

# Tory cuts result in 131,000 preventable deaths in the UK

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A reversal of public health initiatives has led to 130,000 preventable deaths since 2012. The Institute for Public Policy Research (IPPR) think tank lays the blame on austerity measures pursued by the 2010 Conservative/ Liberal Democrat government and continued by the Tory government of Theresa May.

The report's title, "Ending the Blame Game," is a critical reference to right-wing nostrums asserting that individual bad behaviour is responsible for health problems without any consideration of deteriorating social conditions.

The report notes that more than "half of the disease burden in England is deemed preventable, with one in five deaths attributed to causes that could have been avoided."

The "disease burden has shifted away from infectious diseases to long-term chronic conditions... An estimated 15 million people in England live with a long-term condition for which there is no cure and the number of people living with multiple conditions is expected to rise significantly... [I]n many cases they are entirely preventable."

The report noted the improvement in the UK's ranking among 35 Organisation for Economic Co-operation and Development (OECD) countries had slowed markedly since 2010. In fact, it had "hit a wall." Between 1990 and 2010 the UK ranking for the number of disability-adjusted life years [the number of years lost due to ill-health, disability or early death] resulting from preventable illnesses rose from 26th to 17th position, but between 2010 and 2017 it rose by only one percent to 16th position. In terms of preventable deaths, the ranking improved from 29th in 1990 to 21st by 2010, but by 2017 this had slowed, with the ranking in 2017 at 20th.

The IPPR concluded that had the rate of improvement

in cutting preventable deaths continued beyond 2012, 131,000 deaths from preventable causes would have been avoided.

The report highlights the role of austerity measures in this development, explaining that a "decade of austerity has resulted in cuts to public health, prevention and mental health budgets in the NHS [National Health Service], and wider national and local government services which help drive better health."

Noting the importance of spending on preventative measures, the study adds "for every £1 [\$US1.27] spent on prevention the median return is £14 [\$US17.81]."

Highlighting the role of deteriorating social conditions, the IPPR argues, "Often the most vulnerable in society are at the greatest risk of developing preventable conditions through personal behaviour which is influenced by social pressures such as poverty or job insecurity... [M]any prevention policies continue to rely on the agency of the individual to make changes. This approach fails to recognise the vast range of social, environmental and commercial determinants of poor health."

Dean Hochlaf, lead researcher and one of the authors of the report, told the *Guardian*, "We have seen progress in reducing preventable disease flatline since 2012. At the same time, local authorities have seen significant cuts to their public health budgets, which have severely impacted the capacity of preventative services. Social conditions for many have failed to improve since the economic crisis, creating a perfect storm that encourages harmful health behaviours. This health challenge will only continue to worsen."

Cuts in funding for physical education in schools are impacting on children's health outcomes. "Funding for physical education—supposedly coming from the sugar tax revenues—was reduced in 2017 from £415m to

£100m.”

The workload of health visitors who give preschool children advice and monitor their health is too large for them to be able to deliver effective outcomes. Fully 40 percent of health visitors have caseloads above 400, when the recommended level is 250.

Responding to the IPPR report, Shirley Cramer, chief executive of the Royal Society for Public Health, said, “At the heart of this report’s worrying findings are the years of chronic underfunding experienced by public health teams ... who provide vital services and support ... [I]t undermines the future sustainability of our NHS.”

Ian Hudspeth, chairman of the Local Government Association Community Wellbeing Board, said that “prevention is the bedrock to a healthier, more equal and prosperous society. Focusing on early intervention and prevention... is the most effective use of local government and NHS resources to help people live longer... and reduce health inequalities.” He called on the government to reverse the £700 million reduction in public health grants to local councils.

In November last year, Professor Philip Alston, United Nations Special Rapporteur on extreme poverty and human rights investigated social conditions in the UK. In his final report issued in May this year, he concluded, “The bottom line is that much of the glue that has held British society together since the Second World War has been deliberately removed and replaced with a harsh and uncaring ethos.”

The IPPR findings follow a report published in November 2017 by a team of researchers at University College London (UCL). Details were published on the online medical journal *BMJ Open*. It noted, “The squeeze on public finances since 2010 is linked to nearly 120,000 excess deaths in England with the over 60s and care home residents bearing the brunt ... The critical factor in these figures may be changes in nurse numbers (that could lead) to an additional 100 deaths every day from now on in.”

Between 2010 and 2014, real term spending on social care “has fallen by 1.19 percent every year... despite a significant projected increase in the numbers of over 85s—those most likely to need social care—from 1.6 million in 2015 to 1.8 million in 2020,” the researchers found.

Using data on death rates between 2011 and 2014, they compared them with projected trends in such rates

that could have been expected had it not been for government spending cuts. They projected that by the year 2020 there would be around 200,000 excess deaths resulting from the spending cuts since 2010.

Figures released earlier this year by the Institute and Faculty of Actuaries showed a six-month cut in life expectancy for UK adults. This is the largest fall since evidence emerged in 2010-11 of a slow-down in increased life-expectancy. Actuaries have concluded that the ongoing slowing of life expectancy represents “a trend as opposed to a blip.”

Sir Michael Marmot, Professor of Epidemiology at UCL, has been a leading authority on health inequalities for over four decades. Last month he addressed a packed meeting at Harvard University’s T.H. Chan School of Public Health in Boston, Massachusetts on health inequalities.

The institution’s website reported, “Something is very wrong in the United States and the United Kingdom... While the rich continue to enjoy good health and longer lives... the poor are getting sicker and dying younger.”

It continued, “Marmot said that it is social conditions surrounding poverty that cause health inequalities... [S]tressful experiences in childhood (can lead to) a lifetime of poor health outcomes ... [O]ne of the ways that the root causes of health inequalities could be addressed would be to reduce childhood poverty. The US and UK have the financial capability to do so... [and] not doing it is a political decision.”

Commenting on declining life expectancy for the poor in both the UK and the US, Marmot told the meeting, “Social injustice is killing people on a grand scale.”

The above reports show how the financial crisis of 2008 has been used by the ruling elites in the UK, US and other leading capitalist economies to accelerate the destruction of social welfare and to greatly increase the wealth of the super-rich.



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