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# Marmot Indicators 2014

## A preliminary summary with graphs

**Institute of Health Equity  
Strategic Review of Health Inequalities Post 2010  
September 2014**

# Marmot indicators 2014

## Introduction

Fair Society, Healthy Lives, the Marmot Review was published in 2010.<sup>1</sup> The review set out the key areas that needed to be improved to make a significant impact in reducing health inequalities. The report found that the social conditions in which we are born, live, work and age determine variations in health and life expectancy. This release provides an update on progress to reduce inequalities in health, and against the Institute of Health Equity's 6 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 a 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

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 some new indicators to fully cover the social determinants listed above.

A summary with local data is available for all local authorities. These are available from the Institute of Health Equity's website <http://www.instituteofhealthequity.org>

Background data is also available from the PHE website.

The following report provides a preliminary summary of the data with graphs.

## 1. Health Indicators

### Life expectancy

In 2012, the IHE reported on life expectancy data for 2008 -2010, noting that at that time, overall life expectancy at birth in England had increased for both men and women between 2007-9 and 2008-10, but inequalities in life expectancy between neighbourhoods had increased for men.

Our latest figures for 2010 – 2012, illustrate that average life expectancy has continued to increase, at birth for women it is 83 years old, an increase of 0.5 years from 2008-2010 data. For men, life expectancy at birth has risen to 79.2, an increase of 0.7 years since 2008-2010 figures.

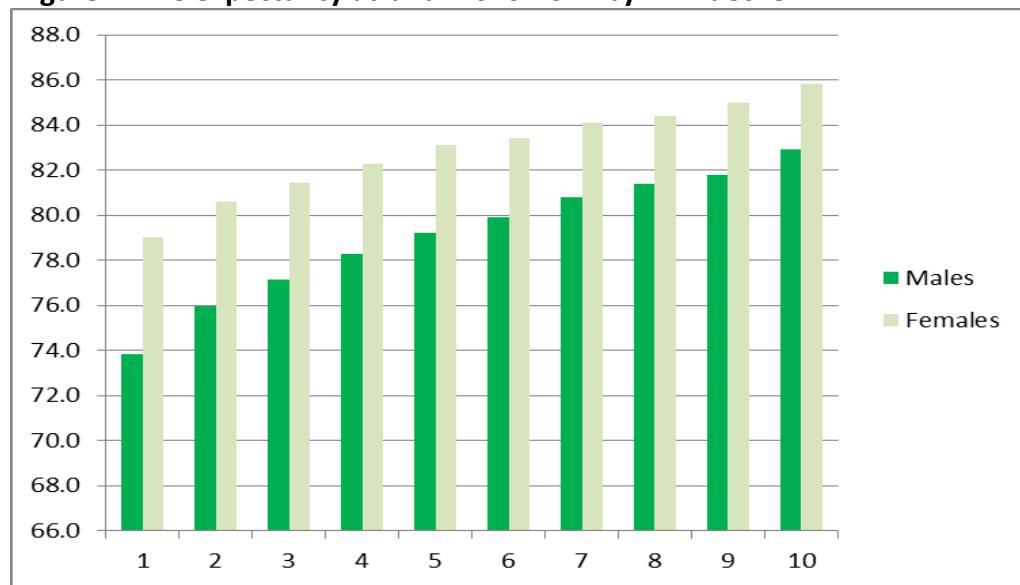
For both men and women, inequalities between the most and least deprived areas within England have decreased as measured by the slope index of inequality (SII). However this reduction is not

statistically significant. On average the estimated difference in life expectancy between the most and least deprived areas dropped from 7 years to 6.8 for females, and from 9.6 years to 9.2 years for men.

The fact that inequalities in life expectancy at birth are greater for men can also be seen from the numbers of local authorities with more than a 10 year gap in life expectancy between the most and least deprived areas within them. For males, there are 36 local authorities with a gap of 10 years or more for men, and 8 local authorities with a gap of 10 years or more for females. This gender inequality can also be described by looking at the other end of the scale; at the number of areas with a life expectancy gap of less than 5 years. For males, there are 5 local authorities with a gap of 5 years or less, and for females there are 50 local authorities where the gap is 5 years or less (see appendices tables 5 & 6).

