



INSTITUTE *of*
HEALTH EQUITY

ENGLAND'S WIDENING HEALTH GAP: LOCAL PLACES FALLING BEHIND



ACKNOWLEDGEMENTS

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SUMMARY

England

- In England, inequalities in life expectancy increased for both sexes between 2010-12 and 2017-19.
- Overall life expectancy stalled between 2010-12 and 2020-22 (during the COVID-19 pandemic).
- Between 2010-12 and 2017-19, before the pandemic, healthy life expectancy fell slightly for females and stalled for males.

Regions

- The extent of widening inequalities in health and overall levels of health varied across the country. Life expectancy and healthy life expectancy were lowest in the North East for both sexes in 2017-19 and inequalities in life expectancy greatest, with the region experiencing the largest increase in these inequalities since 2010-12.
- On the other hand, life expectancy was greatest and inequalities were least in the four regions of the south and east (London, East of England, South East and South West).
- In six of the nine English regions there have been statistically significant increases in inequalities in life expectancy for women (North East, North West, Yorkshire and the Humber, East of England, East Midlands, South West) and three for men (North East, Yorkshire and the Humber and East of England).

Local authorities

- At local authority level there were 14 with significant increases in inequalities in female life expectancy: Northumberland, Rotherham, Norwich, Cambridgeshire, Norfolk, Guildford, Newark and Sherwood, Amber Valley, Charnwood, Telford and Wrekin, Stoke-on-Trent, North Somerset, Kensington and Chelsea, and Bexley (see Table 1).
- There were three with significant increases in inequalities in male life expectancy: County Durham, Cornwall and Erewash (see Table 1).
- There were no statistically significant decreases in inequalities in life expectancy for men or women in any of the English local authorities.

Changes in local authority spending power

- As background to these changes in health, local authorities fund many of the services e.g., housing, education and social care which, affect the drivers of health inequalities. However, the spending power of local authorities has decreased since 2010/11.
- Between 2010/11 and 2015/16, central government support to local authorities (e.g. through the revenue support grant) 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 each year, so that by 2019/20 this amount was four percent more than in 2010/11 in real terms. However, government support was 58 percent below that in 2010/11 - resulting in overall council spending power down by 34 percent in 2019/20.

Call to action

- The IHE is calling on central government to follow the evidence of what we know works, long-term, to improve health and reduce health inequalities.

INTRODUCTION

Life expectancy at birth in England has been increasing at a markedly slower rate since 2011 than in previous decades. But even this modest increase has not been experienced uniformly across England. It has varied across regions, with a widening of the north-south gap and women in the most deprived neighbourhoods saw a fall in their life expectancy even before the COVID-19 pandemic (1, 2). In a previous note IHE provided an estimate of the role of inequalities in mortality in sustaining lower levels of life expectancy than might have been predicted from trends in mortality improvement in previous decades (3)

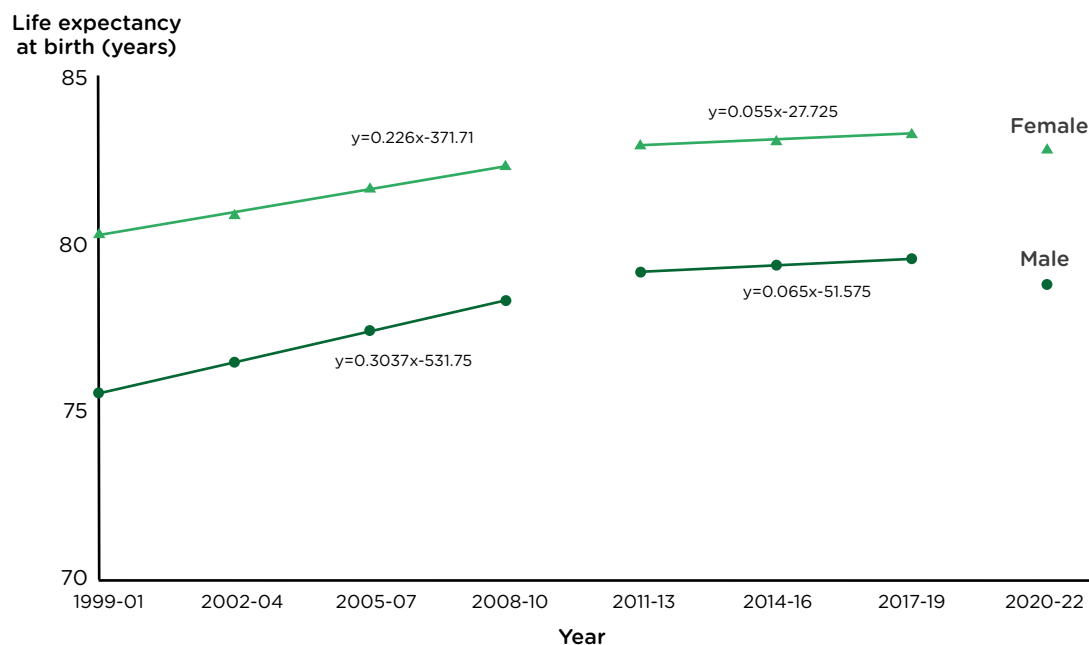
In this note we review the extent to which some regions and local authorities have seen significant increases in inequalities in life expectancy within their areas and discuss how this relates to trends in local authorities' spending power per head of population.

