

North and South: addressing the English health divide

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Abstract

The North South divide in England is a popular cultural trope and it is well known that there are large and longstanding geographical inequalities in health in England. In this editorial we examine the scale of the English health divide, presenting comparative data for Europe with a particular focus on how the North South divide compares to the East West division in Germany. We discuss the recent Public Health England programme of work to address these geographical inequalities – “Health Equity North”, and conclude by noting the need for public and political engagement to address the gap.

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“But the future must be met, however stern and iron it be”

Elizabeth Gaskell, *North and South* (1855)

The North South divide in England has been a popular trope from the mid-nineteenth century novels of Charles Dickens (*Hard Times*, 1854) and Elizabeth Gaskell (*North and South*, 1855) through to TV and radio documentaries of 2014. [1][2] These often focus on culture and the economy, but it is also well known that there are large and longstanding geographical inequalities in health in England [3]. Between 2009 and 2011 people in Manchester were more than twice as likely to die early (455 deaths per 100,000) as people living in Wokingham (200 deaths per 100,000). [3] This sort of finding is not new; for the past four decades, the North of England (commonly defined as the North East, North West and Yorkshire and Humber regions) has persistently had higher all-cause mortality rates than the South of England, and the gap has widened over time. [4] This dates back to at least the early 19th century when, for example, Chadwick found that life expectancy for all social classes was higher in Bath than in Liverpool. [5]

The extent of the current spatial health divide in England is extreme by contemporary comparative standards. England has some of the largest regional inequalities in health in Europe (Figure 1). The scale of the divide is such that the life expectancy gap for women between the poorest English regions - the North East (NE) and North West (NW) - and the richest – London and the South East – was similar to the gap between the former West Germany and post-communist East Germany in the mid-1990s (Figure 2). What the history of German reunification shows is that these regional differences can be addressed. After reunification in 1990, life expectancy for women in East Germany caught up with that of women in West Germany in little more than a decade, whereas the gap between the North of England and London has persisted for women. East German women now have a higher life expectancy than NE English women. The German spatial life expectancy gap for men is now smaller than the English one.

The root of the North South health divide is largely acknowledged to be economic. Recent figures from the Office for National Statistics support this. They show that over the past 20 years the North has consistently had lower employment rates than the South for both men and women. [6] This is associated with the lasting

effects of de-industrialisation. [7] In the latter part of the 20th century, there were regionally concentrated falls in the demand for labour (most notably in the North East and North West), particularly affecting those with less education. [8] However there is also a political element to the North South divide. With England having one of the most centralised political systems in Europe, both political and economic power are concentrated in London and the surrounding area and this has had an influence on the model of economic development pursued in recent years. [9] This has been exacerbated since the change of government in 2010, as there has been a shift away from the few administrative structures that had sought overtly to address English regional imbalances: Government Offices for the Regions, Regional Development Agencies, posts of 'Minister for the Regions' and subsequently Strategic Health Authorities have all been abolished in favour of smaller scale and more local units of governance. The recession and the subsequent austerity policies, have also disproportionately affected the North, with higher budget cuts for Northern local authorities alongside higher rates of unemployment and welfare receipt, particularly in the North East (Figure 3).

It is this context that has inspired Public Health England to launch 'Health Equity North', a programme of research and policy development to explore and address the North South divide. [10] The programme - a public health call to action - was announced in Blackpool in February 2014. [11] The first action of 'Health Equity North' was to set up an 'Independent inquiry into health inequalities in the North of England'. This brings together members from Northern academia (including two authors of this editorial - CB and BB), along with leaders in local government and the voluntary sector in the North. The Inquiry will highlight new policy options that can inform action by local government and partners in the North and be a focus for the North to advocate for changes in national policy that reduce health inequalities and the North South Health Divide. Under the spotlight are: participation and democracy, childhood and early life, welfare and austerity, and the economy. The Inquiry will make recommendations for PHE, local authorities, the voluntary sector, the NHS and national government. This is the first Independent Inquiry commissioned by PHE and the first ever policy-initiated inquiry into the North South Health Divide. It reports in June 2014.

