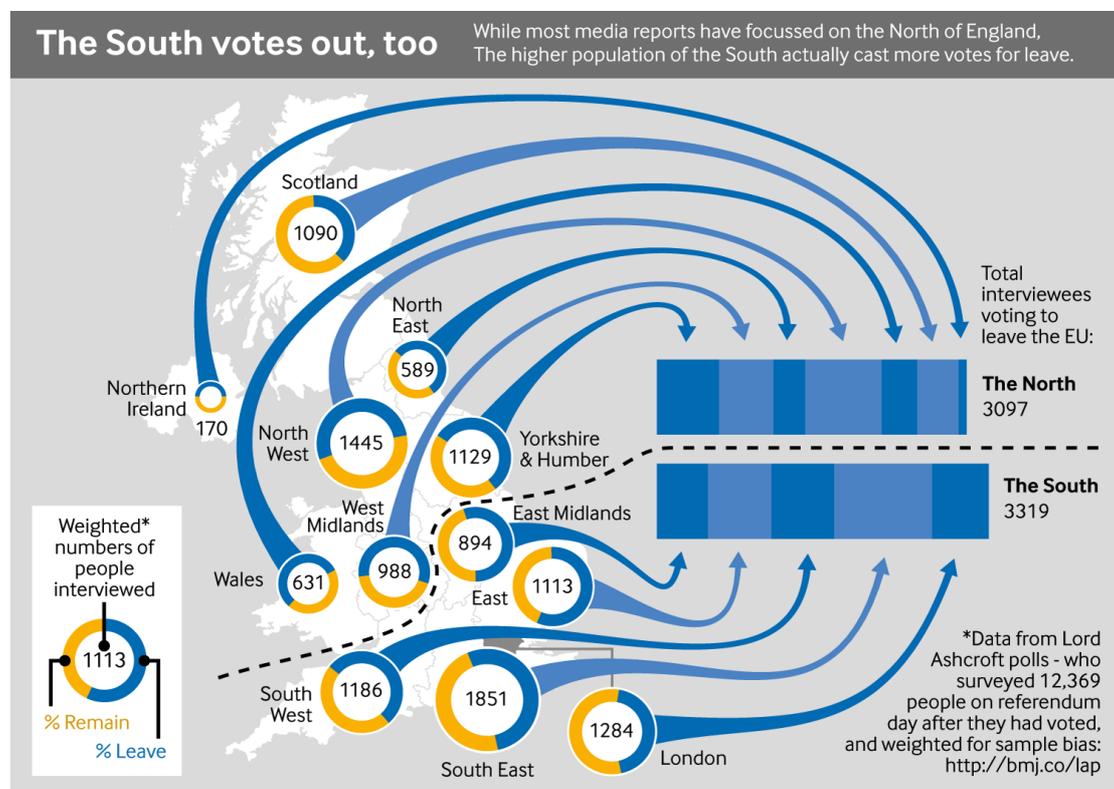


Dorling, D. (2016) Public Health was declining rapidly before the Brexit vote, Public Sector Focus, July/August, pp. 20-22.

# Public Health was declining rapidly before the Brexit vote

**Danny Dorling, University of Oxford**

I am a geographer who specializes in several fields including epidemiology. I work at the University of Oxford, but also with colleagues from many other universities. The argument in this piece is very simply: people in the UK have been telling us that their health has been worsening since 2010 and we have also found more have been dying in 2012, 2013, but especially during 2015. The vast majority of these deaths are not due to influenza. Austerity is likely to have mattered, especially, perhaps, as it altered public services for the elderly

