In the eight years since the May 2010 general election, the health of people living in the United Kingdom has faltered. At first the only evidence came from surveys in which people started to say in greater numbers that their health was getting worse. Then they started dying a little earlier than before, and then a lot earlier. By early 2018 we were seeing slowdowns in health improvements not experienced since at least the 1890s.

In some areas of the country life expectancy began to fall. It then fell for all the poorest of infants born in the country. However, whenever any suggestion was made that central government austerity and health policies might have had an adverse impact on the health of the nations of the UK, these suggestions were always (and without exception) dismissed out-of-hand by the department of health media representatives as being preposterous suggestions. In this talk the story is told, some of the evidence presented and the question raised as to who in government did not know. Who might have known and did not care. And who knew, cared, but thought all this was a price worth paying for what they really wanted to happen to health and other public services. To privatise a service first you have to run it down.
Health inequalities: Implications for Health Promotion (Danny Dorling, Sheffield, University)

Presentation for the British Association for the Study of Community Dentistry conference 8th April 2011. Kenwood Hall, Sheffield (theme: “What did you do in the war?”)

We must not assume there will be progress…
March 2012 – We were still talking about inequalities and the last (new) Labour Government. Summit for Combating inequality, Tænketanken Cevea Conference, København, Denmark, March 14th.

“Politically it is very hard for the last government to blame this one for rising inequalities. Health Inequalities UK 1999-2008 (summary):”
Figure 1.3: Example of airbrushing and what non-misleading advertising would look like.

I Won't Tell You But I'M Going To Privatise The NHS!

Source: http://socialinvestigations.blogspot.co.uk/2012/03/conservative-lords-and-their-financial.html

5 March 2013, Arnolfini, Bristol
On 10 December 2012 the following email was sent by an operator at the private health care firm Harmoni to the freelance doctors on its books, pleading for at least one of them to cover the early night shift for the Whittington area from 7.30 that evening until 1 o’clock the following morning:

Sent 10.12.2012 09.36 hrs
URGENT COVER NEEDED TONIGHT
Dear All URGENT COVER NEEDED FOR TONIGHT:
Whittington PCC 19.30-23.30
Visiting Session 19.00-01.00
Overnight Face to Face 00.00-08.00
Please contact XXXXXXXXXX if you are available to help
*Rates can be discussed
Figure 6.2: David Cameron and his health secretary, Andrew Lansley, meet nurses during a visit to the Royal Salford Hospital in Manchester on 6 January.


Between 2008 and 2013, cuts led to some 483,000 old and disabled people in the UK either losing their care support or becoming no longer eligible to claim it. “reductions ... are particularly acute for older people”. There are now millions fewer social care visits a year to the elderly than took place five years ago. The biggest cuts to visits came after the general election of May 2010.
In the UK we began to learn that

(published in an IJE Commentary: All the presidents' children, an in an article in the New Statesman.

In the year to June 2013, some 23 400 more deaths than expected occurred (5% more).

Post retirement life expectancy dropped by 2%.

Influenza and pneumonia can have contributed only 5.8% and 3.5% (unless mass misdiagnosis).
Peaks tend to be multi-causal

July 2011: UK’s largest private care home provider about to go bankrupt and might need to close all 752 homes – no effect? …Women deaths rate rose much faster than men’s.

The BBC posted this story as a piece of ‘business news’. The coalition did not intervene early on. Underlying the issue was landlords rents.
One cause blamed officially - **flu**

A traditional scapegoat - in just four months, from December 1952 to March 1953, some 12,000 residents perished in London above the number a year early. Housing Minister Harold Macmillan blamed the flu. It was smog.

“The 1953 smog matters today. It tells us what ministers and their officials are capable of.”
But assessments of the effects of home visits can find little evidence of a beneficial outcome effect on individual survival...
Possibly because there are effects which are lagged and which are more general than individual care to death prevention which may go in the opposite direction?
If you are 65 or over, it is important to spend most of your time in a warm environment during the winter months. There are a number of things you can do to cope in cold weather. Keep your main living room at around 18-21°C (65-70°F) and the rest of the house at least 16°C (61°F). If you can’t heat all the rooms you use, heat the living room during the day and the bedroom just before you go to sleep. Make sure you are receiving any benefits you are entitled to, such as the winter fuel payment and cold weather payment. Regular hot drinks and eating at least one hot meal a day will help keep energy levels up during winter and keep your body warm. Finally, make sure you get the seasonal flu jab.
Hard not to conclude this

