

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



# Austerity, Rapidly Worsening Public Health across the UK, and Brexit

Published on 11 July 2016

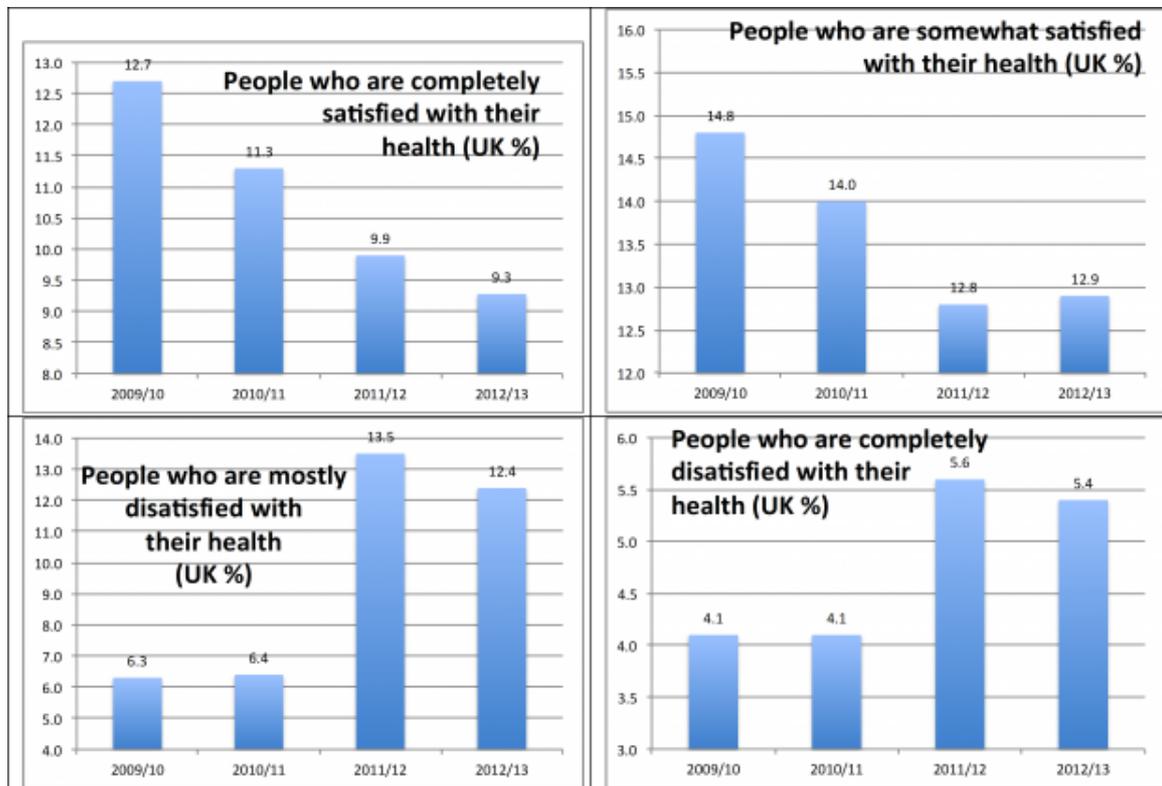
**Danny Dorling, University of Oxford**

On June 23rd, on the very the day the EU referendum was held, the UK's Office for National Statistics (ONS) released its **latest annual mortality figures** – on schedule. An unprecedented rise in mortality was reported which was revealed to have risen across all the countries of the UK. Some 52,400 more deaths were reported to have occurred in the year to June 2015 as compared to the same period a year before. Mortality rates could be calculated for

the first time that day and revealed that 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. In normal times mortality falls, health improves. The decline in the health of the elderly across the UK was not due to ageing, it was not due to ex-pats returning, it was not some artifact.