FINDINGS

Trends in England

In 2020-22, life expectancy in England was the same as it was in 2010-12 for females and 0.2 years less than its 2010-12 value for males (82.8 and 78.8 for females and males, respectively in 2020-22) – Figure 1 (1). By comparison, in the previous ten years, from 2000-2 to 2010-12, life expectancy increased by 2.3 and 3.1 years for females and males, respectively. This stalling of any increase since 2010-12 reflected two separate effects. First, a reduction in the rate of increase between 2010-12 and 2017-19, with life expectancy increasing by just 0.5 and 0.6 years for females and males, respectively. Second, the effect of the COVID-19 pandemic, with life expectancy falling by 0.5 and 0.6 years for females and males, respectively, between 2017-19 and 2020-22.

Figure 1 Life expectancy at birth, England, 1999-2001 to 2020-22

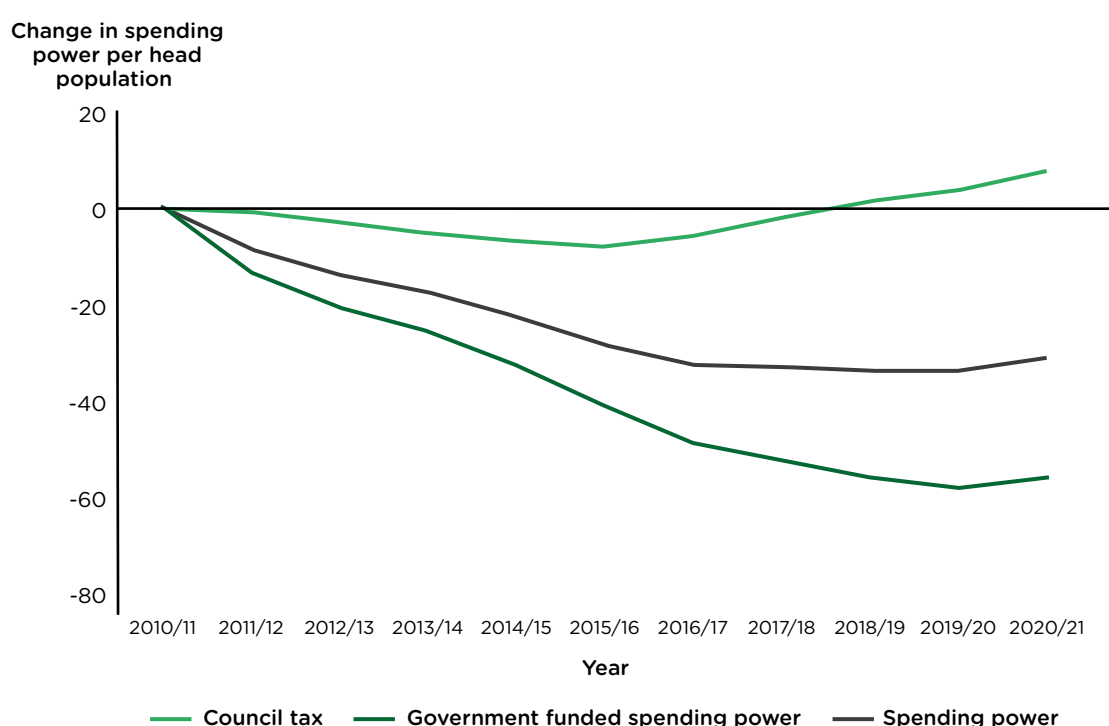


Source: ONS (2024) National life tables; England (4)

In the period between 2010-12 and 2017-19, healthy life expectancy in England fell by 0.5 years to 63.5 years for females while it stalled at 63.2 years for males (5), and inequalities in life expectancies increased from 6.8 to 7.6 years for females and from 9.1 to 9.4 years for males. This figure is based on estimated differences (smoothed) between advantaged and disadvantaged neighbourhoods in England, grouped into deciles based on level of deprivation and taking account of life expectancy in each decile (6).

As important context to these changes, the spending power of local authorities has decreased since 2010/11 (7). Local authorities fund many of the services e.g., housing, education and social care which support or ameliorate the “causes of the causes” of health inequalities - the social determinants of health (the circumstances in which we are born, grow, live, work and age and the inequalities in the distribution of power, money and resources which determine these circumstances). Between 2010/11 and 2015/16, based on National Audit Office (NAO) figures, we calculate that local authority spending power per head of population fell by 28 percent in real terms – Figure 2. This was a result of two factors. Central government support (e.g. through the revenue support grant) fell by 41 percent per head of population and the tax raised by councils themselves fell by eight percent per head of population.