It was almost certainly not flu. It may not even mostly have been the cold. The winter of 2009/2010 was colder than our recent winters, yet far fewer died then. It is hard to believe that it is not the rising callousness of our age which, in so many ways, is driving growing numbers of elderly people to die earlier than expected. Life expectancy in the UK remains below that of most other western European countries.
Charts like this begin to appear in obscure Public Health reports

At the time said: “We will see more Years of Life Lost
Charts like this soon showing stalling
when 2012, 2013 and 2014 data added.”
No wonder rates of mental illness among the young are rising. Studies of depression in adolescent girls in North America, 1984–2010 (see table 7, page 274 of the first edition of this book for details):
Including increases in the legal taking of mind altering drugs (now more than a tenth of the population)

Figure 25: The rate of prescribing anti-depressants by the NHS in Scotland, 1992–2014.

Note: The NHS uses financial years when reporting on prescribing rates. The measure shown is what is called standardised defined daily doses (the commonest amount prescribed in mg/day for each anti-depressant drug) per 1,000 people aged 15+. In the first edition of this book the latest data available was for 2005–6.


Rate of prescribing antidepressants by NHS Board: Defined Daily Doses per 1,000 population (aged 15+), Scotland, 1992–2014:

<table>
<thead>
<tr>
<th>Year</th>
<th>92-93</th>
<th>94-95</th>
<th>96-97</th>
<th>98-99</th>
<th>00-01</th>
<th>02-03</th>
<th>04-05</th>
<th>06-07</th>
<th>08-09</th>
<th>10-11</th>
<th>12-13</th>
<th>13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>19</td>
<td>26</td>
<td>37</td>
<td>48</td>
<td>62</td>
<td>76</td>
<td>84</td>
<td>88</td>
<td>97</td>
<td>112</td>
<td>123</td>
<td>130</td>
</tr>
</tbody>
</table>
And we need to know that very different ways of thinking prevail, both more +ve and -ve.
The NHS has stalled on progress on its highest priority target – to reduce premature death from preventable causes – possibly for the first time ever.

http://www.dannydorling.org/?p=4909

“Declining health outcomes, rising health inequality and extreme economic inequality” 2/10/2015
We are learning about ourselves
52% of leave voters lived in the south of England, 59% were class A, B, C1.

<table>
<thead>
<tr>
<th>Region</th>
<th>Sample</th>
<th>National %</th>
<th>Leave %</th>
<th>Leavers</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Midlands</td>
<td>894</td>
<td>7%</td>
<td>57%</td>
<td>510</td>
</tr>
<tr>
<td>Eastern Region</td>
<td>1113</td>
<td>9%</td>
<td>57%</td>
<td>634</td>
</tr>
<tr>
<td>Wales</td>
<td>631</td>
<td>5%</td>
<td>56%</td>
<td>353</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>1129</td>
<td>9%</td>
<td>55%</td>
<td>621</td>
</tr>
<tr>
<td>West Midlands</td>
<td>988</td>
<td>8%</td>
<td>55%</td>
<td>543</td>
</tr>
<tr>
<td>North East</td>
<td>589</td>
<td>5%</td>
<td>54%</td>
<td>318</td>
</tr>
<tr>
<td>North West</td>
<td>1445</td>
<td>12%</td>
<td>53%</td>
<td>766</td>
</tr>
<tr>
<td>South East</td>
<td>1851</td>
<td>15%</td>
<td>53%</td>
<td>981</td>
</tr>
<tr>
<td>South West</td>
<td>1186</td>
<td>10%</td>
<td>53%</td>
<td>629</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>170</td>
<td>1%</td>
<td>48%</td>
<td>82</td>
</tr>
<tr>
<td>London</td>
<td>1284</td>
<td>10%</td>
<td>44%</td>
<td>565</td>
</tr>
<tr>
<td>Scotland</td>
<td>1090</td>
<td>9%</td>
<td>38%</td>
<td>414</td>
</tr>
<tr>
<td>UK</td>
<td>12370</td>
<td>100%</td>
<td>52%</td>
<td>6416</td>
</tr>
</tbody>
</table>

Author’s analysis of M. Ashcroft final poll: only some 24% of leave voters classes D&E
The Vote Reflects a Health Crisis

On the day of the EU referendum data from the ONS revealed there had been 52,400 more deaths in the year to June 2015 as compared to the same period a year before.

