**Health Equity North Summit – Friday 12 July 2024 – workshop notes**

**Woman of the North – workshop notes**

***The key themes and ideas for future work to build on the original Health for Wealth report ideas, included:***

*Where should we focus our research, resources and promotion of Woman of the North?*

* Marginalised women, such as women from BAME communities
* The North West and North East of England are where a disproportionate amount of asylum seekers are placed, but provision for these women are not considered in policy.
* Sanctions for Universal Credit recipients – rates of which are higher in the North than in other areas.
* Local women’s centres – we need research recruitment for inequalities studies
* Women provide £2bn of unpaid care in the UK – what can be done to recognise and tackle this?
* We need to address the fact that life expectancy in women is going backwards, with no joined up policy, and this is bad for population health.
* Support for women in the criminal justice system, particularly in the wake of the government announcing the release of non-violent prisoners to free up prison spaces, including:
  + Understanding the lived experience of poverty of women in the criminal justice system, and how women in the North leaving prison are often resettled further away from home than those in the South.
  + Enhancing support services for leaving prison, drug and alcohol support and mental health support. There are currently 3,200 women in prison in the UK, two thirds of whom are from marginalised groups, including those living in poverty.
  + Addressing the high neurodiversity in prison populations and how its under-reported and regularly related to trauma.
* Support for women experiencing menopause, including:
  + Focussing on health in older women and inequalities in accessing HRT
  + Advocating for support for women in the workplace – policies for menopause, linking support with productivity and what role industry and anchor institutions play.
* Weave in existing research such as:
  + Experience of health visiting – building on existing research around telehealth and using mixed methods (Institute of Health Visiting)
  + The Women’s Health Strategy led by Lesley Ragan that recognises issues women and girls face in healthcare.
  + The announcement for more women’s health hubs – particularly the inequalities in funding whereby the hubs with the most need get the same funding as those with lesser need.

*Where should we take our next phase of Woman of the North next?*

* We need a 12-month horizon plan to improve health and equalities for women in the North of England.
* Addressing the cessation of Health Visitor recruitment – there is a shortage as no Health Visitors are being recruited whilst others are leaving the profession or retiring.
* Helping leaders recognise that the most disadvantaged women result in highest public costs, and how this can be reduced whilst these women are supported.
* An analysis of how poor women are criminalised – linking poverty to self-harm, drug abuse, suicide ideation, eating disorders and more.
* Examining misogynistic policies and the impact this has on the lived experience of women.
* Addressing intergenerational poverty – particularly in BAME and marginalised groups.
* Addressing the likelihood of children from vulnerable homes ending up in care.
* Looking at how we can change structures of decision making to take women’s welfare into account.
* Examining the stigma that women experience particularly when accessing healthcare services and why engagement with healthcare and public services is not higher – especially for criminalised women.
* Looking at how women have been let down by austerity cuts in other ways and how we can rebuild social infrastructure.
* Looking at what other countries do – such as the Universal Basic Income in Wales that awards carers £500, which was a very successful scheme.
* Looking at data around neurodivergent women and transwomen and the inequalities they experience.
* Getting it right in the window of productivity – and how this needs to be reflected in policy.
* Creating a myth busting handbook for policymakers and the public to ensure decisions are not made on false assumptions.

**Child of the North workshop notes**

***The key themes and ideas for future work to build on the original Child of the North report included:***

**Lived Experience**: Work with stakeholders on a poverty truth commission involving young adults with a focus on employment prospects. Ask young people where they think the investment should go.

**Education**: Education spending and outcomes – how can we poverty-proof the school day?

National Funding Formula – existing inequalities and look at outcomes GCSE and struggle to meet the national average.

Academic attainment and different skills – employment opportunities for kids who fail school. Safety next for failing schools.

Fail GSCEs and in deprived areas, no further education. Cement life course.

Lack of further education – funded evening schools for young people who didn’t do well at school. Adult education was destroyed, it was a lifeline.

**Criminal Justice**: Impact on child outcomes. If a parent enters the system, the child is more likely to. Short sentences of mothers from deprived communities – some are criminalised for not paying TV licenses. Mother loses house, children in foster care, destabilises that family. They a vulnerable and marginal – how can we address inequalities in the criminal justice system and look at the impact the outcomes – James Timpson would be interested in this.

Children born in prison – women experiences of the system. Is there a north / south angle?

Data on crime survey – outcomes are we seeing – how police report certain crimes – look at sentencing as that is different to the reporting. Intergenerational impact. Organisation – is it a crime to be poor? People stealing nappies etc.

Resettlement into the community needs a lot of work. Structural support doesn’t exist.