The increase in mortality in the UK was mainly attributed (by the authorities) to increases in dementia and Alzheimer's, with influenza being suggested as a contributory factor. However, it became clear when the size of the mortality rise was revealed on June 23rd that Austerity had played a major role in the rapid worsening of overall UK public health. It was those with long term care needs who were dying earlier most often. All the underlying references for these facts on mortality and self-reported health are now published in the [British Medical Journal](#) along with references to further information on how self-reported health had been progressively declining year on year since 2010, as the graphs below highlight.

**Figure: 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. However, 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 drop in self-reported health that ONS reported in March 2016 was so rapid that it fell outside the confidence limits established the year before for possible error in the rates being estimates. The most recent figure is not included in the graphs because it is an aggregate statistic, but it shows that national self-reported health became worse yet again, at least as far as those surveyed were concerned.

No one reported this rise in people saying their health had worsened. Perhaps the authorities thought they should not do so because of the referendum campaign underway? Similarly, there was no press release issued by ONS for the news of the huge rise of deaths on June 23rd. Every previous release of these annual statistics had been accompanied by a press release. A year after the greatest rise in ill health was reported came the greatest rise in mortality.

By March 2016 it was becoming abundantly clear that deaths in the UK were rising and self-reported health quality had been falling year after year for some time, but as we did not have denominator populations we could not be sure that these changes were real changes in rates. Now we are sure. This is because of the mid-year population statistics released on June 23rd.

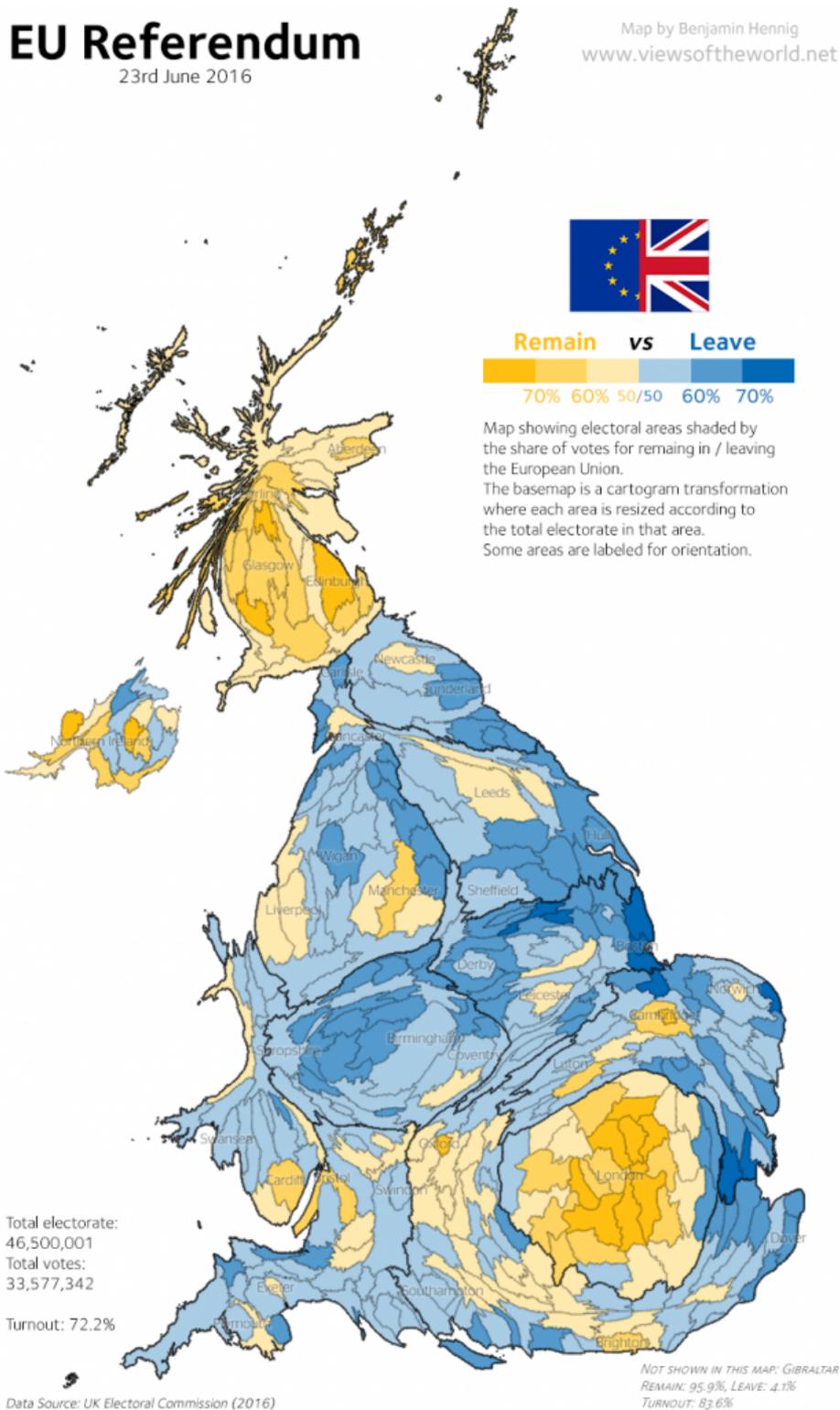
In the light of the referendum result and the interest shown during the referendum debate on NHS health spending, perhaps we ought to consider whether Leave won, not mainly due to fears of