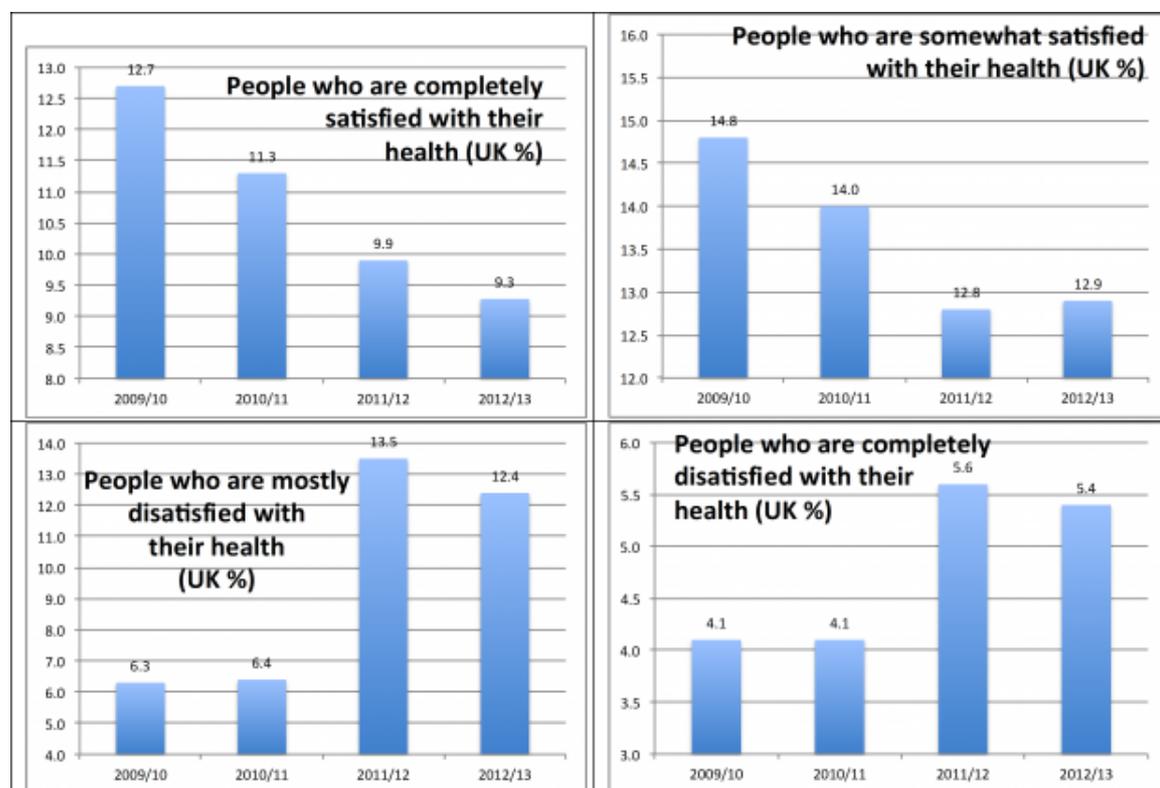


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Self-reported health had been progressively declining year on year since 2010 (Figure 1). In the years before 2010 up to 70% of the population were somewhat, mostly, or completely satisfied with their health and there was no downwards or upwards trend. In March 2016 the main health self-reported component of David Cameron’s much vaunted “happiness index” had fallen to its lowest ever recorded level, just 57.8% of the UK population were content with their health. Such a rapid and large fall does not occur because of population ageing. It is associated with the period of increasing austerity and public sector cuts. It represented a remarkable decline in national public health.

**Figure 1a: Trends in self-reported health used by ONS in annual well-being reporting**



*Source: ONS, derived from Understanding Society Survey (see table below for details). This is the measure of health that is reported in the annual well-being statistics that were established after David Cameron, as Prime Minister, said that we should monitor the wellbeing of people across the UK.*

The latest data shown in these graphs is for early 2013. In March 2016 ONS reported that: “The proportion of people aged 16 and over in the UK who were somewhat, mostly or completely satisfied with their health was lower in the financial year ending 2014 (57.8%) than in the previous year (59.3%). The way in which people view their health is crucial to well-being.” The most recent figure is not included in the graphs because it is an aggregate statistic, but it shows that the falls in health have continued; ONS have not yet released the disaggregated statistics.