Figure 2 Change in spending power per head of population by source, England, 2010/11-2019/20



Source: NAO (2021) *Financial sustainability of local authorities visualisation: update (7)*

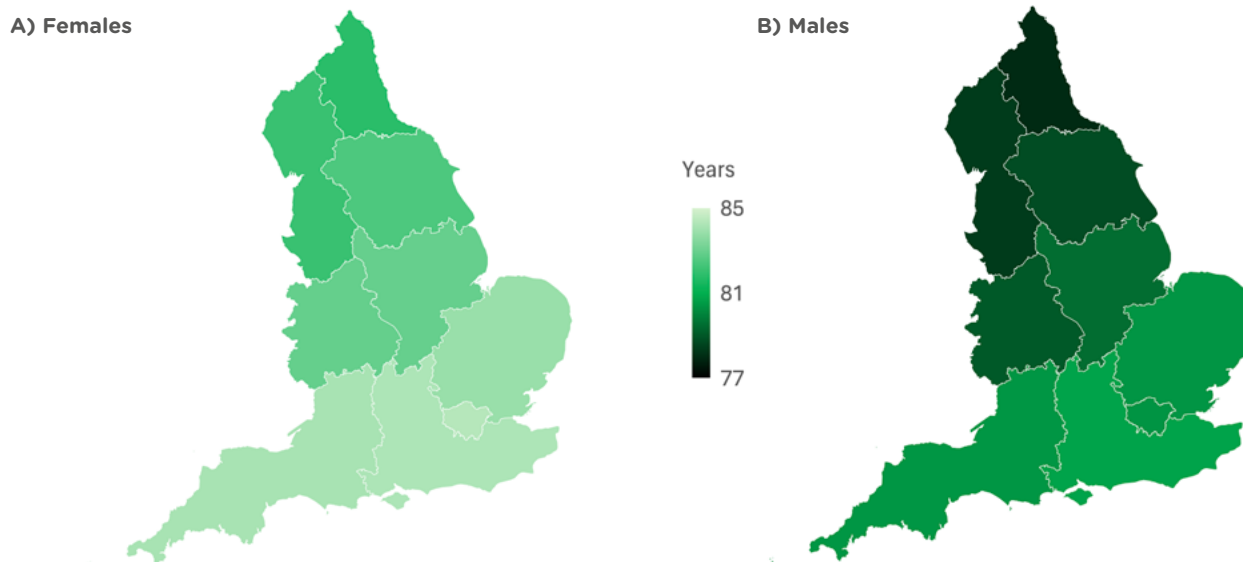
After 2015/16, extra revenue raising powers allowed councils to increase the amount they raised each year, so that by 2019/20 this amount was four percent more than in 2010/11 in real terms. However, government support was 58 percent below that in 2010/11, resulting in overall council spending power down by 34 percent in 2019/20.

These changes have affected the most vulnerable in two ways. 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 (8).

Regional trends

As Figure 3 shows, life expectancy in 2017-19 was lowest for both females and males in the North East (81.8 and 78.0 years, respectively), followed by the North West and Yorkshire and the Humber. This contrasts with figures of around 84 years for females and 80 years for males in each of the four regions in the south and east (London, East of England, South East and South West). Between 2010-12 and 2017-19, life expectancy increased slightly in every region. The largest increases for females were in London and the South East (0.8 and 0.5 years, respectively). For males, the largest increases were in London and the North West (0.9 and 0.7 years, respectively). Increases in the North East were smaller (0.3 and 0.2 years for females and males, respectively).

