

Impact case study (REF3)

Institution: Newcastle University		
Unit of Assessment: UoA 20 Social Work and Social Policy		
Title of case study: Creating national debate and informing international policy to address geographical and socio-economic inequalities in health		
Period when the underpinning research was undertaken: 2017-2019		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Professor Clare Bambra (CB) Dr Heather Brown (HB)	Professor of Public Health Senior Lecturer in Health Economics	1/12/16 to present 25/7/11 to present
Dr Katie Thomson (KT) Dr Tomos Robinson (TR)	Research Associate Research Associate	1/3/17 to present 1/9/17 to present
Period when the claimed impact occurred: March 2019-present		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact		
<p>There are large health inequalities between social groups, neighbourhoods and regions. Newcastle University research found that higher rates of ill health in the North of England accounted for £13.2 billion in lost productivity, and also that social policies in England reduced health inequalities between 2000 and 2010. These two main findings informed six Parliamentary Questions, five House of Commons debates and national policy discourse. Newcastle research also found that differences in health inequalities between European countries were influenced by health care and welfare state factors. Internationally, this informed European World Health Organization policy, which is mandatory for member states, to reduce inequalities.</p>		
2. Underpinning research		
<u>Unmet need</u>		
<p>There are large health inequalities in England, with life expectancy gaps of up to nine years between the most and least deprived local authorities¹. There is also a two-year life expectancy gap between the northern and southern English regions, and health inequalities by socio-economic status (e.g. in terms of income, education and occupation) are higher in the north. Across Europe, people of higher socio-economic status have better health outcomes than those of lower socio-economic status. Reducing these health inequalities is a policy priority for the NHS, Public Health England and international agencies such as the World Health Organization (WHO).</p>		
<u>Newcastle research into health inequalities</u>		
<p>Newcastle researchers have an extensive track record of investigating health inequalities. Over the last five years, they have studied: (i) the impact of regional health inequalities on economic productivity (R1); (ii) the impact of social policies and austerity on local health inequalities (R2, R3, R4); and (iii) variation in health inequalities across European welfare states (R5, R6).</p>		
<p>As a result of their research into health inequalities, in 2018 CB and HB were commissioned by the Northern Health Science Alliance (NHSA)² to lead a report analysing the economic impact of health inequalities (R1). This provided the first econometric analysis of the impact of regional health inequalities on economic and productivity inequalities in the “Northern Powerhouse” (North East, North West, Yorkshire and Humber). This Newcastle-led report found that around a third of the £4 per person-per hour productivity gap between the Northern Powerhouse and the rest of England is accounted for by the higher rates of ill health in the Northern Powerhouse. Newcastle University researchers also found that reducing the North-South health divide could generate an additional £13.2 billion in UK gross value added. The report made recommendations on how the health and productivity gaps could be reduced, such as increasing NHS funding for prevention services and health science research by 10% in the Northern Powerhouse.</p>		

¹Iacobucci 2019, DOI: <https://doi.org/10.1136/bmj.l1492>

²Confirmed in a letter from the NHSA, available on request.

As part of a Leverhulme Trust-funded £1 million Research Leadership Award to CB, she and colleagues TR and HB longitudinally analysed the impact of changing government policies on local health inequalities. Specifically, they examined the contrasting effects of the English Health Inequalities Strategy (2000-2010) and the austerity policies (since 2010) on inequalities in infant mortality rates (R2-R4). They found that inequalities in infant mortality rates between the top 20% most deprived local authorities and the rest of England decreased at an annual rate of -0.116 during the period of the inequalities strategy (R2), and then increased again by 0.042 annually following the abandonment of the strategy in 2010 and the imposition of austerity (R2, R3).

CB led a NORFACE-ESRC-funded €1 million international project (with collaborators from Norway, Germany and the USA) which examined why health inequalities persist in European welfare states and methods to reduce them (R5). They found that the variation of health inequalities between and within different European countries was influenced by health care systems and welfare state institutional arrangements. With KT, this project also identified a range of policies with the potential to reduce health inequalities (R6).

3. References to the research

SciVal field-weighted citation impact (FWCI) as of December 2020. Newcastle researchers in bold.

