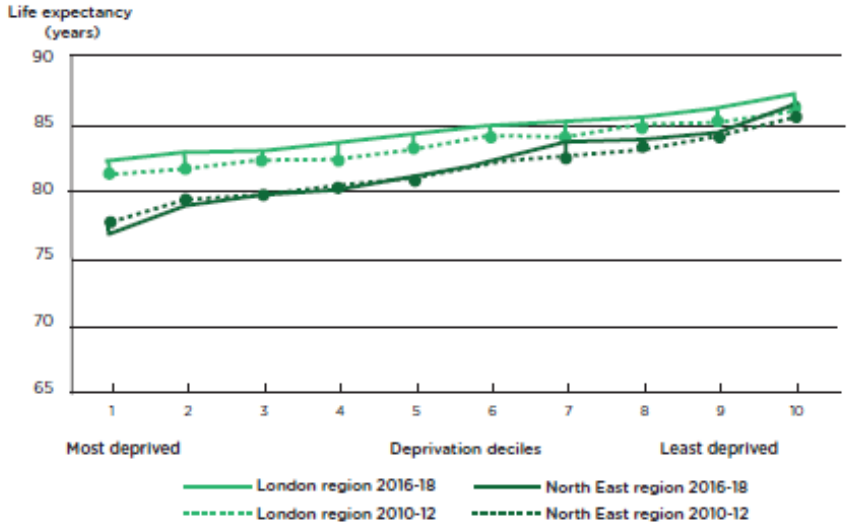
Health Inequalities

Figure 2.7. Life expectancy at birth by sex and deprivation deciles in London and the North East regions, 2010-12 and 2016-18

a) Males

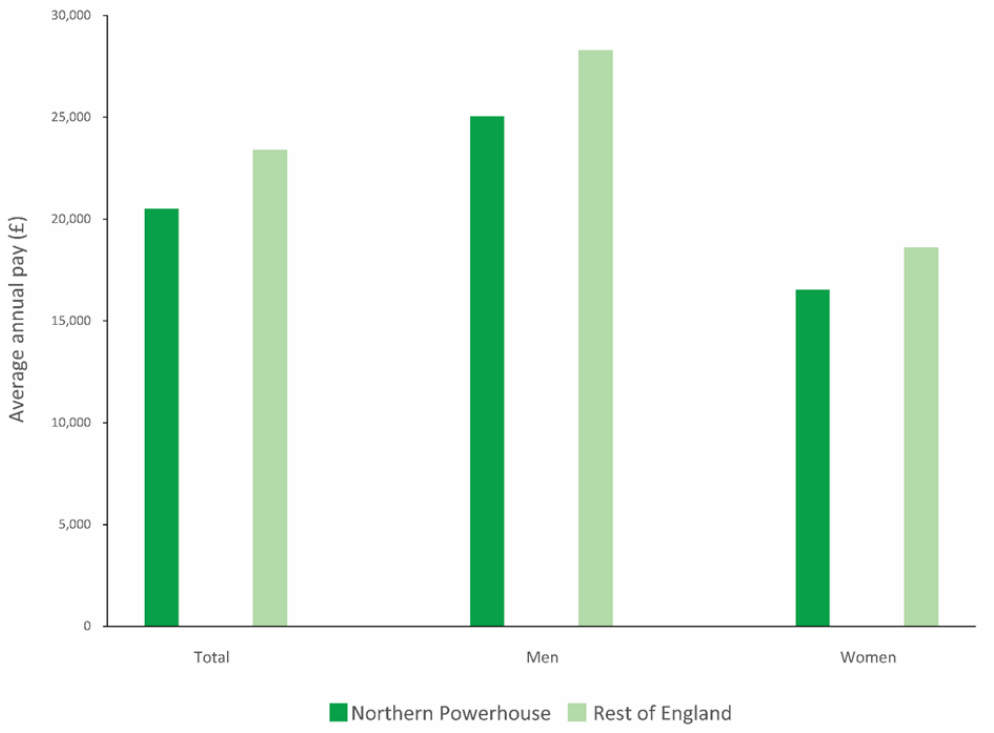


b) Females



Source: Based on PHE, 2020 (18)

Earnings and Economic Activity



Earnings are more than 10% lower than the rest of England

Economic activity rates are also lower

Higher unemployment, economic inactivity and worklessness

Covid and the North East

- Tipping point for many families at the edge
  - Rising levels of child poverty
  - Rising levels of food poverty
  - High Covid rates

Health Inequality Policy

Three policy periods:

1) 1991-1998 (Increasing Neo-liberalism)
2) English Health Inequalities Strategy (1999-2010)
3) Austerity (2010-2017)

Our research

(1) Explore how different policy approaches to health inequalities impacts on geographical differences in mobility in health and wages for young people

(2) Estimate impact of poor health on productivity gap between the North and Rest of England

(3) Who is likely to become food insecure because of the pandemic?