Death rates in England and Wales rose overall by 9% and by 12% for those aged 90+; by 10% for those aged 85-89; 7% for those aged 80-84; 5% for those aged 75-70; and by 3% for those aged 55-74. These rate rises were unprecedented.

They were attributed to dementia and Alzheimer’s, with influenza being suggested as a contributory factor. Austerity played a major role. It was those with long term care needs who were dying earlier. The health and social services crises will worsen further as national finances worsen and as it becomes harder to recruit and retain staff from the European mainland (death rates only fell for adults aged 25-29).
This is what a flu epidemic looks like when you have a severe epidemic in England and Wales.

Bristol, October 2016

Fig. 2. The weekly incidence of Influenza-like illness (ILI) described by age for a selection of the more severe epidemics over the last 40 years. Age-specific rates are presented for the weeks surrounding the peak week of all-age incidence (week 0).
The largest single year rises in mortality in England and Wales 1840-2015 (relative increase in mortality rate on the year before)

<table>
<thead>
<tr>
<th>Year</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>9%</td>
</tr>
<tr>
<td>2014</td>
<td>8.5%</td>
</tr>
<tr>
<td>2013</td>
<td>7%</td>
</tr>
<tr>
<td>2012</td>
<td>6.5%</td>
</tr>
<tr>
<td>2011</td>
<td>6%</td>
</tr>
<tr>
<td>2010</td>
<td>5%</td>
</tr>
<tr>
<td>2009</td>
<td>4%</td>
</tr>
<tr>
<td>2008</td>
<td>3%</td>
</tr>
<tr>
<td>2007</td>
<td>2%</td>
</tr>
<tr>
<td>2006</td>
<td>1%</td>
</tr>
<tr>
<td>2005</td>
<td>0%</td>
</tr>
</tbody>
</table>

The rise in the overall death rate between the calendar years 2014 and 2015 was 7% - the last time a calendar year rise was as big as that was 1951 (When more people died of Flu in Liverpool than in the 1918 pandemic). Source of that claim: http://wwwnc.cdc.gov/eid/article/12/4/05-0695_article
Before the great rise in deaths we had some warnings – dismissed as artifact.

Trends in self-reported health used by ONS in annual well-being reporting

<table>
<thead>
<tr>
<th>Year</th>
<th>Completely satisfied</th>
<th>Somewhat satisfied</th>
<th>Mostly dissatisfied</th>
<th>Completely dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>12.7</td>
<td>14.8</td>
<td>6.3</td>
<td>3.0</td>
</tr>
<tr>
<td>2010/11</td>
<td>11.3</td>
<td>14.0</td>
<td>6.4</td>
<td>4.1</td>
</tr>
<tr>
<td>2011/12</td>
<td>9.9</td>
<td>12.8</td>
<td>5.6</td>
<td>4.1</td>
</tr>
<tr>
<td>2012/13</td>
<td>9.3</td>
<td>12.9</td>
<td>5.4</td>
<td>5.4</td>
</tr>
</tbody>
</table>
National Well-being Measures, March 2015 release with the single comparable statistic from the March 2016 release added

This measure has been assessed as showing no overall change between 2011/12 and 2012/13. It is assessed as having deteriorated between 2009/10 and 2012/13.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely satisfied</td>
<td>%</td>
<td>14.6</td>
<td>16.6</td>
<td>13.0</td>
<td>10.6</td>
<td>11.6</td>
<td>12.2</td>
<td>12.3</td>
<td>12.7</td>
<td>11.3</td>
<td>9.9</td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td>Mostly satisfied</td>
<td>%</td>
<td>28.3</td>
<td>31.0</td>
<td>29.4</td>
<td>27.5</td>
<td>28.5</td>
<td>29.5</td>
<td>30.7</td>
<td>40.8</td>
<td>41.0</td>
<td>36.6</td>
<td>37.1</td>
<td></td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>%</td>
<td>23.9</td>
<td>23.2</td>
<td>24.7</td>
<td>25.5</td>
<td>25.8</td>
<td>25.6</td>
<td>27.3</td>
<td>14.8</td>
<td>14.0</td>
<td>12.8</td>
<td>12.9</td>
<td></td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
<td>%</td>
<td>14.6</td>
<td>13.7</td>
<td>15.5</td>
<td>16.3</td>
<td>15.7</td>
<td>15.5</td>
<td>14.4</td>
<td>8.2</td>
<td>8.6</td>
<td>7.8</td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>%</td>
<td>10.0</td>
<td>8.3</td>
<td>9.4</td>
<td>10.4</td>
<td>10.2</td>
<td>10.3</td>
<td>8.9</td>
<td>13.0</td>
<td>14.5</td>
<td>13.8</td>
<td>13.6</td>
<td></td>
</tr>
<tr>
<td>Mostly dissatisfied</td>
<td>%</td>
<td>4.6</td>
<td>3.9</td>
<td>4.5</td>
<td>5.2</td>
<td>4.8</td>
<td>4.1</td>
<td>3.6</td>
<td>6.3</td>
<td>6.4</td>
<td>13.5</td>
<td>12.4</td>
<td></td>
</tr>
<tr>
<td>Completely dissatisfied</td>
<td>%</td>
<td>4.1</td>
<td>3.3</td>
<td>3.5</td>
<td>4.5</td>
<td>3.3</td>
<td>2.9</td>
<td>2.8</td>
<td>4.1</td>
<td>4.1</td>
<td>5.6</td>
<td>5.4</td>
<td></td>
</tr>
</tbody>
</table>