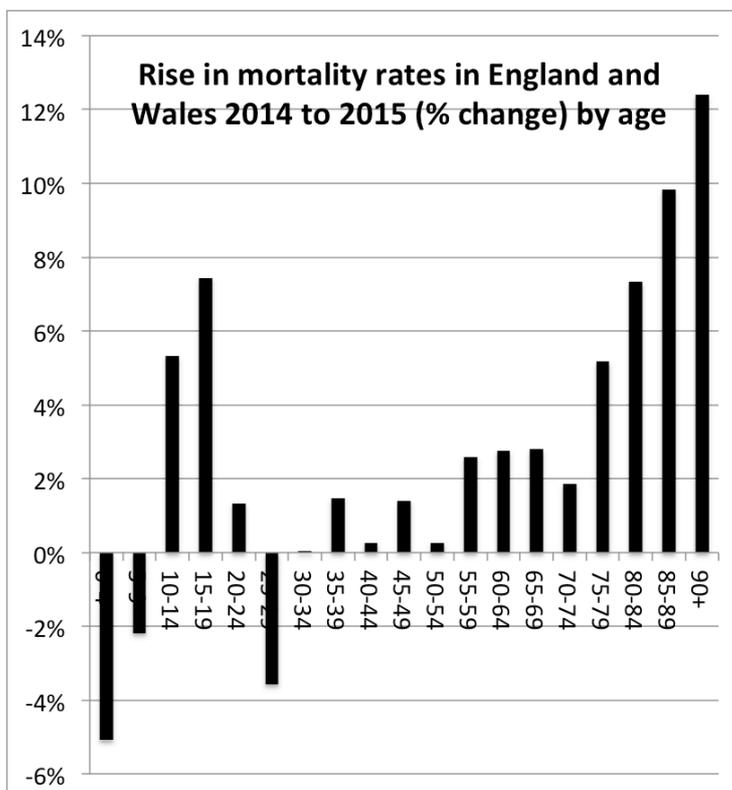
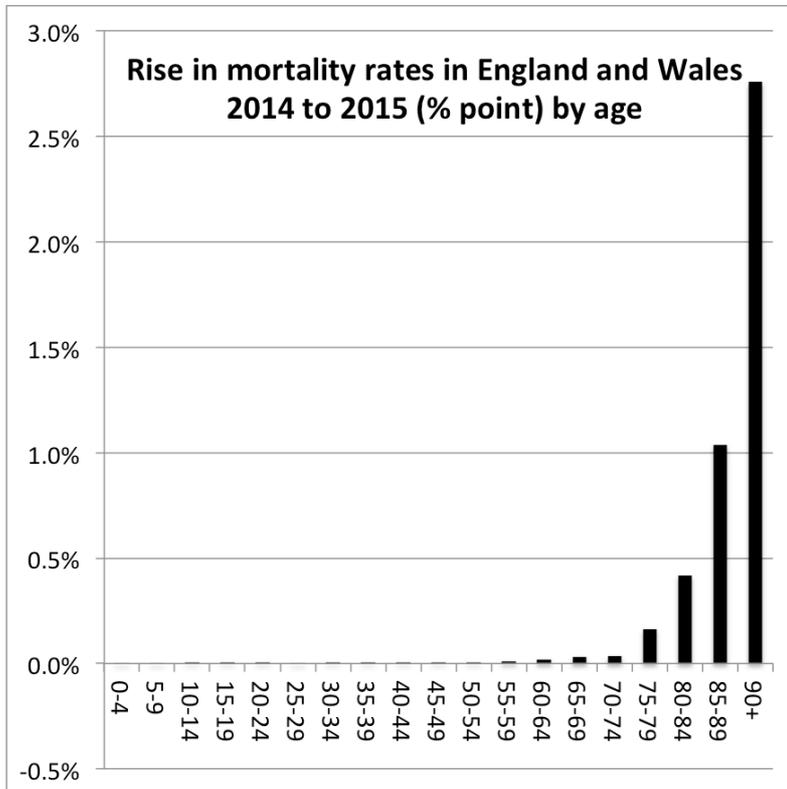
No newspaper or TV channel reported this rise in people saying their health had worsened. Similarly, there was no press release issued by ONS for the news of the huge rise of deaths on June 23<sup>rd</sup>: - a net rise of 52,000 deaths in the year to July 2015 as compared to the previous year. Death rates had also risen slightly for some elderly groups in earlier years between 2010 and 2014, but the 2015 rise was unprecedented in recent history – in both relative and absolute terms. The last time a rise as great as that to July 2015 had occurred was in the year to 1940 upon the outbreak of the Second World War. The graphs below show the absolute percentage point rise in mortality rates by age in the year to July 2015 as compared to the year before then, and the relative

rise in mortality. Clearly the old suffered most no matter how change is measured, and the oldest and almost certainly the most frail have suffered most of all.

On the day of the EU referendum we learnt that deaths in the UK had risen by 52,400 in just one year (although that news was not picked up by any news organisation given the interest in the vote and the political turbulence since then). In England and Wales they rose by 46,100; a rise of 9% in the annual death rate to mid year 2015. Deaths rose by 12% in the population who had survived to age 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.

In the light of the referendum result and the interest shown during the referendum debate on NHS health spending, perhaps we ought to consider whether Leave won, not mainly due to fears of others, but because many people, and especially the old, had had enough of their lives becoming rapidly worse as measured though the most important of all the measures of quality of life – health. It is **not** that people knew that health was getting worse overall; but they knew that their lives were getting worse.

**Figure 1b: Trends in mortality rates by age: calculated from ONS mid year estimates for 2014 and 2015**



Under the campaign slogan 'Vote leave, take control', Leave secured 51.9% of the referendum vote, a very narrow victory. The elderly Leave voters among the middle class were crucial to the final result. This was because the middle class constituted two thirds of all those who voted, and the elderly were much more likely to turn out and vote to Leave. Health had worsened in all areas of the UK since 2010 and among all social classes. Middle class people are very more likely to live to the older ages most effected than working class people are.