Below we have graphically represented the latest data by Index of Multiple Deprivation (IMD) decile (where 1 is the most deprived 10% of areas and 10 is the least deprived 10%)

**Figure 1: Life expectancy at birth 2010-2012 by IMD decile**



Source: ONS, Office for National Statistics (ONS) annual death extracts, 2014.

## Healthy life expectancy

The latest available figures for healthy life expectancy are for 2010-2012. The previous figures utilised by the Marmot review went to 2003 and were based on analysis of the census, and the length of time someone could expect to be free from a limiting long-standing illness or disability.<sup>i</sup> The new figures utilise a different methodology, identifying those in good health as the proportion of people reporting

<sup>i</sup> Healthy life expectancy is difficult to measure and has only been possible up to now, utilising census statistics.

their general health as good or very good from the Annual Population Survey.<sup>ii</sup> This will enable these figures to be updated more frequently.

On average, for 2010-12, women could expect to live until 64.1 years in good health, a decrease of 0.1 years from 2009-11. There is substantial regional variation, in Manchester women can expect to live until 55.5 in good health, compared to 71 years in Wokingham.

Men could expect to live until 63.4 years in good health in 2010-12, an increase of 0.1 years from 2009-11. Again there is substantial regional variation, in Tower Hamlets men can expect to live to just 52.5 years in good health compared to 70 years in Richmond upon Thames.

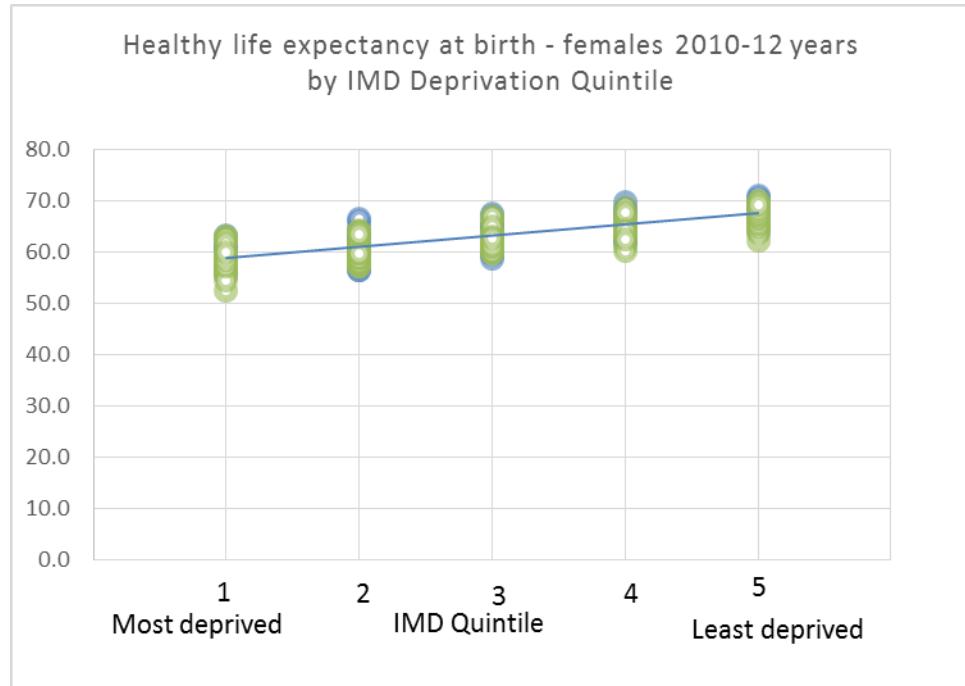
For men, there is an estimated 17.5 year gap between the area with the best healthy life expectancy and the area with the worst, and for women a 15.5 year gap.