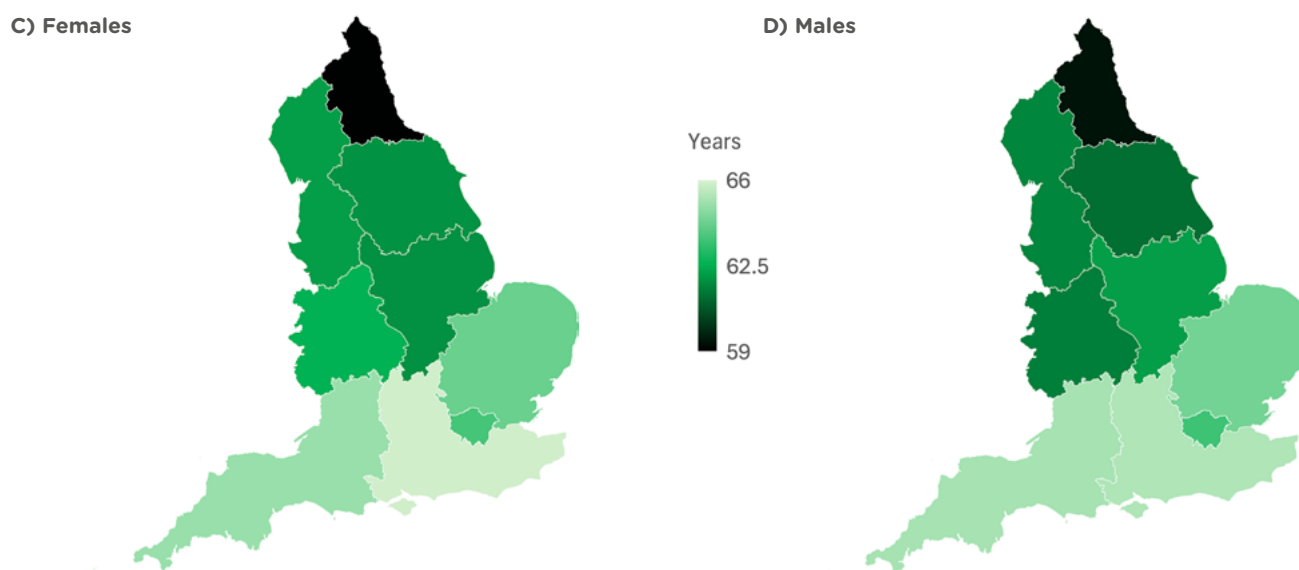
Figure 3 Life expectancy by sex and region, 2017-19



Source: ONS (2024) Life expectancy for local areas in England, Northern Ireland and Wales: between 2001 to 2003 and 2020 to 2022 (1)

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) – see Figure 4.

Figure 4 Healthy life expectancy by sex and region, 2017-19

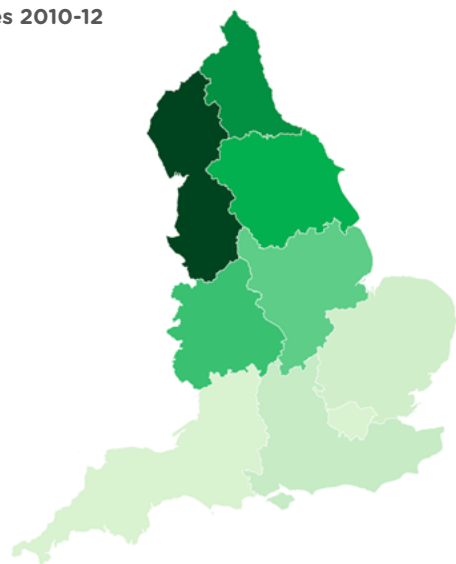


Source: ONS (2024) All data related to Health state life expectancies in England, Northern Ireland and Wales: between 2011 to 2013 and 2020 to 2022 (9)

In 2010-12, inequalities in life expectancy were greatest in the North West (8.8 and 11.4 years for females and males, respectively), followed by the North East (7.8 and 10.7 for females and males, respectively) – see Figure 5. These inequalities were least in the four regions of the south and east (around five years for females and seven years for males). By 2017-19, the largest increases in inequalities in life expectancy were in the North East (1.9 and 1.5 years for females and males, respectively). Consequently, in 2017-19, these inequalities were greatest in the North East (9.7 and 12.2 years for females and males, respectively), closely followed by the North West (9.6 and 11.3 years for females and males, respectively).

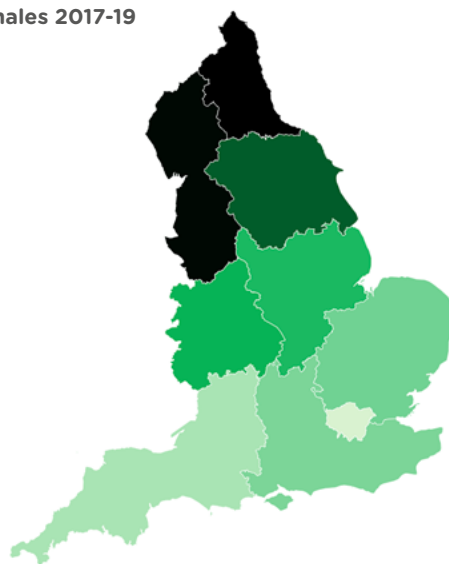
Figure 5 Slope index of inequality in life expectancy by sex and region, 2010-12 and 2017-19