Is there a north south divide? There is a section in the woman of the north report – health and the criminal justice system. Born into care fits into this – children's homes and more in the north.

**Vaccines**: Vaccine take up – whooping cough – infections seasonal. Winter period and winter pressures linking together. Who is not being vaccinated and are rates higher in the north? They will be and could we make recommendations that would be useful? Health visitors and vaccinations and vaccinations always have to happen in GP surgeries – hard to get an appointment. Targeting parents about their child or pregnant women or both,

Health Visitors Conference – was in Manchester and health visitors used to give vaccinations within the shift of when you see them – there is a missed opportunity for a visit to talk about the vaccines.

Can target and vaccinate quickly. This is an easy thing to sort out. Disinformation and lack of trust – 90% be ok. How can we target these areas – incentivise -pay people?

Bradford during COVID-19 – understand if vaccine refusal will be a problem. Local mosques and community leaders, know how to do it in certain areas. Timely.

Could produce a briefing focusing on solutions and costs. Could solve it in 12 months. Retargeting.

Health visiting moved to LA and that’s when stopped giving vaccines and degrading the relationships with GP and health visitors. Community presence of health visitors is on the decline. The workforce to do it is there – medium term but in short term.

Infant mortality briefing talks about whopping cough being a warning sign – but this is in the exec summary – chain this briefing to that one. Long-term impacts as an adult?

**Free School Meals (FSM):** Breakfast clubs – plus – school food – auto enrollment for FSM – not signed up. Schools get pupil premium linked to free school meals enrolment - height – and weight targeting things.

FSM – cultural appropriateness and low uptake

Ethnicity – education outcomes and look at why – lack of data on ethnic minorities – key data collection points where data is missing? Is there evidence that we need a change in data collection – cyclone brings together data sets? Breakdown of categories, longer time to process data and access it in a timelier way.

**Health and productivity workshop notes**

***The key themes and ideas for future work to build on the original Health for Wealth report ideas, included:***

Travel to work/ commuting

* Travel to work areas (ONS geography)/ Optimal commuting thresholds – where do people live and where do they go to work? Heat maps etc. This information could be of interest to regional mayors.
* Looking at where people live and where they travel to but also looking at the types of jobs they do and what value it brings to the local economy.
* What are the policy answers to making people want to live in more deprived towns. How do you build a town centre that people want to live in? (Reference to town centre research taking place at Newcastle University).
* Policy interventions for town centres need to be community focused. How does it work when your town runs off public sector and social value enterprise? What are the potential spill overs of improving public health?
* If we can improve health outcomes for people in deprived areas it could help them get back into work.

**Productivity**

* Presenteeism/ long-term sickness and the contribution that makes to productivity. Role of the employer is an interesting angle to explore. Is there a way of looking at that and what impact that has?
* HSE trying to standardise procedures around stress and mental health – a lot of buy in from big companies but SMEs often haven’t got the capacity. This creates challenges as much of the North is SMEs – could we find out the distribution of SMEs across the country?
* Open and closing of companies much higher in the North – reexplore that.
* North East Chamber of Commerce, CBI, North East Mayor – all keen to find out more about our work around productivity.
* Use of the word productivity - what are we worried about when we use the word? What are we measuring?
* Economically inactive – use of this term, negative connotations?
* How can we explore metrics around those who might be economically inactive but contributing socially/ serving the community in other ways?
* Corporate welfare/profiteering – amount of money given out in benefits and welfare in payments to ensure their survival? Regional variation?

**Young adult education/ productivity**

* Looking at economic productivity of young adults who would have been children when there were austerity impacts and cuts began. Is there a link – can we say this is why 16-25-year-olds aren’t as economically active? How many are still in education, how many are in work? Are there geographic inequalities?
* What kind of policy or intervention could come support that transition from GCSE to college/university?
* Could explore other age cohorts to get a whole life perspective of these things.
* Can map poor education outcomes, need outcomes and geographical inequalities.
* Intergenerational trends in GCSE outcomes and transitioning from school to further education or employment. Make a case for investing more in areas where children are struggling to break cycles of family inequalities.
* Do policy announcements/ messaging (i.e Rwanda plan) have an impact on choices of young people at GCSE level? What does it mean for international students? Could use qualitative methods.

**NHS cuts and productivity**

* Impacts of NHS budgets on health productivity. Could re-do this - it was based on CCGs in first report so could now look at this from the perspective of ICBs.
* Waiting lists, impact of these on productivity (ie. Waiting for hip replacement and therefore can’t work while waiting).
* Regional inequalities in waiting lists by ICB area? Exploring different sectors i.e more physical jobs – manual labour, hospitality etc.
* Attribute waiting lists to loss of productivity (links to policy aims of the new government).