UCL Institute of Health Equity

EMBARGO: 0001hrs Tuesday 23rd September 2014

All Media Enquiries: Felicity Porritt, Head of Communications
Email: Felicity.Porritt@gmail.com Tel: 07739 419219

POOR CHILDREN'S DEVELOPMENT AND INSUFFICIENT HOUSEHOLD INCOMES WILL HAMPER PROGRESS ON REDUCING HEALTH INEQUALITIES.

New figures out today from the Institute of Health Equity (Tuesday 23rd September) illustrate some **worrying signs for the future health of the nation. Poor results, in particular for children's development and ensuring incomes are sufficient for people to live healthy lives, are likely to lead to increases in health inequalities in the future**

In 2010 Professor Sir Michael Marmot was asked to review health inequalities in England. *Fair Society, Healthy Lives* recommended action to reduce health inequalities. The report found that good children's development, maximising skills, ensuring employment in good quality jobs, sufficient income and a healthy environment were all crucial to ensure optimal health outcomes and to reduce inequalities in health by social position. Since then central and local government have proposed action on these 'social determinants' of health.

The following year Sir Michael published data showing key indicators for monitoring inequalities and the social determinants of health for the 150 'upper tier' local authorities. In 2012 the Institute of Health Equity, headed up by Sir Michael, published follow-up stats, which showed health inequalities within the 150 areas increased.

Today's updated figures include adapted and new indicators to account for Coalition Government policy changes and to cover areas that were missing in 2012.

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

'We continue to fail our children. How can this still be happening? For three years the Institute of Health Equity has published evidence showing we are failing our children. It is unacceptable that only half of our five year olds are achieving a good level of development. The answer is not for Government to keep changing the measure.

We need real action to improve the lives of families, support good parenting and improve access to good quality affordable early years services. The evidence is clear: we have to get it right at the start if individuals are to achieve the best possible health throughout their life.'

Main Findings:

Some of the social determinants of health have improved – notably GCSE attainment and employment rates. But other key indicators are a cause for concern:

- The Department for Education changed the way in which it measured young children's development in 2012, the **new figures illustrate that just 52% of children achieved a good level of development at the end of reception** in 2012/13. In addition there are marked socio-economic inequalities**, only 36% of those with free school meal (FSM) status achieved a good**

level of development at the end of reception, 2012/13.[i] The Department for Education are again changing the way in which development is measured. **It will no longer be mandatory to collect the data reported here, which will make it difficult to monitor progress**.

- In the Marmot review we noted that it was important, for health, for people to be able to afford a healthy life. These are the costs associated with, for example, having a nutritious diet, adequate clothing, and enough money for heating. **There has been deterioration in living standards, with the proportion of people living in households with income below the Minimum Income Standard (MIS) increasing by a fifth between 2008/9 and 2011/12, from 3.8 million to 4.7 million households, 23% of households**. In London, where costs are higher, more than one in four households (29.4%) did not receive enough income.[i]

- Unemployment grew sharply after the financial crisis of 2008. Positively, all regions have seen a drop in unemployment rates from 2011. However no region has seen their unemployment rate reduce to their pre-crisis level.

- **Employment is generally good for health, however the nature of work is very important for health**. Aspects of work that are important include, for example, job secuirty, fair pay, organisational justice, and having some control over how tasks are completed. We would like to be able to monitor the quality of work that people are engaged in, however there is a lack of data on this in the UK. To provide some indication of this, **we have included an indicator this year that reports on the number of people reporting that work is the cause of any illness**. This figure has been fluctuating, but shows an encouraging trend downwards since 2009/10 for England. In 2009/10, 4,260 people in every 100,000 reported a work related illness, compared to 3,640 in 2011/12. The numbers reporting musculoskeletal conditions caused or made worse fell, however there has been **no decrease in the number reporting that work has made them stressed, depressed or anxious**.

- Taking a range of Marmot indicators together, it is clear that, in general, **health is poorest in the North of the country, where social determinants are worse,** although there are specific problems of inequity in London, such as the difficult of being able to afford a healthy life.

- Approximately **2.5 million** (5.8%) of adults aged over 16 **had low levels of self-rated life satisfaction** in 2012-13, ranging from 3.4% in Surrey, to 10.1% in Knowsley. There is a **relationship between well-being and deprivation** – more people are likely to live with low levels of life satisfaction in more deprived areas.

[i] These figures show a lower number of children reaching a good level of development than in previous years, however given that these are new figures we cannot comment on comparability to previous years.

Notes to Editors

The last set of indicators was published in February 2012. Given policy and definition changes we have revised some of the indicator definitions since 2012. In addition we have added new indicators to ensure full coverage of the Social Determinants of Health.