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.

# EU Referendum

23rd June 2016

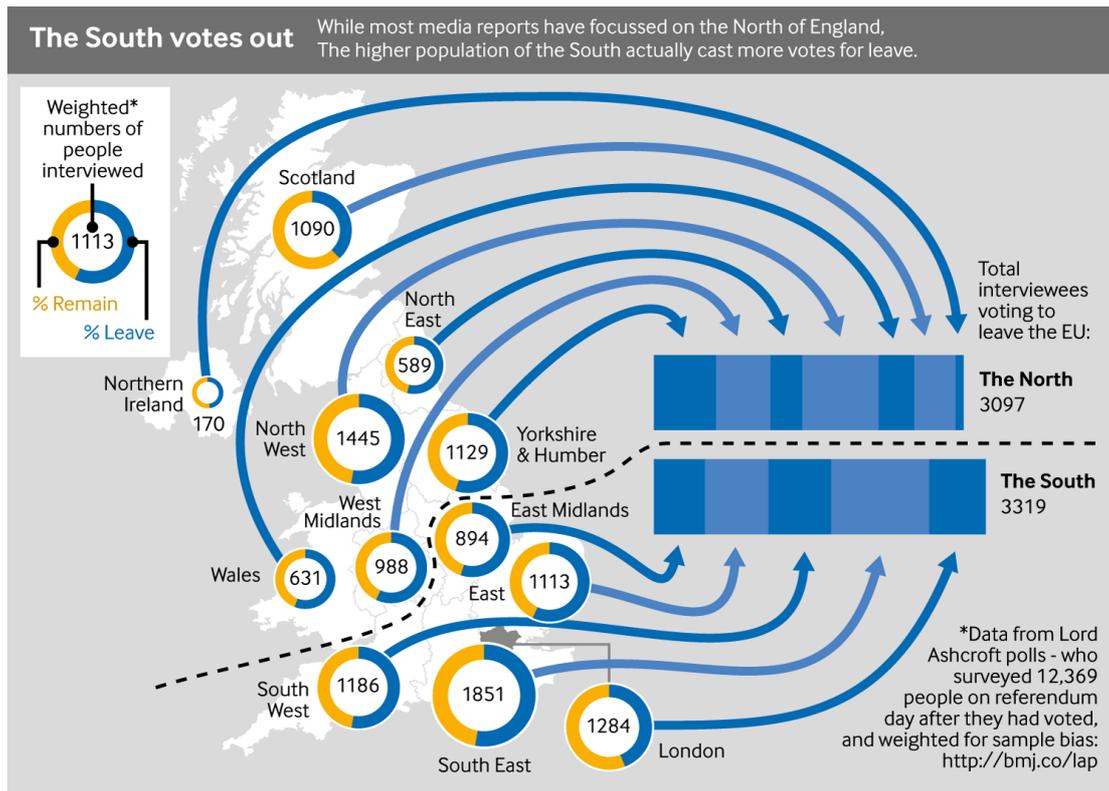
Map by Benjamin Hennig  
www.viewsoftheworld.net



