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Heseltine Institute
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State of health in the city

Liverpool 2040

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Series 3 Briefing 12

February 2024

State of health in the city: Liverpool 2040

Key takeaways

1. Liverpool is facing an unprecedented health and social care crisis with up to an extra 38,000 people living with major illness (defined as at least two long term conditions) by 2040 unless urgent action is taken. One in four of the adult population in Liverpool is projected to be living with major illness by 2040, compared to one in five across England.
2. The burden of this crisis is being borne unevenly with residents in the most deprived areas experiencing the worst outcomes. This inequality is forecasted to get worse by 2040.
3. The impact of national policies and reductions in public services on issues such as poverty, housing, unemployment and unhealthy lifestyles, have entrenched poor health outcomes and inequalities in Liverpool, which has a consequence for the economy through unemployment caused by ill health.
4. The Liverpool 2040 report will help focus health and care planning, but inadequately funded services impair local capacity to move at scale and pace to address current need and reduce forecasted demand.
5. UK government action is needed to give local systems adequate resources and powers to improve health, alongside national policies to drive health improving environments.

1. Health in Liverpool 2040: a wake-up call

What might the future hold for the health of Liverpool's residents? This is a crucial question not only for the city's residents, but also for those providing health and care services and responsible for the city's economy and future prosperity.

[State of Health in the City: Liverpool 2040](#) is the first report of its kind in Liverpool to go beyond describing the current 'health problem'. In response to [Liverpool City Council \(LCC\) condemning health inequalities in the city in the summer of 2023](#), we wanted to consider how health outcomes have changed over previous decades, and how we might expect the future to look. Our aim was to go beyond simply describing the current state of health and look ahead. Most crucially, the report is designed to act as a catalyst for change in a city that has been held back by ill health for decades. Based on recent evidence, the report sets out current and future local and national actions needed to improve health outcomes for all the city's residents.

2. Current health in Liverpool

As the third most deprived local authority area in England, Liverpool is a place with longstanding health and social inequalities. Almost two in three residents live in the most deprived 20% of areas in England. Although the city has seen improvements in a few key health metrics, such as reductions in the numbers of smokers and lower rates of teenage pregnancy, the LCC Director of Public Health's new report describes a current state of ill health in the city that is of grave concern.

The report finds that our residents are living longer than previously, but in the last decade that progress has stalled, compounded by the impact of COVID-19. Men in Liverpool live an average of 3.5 years less and women 3.9 years less than in the rest of England, and this divide has widened since the start of the COVID-19 pandemic. COVID-19, cancer, cardiovascular and respiratory diseases were the principal drivers for this decline in life expectancy.

Concerning as this overall deterioration is, analysis shows a persistent theme of inequalities for both life expectancy and health life expectancy. Across the [life course](#), children, young people and adults in our poorest areas consistently experience worse levels of ill health compared with rates in more affluent parts of the city and averages across England.

Not enough children and young people in our city are starting well in life. Our infant mortality rate is above the national average (4.8 per 1,000 versus 3.9 per 1,000), and 24,000 (28.9%) children live in relative poverty. Since the pandemic, childhood vaccination rates have sharply declined to the extent that in 2022/23 only 80% of children had their first dose of the measles, mumps, and rubella (MMR) vaccine by their second birthday, significantly below the England rate (89.3%) and well below the rate generally considered to offer population level immunity. 43.5% children have dental decay by the age of five, the second highest nationally, and the city has the fifth lowest rate of children being ready for school (measured by having reached a [Good Level of Development](#), or GLD) at only 58.4%. As one might expect, this grim experience of health often continues into adulthood.

The report reveals that if you live in the poorest areas of the city, you will on average live 15 years less than someone in the most affluent areas, and you are more likely to experience ill health earlier in life. The analysis shows that residents in the poorest areas live between 10 to 15 years sooner with major illness (that is at least two long term conditions) compared with those in the most affluent areas. 1,900 residents per year die young (under the age of 75) and 1,100 of these deaths are preventable.