Somewhat, mostly or completely satisfied

| Percentages | 66.7 | 70.8 | 67.0 | 63.7 | 65.9 | 67.3 | 70.2 | 68.3 | 66.3 | 59.3 | 59.3 | 57.8 |

Upper confidence interval

|  | .. | .. | .. | .. | .. | .. | .. | 68.8 | 66.7 | 59.8 | 59.8 |

Lower confidence interval

|  | .. | .. | .. | .. | .. | .. | .. | 67.8 | 65.9 | 58.8 | 58.8 |

1. Although these are longitudinal surveys, the data have been weighted for cross-sectional analysis. Comparisons can be made but caution needs to be taken.
2. Confidence interval ± 0.5

Source: Understanding Society, UK Household Longitudinal Study - as published by ONS, except colour coded, to show breaks in series and additional data. 2013/14 Figure added from ONS (2016). Note that the proportion has fallen further and that no breakdown is now published by ONS.

Note: Whilst the questions on the surveys are similar the methodology has changed to such an extent that it is not possible to compare the new Understanding Society Survey figures with the earlier British Household Panel Survey figures.
Trends in mortality rates by age: ONS mid year estimates for 2014 and 2015 (absolute)

Rise in mortality rates in England and Wales 2014 to 2015 (% point) by age

Largest absolute
Mortality rate
Rises (calendar)

1. 1918
2. 1846
3. 1895
4. 1849
5. 1940
6. 1929
7. 1847
8. 1863
9. 1890
10. 1878
11. 1858
12. 1857
13. 1851
14. 1874
15. 1911
16. 1915
17. 1840
18. 1904
19. 1931
20. 1951
21. 1864
22. 1899
23. 1927
24. 1943
25. 1882
26. 1891
27. 1924
28. 1854
29. 1968
30. 1870
31. 1922
32. 2015
Trends in mortality rates by age: ONS mid year estimates for 2014 and 2015 (relative)
Figure 2: State spending as a proportion of GDP, twelve rich countries 2002–2020 (%)
On November 19th the Economist Magazine published the best correlates to “explain” why increase for the Republicans rose in some areas and not in others – poor health: “even after controlling for race, education, age, sex, income, marital status, immigration and employment, these figures remain highly statistically significant.”

Multiple government targets are now being missed
Source: Gemma Tetlow, Financial Times, 28th February 2017 (Institute for government)
Male life expectancy from age 85

Source:
Female life expectancy from age 85

Source:
Since 2011, under David Cameron and Theresa May, life expectancy has flatlined. The latest figures, published by the Office for National Statistics in September, are for the period 2014-16. Women can now expect to live for 83.06 years and men for 79.40 years. For the first time in well over a century the health of people in England and Wales as measured by the most basic feature – life – has stopped improving.
Life expectancy for women in the UK is now lower than in Austria, Belgium, Cyprus, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, the Netherlands, Norway, Portugal, Spain, Sweden, and Switzerland. Men do little better. In almost every other affluent country, apart from the US, people live longer than in the UK, often several years longer and the best countries are pulling away. Between 2011 and 2015 life expectancy rose by a year in both Norway and Finland. It rose by more than a year in Japan, despite the Japanese already having the highest life expectancy in the world.