Fair Society, Healthy Lives, The Marmot Review was published in 2010[ii]. The review set out the key areas that needed to be improved to make a significant impact in reducing health inequalities. This release provides an update on progress to reduce inequalities in health against the Review's six key policy recommendations:

A. Give every child the best start in life
B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
C. Create fair employment and good work for all
D. Ensure healthy standard of living for all
E. Create and develop healthy and sustainable places and communities
F. Strengthen the role and impact of ill health prevention

Within the report we noted that, at that time, health inequalities cost the tax payer (in 2009 prices):

Productivity losses of £31-33 billion every year[iii]
Lost taxes and higher welfare payments in the range of £20-32 billion per year[iv]
Additional NHS healthcare costs well in excess of £5.5 billion per year[v]

Table of Findings:

Policy	Key Data	Additional Detail
Children's Development Age 5: Children defined as having reached a good level of development at the end of the Early Years Foundation Stage as a percentage of all eligible children.	**New calculation -** only 52% of children achieved a good level of development age 5 in 2012/13.	Only 36% of children eligible for free school meals reached a good level of development
Minimum Income for Healthy Living: Households not reaching the Minimum Income Standard (MIS) as defined by the Joseph Rowntree Foundation as not having enough income to afford a 'minimum acceptable standard of living', based on what members of the public think is enough money to live on.	**New indicator** for sufficient income for healthy living Deterioration in living standards from 2008/9-2001/12. 20% increase in numbers with insufficient income, 23% have insufficient incomes**.**	
GCSE Achievement: Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources.	GCSE attainment steadily rising and gap narrowed significantly (by 2.1%) between pupils eligible for FSMs and not eligible.	However may not be maintained given changes to make GCSEs more challenging.
NEETs: Young people who are not in education, employment or training are at	**New indicator:** NEETs now +18yrs – end 2013 18.4% fall from 2010 19-24yr olds	

greater risk of a range of negative outcomes, including poor health, depression or early parenthood.	NEETs.	
Unemployment: Percentage of the economically active population aged 16+ without a job who were available to start work in the two weeks following their interview and who had either looked for work in the four weeks prior to interview or were waiting to start a job they had already obtained.	**New indicator:** (previously means tested benefits now unemployment). Unemployment falling.	
Long-term Unemployment: This is an estimate of claimants of Jobseekers Allowance by age (16-64) and duration (more than 12 months).	Regional variation –5.5 per 1000 in the South East and South West of England; 17.4% in NE. Between 2009 and 2013 a concerning 2.4 times increase 25-65 age group, 7.6 times increase in under 25s.	
Quality of Work: Prevalence rate of self-reported illness caused or made worse by work per 100,000 employed, for people working in the last 12 months.	**New proxy indicator:** work causing illness or made it worse – London workers less likely to be in ill health due to conditions 2.9% Decrease in work-related illness and muscoskeletal conditions; no decrease in work-related stress, depression or anxiety	
Life Expectancy: The average number of years a person would expect to live based on contemporary mortality rates.	Average life expectancy has increased by 0.5yrs for women & 0.7yrs for men (women 83; men 79.2) Inequalities in socio-economic life expectancy between the most and least deprived areas in England have decreased 7-6.8yrs for women; 9.6-9.2yrs for men. Although not statistically significant.	Still a lot of work to do, particularly regarding male life expectancy: 36 local authorities with a gap between the most and least deprived areas of 10 years or more men; 8 for women. 6 local authorities with a gap less than 5 years for men; 50 for women.
Healthy Life Expectancy: A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.	**New calculation** – previously based on census data, now based on survey data. Women 64.1yrs & men 63.4yrs in good health.	Gap of 19.3yrs for men and 20.1yrs for women between most and least deprived
Well-being: The percentage of respondents scoring 0-4 to the question "Overall, how satisfied are you with your life nowadays". ONS are currently measuring individual/subjective well-being based on four questions included on the Integrated Household Survey: 1. Overall, how satisfied are you with your life nowadays? 2. Overall, how happy did you feel yesterday? 3. Overall, how anxious did you feel yesterday? 4. Overall, to what extent do you feel the things you do in your life are worthwhile?	**New indicator:** 5.8% of adults over 16 (2.5m) low levels of life satisfaction.	Ranges from 3.4% in Surrey and 10.1% in Knowsley (relationship between well-being and deprivation).
Access to Green Space: The weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes.	**New:** visit to natural environment for health/physical activity in last 7 days. Only 15.3% visited for health and exercise reasons	

Self-Rated Happiness by Region

Self-reported well-being - people with a low satisfaction score (Adults aged 16 and over 2012/13)[vi]

Area Name	Percentage
England	5.77
North East	6.99
North West	6.5
Yorkshire and the Humber	6.25
East Midlands	5.27
West Midlands	5.99
East of England	5.21
London	6.26
South East	4.87
South West	5.31

[i] Matt Padley and Donald Hirsch, Households Below a Minimum Income Standard 2008/9 to 2011/12, Joseph Round Tree Foundation, London, January 2014. The Minimum Income Standard (MIS) is a calculation of the amount of income necessary for a person to achieve an acceptable minimum living standard in the UK. The MIS is calculated by the Joseph Roundtree Foundation and based on asking groups of members of the public to discuss and reach a consensus on the items and services households need to reach an acceptable standard of living, covering essential needs and allowing household members to participate in society. The most recent calculations are available online at: http://www.jrf.org.uk/sites/files/jrf/Minimum-income-standards-Summary.pdf

[ii] Marmot Review Team, Fair Society, healthy lives: strategic review of health inequalities in England post-2010. London, 2010, (www.instituteofhealthequity.org, accessed 9 September 2014)

[iii] Frontier Economics (2009) Overall costs of health inequalities. Submission to the Marmot Review, (www.marmotreview.org, accessed 9 September 2014)

[iv] ibid

[v] Morris S (2009) Private communication

[vi] The Office for National Statistics, (http://www.ons.gov.uk/ons/datasets-and-tables/index.html?pageSize=50&sortBy=none&sortDirection=none&newquery=measuring+subjective+wellbeing&content-type=Reference+table&content-type=Dataset accessed 9 September 2013)