



EMBARGO: 0001hrs WEDNESDAY 15TH FEBRUARY 2012

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HEALTH INEQUALITIES WIDEN WITHIN MOST AREAS OF ENGLAND

New figures out today (Wednesday 15th February) to mark the second anniversary of the release of the Marmot Review *Fair Society, Healthy Lives* (1) show that while life expectancy improved for most of the 150 local authority areas in England that will take over responsibility for public health in April 2013, inequalities within these areas also increased (2). The amount by which the gap in life expectancy varies between the wealthiest neighbourhoods and the most deprived has risen in the majority of these 150 local authorities for both men (104/150) and women (92/150) (3).

Fair Society, Healthy Lives recommended action to tackle social inequalities so as to reduce health inequalities, based on the so-called 'social determinants' approach to preventing ill health. Health is closely linked to socio-economic status. Under the Coalition Government's proposals public health responsibilities will be transferred from the NHS to local authorities (4).

The UCL Institute of Health Equity (previously known as the Marmot Review Team) commissioned the London Health Observatory to provide data showing key indicators for monitoring health inequalities and the social determinants of health for the 150 'upper tier' local authorities in England (5).

To monitor this, the indicators at local authority level are: life expectancy at birth; children reaching a good level of development at age five; young people not in employment, education or training (NEET); and, percentage of people in households receiving means tested benefits. In addition there is an index showing the level of social inequalities within each local authority area for some of the indicators, including life expectancy at birth – the higher the value of the index the greater the inequality (6).

Main Findings:

Life Expectancy – this has historically been one of the main indicators of health inequalities. The Marmot Indicators from this year's charts show the average life expectancy for each local authority and the level of inequality within each authority area (7):

- While overall life expectancy at birth in England increased by 0.3 years for both men and women between 2007-9 and 2008-10, inequalities in life expectancy between neighbourhoods increased by 0.1 years for men and showed no change for women
- Among the 150 upper tier local authorities in England, life expectancy improved in the majority of cases (133 areas saw improvements for men and 125 saw improvements for women). However inequalities also increased in the majority of areas (104 for men and 92 for women).
- The largest increase in inequality in life expectancy was in West Berkshire for men (2.0 years) and in Middlesbrough for women (2 years). The largest decreases in inequality were in Kensington and Chelsea for both men and women (1.9 and 1.1 years respectively).



Disability Free Life Expectancy – this indicator has not been updated because no new figures are available (8).

Children Achieving a Good Level of Development at Age Five (9):

- There was around a three per cent improvement in the percentage of children achieving a good level of development at age 5 in England as a whole between 2010-2011, from nearly 56% to 59%
- This improvement was seen in the majority (128) of upper tier local authorities
- The largest improvement was in Slough (nearly 13%) and the largest decrease was in East Sussex (nearly 4%)

Young People (aged 16-19) not in Employment, Education or Training (NEETs) (10):

- The percentage of young people aged 16-19 NEET decreased by 0.3% between the quarter ending January 2010 and January 2011
- This improvement was seen in the majority (93) of upper tier local authorities
- The largest reduction was in Bournemouth (2.8%) and the largest increase was in Herefordshire (1.3%).

The percentage of people in households on means tested benefits – indicators in the charts show the average for each local authority and the level of inequality within each authority area (11).

- The percentage of people living in households in receipt of selected means-tested benefits decreased by 0.9% for England as a whole between 2005 and 2008. This improvement was seen in the majority (140) of upper tier local authorities. The largest reduction was in Tower Hamlets (8.3%) and the largest increase was in Telford and Wrekin (0.2%).
- In England as a whole, inequalities in the percentage in receipt of means-tested benefits between neighbourhoods with different levels of income deprivation went down from 30.6% to 29%. This improvement was seen in the majority (139) of upper tier local authorities. The largest reduction in inequality was in Bradford (11.9%) and the largest increase was in Rutland (1.7%).

Commenting, Professor Sir Michael Marmot, Director of the UCL Institute of Health Equity said:

‘While the indicators show improvements in many areas, this is not the time to start celebrating. Life expectancy continues to increase for most people, but inequalities in life expectancy persist between communities with different levels of deprivation. The task therefore remains to improve the health for the majority of the population if we are to level the social gradient – this must be the focus for the Coalition Government if they are to reduce health inequalities.’



Editor’s Notes:

The Marmot Indicators statistical information was compiled by the London Health Observatory:

http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx

For enquiries about London specific profiles contact: Lorraine Hutchings on 020 7685 6864 or Lorraine.hutchings@londonhp.nhs.uk

Every year health inequalities cost the taxpayer in England:

Productivity losses of £31-33 billion every year ¹
Lost taxes and higher welfare payments in the range of £20-32 billion per year ²
Additional NHS healthcare costs well in excess of £5.5 billion per year ³

(1) The government commissioned the Marmot Review of health inequalities in England post 2010 *Fair Society, Healthy Lives*, which was published on 12th February 2010 (www.marmotreview.org). The Review highlights six policy recommendations: giving every child the best start in life (highest priority recommendation); enabling all children, young people and adults to maximise their capabilities and have control over their lives; creating fair employment and good work for all; ensuring a healthy standard of living for all; creating and developing sustainable places and communities, and; strengthening the role and impact of ill-health prevention.