The following two charts (Figures 2 and 3) represent healthy life expectancy at birth by deprivation quintile. The top and bottom of the points for each quintile represent the top and bottom of the range in each deprivation quintile. As the graphs depict, there is a relationship such that, in more deprived areas, healthy life expectancy is lower. However, within each deprivation quintile there is a large range of values. Local authorities could potentially learn from the successes of those with the best scores given their deprivation quintile. The top performers per deprivation quintile are listed in the tables 1 and 2 in the Appendices.

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<sup>ii</sup> In response to the question “How is your health in general; would you say it was...” responses “Very good” and “Good” are categorised as ‘Good’ health and “Fair”, “Bad” or “Very bad” as ‘Not Good’ health. Some people in “not good health” especially in the fair category, could still maintain a normal working life, and so different policy areas, may want to investigate the figures in more detail.

**Figure 2**



**Figure 3**



Source: ONS, Mortality data, mid-year population estimates and Annual Population Survey, 2014.

## **Well-being**

The Marmot Review recommended monitoring well-being, once a suitable indicator became available.

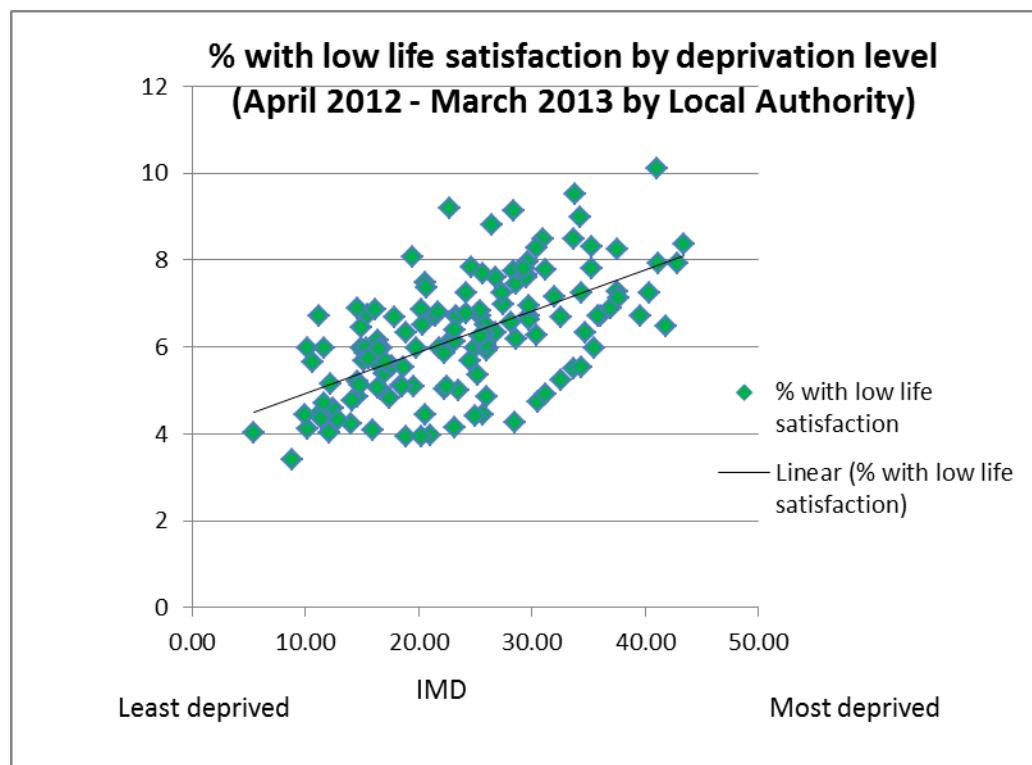
Among adults aged over 16, approximately 2.5 million (5.8%) had low levels of life satisfaction in 2012-13. The percentage ranged from 3.4% in Surrey, to 10.1% in Knowsley.

Figure 4 below shows regional differences of low satisfaction. Conforming to the trends of the rest of our indicators, the South East and West fare best, whereas the North East and West fare worst.

**Figure 4: Self-reported well-being - people with a low satisfaction score (Adults aged 16 and over 2012/13)<sup>2</sup>**

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

**Figure 5**



Source: ONS, Annual Population Survey Personal Well-being Experimental datasets 2013.

