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Northern Health Science Alliance
A Health Partnership for Northern England

HEALTH EQUITY NORTH

Health Equity North
Woman of the North: Inequality, Health and Work

LABOUR PARTY CONFERENCE ROUNDTABLE REPORT

Author: Lily Mott, The University of Manchester

Foreword

At the Labour Party Conference in 2024, Health Equity North hosted a roundtable to address the severe health and socioeconomic inequalities faced by women in the North of England.

We were delighted to be joined by Jess Phillips MP, Parliamentary Under-Secretary of State for Safeguarding and Violence Against Women and Girls and Metro Mayors, Kim McGuinness, Mayor for the North East, and Tracy Brabin, Mayor of West Yorkshire.

The discussions were informed by Health Equity North's "'Woman of the North' report, which highlights significant disparities, including shorter life expectancy, lower income, higher rates of unpaid caregiving, worse mental health, and increased exposure to domestic violence compared to women in other regions. These inequalities, exacerbated by austerity, the cost-of-living crisis, and systemic underfunding, demand urgent action.

Participants stressed the need for a preventative approach to tackle the deep-rooted drivers of inequality, such as poverty and social disadvantage. They called for long-term, intergenerational funding to support early and consistent interventions rather than relying on short-term pilot programmes. Healthcare professionals were identified as key players in this approach, requiring better training to recognise gender-specific health issues and intervene effectively.

Addressing violence against women and girls was a central theme, with participants advocating for a systematic and integrated response across all sectors, including housing, welfare, and healthcare. The meeting emphasised that violence prevention should be embedded in governance at all levels, with mandatory commitments in public health strategies to allocate resources for this issue. Legislation was suggested as a means to reduce regional disparities in support for victims of violence.

The roundtable also explored how local authorities and Metro Mayors could foster supportive infrastructure for women. It was recommended that local welfare systems be reformed to provide more holistic and long-term support, connecting individuals with community resources to address broader challenges like social isolation and unemployment. Economic growth initiatives tailored to women's needs were discussed, with a focus on improving educational outcomes and career opportunities for girls from an early age. This approach would not only empower women but also contribute to local and national economic growth.

Participants highlighted the importance of integrating women's needs into all government policies, including the NHS 10-Year Plan. This holistic approach should address not only health issues but also wider social determinants such as caregiving responsibilities and economic inequality. Removing harmful policies, like the two-child limit, was seen as critical to reducing the systemic disadvantages faced by women.

The roundtable underscored the need for sustained, coordinated efforts across sectors and levels of governance to address the complex challenges faced by women in the North of England. By prioritising prevention, integrating support services, and ensuring women's needs are central to policymaking, significant progress can be made in reducing these inequalities.

Introduction

In October 2024, the Northern Health Science Alliance hosted a roundtable at the Labour party conference. The roundtable brought together experts in women's health and health inequalities, with leaders from national and local government, to discuss how the North can work with government to address the inequalities facing women across the region.

Background: Woman of the North Report

In 2024, Health Equity North published a report examining the inequalities facing women living in the North of England. The report found that women in the North live shorter lives, work more hours for less pay, are more likely to be an unpaid carer, and are more likely to live in poverty than their counterparts in other regions of the country. Moreover, women in the North have lower life expectancy, fewer qualifications, worse mental health, and are more likely to suffer domestic violence or end up in the criminal justice system than women in other parts of England. These inequalities have been driven, and exacerbated by, austerity, the cost-of-living crisis, economic uncertainty, the pandemic and unequal funding.[1]

1: Health Equity North (2024) https://www.healthequitynorth.co.uk/app/uploads/Woman-of-the-North-report.pdf

Woman of the North

Inequality, health and work

Women's life expectancy and health

In terms of healthy life expectancy, girls born in the North West, North East and Yorkshire and the Humber can expect to only live in good health up to 59.7, 62.4 and 62.1 years, respectively. This equates to up to four years less than the national average and up to six years less than girls born in the South East.

Whilst cuts to public health budgets have occurred across the country, this has been disproportionately higher for the North, with per-person cuts being 15% higher than the average for England. The North East was worst affected with cuts equating to £23.24 per person.