To be effective PHE's Health Equity North programme will need to move beyond public health departments to build a broad collaboration between all sectors of local government alongside the voluntary and community sector from across the North. Importantly it will need widespread political support from Councillors, Members of Parliament and beyond. However it is unlikely that action within the North will be sufficient on its own. The lesson of German reunification is that where the political will exists to tackle regional inequalities, it can be done. But this was not achieved by the efforts of the former East Germany

alone; it came about because the West embraced the abolition of Germany's divisions alongside their neighbours in the East. [12] The referendum on independence for Scotland, whose population health more closely mirrors the English North than the South, raises questions about the role of greater self-determination versus greater national unity in addressing inequalities in health and wealth. The English experience, and the comparison with Germany, illustrates the need for both national solidarity *and* greater local self-determination in addressing a problem of this scale and persistence. Unlike Germany, we have no physical wall to tear down, but the barrier that divides the affluent South East from the rest of England has, dispiritingly, proved far more durable. The question is whether England also has the will for such unification. Hopefully, this work of Public Health England is a first step in a wider public project to tackle the North South health divide which is unfair, unsustainable and unnecessary.

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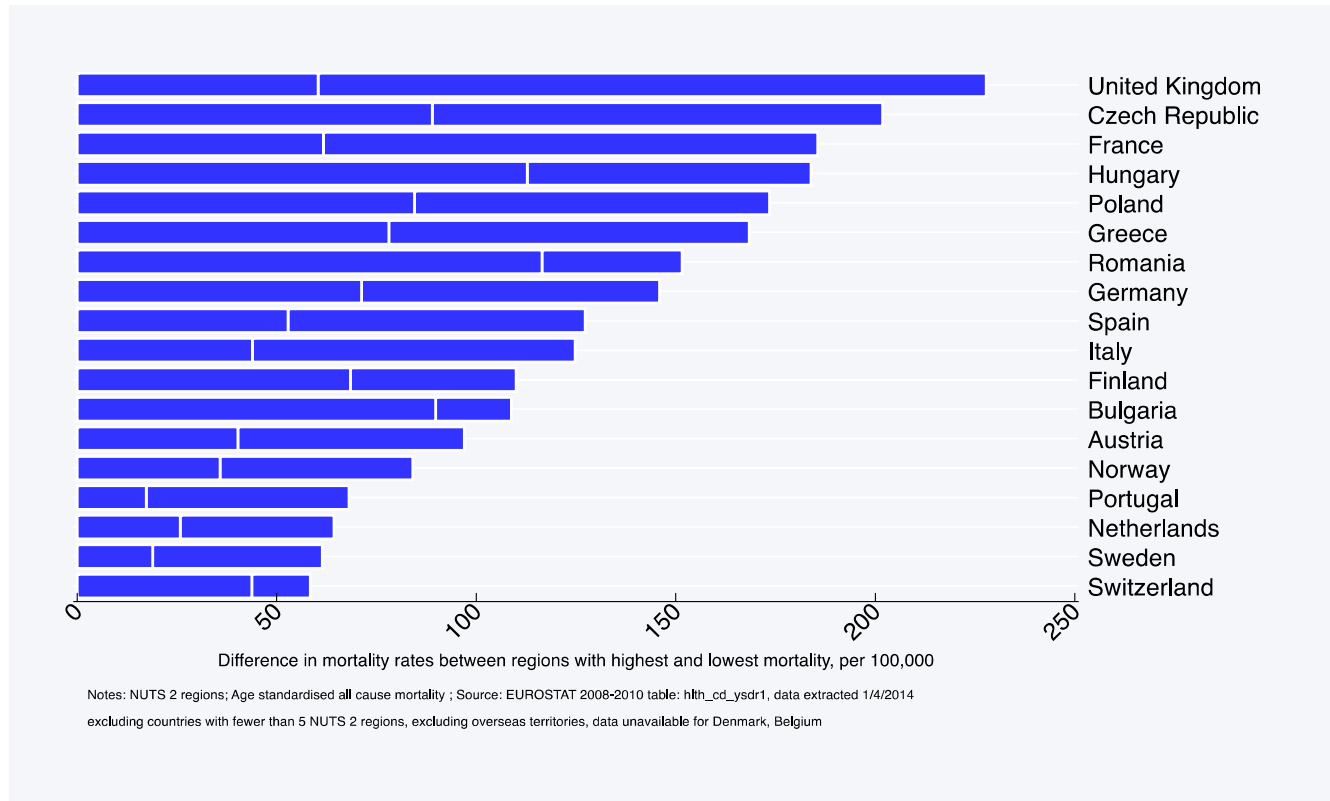
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Figure 1: Regional inequalities in mortality rates in Europe in 2008-2010. Difference in age standardised all age all cause mortality between NUTS 2 regions with the highest and lowest rates, excluding countries with fewer than 5 NUTS 2 regions [13]*



* Based on EUROSTAT classification of European regions - Nomenclature of territorial units for statistics (NUTS) level 2. NUTS is a hierarchical system for dividing up the territory of the EU.