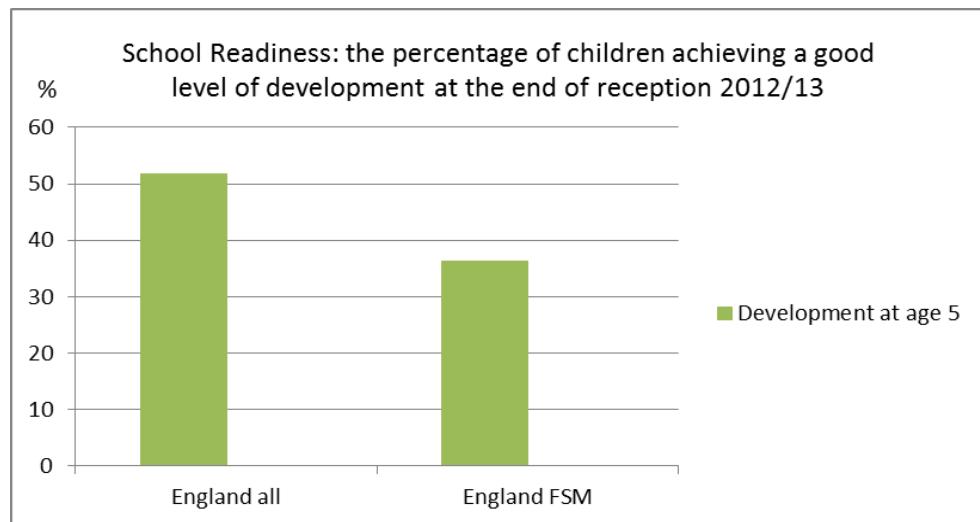
There appears to be a relationship between well-being and deprivation, such that it appears there are likely to be more people with low levels of life satisfaction in more deprived areas.

## 2. Giving every child the best start in life

### Children's development at age 5

Children's development at a very early age can be a good predictor of how successful and healthy they will be later in life. Therefore where inequalities in development are apparent, every effort should be made to reduce them. To track progress, we look at the percentage of children with good levels of development. The Department for Education changed the way in which they measured good level of development in 2012, and as a result these figures are not directly comparable with previous data that had indicated that in 2011, 59% of children had a good level of development. Based on the new method of measurement just 51.7% 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 36.2% of those with free school meal status achieved a good level of development at the end of reception 2012/13.<sup>3</sup>