- R1. **Bambra C**, Munford L, **Brown H**, Wilding A, **Robinson T**, Holland P, Barr B, Hill H, Regan M, Rice N, Sutton M. (November 2018) Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity, Northern Health Science Alliance, Newcastle. <http://www.thenhsa.co.uk/app/uploads/2018/11/NHSA-REPORT-FINAL.pdf>
- R2. **Robinson T**, **Brown H**, Norman PD, Fraser LK, Barr B, **Bambra C**. (2019) The impact of New Labour's English health inequalities strategy on geographical inequalities in infant mortality: a time-trend analysis. *Journal of Epidemiology and Community Health*. 73(6):564-8. DOI: 10.1136/jech-2018-211679.
- R3. Taylor-Robinson D, Lai E, Wickham S, Rose T, **Bambra C**, Whitehead M, Barr B. (2019) Assessing the impact of rising child poverty on the unprecedented rise in infant mortality in England, 2000–2017: time trend analysis. *BMJ Open*. 9:e029424. DOI: 10.1136/bmjopen-2019-029424.
- R4. **Bambra C**. Local health inequalities in an age of austerity: the Stockton on Tees study. Leverhulme Trust Research Leadership Award 2013-2018, £997,000 (Grant reference number RL-2012-006).
- R5. **Bambra C**, Eikemo T, Huijts T, Wendt C, Beckfield J. Health inequalities in European welfare states (HiNEWS). NORFACE-ESRC (New Opportunities for Research Funding Agency Cooperation in Europe including the Economic and Social Research Council), 2015-2018, €1,030,000 (Grant reference number 462-14110; 2015-2017).
- R6. McNamara CL, Balaj M, **Thomson KH**, Eikemo TA, Solheim EF, **Bambra C**. (2017) The socioeconomic distribution of non-communicable diseases in Europe: findings from the European Social Survey (2014) special module on the social determinants of health. *European Journal of Public Health*. 27 (Suppl. 1):22–6. DOI: 10.1093/eurpub/ckw222.

4. Details of the impact

Creating Parliamentary debate

A crucial part of policy change is stimulating debate at Government level, to make decision-makers aware of issues and to allow MPs to scrutinise and challenge policies before they are introduced.

In response to R1, six Parliamentary Questions on health inequalities and productivity were tabled by MPs, including Sir Alan Campbell (Lab), Sir George Howarth (Lab) and Andrea Jenkyns (Con), between February and July 2019 (IMP1). These questions received prompt written responses from Government, including the Chief Secretary to the Treasury and the Under-Secretary of the Department for Health and Social Care (H&SC), whose responses indicated that they now understood the importance of this issue. Answers included: "Future decisions on the allocation of funding for local authority public health functions will take account of the impact on areas with the

poorest health outcomes” (IMP1f); and “NHS England has committed to ensuring a higher share of funding goes towards geographies with high health inequalities” (IMP1a).

In addition, R1 created debate directly between Government and Opposition MPs in the House of Commons. The Shadow Public Health Minister mentioned R1 in a May 2019 debate (IMP2): “I recommend that every Member reads [R1]... Improving health in the north of England would... lead to substantial economic gains.” The Under-Secretary of State for H&SC replied: “I share [her] passion for improved health outcomes in the north.” Further, Chi Onwurah (Lab) mentioned R1 in a July 2019 session on H&SC (IMP3): “In the north-east, we die on average two years younger than in the south. The [NHS] estimates that that costs our economy £13 billion a year, on top of the emotional and personal costs.” Matt Hancock replied, “Health inequalities is an underpinning part of the long-term plan for the NHS; it is absolutely critical...”. Mary Robinson (Con) cited R1 in her speech on the economy in October 2019 (IMP4): “[The] Health for Wealth report indicated a strong link between health spending and the boost in productivity that we can expect.”

Wider Newcastle research on social policy and local health inequalities (R2, R3, R4) has also informed House of Commons debates. Dr Paul Williams (Lab) stated in March 2019 (IMP5): “Has the Secretary of State seen Professor Clare Bambra’s research...showing that inequalities... between deprived and more affluent areas fell between 1999 and 2010 when there was a Labour Government, and then increased from 2011 to 2017?” The Rt Hon. Matt Hancock, Secretary of State for H&SC, replied: “The best thing we can do to reduce health inequalities is ensure that more people are in work...”

Mary Kelly Foy (Lab) chose Health Inequalities as the subject of her March 2020 House of Commons maiden speech (IMP6). Informed by R2 and R3, she stated: “Even more shockingly, a recent report... [R3] showed that between the most deprived local authorities...and the rest, inequalities in infant deaths, which decreased sharply under the Labour Government [R2], have now started to increase under Conservative austerity [R2, R3].”

Informing national policy discourse

In April 2019, Matt Hancock used figures from R1 in a speech (IMP7): “Health inequality costs the North more than £13 billion a year... Preventing ill health can transform lives, transform our society, and reduce inequalities.” The Chief Executive Officer of the NHS, Simon Stevens, also referred to figures from R1 in a May 2019 lecture (IMP8): “About 30% of the productivity gap between the Northern Powerhouse and the rest of England is the consequence of higher rates of ill health.” This was significant as it showed that the report had provided the basis for national policy discourse by influential figures.