(2) The baseline health inequalities monitoring indicators were published a year ago. This year’s figures provide measurements to start monitoring progress in tackling health inequalities, using a social determinants approach. The data is published in charts for 150 local authorities (LAs) in England. These are upper tier LAs, which include counties, unitary authorities, metropolitan county districts and London Boroughs. Boundaries are those established in April 2009. Results for the City of London and Isles of Scilly have not been published as data for many indicators were not available.

For each indicator for which an index of social inequalities is calculated, the index used is the slope index of inequality (SII). This summarises how strongly the indicator is related to neighbourhood deprivation.

The Public Health Observatories in England (PHOs) published health inequality indicators for every local authority in England, using the slope index of inequality (SII) for life expectancy at birth, for males and for females.

The SII figures were calculated by grouping lower layer super output areas (LSOAs) within each local authority into deciles based on the Index of Multiple Deprivation score (IMD 2007) for each LSOA. (Deciles each contain approximately a tenth of the LSOAs in the local authority.) The life expectancy for each decile is based on mortality data for the five-year period 2005-09. The SII is a single score, which represents the gap in years of life expectancy between the best-off and worst-off within the local authority, based on a statistical analysis

¹ Frontier Economics (2009) Overall costs of health inequalities. Submission to the Marmot Review, www.marmotreview.org

² *ibid*

³ Morris S (2009) Private communication



of the relationship between life expectancy and deprivation scores across the whole authority.

The website of the Public Health Observatories in England contains results for both upper and lower tier local authorities, and a guide to interpretation with additional technical detail on the calculation of the SII figures:

<http://www.apho.org.uk/resource/view.aspx?RID=96930>

(3) *ibid*

(4) *Healthy Lives, Healthy People: Our Strategy for Public Health in England* was published by the Coalition Government in November 2010. The White Paper sets out the Government's long-term vision for the future of public health in England. It responds to the Marmot Review, adopting a life course framework for tackling the social determinants of health. The aim is to create a 'wellness' service (Public Health England) and to strengthen both national and local leadership. The DH announced a public health outcomes framework, which is due to be adopted by local authorities, and includes the Marmot Indicators

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

(5) The Marmot Indicators statistical information was compiled by the London Health Observatory:

http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx

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(6) *ibid*

(7) as in (4) & (5) above

(8) Disability-free life expectancy (DFLE) is the average number of years a person could expect to live without an illness or health problem that limits their daily activities. Figures for DFLE for all upper-tier local authorities in England are not available, and so this indicator instead shows inequality in DFLE figures within each LA.

Figures for DFLE in middle layer super output areas (MSOAS) in England have been published by ONS, based on data for 1999-2003:

<http://www.statistics.gov.uk/hsg/downloads/ledflemf.xls>

For the 2011 indicators, the London Health Observatory (LHO) used these MSOA figures to calculate the gap in DFLE within each LA. As ONS has not yet updated its estimates of DFLE at local level, no new figures have been calculated in 2012. When ONS publishes the figures, this indicator will be updated.

(9) This indicator is based on data collected from the Early Years Foundation Stage Profile (EYFSP). Children are normally assessed by a teacher in the year in which they turn five. The assessment is based on observation of the child's behaviour and understanding, rather than being a test. Child development is recorded against 13 assessment scales, based on early learning goals. Children who achieve 78 points across all 13 scales (including a minimum number in particular areas of learning and development) are considered to have reached 'a good level of development'.



The percentage of children achieving a good level of development at age five is presented for this indicator, based on the local authority where each child was living, rather than the location of the school. As LAs are only required to report results for the schools and nurseries they maintain, results may be affected for this indicator for some areas if a large proportion of their child population is in private schools.

Data from the EYFSP are collected and published by the Department for Education, with the latest available figures for 2010:

<http://www.education.gov.uk/rsgateway/DB/SFR/s000979/index.shtml>

(10) Data for the indicator on young people who are not in education, employment or training (NEET) were collected via the Connexions service, which tracks school leavers to see whether they go on to further education, work based learning, full-time employment or other training/learning opportunities. The NEET figures are reported annually for the period from November to January.

In cases where Connexions cannot determine what a young person is doing, an adjustment is made to the dataset to account for these individuals, based on research that has examined the proportion of young people likely to be NEET. The data used for this indicator are all adjusted NEET figures that were supplied to APHO by the Department for Education.

<http://www.education.gov.uk/16to19/participation/neet/a0064101/strategies-for-16-to-18-year-olds-not-in-education-employment-or-training-neet>

The indicator presents the percentage of young people (aged 16-19) in each local authority who were NEET in the period November 2010 to January 2011.

http://data.gov.uk/dataset/neet_statistics

(11) The indicator on the percentage of people in each local authority who live in households, which receive selected means-tested benefits is taken from the income deprivation domain of the Government's Index of Multiple Deprivation 2010. It reports the percentage of people in each local authority who live in households, which receive selected means-tested benefits. However, as take-up rates vary between benefits and between areas, not everyone entitled to receive benefits will be included. The benefits included in the indicator are: Income Support, Job Seekers Allowance, Pension Credit, Working Tax Credit and Child Tax Credit, along with asylum seekers receiving support. Not everyone receiving these benefits is included however.

The percentage figures were calculated by the LHO based on an aggregation of data for LSOAs to local authorities, using published data for 2008:

A report on the Index of Multiple Deprivation and the data are available from Communities and Local Government:

<http://www.communities.gov.uk/publications/corporate/statistics/indices2010>