For spending on sexual health advice, prevention and promotion, regions in the North have experienced a 26-28% reduction. Despite this, the three northern regions remain in the top 5 highest spending regions, which could reflect the higher STI burden in these areas. Outside London, the North West, North East and Yorkshire and the Humber had the highest rates of new diagnoses of STI's and Gonorrhoea among people accessing sexual health services in 2022, the exception being chlamydia in under 25s.

Women in the North also suffer from poor mental health. For severe mental illness, including bipolar disorder and schizophrenia, the North West and North East have higher prevalence rates than women in the South and Yorkshire and the Humber. Moreover, the number of women with a diagnosed mental illness and receiving treatment was lower in the North West and North East than in the South and Yorkshire and the Humber.

Domestic Violence

Women in the North have the highest rates of domestic violence abuse in the country. The highest rates are seen in the North East (19 per 1,000 population), followed by Yorkshire and the Humber (17 per 1,000 population), and then the North West (15 per 1,000 population). The national average for England is 11 in 1,000 population.

Economic outcomes

Considering the close connection between health and wealth, it is no surprise that women in the North experience worse economic outcomes than their counterparts elsewhere in the country. Employment rates are lower than the national average (72.2%) for women in the North East (69.8%), North West (71.2%) and Yorkshire and the Humber (70.8%). Rates of economic inactivity are higher for women in the North, with long-term sickness and disability being a major contributing factor. The estimated economic cost of this high prevalence of long-term sickness is approximately £0.4bn per year.

Not only are women in the North less likely to have a job, but they are paid less for working more hours, due to the fact that available jobs in the North typically pay less. Women in the North lose out on £132m every week, equating to £6.8bn a year, compared to what they would get if paid the same as women in the rest of the country.

In terms of educational attainment, the rates of women having no qualifications is higher than the national average (19.1%) for women in the North East (22.3%), North West (20.6%) and Yorkshire and the Humber (22%).

These poor economic outcomes have a negative impact on the quality of life for women in the North and may explain some of the poor health outcomes experienced by this group. In addition, these factors impact the children of women who live in the North, contributing to a vicious cycle of poverty and inequality.

Unpaid care

Women in the North of England are providing higher levels of unpaid care than both the national average (10.3%) and those living in London (8.4%). The highest rate is seen in women living in the North East (12%), followed by the North West (11.2%) and Yorkshire and the Humber (10.7%). The largest age group providing this care are women in their fifties with 1 in 5 of this age group in the North providing unpaid care.

Moreover, the North East and North West have higher than national average rates of caring in young people aged 5-24. Of the estimated £57bn of unpaid care provided each year, it is estimated that approximately £10bn of this figure is provided by women in the North, £2bn more than the national average.

It is clear that women in the North are facing vast inequalities, impacting their economic prosperity, health and overall quality of life. Without direct action, these inequalities will continue to grow. This roundtable aimed to discuss what action can be taken, by both national and local government, to deliver tangible and long-term change to the lives of women and girls in the North of England.

Roundtable Discussions

The roundtable began with opening statements detailing some of the stark health inequalities facing women and girls living in the North of England. Discussions were held under Chatham House Rules and centred around the following topics:

- What can the Labour Government do, through the Women's Health Strategy and beyond, to understand and address the regional inequalities in the many different facets of women's health?
- Domestic Violence and Abuse (DVA) disproportionately affects women living within the North of England, how should the government work to end violence against women and girls and address gender inequalities?
- Across the regions in the North, how can Mayors create the infrastructure needed to support women?

Discussion point 1: What can the Labour Government do, through the Women's Health Strategy and beyond, to understand and address the regional inequalities in the many different facets of women's health?

The discussions highlighted that the inequalities facing women and girls can be mapped to the presence of social disadvantage and poverty. We cannot address the poor outcomes experienced by women and girls without tackling these deep-rooted and societal issues. There was widespread recognition within the group that the development and delivery of a long-term and intergenerational preventative strategy was deemed essential in addressing these complex issues. Investment is often made too late in the process and there needs to be incremental shifts in funding towards a preventative agenda, intervening at the earliest possible point.