E) Females 2010-12

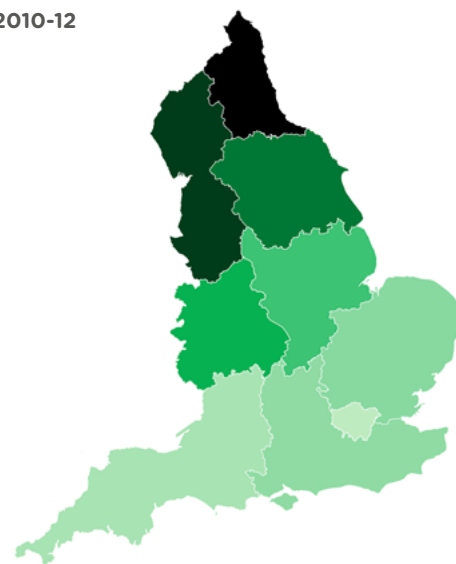


F) Females 2017-19

Years
9.7
7.4
5.1

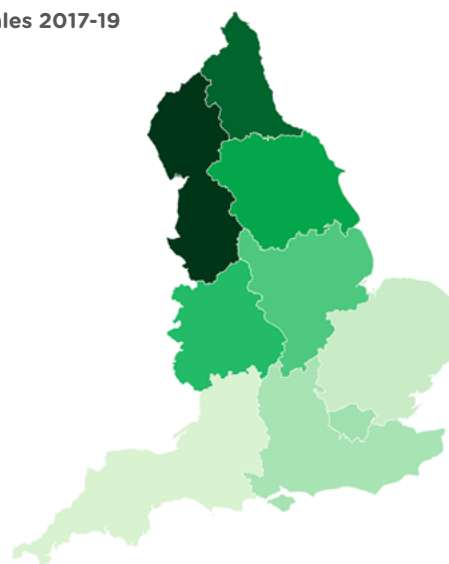


G) Males 2010-12



H) Males 2017-19

Years
12.2
9.55
6.9



Source: OHID (2023) *Health Inequalities Dashboard* (10)

Local authority trends

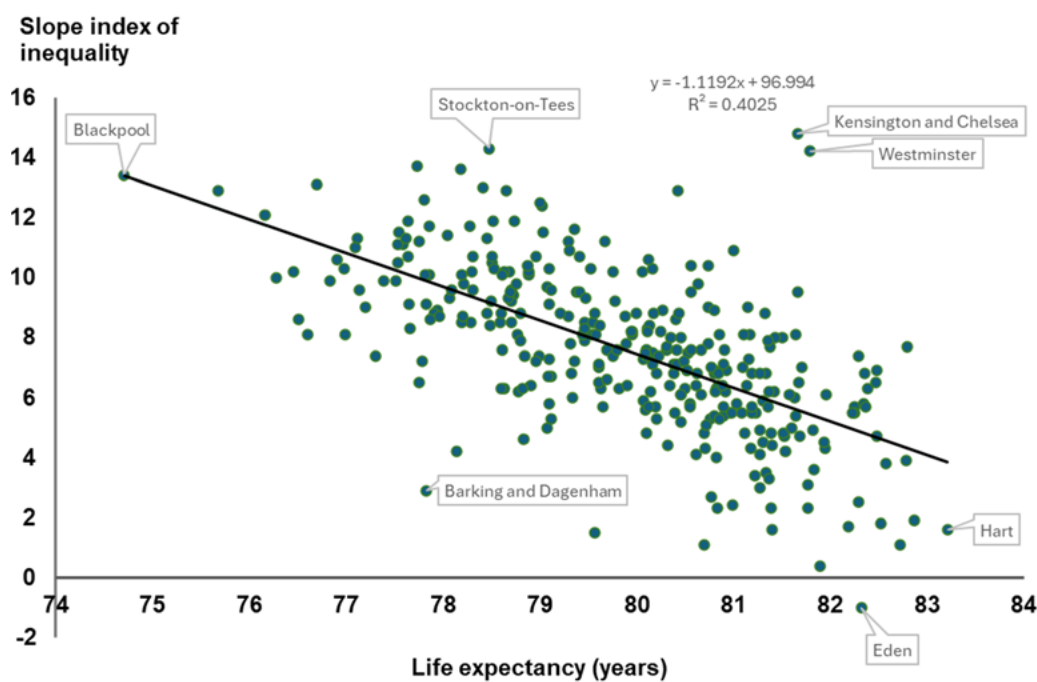
At local authority level, inequalities in life expectancy are strongly related to the overall level of life expectancy – the lower the life expectancy, the greater is inequality in life expectancy within the area – Figure 6

Figure 6 Slope index of inequality in life expectancy by overall life expectancy, sex and local authority, 2017-19

A) Females



B) Males



Source: ONS (2024) and OHID (2023) (1, 10)

As indicated above, inequalities in health increased in England as a whole between 2010-12 and 2017-19. Table 1 lists those local authorities which saw statistically significant increases in inequalities in life expectancy for either females or males between 2010-12 and 2017-19. In all, there were 14 local authorities with significant increases in inequalities in female life expectancy and three in which inequalities in life expectancy had increased significantly for males.

There were no statistically significant decreases in inequalities in life expectancy for men or women in any of the English local authorities. In the English regions, there have been statistically significant increases in inequalities in life expectancy for women in six of the nine (North East, North West, Yorkshire and the Humber, East of England, East Midlands, South West), and three for men (North East, Yorkshire and the Humber and East of England).