So why might people across the UK have been so dissatisfied with the status quo? The older middle class lost rural bus services, meals on wheels services, visits from adults social workers, suffered from an underfunded health service in crisis; but they did at least benefit from young migrants arriving and staffing the services they relied on, including the care homes. We also now know that many more of their friends and neighbours had died in the year before the vote than was usual and the huge numbers of this group were reporting far worse health than the same age group had been reporting prior to 2010. Most people suffering problems with their health are elderly.

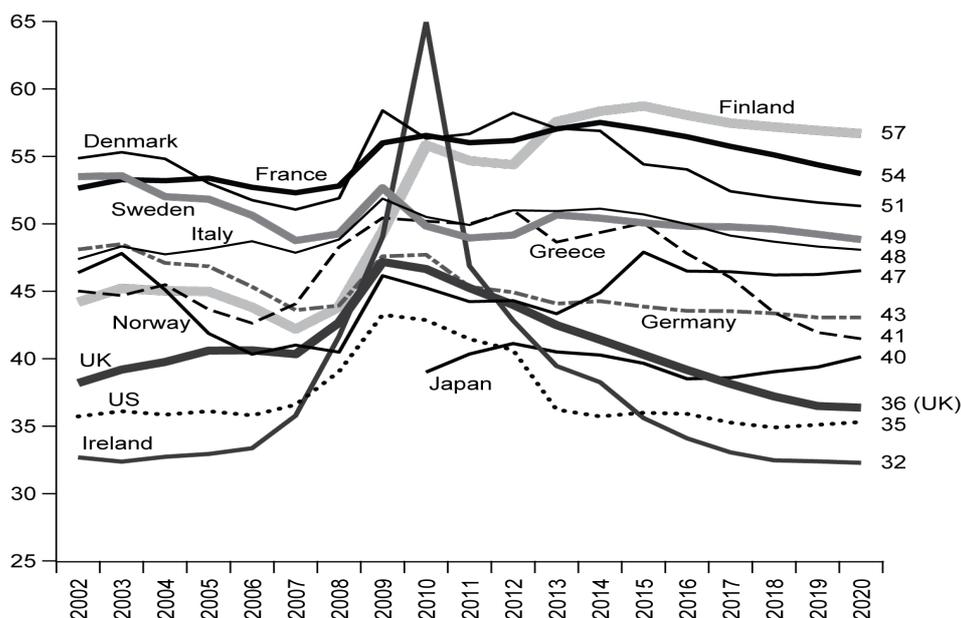
Soon the UK will be the first EU state for many years to see overall falls in its life expectancy. This will occur even before some EU citizens leave the UK and others decide not to come, but those future choices will worsen the figures – because migrants tend to be healthy and young. Migrants don't just boost the

economy; they also improve our health, through their own health and working in care services.

No one explained to people in Britain that the UK would now have to spend £1050 million more a week to fund its health service at the level more equitable that Germany does. Almost all other European countries tax more effectively, spend more on health and do not tolerate our degree of income inequality.

All the statistics used in this article are included in the British Medical Journal editorial referenced below and those on our low public health spending and austerity (and Figure 2 below), are published in the [open access book](#) *A Better Politics: How Government Can Make Us Happier*.

Figure 2: State spending as a proportion of GDP, twelve rich countries 2002–2020 (%)



Source: The 2010, 2012 and 2015 IMF database, projections after 2014

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This article is a summary of a Blog published on July 11<sup>th</sup>: Dorling, D. (2016) Austerity, Rapidly Worsening Public Health across the UK, and Brexit, PSA Political insight Blog, July 11th, <https://www.psa.ac.uk/insight-plus/blog/austerity-rapidly-worsening-public-health-across-uk-and-brexit-0>

Which itself is an extend version of an editorial published in the British Medical Journal on July 7<sup>th</sup>: “Editorial: Brexit: the decision of a divided country”:  
<http://www.bmj.com/content/354/bmj.i3697>

*The graphs in this piece as Figure 1a, on the rise in poor health since 2010 were first published in Dorling, D. and Thomas, B. (2016) People and Places, A 21<sup>st</sup> century Atlas of the UK, Bristol: Policy Press. Figure 1b is published in Dorling, D. (2016) Rapid Response: Editorial - Brexit: the decision of a divided country, BMJ, August 1st, <http://www.bmj.com/content/354/bmj.i3697/rr-3>*