On the topic of prevention, the group discussed the role of interventions. Whilst the group recognised the importance of providing short-term crisis support, there was a desire to move towards providing medium and long-term interventions. The group expressed frustration with the many one-off and short-term pilot programmes that take place but fail to secure additional funding for wider rollout.

For many organisations, they are instinctively aware of which interventions will work to support the communities they serve, the challenge is finding and securing the levers of funding. Thus, if a long-term preventative approach to these issues is to be achieved, intergenerational and stable funding directed at the right services is necessary to tackling poverty and ill-health.

The group noted the unique role of healthcare professionals in driving forwards a preventative agenda for women's health. The interaction these staff have with women on a regular basis presents the opportunity to identify symptoms and intervene at an early stage. However, there is a lack of training and awareness regarding how symptoms present in women, which may be different to men, and needs to be addressed.

Addressing the regional inequalities that impact the different facets of women's health needs to be integrated across all policies and strategies, going beyond the Women's Health Strategy. For example, there is an opportunity to integrate the needs of women into the latest NHS 10-year plan for health and social care which is currently in development, ensuring previous strategies are being built upon in future plans. This plan should include not only women's health issues but also the wider social factors such as caring responsibilities as well as domestic and sexual violence, which has a significant impact on the health and wellbeing of women and girls.

The need to go beyond health to target the wider social determinants was noted as essential in tackling the root causes of poverty and ill-health, which disproportionately impact women and girls in the North. The development of a national social inequalities strategy is crucial in shining a light on these underlying causes.

Finally, policies rooted in misogyny must be eradicated if we are to improve the outcomes for women. This includes restoring funding to Sure Start Children's Centres; reversing the two-child benefit cap; and cuts to services that fall hardest on women and disadvantaged groups due to their reliance on this support.

Discussion point 2: How should the government end violence against women and girls and address gender inequalities?

The discussions moved to considering the specific actions that could be taken by government to address violence against women and girls.

It was first highlighted that the interaction of inequality and violence against women and girls has not been integrated, or reflected, in national policies. Historically, any action in response to this violence has been a bolt-on strategy, as opposed to a long-term and systematic commitment to addressing the underlying causes. Government needs to ensure the violence experienced by women and girls is addressed in a systematic way, positioning the issue as a core aspect of our people-based governance. This needs to occur at every level, from local organisations to national governmental departments, ensuring the topic is prioritised and embedded in our daily operations. Addressing this issue has to be the responsibility of all sectors, including housing, welfare, and health, to ensure we mainstream the issue. Integrating this across sectors also helps minimise a reliance on government or local authority discretion, which is especially important for regions where devolution is not in place. Moreover, to avoid a postcode lottery in terms of support for women experiencing violence, there is the possibility of legislating the matter, requiring all public health strategies commit resources to addressing violence against women and girls.

The healthcare service was recognised as one of our greatest assets in mainstreaming the issue of violence against women, due to the level of interaction they have with women in the community. These interactions need to be viewed as an opportunity to provide and signpost women to the necessary support, which is not currently integrated into the health ecosystem. Specialist domestic and sexual violence services need to be commissioned and integrated into local health organisations. Securing funding to commission these services is critical in offering women the support they need when they come into contact with local organisations.

The need for independent legal advisors for victims of sexual violence was discussed. These advisors can help ensure victims can access support; navigate the criminal justice system; and be made aware of their rights and entitlements. There were concerns around the model of this support, which if involved placing an advocate in each police and crime commissioning service, could easily overwhelm the service and be unable to meet the demand. Instead, it was suggested that a national hub model is adopted, in which advocates can be supplied to meet the need across regions.

On the topic of the criminal justice system, it was noted that there needs to be a systematic change in the response towards violence against women and girls, driven by central government. Although important, it was noted that we cannot rely on the criminal justice system; there is not enough capacity and this will not address the deep-rooted causal factors

Case study: Sure Start Children's Centres

Sure Start Children's Centres are a community-based resource where children aged under 5, and their families, can access a range of support relating to childcare, health, money, and education. The initiative was established in 1999 to help support children from disadvantaged backgrounds. Centres also host family outreach workers who can support families who require additional assistance. For families and children with access to a Sure Start centre, significant improvements were seen to educational achievement, particularly for those from the poorest backgrounds and non-white backgrounds.[2]

A number of investment cuts to these services took place from 2010, with cuts being larger for centres in the North when compared to the rest of the country. The impact of these cuts are likely to have impacted progress in school readiness and linked to increased obesity prevalence by the time a child starts school.[3]

The Sure Start Children's Centres demonstrate how long-term and intergenerational initiatives targeting prevention activities yield positive outcomes. Whilst these outcomes may not be instant, they are necessary for providing support to disadvantaged communities. Thus, it is imperative for the labour government to restore the funding to Sure Start Children's Centres in northern areas with the highest need.