While, on average, the North East suffered the largest widening of inequalities in life expectancy, only Northumberland had a significant increase in inequalities in female life expectancy and County Durham a significant increase in male inequalities in life expectancy. Significant increases occurred in at least one authority in every other region. In the four regions of the south and east, seven local authorities saw significant increases in inequalities in female life expectancy (Kensington and Chelsea, Bexley, Guildford, Norwich, Norfolk, Cambridgeshire and North Somerset) and one in inequalities in male life expectancy (Cornwall) (10).

The largest increases in inequalities, widening by at least an additional five years, were in female life expectancy in Kensington and Chelsea (from 6.2 to 11.9 years), Guildford (from 2.8 to 8.0 years) and Stoke on Trent (from 3.8 to 8.9 years).

Table 1 also shows the changes that took place in spending power per head of population since 2010/11 in those local authorities with significant increases in inequalities in life expectancy. The largest changes were in Norwich, where overall spending power per head of population fell by 35 percent by 2015/16 and by 52 percent by 2019/20. This was a consequence of government funding per head of population falling by 46 and 72 percent by these two years, respectively, accompanied by council tax per head of population decreasing by six percent by 2015/16 and increasing by only two percent by 2019/20 (7).

Table 1 Local authorities with a significant increase in inequality in life expectancy between 2010-2 and 2017-19, England¹

			Inequality in life expectancy (years)			Percent change in spending power per head of population since 2010/11 ²		
	Region	Local authority	2010-12	2017-19	Change	Council tax	Government funded	Spending power
Females								
	England		6.8	7.6	0.8	3.89	-57.88	-33.97
	North East		7.8	9.7	1.9			
		Northumberland	6	9.9	3.9	11.08	-56.78	-29.58
	Yorkshire and the Humber		7.4	8.5	1.1			
		Rotherham	6.6	10.4	3.8	9.69	-54.77	-34.84
	East of England		5.2	6.2	1			
		Norwich	2.2	7	4.8	0.97	-71.89	-51.71
		Cambridgeshire	4.9	7.2	2.3	-0.85	-60.93	-26.60
		Norfolk	2.7	4.4	1.7	6.78	-51.55	-26.86
	North West		8.8	9.6	0.8			
	South East		5.3	6.1	0.8			
		Guildford	2.8	8	5.2	-7.86	-67.71	-40.17
	East Midlands		6.4	7.1	0.7			
		Newark and Sherwood	4.2	8.6	4.4	-3.11	-65.09	-45.98
		Amber Valley	6.2	10.5	4.3	0.12	-64.12	-42.86
		Charnwood	5.7	9.6	3.9	1.64	-57.72	-40.51
	West Midlands		6.8	7.3	0.5			
		Telford and Wrekin	3.8	8.1	4.3	3.00	-52.26	-34.46
		Stoke-on-Trent	4.8	8.9	4.1	4.34	-53.32	-39.07
	South West		5.1	5.6	0.5			
		North Somerset	5.7	8.9	3.2	5.64	-60.19	-28.92
	London		5.1	5.1	0			
		Kensington and Chelsea	6.2	11.9	5.7	7.97	-56.70	-36.10
		Bexley	2.9	6.5	3.6	0.74	-60.86	-32.37
Males								
	England		9.1	9.4	0.3	3.89	-57.88	-33.97
	North East		10.7	12.2	1.5			
		County Durham	7.4	9.8	2.4	10.30	-55.23	-34.75
	East of England		7.1	7.9	0.8			
	Yorkshire and the Humber		9.7	10.4	0.7			
	South West		6.9	7.5	0.6			
		Cornwall	4.3	6.5	2.2	4.31	-56.35	-30.97
	West Midlands		9.1	9.5	0.4			
	South East		7.5	7.8	0.3			
	East Midlands		8.6	8.8	0.2			
		Erewash	4.9	9.5	4.6	1.99	-68.87	-46.12
	North West		11.4	11.3	-0.1			
	London		7.6	7.2	-0.4			