Figure 5.2: The take of the 1% and life expectancy in 19 countries and all US states

Health effects

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/childhealth/articles/ukdropsineuropeneanchildmortalityrankings/2017-10-13
Deaths registered in England and Wales (all ages)

Average (2013–2017)  Extra deaths in first weeks of 2018

Week 1*  644 extra
Week 2  1883 extra
Week 3  1838 extra
Week 4  1981 extra
Week 5  1680 extra
Week 6  1162 extra
Week 7  1187 extra
Week 8  1017 extra
Week 9  183 fewer
Week 10  2062 extra
Week 11  2014 extra
Week 12  1624 extra
Week 13*  3 fewer
Week 14  508 extra
Week 15  1973 extra
Week 16  828 extra

Total extra deaths: 20215

* Note that registrations of deaths can be affected by Christmas and Easter holidays.
There are long term lag effects (1983 and 2014 here).
# Table 1.1.1: Deaths in State Detention, England and Wales, 2011-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Prison Custody¹</th>
<th>Police Custody</th>
<th>Immigration removal centres</th>
<th>Mental Health Act detention</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>185</td>
<td>22</td>
<td>3</td>
<td>83</td>
</tr>
<tr>
<td>2012</td>
<td>152</td>
<td>9</td>
<td>1</td>
<td>93</td>
</tr>
<tr>
<td>2013</td>
<td>155</td>
<td>12</td>
<td>2</td>
<td>97</td>
</tr>
<tr>
<td>2014</td>
<td>220</td>
<td>10</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>2015</td>
<td>261</td>
<td>11</td>
<td>1</td>
<td>188</td>
</tr>
<tr>
<td>2016</td>
<td>298</td>
<td>10</td>
<td>1</td>
<td>252</td>
</tr>
</tbody>
</table>

*Source: Social Care Institute of Excellence, Deprivation of Liberty Safeguards (DoLS) at a glance, June 2017, Table 6 (deaths reported to coroners).*

National Statistics, Coroners statistics Annual 2016, England and Wales, 11 May 2017, statistical tables Table 6 (deaths reported to coroners).

Connor was 18 when he drowned in a bath in Oxford in July 2013 – he had an epileptic seizure at Slade House ‘learning disability unit, run by Southern Health NHS Foundation Trust’

The Tale of Laughing Boy

https://vimeo.com/130521001

And then you stop looking at so many numbers and consider just one death. Very near here.

On top of those who die in prison, or detained under the mental health act are many others in care but not being properly cared for.

Connor Sparrowhawk inquest: Care unit death 'contributed to by neglect'

16 October 2015
What is the extent of inequality?
One average investment banker receives as much pay per year as eleven average care workers (even after everyone has paid tax)
The effects harm health above all else
And then in March 2018 – up again, for the **overall rate** – outside of the CI bands. First time since WW2
So who should be held to account?

• On health:, "health chiefs”, a catch all term for anyone or any group or organization charged with maximizing the health and well being of their population: Department of Health and Social Care.

• + 4 Chief Medical Officers of the United Kingdom

• Anyone whose job title is, for example ‘chief knowledge officer’ in an organization.

• In the NHS they may have a ‘chief executive', a ‘chief nurse’ and so on.

• Perhaps ask –the BBC? Hugh.Pym@bbc.co.uk
Figure 3.7.1: Households with children private renting, England 1984-2012

Note that Annex Table 1.5: Households with dependent children, by tenure, 2003-04 to 2015-16 gives the figures for the four years after this as being 21%, 24%, 24% and 25%, or 6,602,000 households in England by 2015/16 according to the 2015-16 English Housing Survey Headline Report.

What can we do about it now?

Corbyn gives Labour biggest vote share increase since 1945

Change in Labour’s vote share on previous election

Source: UK Political Info. 2017 results are after 629 seats declared.
Different societies are differently shaped.
Pay gaps are falling

There is a great deal of good news out there, but not yet in health.

Martin Sorrell has vowed to “start again”, weeks after his abrupt departure from WPP, the advertising, marketing and communications group he built over 33 years.

Speaking at the Techonomy conference in New York, Sir Martin said he had been “extracted” from WPP but that he was “going to start again. I’m not going into voluntary or involuntary retirement.”
Conclusion

When change truly happens it at first strikes seasoned commentators as frankly impossible – a pipe-dream; then undesirable and full of negative consequences; then ‘just about possible’ once the clamour for change becomes overwhelming. Finally change happens and their memories change with it. They will say that they believed in the change as desirable all along; they somehow saw it coming and so, too, were on the right side of history. Then we can all forget that just a few years ago they had so vehemently opposed the change, had justified the status quo, were so very scornful, and ultimately wrong. That matters little. It is just history. What matters is ensuring that we are now at the peak and starting on our way down. It’s a long way down.