Data

- BHPS was an annual household survey of approximately 5500 households and 10,300 individuals which ran from 1991-2008.
- 6700 of 8000 participants joined the Understanding Society Survey and participated from wave 2 (2010-2011) onwards
- Understanding Society Survey collects information on approximately 40,000 households.
- 7 waves of data are used in the analysis (2009-2016)

Data continued

- Understanding society Covid survey.
- Running from April 2020 to Summer 2021
- Approximately 17,000 individuals

Outcomes:

- Physical Health➔ SAH: 0) Very poor/Poor; 1)Fair; 2) Good/Very Good 3) Excellent
- Limiting Long Term Health Condition
- Mental Health➔ GHQ-12 (reverse Likert scale is used 0-worst mental health, 36 Best mental health)
- Wages➔ Log of Hourly wage
- Employment Gap

Food insecurity

1) Any person in household unable to eat healthy and nutritious food

2) Hungry but did not eat

Methods

- Compare influence of parents on young adult health and wages over the three policy periods between the North and Rest of England using regressions that control for time and family effects.
- Compare the influence of parents on health and wages between North and Rest of England by socioeconomic status:
  - ❑ Parents in professional and managerial occupations vs parents in manual occupations
  - ❑ Parents with a degree or higher vs parents with basic or no formal qualifications
  - ❑ Two parent vs single parent households

Methods: Statistical Analysis

Step 1:

- Employ decomposition methods to breakdown how much of the difference in the employment gap between the Northern Powerhouse and the rest of England can be explained by physical and mental health and a limiting long term health condition

Step 2:

- Estimate the association between mental and physical health and a limiting long term condition and employment.

Step 3:

- The coefficient from step 2 was divided by the total contribution of health to the productivity gap from Step 1 and multiplied by 10%.

Methods: Food insecurity

- We use logistic regression to determine the factors that influence the three measures of food insecurity.

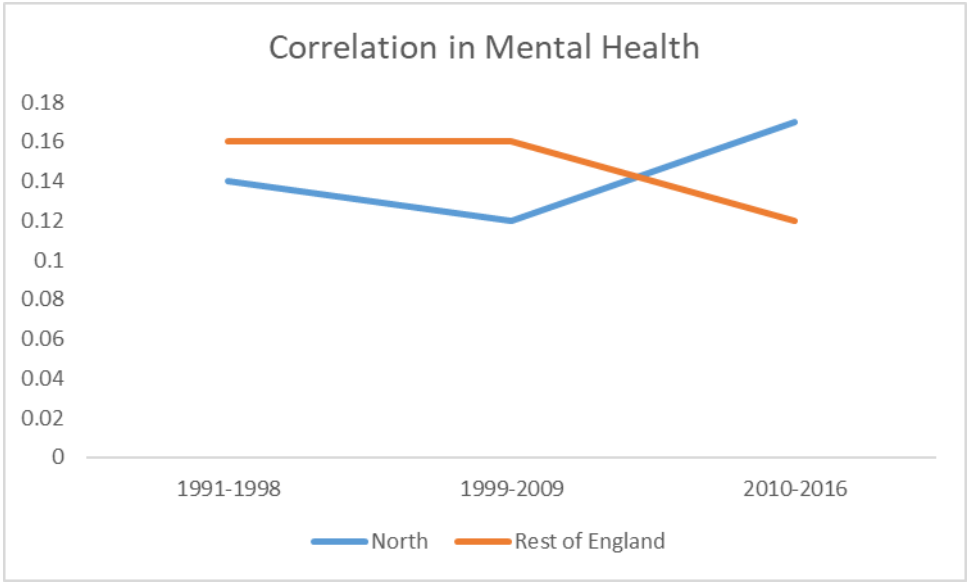
- Next, we use a decomposition approach to determine how much financial vulnerability and social support explain the likelihood of reporting the three measures of food insecurity.