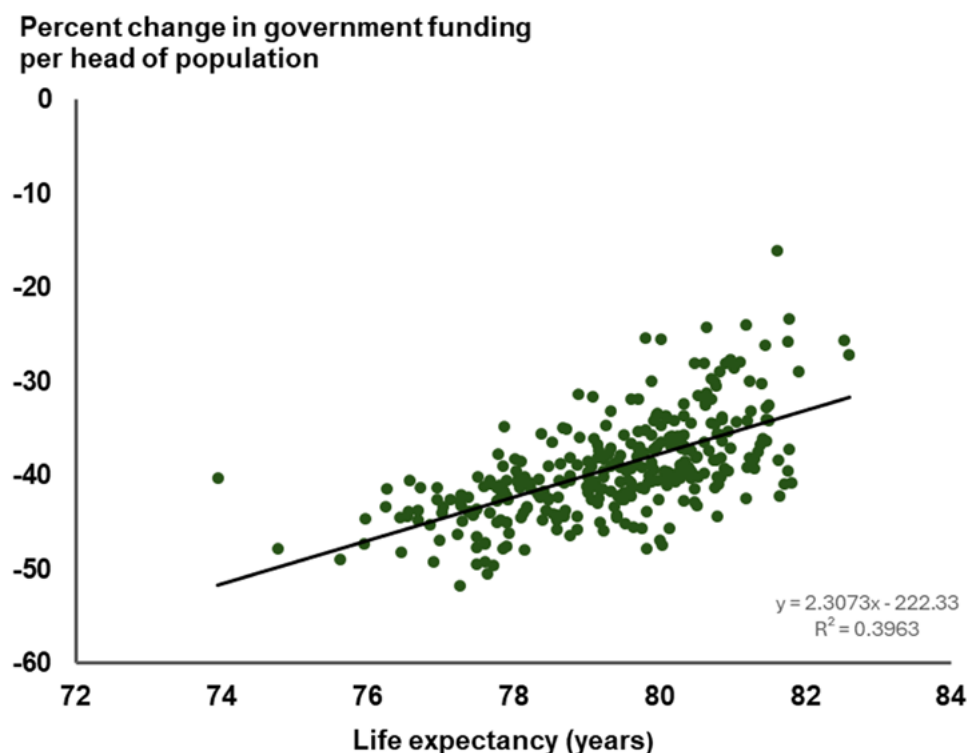
Source: OHID (2023) and NAO (2021) (10, 7)

Notes: 1 Inclusion in the table is based on a statistically significant change in inequality in life expectancy between years (based on non-overlapping 95% confidence intervals)

2 Real terms change based on 2019/20 prices

The relationship between changes in spending power per head of population and the indicators of life expectancy and inequalities in life expectancy at local authority level is dominated by the link between life expectancy in 2010-12 and the change in government funded spending power. Figure 7 shows that the lower was life expectancy of the local authority in 2010-12, the greater was the reduction in central government funding to the local authority by 2019/20.

Figure 7 Change in government funding per head of population by 2019/20 by male life expectancy in 2010-12, local authorities in England

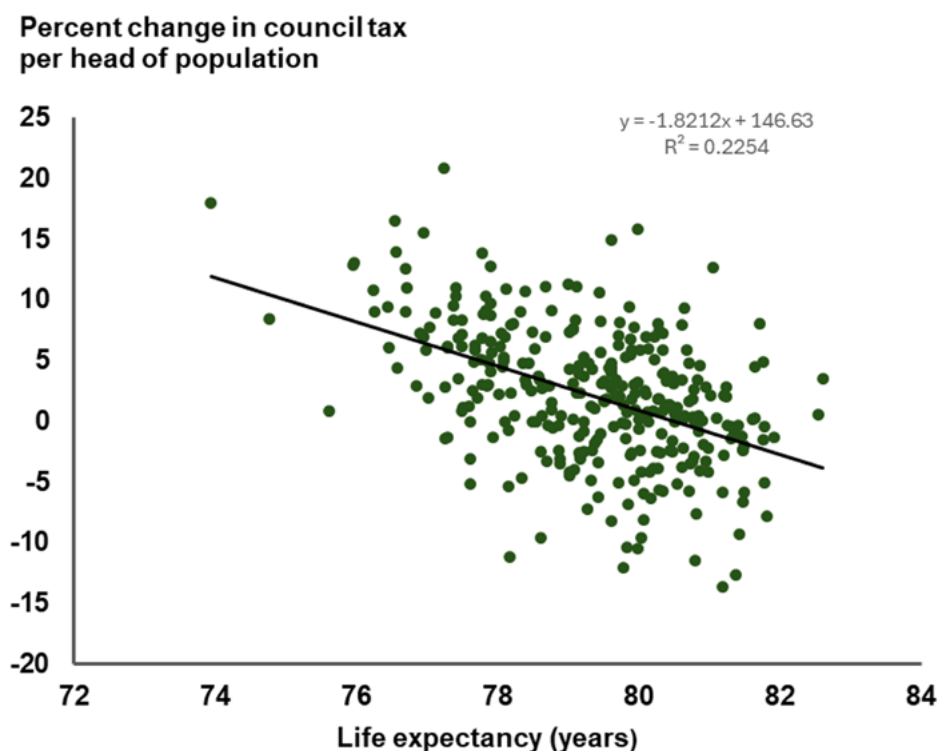


Source: NAO (2023) and ONS (2024) (7, 1)

This relationship between reduction in government funding and preceding levels of life expectancy has a number of implications for the relationship of other health indicators to changes in spending. First, because inequality in life expectancy is related to overall level of life expectancy (Figure 6), reductions in government funding by 2015/6 was also related to levels of inequality in life expectancy within local authorities in 2010-12 - the greater the level of inequalities the greater the reduction in government spending. This association was, however, slightly weaker than that for overall life expectancy - suggesting this relationship was mainly driven by that between the change in government spending and overall life expectancy.