**Figure 6**

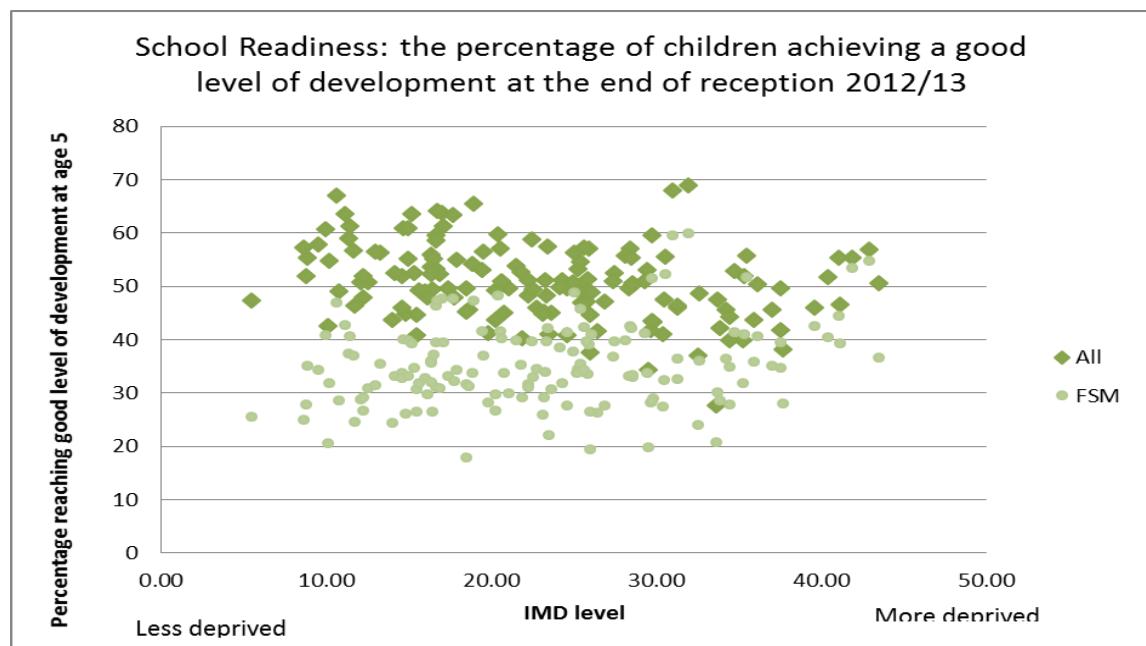


Source: DFE, Early Years Foundation, Foundation Stage Profile statistical series, 2012. FSM = pupils eligible for Free School Meals

The DfE have announced that it will no longer be compulsory for schools to collect this data from August 2014. We understand that they are looking to introduce measures that more closely relate to proficiency in literacy and numeracy. However readers interested should consult latest releases from the DFE.

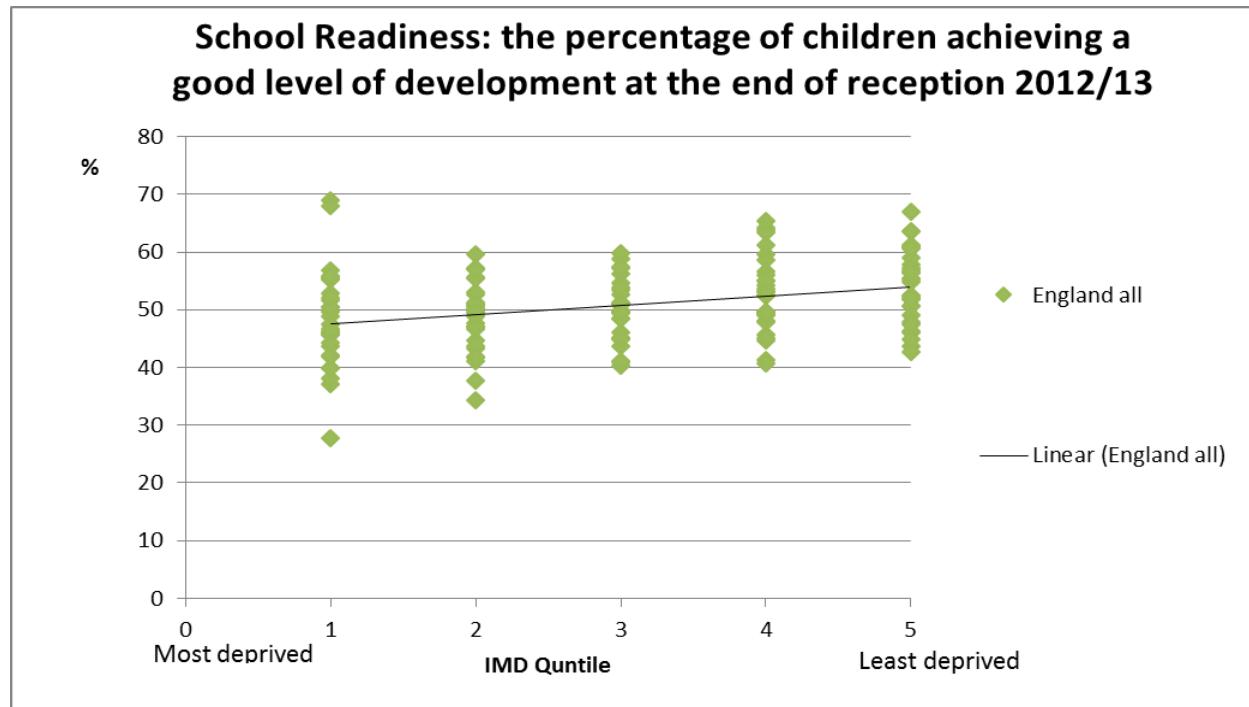
On average, it appears that levels of development for all children are worse in more deprived areas. There is no clear relationship between deprived area and level of development for all children or for those with free school meal entitlement. Further analysis of these results could be warranted.