2: Institute for Fiscal Studies (2024) https://ifs.org.uk/sites/default/files/2024-04/SS_NPD_Report.pdf
3: The Northern Health Science Alliance (2021) https://www.thenhsa.co.uk/app/uploads/2022/01/Child-of-the-North-Report-FINAL-1.pdf

of violence against women. This prompted a discussion about the changes needed to how our culture views women across society, which demands long-term behaviour change. Also central to achieving change is embedding a culture of trust within the services we offer to women and girls. They need to feel confident that they will be believed and supported when accessing services in the community.

The state of men and boys is critical to this topic, since their experience and actions have a direct impact on women and girls. The impact of poverty and how this links to violence was noted as an important factor and provides yet another incentive for a preventative strategy targeting regional inequality. However, the group noted that poverty was not always a driving force in violence and that issues relating to the power and identity of boys and men also plays a role. Thus, educational interventions in early childhood are necessary to shape the values and behaviours of our younger generations, to help ensure they do not grow up with damaging beliefs and attitudes towards women and girls.

Building on earlier conversations, the need for a preventative strategy is needed to achieve these changes in culture and behaviour towards women and girls, with funding that spans across generations. Moreover, the discussions again called for the integration of prevention across all sectors, to ensure real change.

Discussion point 3: How can the Metro Mayors create the infrastructure needed to support women across the North?

The final discussion centred around the role of Mayors and local-level opportunities to create an infrastructure to support women across the North.

When people experience periods of economic crisis, such as the cost of energy bills, local authorities typically have a system of support in place, often through offering financial aid. However, this local welfare system is in need of reform to ensure that the support offered is extended beyond a short-term transactional encounter. Instead, local authorities need to view this interaction as an opportunity to integrate people into the ecosystem of support in their local community. It offers a chance to consider what wider issues could be at play, such as social isolation or job loss, and connect them with relevant organisations which can provide the necessary support.

Building on earlier discussions, it was clear that the agenda of violence against women and girls needs to be integrated into local authority public health strategies. Funding for this agenda needs to be secured in the medium and long-term, allowing for specialist services to be commissioned in local regions that can support victims of domestic and sexual violence.

The group discussed the clear link between educational attainment, employment opportunities and poor health. Women and girls in the North are experiencing stark economic inequalities, a cycle driven by poverty and unequal access to opportunities.

Breaking this cycle is imperative for improved health and economic prosperity across the North. To achieve this, it is critical that strategies for economic growth target, and are specifically designed for, the regions and populations with the highest need to promote an inclusive approach to economic growth. The group highlighted some key ways in which this could be achieved. Firstly, more needs to be done to support women and girls in gaining the necessary skills to open up education and employment opportunities. Not only will this help women out of poverty, but also has a significant positive impact on the growth of local economies. Devolution gives a unique opportunity for local authorities to lead local career services to ensure we are supporting women and girls to access these skills and jobs. This work can begin during school, developing initiatives that empower and support girls in considering their education and employment paths. In addition, the group highlighted the need for economic growth initiatives to be designed in a way that is accessible to women and their needs, considering the impact of caring responsibilities or health conditions. Without this, women will continue to face unequal access to opportunities.

Critical to developing and delivering an infrastructure that caters to the needs of women across the North is directly involving them in the design process. We need to ensure we are working with the communities we serve to co-design initiatives, giving them agency and access to the decision makers. This will not only help local authorities develop an in-depth understanding of the local context but will help foster trusted relationships and create suitable initiatives.