Most of these statistics are well-known and understood across the health system. However, until now there had not been a forward look, based on current trends, to forecast what health might look like for Liverpool's residents. This is important if agencies responsible for health in the city are to reduce the burden of preventable ill health in future years. This, we argue,

requires moving from a predominantly reactive approach to ill health to one that is about creating the conditions for people to live healthy lives in health-promoting environments. This approach is supported by recent work from the [OECD on the Economics of Prevention](#) and [Public Health England which called for more preventative strategies in reducing ill health](#).

3. A forward look: health in Liverpool in 2040

We estimate that by 2040 there will be:

- Up to an extra 38,000 residents living with major illness
- One in four of the adult population are projected to be living with major illness by 2040, [compared to one in five in England](#)
- An increase of 191,300 in the overall number of health conditions to a total of 546,600 (a 54% increase)
- Increases in particular conditions including: a doubling of depression to 164,200 people; hypertension up by 20,300 people; cancer up by 16,100; diabetes up by 14,800; asthma up by 11,600; and chronic kidney disease up by 10,600
- A decrease of 4.1 years in healthy life expectancy for women
- An extra 4,000 people from a minority ethnic background living with major illness.

The report highlights that the burden of these poor health outcomes will be borne disproportionately by residents living in the most deprived areas of the city. For example, we forecast that the number of health conditions will rise by 55,000 cases (86%) in the most deprived GP practice areas, compared to an increase of 34,200 (46%) among the least deprived GP practice areas.

Women and children are among those most likely to be affected by poverty, and the consequences of poverty for women include poor health and low morale, restricted access to good quality housing, debt problems due to rising housing costs, cuts to housing benefit and caps to local

housing allowance as well as increased or prolonged exposure to domestic abuse.

Some of the key health issues facing children and young people within the next two decades are predicted to be mental health, obesity and child poverty. These will compound existing poor outcomes for childhood oral health and unhealthy weight amongst primary school age children.

One in three (35%) of our economically inactive residents are currently on long term sick leave compared to one in four (25.6%) in England (10% of the total working age population in Liverpool compared to 5.3% in England), and it is inevitable that the sharp rise in increased illness that we forecast will make this position worse. The implications for the city's economy, and the potential knock-on effects in the city region, are likely to be significant.

The methodology to estimate projected health is set out in full in the appendix to the Liverpool 2040 report. In summary, linear regression was fitted to Life Expectancy and Healthy Life Expectancy estimates to project forward using historical trend data for adults. Our assumptions on the prevalence of major illness was based on those developed by the Health Foundation in their [State of Health report](#). However we adapted these baseline assumptions as we observed these are likely to understate the rate for a highly deprived area such as Liverpool compared with an England average rate.

We drew from a range of data sources, including the NHS [Quality Outcomes Framework](#). Due to the level of uncertainty projecting health outcomes for children, the report referred to current research from which to draw some assumptions, including from the [Royal College of Paediatric and Child Health](#). We also acknowledge that unknown future innovations in treatment, potential changes to lifestyle behaviour, and wider economic and societal changes may have positive or negative impacts on health so our figures are estimates based on current assumptions, rather than predictions.

4. Mobilising for action

In commissioning and publishing the report it was always the intention to move beyond simply describing the 'problem' to what we need to do now and in the future to tackle the city's health challenges. *State of Health in the City: Liverpool 2040* does exactly that and is being used to galvanise actions from partners across the City and to make a case for action by national government.

The report was presented to an LCC meeting in January 2024, where there was unanimous support for the report and its recommendations. The report was described by Leader of the Council Councillor Liam Robinson as a "[shocking, sobering and frankly heart-breaking in parts](#)" and by Leader of Opposition Councillor Carl Cashman as "a wake-up call for the city, the Council and the Government – that we need to take urgent action to improve health outcomes in Liverpool."

Our approach in setting out next steps was to recognise the important work [already being undertaken by LCC](#) and its partners across the city and city-region, and to then describe how collectively we will address the challenges ahead. We concluded with three specific asks of Government because we understand all too clearly that following years of austerity and high levels of poverty we require national support if we are to address health needs at scale and pace.

The asks of Government are:

1. A model of devolved authority on health and care that works for Liverpool and the wider Liverpool City Region. In the report we deliberately don't propose copying an existing model of devolution, recognising that each model in England and for Wales and Scotland has benefits and challenges. Instead, this is about engaging in a serious way with government, and our local partners, about the best model for Liverpool, recognising that we are also part of a wider city region. Our report does refer to examples such as the ability to implement minimum unit pricing on alcohol to reduce alcohol related harms

as one example, alongside licensing and local taxation to address harms caused by over provision of fast food outlets selling unhealthy foods. However, this report represents the start of a process of developing a new approach to devolved health policy.