Under the campaign slogan 'Vote leave, take control', Leave secured 51.9% of the referendum vote, a very narrow victory. The outcome of the EU referendum **has been unfairly blamed on the working class in the North of England**. In fact, because of differential turnout and the size of the denominator population, most people who voted Leave lived in the South of England. Furthermore, **according to Michael Ashcroft's final poll**, of all those who voted for Leave 59% were middle class (A, B or C1), and 41% were working class (C2, D or E). The proportion of Leave voters who were of the lowest two social classes (D and E) was just 24%.

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. 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.

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. It would appear that most older people in the UK did not realize this.



Additional graphic created by Will Stahl-Timmins to illustrate the figures used in the BMJ editorial referred to below which inspired this longer article.

Most migrants to the UK have good health and they tended to settle in poorer areas, but they did not vote in the referendum if they were a citizen of another EU country (apart from Ireland). The only adult age group to see improvements in death rates in the year to mid-2015 were those aged 25-29. The [mid-year estimates released on June 23rd 2016](#) showed that this was the age group of highest net-in-migration to the UK. The UK has benefited greatly from the immigration of healthier than average young adults, educated at someone else's expense; many working in our health, educational, social and care services. Their arrival reduced health inequalities and improved our overall health measures, possibly preventing falls in overall life expectancy being reported

prior to 2016. Now 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.

The underlying reason for worsening health and declining living standards was not immigration, but ever growing economic inequality and the public spending cuts. If you wish to blame someone for the outcome of the Brexit referendum you should blame the English middle classes in the 1980s who consistently voted Conservative as inequalities rose. 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 that are not included in the British Medical Journal editorial that this blog accompanies, including those on health spending and austerity, are published in the [open access book](#) *A Better Politics: How Government Can Make Us Happier*. To distract them from these national failings, the population of the UK was encouraged to blame immigration and the EU. Perhaps the only way to find out that it has not been immigration or the EU that has lead to standards of living falling so rapidly so recently in the UK is to have voted to Leave and then to begin to observe the

consequences. If we really want to take back our UK countries it is not the EU we need to take them back from. We need to take them back from being the most economically unequal in all of Europe, we need to take back control of our health services into full public control, and we need to fund both health and our social services adequately.

When we measure national wellbeing we should look at the results of what the public tells us. When we measure mortality we should ask why it is rising and not just quietly report the rises. Otherwise we are simply left picking up the political pieces after so many have died and so many have complained about their lives for so long – without being listened to. How else could people say that they wanted something other than the life they had, apart from voting to Leave? But now what matters most, especially health, is expected to worsen. This is because some elderly UK emigrants to the rest of Europe will begin to return. Our health service will continue to be underfunded. We will lose care and health staff who are citizens of the European mainland. Others will no longer want to come to fill vacancies and the overall economic position of all of the UK has worsened so very quickly as a result of the cry for help that was the vote to Leave.

**Danny Dorling** is Professor of Geography at the University of Oxford and he tweets on [@dannydorling](https://twitter.com/dannydorling).

This Blog is an extend version of an editorial published in the British Medical Journal on July 7th: “Editorial: Brexit: the decision of a divided country”:

<http://www.bmj.com/content/354/bmj.i3697>

The table below shows the worsening position of health from 2009/10 onwards. The sample used changed in that year and so comparisons across 2008 to 2010 are not easy to make. However, by 2008 self reported health was at the highest it had been since the previous maxima of 2003. The latest figures, published in March 2016 are shown for the year 2013/14. The year before the great rise in mortality. That rise occurred between June 1st 2014 and July 1st 2015.