Finally, there was recognition that community organisations provide vital support and resources to women in local areas, especially in the absence of local authority funding. More should be done to map out this network of community assets, to both better understand what is on offer, and to coordinate efforts. Public money is unlikely to address all of what has been discussed in the short-term, and thus it is imperative that community groups are utilised to offer the necessary support to vulnerable and disadvantaged groups.

Summary of Roundtable Discussions

Long-term funding for preventative agenda

Adopting a preventative approach is needed to address the complex and deep-rooted drivers of poverty and inequality. This demands a commitment to long-term and intergenerational funding which facilitates early and consistent interventions. The government should ensure resource is committed to initiatives that adopt a preventative strategy, such as the Sure Start Children's Centres.

Women in all policies

The specific challenges and circumstances experienced by women should be integrated into all future policies and strategies, at both local and national government levels. This should not only include women's health but also consider the wider social determinants that impact women such as caring responsibilities and violence. Moreover, misogynistic policies, such as the two-child limit, should be eradicated, reflecting a commitment to addressing the widespread inequality experienced by women.

Systematic approach to violence against women

Violence against women needs to be addressed in a systematic way, becoming a core component of all people-based governance. This needs to occur at every level, from local to national government, and across all sectors to ensure the topic is prioritised and embedded in daily operations. All public health strategies should commit resources to addressing violence against women and girls.

Specialist services for women

Specialist services for women experiencing domestic and sexual violence need to be embedded in the local healthcare ecosystem. It is essential that funding is secured to commission these services, ensuring they become a consistent and widespread network of support for women.

Early-years education

Essential to a preventative agenda is the implementation of education-based interventions in early childhood to avoid the younger generations developing harmful views towards women and girls. Long-term funding is required to achieve this level of intergenerational behaviour change.

Interactions as opportunities

To drive forwards a preventative agenda, all interactions with women need to be viewed as an opportunity to intervene and provide support, where necessary. Our healthcare professionals, and local authorities, should be equipped to both identify issues and signpost women to the services or support they need. Joining up support across sectors is critical to addressing the inequality facing women, the agenda needs to be viewed as the responsibility of all to address the underlying drivers of poverty.

Improving Education and employment opportunities

More needs to be done to support women and girls in gaining the necessary skills to open up education and employment opportunities. Local authorities, especially those in devolved regions, have an opportunity to lead this change via local career services, beginning in the school years, supporting the development of accessible initiatives that empower women to find and remain in work. Not only will increased economic activity help protect women from poverty and the associated ill-health, but it will drive both local and national economic growth.

Utilising community assets

More needs to be done to map out the network of community-led support services. This is an invaluable asset and co-ordinating these efforts can help improve the support on offer to women. Offering and utilising community support is especially important in the absence of widespread public funding. Moreover, collaboration with these community groups is essential for developing an infrastructure that can cater to the needs of women across the North. Involving women in the design of services allows for a greater understanding of their needs and gives them access to decision-makers in the local community.

Attendees

Professor Louise Kenny, Executive Pro-Vice-Chancellor, University of Liverpool
Jess Phillips MP, Minister for Safeguarding and Violence Against Women and Girls
Tracy Brabin, Mayor of West Yorkshire
Kim McGuinness, Mayor of North East
Hannah Davies, Executive Director, Health Equity North
Professor David Taylor-Robinson, Academic Co-Director Health Equity North, and Professor of Public Health and Policy at the University of Liverpool
Professor Kate Pickett, Academic Co-Director Health Equity North, and Professor of Epidemiology, University of York
Dr Eman Zied, Newcastle University
Dr Jennifer Dixon, Chief Executive, Health Foundation
Jabeer Butt, Chief Executive, Race Equality Foundation
Katie Schmuecker, Principal Policy Adviser, Joseph Rowntree Foundation
Gemma Peters, Chief Executive Officer, Macmillan Cancer Research
Zoë Abrams, Director of Communications and Engagement, Kings Fund
Zoë Billingham, Director of IPPR North
Cllr Samara Barnes, Rossendale Borough Council
Morgan Griffith-David, UK Policy Lead, Plan International UK
Andrea Simon, Executive Director End Violence Against Women Coalition
Dr Liz Hind, Women's Budget Group
Jemima Olchawski, Chief Executive, Fawcett Society