



Public Health England

Protecting and improving the nation's health

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Attn: Ms Mo Steward

Sent by email: mozzas01@gmail.com

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Dear Ms Stewart,

Thank you for your recent email to Prof Kevin Fenton. This has been shared with me as Prof Fenton is currently on secondment from PHE.

Reducing inequalities in health is central to PHE's mission, and we report regularly on inequalities in health outcomes by level of deprivation, and by protected characteristics (such as age, sex and ethnic group). We have not, however, examined the impact of specific welfare reforms on health outcomes.

Our most recent related work in this area, which may be of interest to you, was our '*Review of recent mortality trends in England*' which was commissioned by the Department of Health and Social Care and is available online at: <https://www.gov.uk/government/publications/recent-trends-in-mortality-in-england-review-and-data-packs>.

We reported that after decades of progress, since 2011 improvement in life expectancy has slowed down considerably, for both males and females. For some age groups, and for some parts of England, improvement has stopped altogether.

We considered the potential influence of health and social care funding on this slowdown in improvement and noted that data from the Institute of Fiscal Studies indicates that increases in public expenditure on health reduced around the same period as the change in the trend in life expectancy. The period between 2009–10 and 2014–15 "...saw historically slow increases in UK public spending on health, averaging 1.1% per year." For social care, the IFS has reported real-term public spending "...by English local authorities fell by 1.0% between 2009–10 and 2015–16. Within this, spending on adult social care fell by 6.4%, during a period when the population aged 65 and above grew by 15.6%." [1]

As part of the review, we examined recent peer-reviewed papers which have reported on the relationship between government funding for health and social care and slowing mortality improvements. Much of this observational analysis has focused on providing an association, within England as a whole, between trends in funding and changes in mortality, often by ruling out other factors first. Some papers have shown an association with mortality but some methods and interpretation of results have been queried, and there is currently limited evidence on any potential causal mechanisms.

The analysis that is possible using routine data sources to determine the role of changes in government spending is rather limited, but we showed in our report that those who have been most affected by the change in trend in mortality are those with the least resources – those living in deprived decile areas – which could indicate a role for government spending.

The slowdown in life expectancy improvement has been seen in the other countries of the UK, and in other large European Union (EU) countries. However, among the large EU countries, the UK has had the slowest rate of improvement since 2011. Data from the Organisation for Economic Co-operation and Development (OECD) shows that growth in health spending slowed markedly in almost all OECD countries following the financial crisis in 2008, but evidence for the impact of economic downturns on mortality is inconclusive on whether or not it leads to poorer outcomes.[2]

We concluded that further work would be required to understand any potential causal mechanisms which may be operating between changes in health and social care provision and trends in mortality within England and across different countries.

Yours sincerely



Professor John Newton
Director of Health Improvement

References

1. Daria Luchinskaya, et al, Institute for Fiscal Studies, UK health and social care spending (2017): <https://www.ifs.org.uk/publications/8879>
2. Gool, K.v. and M. Pearson, Health, Austerity and Economic Crisis (2014): <https://www.oecd-ilibrary.org/content/paper/5jxx71lt1zg6-en>