

Working class life expectancy falling in England

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Analysis of official data by the Institute of Health Equity (IHE), titled “England’s Widening Health Gap: Local Places Falling Behind”, deepens understanding of the patterns of widening life expectancy due to class.

Sir Michael Marmot, the Director of the IHE, said of the impact of government cuts on the life expectancy of those who live in the poorest parts of England: “They are suffering avoidable ill-health and living shorter lives than they should due to poor policies and cuts to essential services”.

The IHE report confirms that life expectancy for the working class is stagnating and falling. Simultaneously, life expectancy inequality between the classes is growing as the life expectancy of the wealthiest rises. Growing health inequality is one expression of the explosion of social inequality set in train in the late 1970s.

In 2021, Public Health England (PHE) figures confirmed that life expectancy in the UK was at its lowest in almost a decade and a half. Growth in life expectancy began slowing in 2010-11, with a strong causal link to the “age of austerity” including sweeping cuts to the National Health Service (NHS) and local government services.

The PHE found that inequality in life expectancy between the richest and poorest residential areas of England is at its highest level since the former government department began recording data on deprivation-linked life expectancy 25 years ago. For men the gap was 10.3 years in 2020, a year longer than in 2019; for women it was 8.3 years—0.6 years more than in 2019.

The growth of health inequality is not only an issue of shorter lives but of the vast difference in the quality of life.

Under the subheading “Regional Trends”, the IHE report notes, “Healthy life expectancy in 2017-19 was lowest in the North East for both sexes (59.0 and 59.4 for females and males, respectively) and highest in the South

East for both sexes (65.9 and 65.3 for females and males, respectively).”

The protracted growth of deep poverty and deprivation together with the decline in working conditions, social and health services and welfare benefits mean many more workers are living a life of desperate want and poor health, especially in later years.

These widening inequalities, the IHE argues, are the direct result of reductions in local authority spending between 2010/11 and 2015/16. In these years central government support to local authorities fell by an average of 41 percent per head of population in England and the tax raised by councils themselves fell by eight percent per head of population.

After 2015/16, extra revenue raising powers allowed councils to increase the amount raised by them each year, so that by 2019/20 it had risen by four percent compared with 2010/11 in real terms. However central government support was 58 percent lower in 2010/11, resulting in council budgets down per person by 34 percent in 2019/20.

“These changes have affected the most vulnerable in two ways” says the report:

“First through cuts to council services on which they depend. Second, council taxes are unrelated to income and rely on the scope each council has for levying these taxes. The real term increase in funding raised through council tax since 2015/16 therefore increases the proportion of income contributed by poorer households more than richer ones. One result of this, in combination with other above general inflation increases faced by those on low incomes, is that the total amount owed in council tax arrears has increased by over 70 percent in the past five years in the 100 largest

councils often with dire results for those concerned.”

IHE researchers studied every local authority in England and plotted levels of health, inequalities in health and cuts to their financial budgets.

Their report highlights 17 local authorities with statistically significant increases in inequalities in life expectancy and overviews widening regional inequalities in life expectancy. The data reveals how, since 2010, central government spending cuts to local authorities were highest in areas with lower life expectancy and more health inequalities.

Speaking to Conservative Party members in Tunbridge Wells, Kent in 2022, the prime minister (then chancellor) Rishi Sunak boasted to his well-heeled audience of how the government had altered inherited spending formulas to take public spending previously allocated for deprived urban areas and spend it instead on wealthier districts.

The IHE identified 14 local authorities in England where the difference in female life expectancy between the least deprived and most deprived neighbourhoods showed a “significant increase” between 2010-12 and 2017-19, along with three local authorities where the same occurred for males. More than half of all authorities saw an increase in life expectancy inequality for both males and females from 2010-12 to 2017-19, and not a single authority recorded a statistically significant decrease.

Inequalities in life expectancy for women increased significantly in the North East, North West, Yorkshire & the Humber, East of England, East Midlands, and the South West. For men they increased in the North East, Yorkshire & the Humber, and the East of England.

Deaths caused by the COVID-19 pandemic, which disproportionately impacted working-class communities, contributed to life expectancy falling in the period from 2012 up until 2022. But researchers from the IHE say healthy life expectancy had already fallen slightly for women and stagnated for men in the 10 years up to 2019.

Speaking on the findings, Marmot drew attention to the vast social inequality that characterises British society: “Put simply, Britain is a poor, sick country, getting sicker, with a few rich and healthy people; the results of a dismal failure of central government policies since 2010.”

He continued, “Health is also an indicator of how well a nation is performing. Unfortunately, Britain is performing poorly... Action is needed on the social determinants of

health, the conditions in which people are born, grow, live, work and age. These social conditions are the main causes of health inequalities.”

The IHE’s research follows its “Lives Cut Shorter” report published in January, which exposed how a million people in 90 percent of areas in England lived shorter lives than they should between 2011 and the start of the COVID-19 pandemic.

The recent findings also add weight to the institute’s two previous reviews of health inequalities. In their 2020 report, “Health Equity in England: The Marmot Review 10 Years On”, the IHE revealed that, since 2011, life expectancy in England has stalled for the first time since at least the turn of the last century.

In “Build Back Fairer: The COVID-19 Marmot Review”, the IHE detailed how the pandemic, together with the cumulative impact of austerity funding cuts, which impact poorer areas more heavily, contributed to life expectancy stagnating overall and actually falling for women in the poorest 10 percent of areas, and general health inequalities widening.

Marmot calls on the government to alleviate entrenched social inequality, but this falls on deaf ears in a ruling elite which has plenty of money to funnel to the rich and the military budget.

Were the Labour Party in office, as they are expected to be following this July’s general election, its agenda would be no different. It was mainly via Labour-run local authorities in working-class area that tens of billions of pounds in austerity cuts were imposed on behalf of Tory central government. Labour leader Sir Keir Starmer has reassured the capitalist class that the “spending taps” will be kept switched off on his taking office.



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