Figure 2: Life expectancy trends for men and women in London, the NE and NW of England, and West and East Germany 1980 – 2012. German data are single years, English regional data are 3-year rolling averages plotted against the mid-year of each period. [14][15]

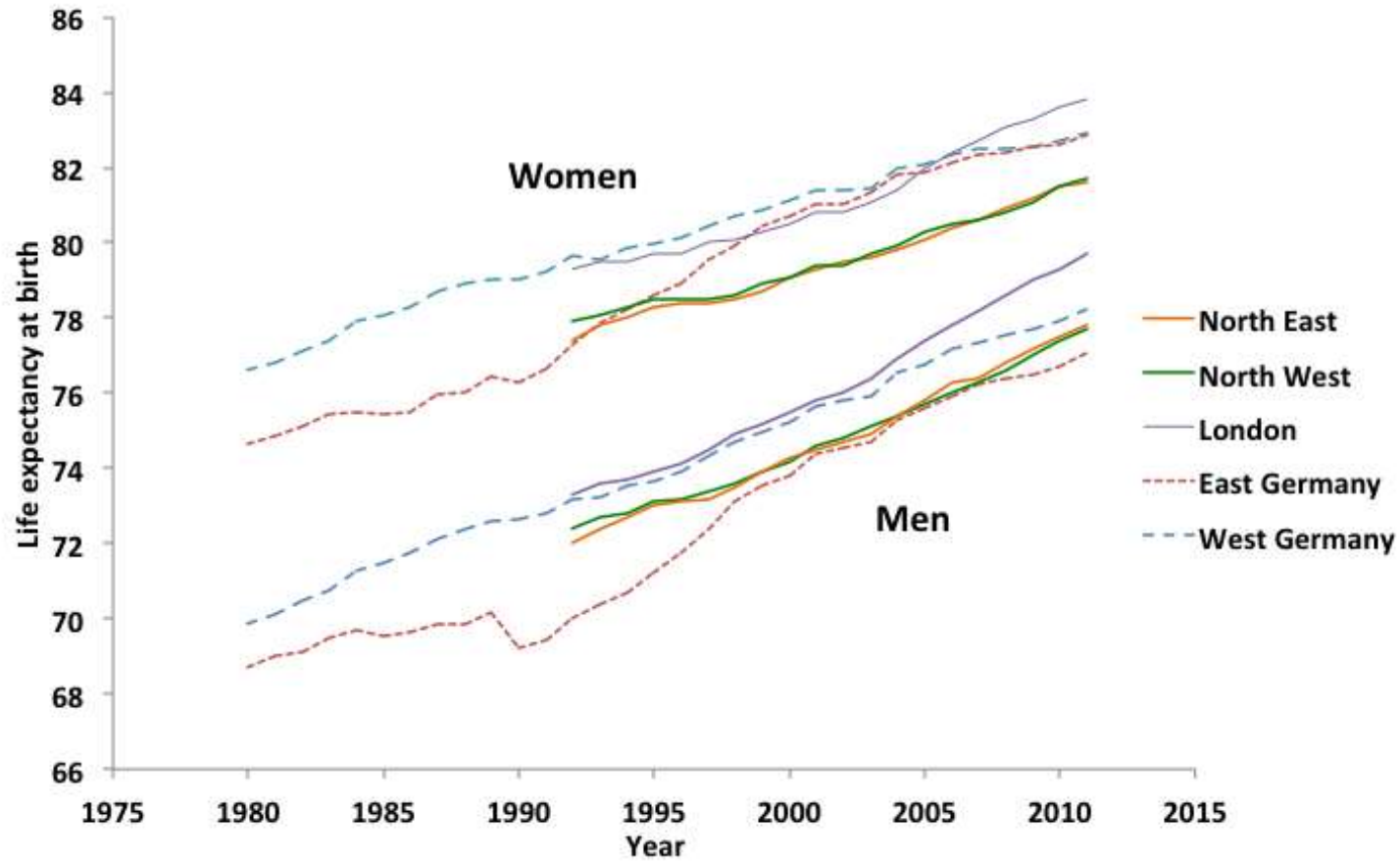


Figure 3: Cumulative area changes in English Local Authority budgets 2010/11 to 2014/15