Second, the efforts of local authority to compensate for reductions in government funding through increasing council tax per head of population in the period 2015/16 to 2019/20 meant that council tax increases by 2019/20 were strongly related to life expectancy levels in 2010-12 - the lower was life expectancy in 2010-12 the larger was in increase in council tax per head of population in 2019/20 - Figure 8.

Figure 8 Change in council tax per head of population by 2019/20 by male life expectancy in 2010-12, local authorities in England



Source: NAO (2023) and ONS (2024) (7, 1)

Third, the marginal changes in either life expectancy or inequalities in life expectancy between 2010-12 and 2017-19 were not statistically correlated with changes in spending power per head of population. The statistical relationships were dominated by that shown in Figure 7 between the change in government funding of local authorities and life expectancy.

In our 2010 Marmot Review we elaborated the principle of proportionate universalism – universalist approaches to social policies with efforts proportionate to need. It is a reasonable assumption that the shorter the life expectancy of a local authority, the greater the need. Regrettably, as Figure 7 shows, the greater the need the greater was the reduction in funding.

CONCLUSIONS

IHE has provided central government with a blueprint of what to do to reduce health inequalities (Marmot Review, 2010), and also highlighted why health inequalities are increasing and what to do to turn the dire situation around (Marmot Review Ten Years On, February 2020) and why the UK fared so badly during the COVID-19 pandemic (COVID-19 Marmot Review, December 2020) (11, 12, 13).

IHE has quantified the impact of not implementing the policies to reduce health inequalities since 2010: more than one million people living shorter lives than they should (3) and is working with many local authorities, trying to do what they can with the reduction in spending power that they have experienced since 2010/11 (14). IHE is calling on central government to follow the evidence of what we know works, long-term, to improve health and reduce health inequalities.

REFERENCES

1. Office for National Statistics (ONS). (2024, January 26). Life expectancy for local areas in England, Northern Ireland and Wales: between 2001 to 2003 and 2020 to 2022. Ons.gov.uk; Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyforlocalareasinenglandnorthernirelandandwalesbetween2001to2003and2020to2022>
2. Office for National Statistics (ONS). (2022, April 25). Health state life expectancies by national deprivation deciles, England: 2018 to 2020. Ons.gov.uk; Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/datasets/healthstatelifeexpectanciesbynationaldeprivationdecilesengland2018to2020>
3. Institute of Health Equity. (2021). Health inequalities, lives cut short - Institute of Health Equity. Institute of Health Equity. <https://www.instituteofhealthequity.org/resources-reports/health-inequalities-lives-cut-short>
4. Office for National Statistics (ONS). (2024, January 11). National life tables: England. Ons.gov.uk; Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/nationallifetablesenglandreferencetables>
5. Office for National Statistics (ONS). (2024, March 26). Health state life expectancy, all ages, UK. Ons.gov.uk; Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatelifeexpectancyallagesuk>
6. Office for National Statistics (ONS). (2022, April 25). Health state life expectancies by national deprivation deciles, England: 2018 to 2020. Ons.gov.uk; Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/datasets/healthstatelifeexpectanciesbynationaldeprivationdecilesengland2018to2020>
7. National Audit Office (NAO). (2021, July). Financial sustainability of local authorities visualisation: update. National Audit Office (NAO). <https://www.nao.org.uk/reports/financial-sustainability-of-local-authorities-visualisation-update/>
8. ITV News. (2024, April 15). Local authorities referred 600,000 people to bailiffs last year - as council tax arrears rise. ITV News; ITV News. <https://www.itv.com/news/2024-04-15/councils-referred-600000-people-to-bailiffs-last-year-as-tax-arrears-rise>
9. Office for National Statistics (ONS). (2020). All data related to Health state life expectancies in England, Northern Ireland and Wales: between 2011 to 2013 and 2020 to 2022 - Office for National Statistics. Ons.gov.uk. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between2011to2013and2020to2022/relateddata>
10. Office for Health Improvement and Disparities (OHID). (2023, December). Health Inequalities Dashboard. Phe.gov.uk. <https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/>
11. Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., & Grady, M. (2010). Fair Society Healthy Lives (The Marmot Review) - Institute of Health Equity. Institute of Health Equity. <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
12. Marmot, M., Allen, J., Boyce, T., Goldblatt, P., & Morrison, J. (2020). Marmot Review 10 Years On - Institute of Health Equity. Institute of Health Equity. <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>
13. Marmot, M., Allen, J., Goldblatt, P., Herd, E., & Morrison, J. (2020). Build Back Fairer: The COVID-19 Marmot Review - Institute of Health Equity. Institute of Health Equity. <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>
14. Institute of Health Equity. (2024). Marmot Places. Institute of Health Equity. <https://www.instituteofhealthequity.org/taking-action/marmot-places>