Informing WHO European Health Inequalities Policy

Newcastle research has also underpinned recent European WHO policy. In 2017, on the basis of her expertise on health inequalities in Europe (R5, R6), CB was appointed to the Scientific Expert Working Group to the Health Equity Status Report initiative (HESRi)³, and her ‘substantial contribution’ is acknowledged in the summary documentation⁴. The Working Group, who provide scientific guidance to the WHO on monitoring health status, policy progress and governance practices, oversaw the development of the first ever HESRi. CB and KT wrote one of the key HESRi Policy Guidance products (IMP9), which fed in to the main HESRi (IMP10).

The HESRi resulted in a new policy resolution on reducing health inequalities in Europe (IMP11) being passed in September 2019, which committed the WHO, Member States and partners to note, implement and monitor the findings and recommendations of the HESRi. This means that all 53 countries covered by the WHO Europe region (encompassing 900 million people)⁵ are committed to implementing policies to reduce inequalities and to monitor the impacts.

³<http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/health-equity-status-report-initiative/the-initiative>

⁴http://www.euro.who.int/_data/assets/pdf_file/0016/412333/Hesri-executive-summary.pdf?ua=1, page 8.

⁵https://www.euro.who.int/_data/assets/pdf_file/0020/215660/The-World-Health-Organization-in-the-European-Region-Eng.pdf?ua=1#:~:text=WHO%2FEurope%20is%20made%20up,Member%20States%20across%20the%20Region

In summary, Newcastle research has stimulated debate at national level, which is a crucial part of the decision-making process, as well as informing policy at European level.

5. Sources to corroborate the impact

IMP1 UK Parliament written answers and statements:

IMP1a. February 2019. <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-02-20/223775/>

IMP1b. February 2019. <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-02-20/223777/>

IMP1c. February 2019. <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-02-20/223835/>

IMP1d. April 2019. <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-04-30/249286/>

IMP1e. May 2019. <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-05-01/249888/>

IMP1f. July 2019. <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-07-01/271531/>

IMP2. UK Parliament Hansard for 14 May 2019. <https://hansard.parliament.uk/Commons/2019-05-14/debates/D6FAC629-2148-4080-893B-DE850B227901/Health#contribution-A26A159F-529D-4C7F-A7ED-51E855EC48ED>

IMP3. UK Parliament Hansard for 23 July 2019. <https://hansard.parliament.uk/Commons/2019-07-23/debates/5886A7E3-9AC6-478A-8F1B-1FBD94EDBAE8/TopicalQuestions>

IMP4. UK Parliament Hansard for 24 October 2019.

<https://hansard.parliament.uk/Commons/2019-10-24/debates/867C435E-2BE9-47E9-B0F8-F55B628BDCDA/TheEconomy#contribution-16DF64C7-2C71-49EC-9D0E-4A7C2D43A17B>

IMP5. UK Parliament Hansard for 26 March 2019.

<https://hansard.parliament.uk/Commons/2019-03-26/debates/10D9F609-DADA-446D-8CBD-480A8C7D7A81/Children%E2%80%99SHealthAndWellbeing>

IMP6. UK Parliament Hansard for 4 March 2020. <https://hansard.parliament.uk/Commons/2020-03-04/debates/F45AA8C2-154A-497D-88E4-80304A4714ED/details>

IMP7. Northern Powerhouse Health Innovation Conference in Manchester April 2019.

<https://www.gov.uk/government/speeches/the-most-innovative-healthtech-is-happening-in-the-north>

IMP8. Reported in an article by Alastair McLellan in the Health Service Journal 28 May 2019.

<https://www.hsj.co.uk/policy-and-regulation/stevens-nhs-must-take-more-responsibility-for-tackling-climate-change/7025155.article>

IMP9. WHO Europe Policy guidance product 2019 Reducing inequities in health across the life-course by Clare Bambra & Katie Thomson.

https://www.euro.who.int/_data/assets/pdf_file/0008/403937/20190530-h1510-life-course-young-adults-en.pdf

IMP10. WHO Europe information on the key components of the HESRI.

<https://www.euro.who.int/en/health-topics/health-determinants/social-determinants/health-equity-status-report-initiative/products#411547>

IMP11. WHO Europe September 2019 Resolution EUR/RC69/R5: Accelerating progress towards healthy, prosperous lives for all, increasing equity in health and leaving no one behind in the WHO European Region.

https://www.euro.who.int/_data/assets/pdf_file/0009/413838/69rs05e_HealthEquityResolution_190589.pdf