

Dorling, D. and Hiam, L. (2018) Rapid rise in mortality in England and Wales in early 2018 – an investigation is needed, The Conversation, March 15th, <https://theconversation.com/rapid-rise-in-mortality-in-england-and-wales-in-early-2018-an-investigation-is-needed-93311>

Rapid rise in mortality in England and Wales in early 2018 – an investigation is needed

March 15, 2018 9.34am GMT

Danny Dorling Halford Mackinder Professor of Geography, University of Oxford

Lucinda Hiam Honorary Research Fellow, London School of Hygiene & Tropical Medicine

In the first seven weeks of 2018, over 10,000 (12.4%) more people died in England and Wales than was [usual for the time of year](#). No official explanation from government health officials for this sharp rise in mortality has been forthcoming.

It became crystal clear in early 2018 that the health and social care system was not coping with the demands being placed upon it. On January 2, in an unprecedented step by the NHS, [thousands](#) of non-urgent operations were cancelled. Many hospitals were already at, or beyond, their safe working levels, even though the weather was [warmer](#) than normal so any surge in demand was not due to unusually cold conditions. Another suggestion has been that the main reason for there being so much demand was a rise in influenza.

Our analysis of the first available data finds that flu only accounted for a very small part of the overall rise in mortality in early 2018. The past five years have been extremely challenging in terms of health outcomes and what is happening in 2018 is likely to be a continuation of many of these challenges. For instance, year-on-year spending on health and social care has increased at a much slower rate than in previous years.

A huge number of measures of the nation's health have deteriorated, including a very rapid and largely unreported recent increase in the numbers of deaths among mental health patients in care in England and Wales. This is just one of many factors that have to be taken into account. Many waiting-time and NHS response targets are now not being met due to a lack of resources.

So, if neither a particularly heavy flu season nor very cold weather can explain the continued rise in mortality, what can? One answer might be the government's austerity measures. Research has demonstrated that cuts to the welfare payments of elderly people and disability benefits have had statistically significant effects on the rise in mortality in recent years.

Falling life expectancy

Shortly before Christmas, the Office for National Statistics (ONS) reduced its projections of [life expectancy](#) for all people in the UK, rising less rapidly in future resulting in almost a year of life lost by 2041. In many areas of the country, and for poorer groups, life expectancy was already falling before 2018.

It is not just the elderly who are especially harmed. The infant mortality rates for the poorest families in the UK have [risen significantly](#) since 2011. In 1990, the UK ranked seventh best in Europe by neonatal mortality rate. Only six countries had better outcomes. By 2015, it [ranked 19th](#).

On March 1, 2018, ONS announced that there had been “[noticeable falls](#) in female life expectancy at birth in the 20% most deprived populations in England”. And it’s not just the poor who are affected. The rise in life expectancy for better-off groups of men and women had abruptly slowed compared with the [1890-2010 norm](#).

People can't even afford a decent burial

We had been using the rising profits of undertakers to measure how unusual the rises in mortality were. However, we can no longer do that. Alongside the most recent increase in deaths, there has very recently been an abrupt shift towards booking the lowest cost funerals. The UK's second-largest undertaker [lost more than half its market value](#) in the first few weeks of 2018.

In contrast, the operating profits of some private pensions firms have risen by [almost a third](#) in recent years, as it becomes clear that fewer people are living as long, and hence will not receive as many years of pension payments in future.

The slowdown in life expectancy for the average person in Britain is worse than anything seen since the early 1890s, and [no other country in Europe](#) has experienced as rapid a slowdown as the UK. In the UK, it is the poorest groups that have [suffered the most harm](#), both to their health and their income since 2010, when austerity policies were first enacted.

On March 7, 2018, ONS [released figures](#) revealing that a man living in one of the poorest neighbourhoods of Blackpool, a deprived area in the northwest of England, can now expect to

enjoy 32 fewer years of life in good health, compared with a man living in wealthy London boroughs, such as Knightsbridge and Belgravia.

This gap will now be growing in size as the poorest groups and areas have suffered more. And the gap for women has become even wider than for men, at 35 years between what can now be expected for women living in the poorer parts of Middlesbrough, compared with women living in some of the most affluent neighbourhoods of the Home Counties.



Blackpool: one of the areas that has suffered most in recent years. Caron Badkin/Shutterstock.com

These recent trends are not due to any worsening in the health-related behaviour of people in England and Wales: there has not been a sudden rise in [obesity among elderly people](#). And smoking-related diseases have plummeted since the ban on smoking in public places in 2007.

The number of Britons who smoke is at its lowest level today with fewer than [one in six](#) adults now smoking. The ill effects of smoking aren't immediate. They can take decades to play out, but smoking rates have also been declining for decades.

Similarly, the proportion of adults who drink alcohol in the UK is also at its lowest level since [statistics](#) were first collected in 2005.

And on top of all these points it is very important to remember that a basic understanding of demography shows that an ageing population [doesn't explain the sharp rise in premature deaths](#).

Urgent need for response

We and others have already called for an [urgent investigation](#) by the Health Select Committee of the House of Commons into mortality trends since 2010. The case for an investigation becomes [stronger and more urgent](#) with each passing week. Sadly, the Department of Health and Social Care seems determined to ignore the warnings. The Department's routine response to reports such as this is usually vague and dismissive. At best, they say "[it's complex](#)". We need a more robust response than that.