2. National policy actions that addresses priority health issues including tobacco, alcohol and healthy food. One of the City's priority demands is to lift 24,000 children out of relative poverty, which we know would have a significant positive impact on health and other outcomes such as educational attainment. The report recognises the important role that national policies can play in limiting the harms caused by tobacco, alcohol, and unhealthy environments which is necessary to give local partnerships scope to act. A current example is increasing regulation of tobacco sales and smoke-free places – policies which are already contributing to a sharp fall in tobacco smokers and young smokers.
3. A new model of funding that is multi-year, rather than the current annual funding which prevents medium to long-term planning, and a settlement which recognises the need for greater investment in prevention. We contend that the report makes the case for a dual approach to funding that enables current demands to be met whilst supporting local partnerships to invest more in health-promoting work, with a particular focus on targeting areas of greatest need.

5. What happens next?

LCC's Health and Wellbeing Board will oversee the implementation of the recommendations contained within the report and has been tasked with reporting back to Council in 2025 with progress.

The city already has some well-developed platforms and fora to drive action. The 2024 refresh of the City's [One Liverpool Strategy](#), promoting a Healthier, Happier Fairer Liverpool for All, provides a timely

opportunity for the NHS, LCC and local partners to support a five-year strategy that has a meaningful impact on addressing health inequalities now and in the future.

Earlier this year, LCC, working in tandem with local universities and the voluntary and charity sector, was awarded £5million for the next five years to establish a [Liverpool Health Determinants Research Collaboration](#), funded by the National Institute for Health and Care Research. The new collaboration will help LCC to use data and evidence to routinely address health inequalities in policy making and implementation of strategies.

This is crucial as we know that health isn't just about services, but about the places people live, the jobs they have access to, and the health of their local environments. The [Council Plan](#) and the [City Plan](#), alongside the new [Transformation Programme](#), all provide platforms to accelerate our work on improving the health of residents, and creating health improvement environments, allied to the innovative use of establishing data resources

The report is a warning, and a rallying call, for everyone involved in the present and the future of Liverpool to take action. As the Leader of the Council said in his closing speech to Council, the launch of the report should "*mark the moment when action on improving health*" shifts gear so that every resident can lead a life lived well.

The report is available on LCC's Public Health micro-site [here](#).

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About the authors

Professor Matt Ashton was appointed Director of Public Health for Liverpool City Council in April 2020 in a joint appointment with the University of Liverpool, where he is an Honorary Professor in the Department of Public Health and Policy. He leads a team of 30 people in the local authority, covering a range of public health activities including the commissioning of public health services, health protection, health improvement, health care public health, embedding health in all policies approaches and addressing the wider determinants of health. Matt led on the response to the Covid-19 pandemic for Liverpool, and his efforts have been recognised nationally through the award of the Faculty of Public Health's presidential medal in 2021, and also the Chief Medical Officers National Impact Award in 2022. Matt is passionate about bringing together the best people and partnerships in the region to improve health and wellbeing and reduce inequalities in the communities we serve.

Eustace de Sousa worked as an Interim Consultant in Public Health with LCC, and alongside his work on the State of Health the City: Liverpool 2040, he supported the successful bid for HDRC funding. Eustace previously worked for Public Health England leading the national team on health inequalities, children and young people's health and healthy ageing. He has worked at regional level in the North West for the NHS overseeing children's health and wellbeing. He has also worked for Manchester City Council leading adult and children's social care, and neighbourhood services. He is currently a Non Executive Director on the Board at Liverpool University Hospitals Foundation Trust. Eustace is an Honorary Fellow of the Royal College of Paediatric and Child Health in recognition of the work he has done on children and young people's health and wellbeing.

To cite this briefing, use: Ashton, Matt and Eustace de Sousa. 2024. 'State of health in the city: Liverpool 2040. *Heseltine Institute Policy Briefings*, 3(12). DOI: <http://doi.org/10.17638/03172463>

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