**National Well being measures – the official trend as reported from 2002 until March 2016 (when the 2013/2014 data was added to the series by ONS in a very obscure press release)**

**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.

United Kingdom	Percentages											
	2002	2003	2004	2005	2006	2007	2008	2009/10	2010/11	2011/12	2012/13	2013/14
Completely satisfied	14.6	16.6	13.0	10.6	11.6	12.2	12.3	12.7	11.3	9.9	9.3	
Mostly satisfied	28.3	31.0	29.4	27.5	28.5	29.5	30.7	40.8	41.0	36.6	37.1	
Somewhat satisfied	23.9	23.2	24.7	25.5	25.8	25.6	27.3	14.8	14.0	12.8	12.9	
Neither satisfied nor dissatisfied	14.6	13.7	15.5	16.3	15.7	15.5	14.4	8.2	8.6	7.8	9.3	
Somewhat dissatisfied	10.0	8.3	9.4	10.4	10.2	10.3	8.9	13.0	14.5	13.8	13.6	
Mostly dissatisfied	4.6	3.9	4.5	5.2	4.8	4.1	3.6	6.3	6.4	13.5	12.4	
Completely dissatisfied	4.1	3.3	3.5	4.5	3.3	2.9	2.8	4.1	4.1	5.6	5.4	
<b>Somewhat, mostly or completely satisfied</b>	<b>66.7</b>	<b>70.8</b>	<b>67.0</b>	<b>63.7</b>	<b>65.9</b>	<b>67.3</b>	<b>70.2</b>	<b>68.3</b>	<b>66.3</b>	<b>59.3</b>	<b>59.3</b>	<b>57.8</b>
Upper confidence interval <sup>2</sup>	..	..	..	..	..	..	..	68.8	66.7	59.8	59.8	
Lower confidence interval <sup>2</sup>	..	..	..	..	..	..	..	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

**NOTE - A more readable version of this table is reproduced on the landscape page below.**

*Acknowledgements: With thanks to Benjamin Hennig for permission to use his cartogram of the results and to Josh Niderost and Louise Thompson for editing and putting this blog on-line so quickly.*

*The graphs in this piece on the rise in poor health since 2010 were first published in Dorling, D. and Thomas, B. 92016) People and Places, A 21<sup>st</sup> century Atlas of the UK, Bristol: Policy Press.*

## National Well-being Measures, March 2015 release with comparable statistic from the March 2016 release added

United Kingdom	Percentages											
	2002	2003	2004	2005	2006	2007	2008	2009/10	2010 /11	2011 /12	2012 /13	2013 /14
Completely satisfied	14.6	16.6	13.0	10.6	11.6	12.2	12.3	12.7	11.3	9.9	9.3	
Mostly satisfied	28.3	31.0	29.4	27.5	28.5	29.5	30.7	40.8	41.0	36.6	37.1	
Somewhat satisfied	23.9	23.2	24.7	25.5	25.8	25.6	27.3	14.8	14.0	12.8	12.9	
Neither satisfied nor dissatisfied	14.6	13.7	15.5	16.3	15.7	15.5	14.4	8.2	8.6	7.8	9.3	
Somewhat dissatisfied	10.0	8.3	9.4	10.4	10.2	10.3	8.9	13.0	14.5	13.8	13.6	
Mostly dissatisfied	4.6	3.9	4.5	5.2	4.8	4.1	3.6	6.3	6.4	13.5	12.4	
Completely dissatisfied	4.1	3.3	3.5	4.5	3.3	2.9	2.8	4.1	4.1	5.6	5.4	
<b>Somewhat, mostly or completely satisfied</b>	66.7	70.8	67.0	63.7	65.9	67.3	70.2	68.3	66.3	<b>59.3</b>	<b>59.3</b>	<b>57.8</b>
<i>Upper confidence interval<sup>2</sup></i>	..	..	..	..	..	..	..	68.8	66.7	59.8	59.8	
<i>Lower confidence interval<sup>2</sup></i>	..	..	..	..	..	..	..	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  $\pm 0.5$

Source: Understanding Society, UK Household Longitudinal Study - as published by ONS, except colour coded, to show breaks in series and additional data for 2013/14 that was released in March 2016.