Key Findings:

- There were regional differences on the role of health inequality policy on the influence of the family on young adult children's health and wages
- The English Health Inequality Period led to a larger decrease in the influence of parents and health and wages in the North (1%) compared to the Rest of England (0.03%)
- Austerity has been worse in the North than the Rest of England. Mobility is increasing at a slower rate in the North than the rest of England .

Key Findings

- The influence of parents on mental health is increasing in the North of England compared to the rest of England where it is decreasing.



Key Findings

30% of the £4 per person per hour gap in productivity (or £1.20 per hour) between the Northern Powerhouse and the rest of England is due to ill-health. Reducing this health gap would generate an additional

£13.2bn

in **UK GVA**

Key findings: Food insecurity

- People who had basic or no educational qualifications; who were unemployed in April 2020; were disabled; or had lower household incomes were significantly more likely to report all three measures of food insecurity.

- Financial vulnerability explains approximately half of the likelihood of being food insecure for those families with children of lower socioeconomic status, as measured by educational attainment.

- Eligibility for free school meals, being furloughed and receiving help from grandparents explains approximately 30% of the likelihood of being food insecure for those with lower socioeconomic status, as measured by educational attainment. Free school meals being the most important of these three measures.

Recommendations for local and regional stakeholders

1) Local authorities, local enterprise partnerships, local authorities, and Health and Wellbeing boards systems should scale up their family centred place based public health programmes to invest more in interventions that reduce social and environmental inequalities.

2) Local enterprise partnerships, schools, third sector organisations, local authorities, and devolved Northern regions should develop locally 'tailored' programmes for young people providing both health and employment support to help them into the world of work as well as staying healthy at work.

3) Coordinated responses between local health services to identify at risk families and individuals at a time of disrupted health service delivery

Recommendations to Central Government

1) To improve health and social mobility in the North there should be increased investment in place-based public health in Northern local authorities. Increasing health and social mobility in the North requires the Central government to increase the public health budgets in Northern local authorities to facilitate the development and delivery of effective place-based public health.

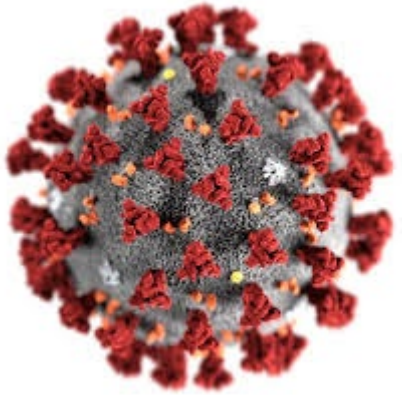
2) There should be increased investment in Northern schools especially secondary schools to reduce inequalities in educational attainment and the impact that it has on family mobility in the North.

3) To reduce inequalities, there should be increased spending on economic growth and development in 'left-behind' communities. This growth strategy should be environmentally sustainable and socially inclusive.

Recommendations to Central Government

- Increase generosity of benefits (continue additional £20 of universal credit payment
- Additional funding for local authorities who are tasked with supporting people who fall in the cracks of central government safety nets.
- Remove excessive financial and practical barriers (e.g. partner's income/savings) to obtaining universal credit, and reduce delays in delivery of funds
- Targeted job creation in economically vulnerable areas (e.g. Lighthouse scheme)
- Increasing eligibility and amount for food voucher schemes-(e.g. healthy start)

Challenges



Get ready for Brexit

- Exiting the European Union is a challenge in terms of future economic growth, NHS staff levels, and uncertainties around post-Brexit NHS and local authority public health budget settlements.
- Budget cuts at the local authority level impacting on the provision of services to children and young people
- The lagging behind of public health and prevention expenditure compared with treatment of existing conditions.
- Innovative and inclusive growth to ensure that economic growth in the North is environmentally sustainable and is targeted at all individuals/communities in the region.
- Covid

Cash-strapped North East councils slashed youth service spending by up to 96% in under a decade

Conclusions

- Deprivation is rising in the North East of England
- Health Inequalities are increasing between the North and Rest of England
- Health and Social Mobility for families in the North of England increased during the Health Inequality Strategy Period but has been decreasing since Austerity was introduced in 2010.
- Improving health in the North can reduce the employment gap
- Investment is needed in education, public health, employment opportunities, and the NHS.
- Challenging Climate

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Questions and discussion

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The things we do here

make a difference out there.

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