**Figure 7a**



Source: Department for Education, Early Years Foundation, Foundation Stage Profile statistical series

**Figure 7b**



Source: Department for Education, Early Years Foundation, Foundation Stage Profile statistical series

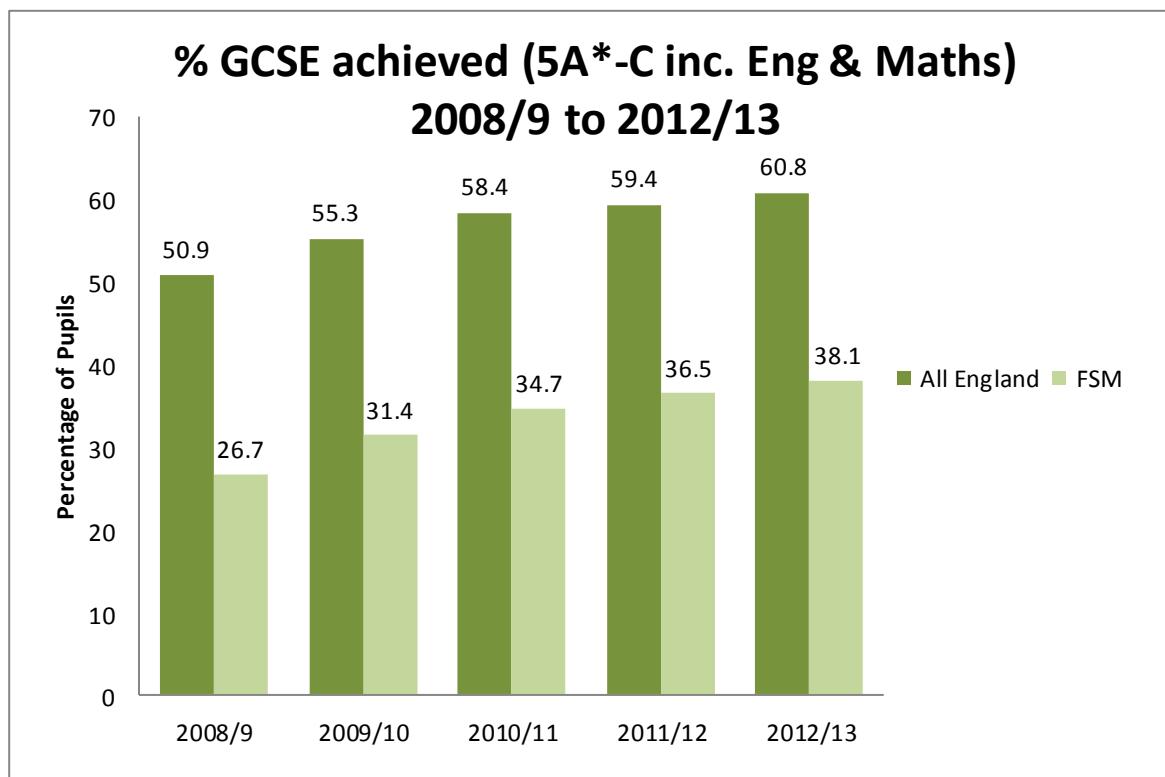
### **3. Enable all children, young people and adults to maximise their capabilities and have control over their lives**

#### **GCSE achievement**

In 2012/13 60.8% of children achieved 5 or more GCSEs at grade A\* to C or equivalent including English and Mathematics GCSEs, based on upper tier local authority of school location.<sup>(4)</sup>. GCSE attainment had been steadily rising. However changes have been introduced to make GCSE's more challenging, this could impact on future achievement levels...

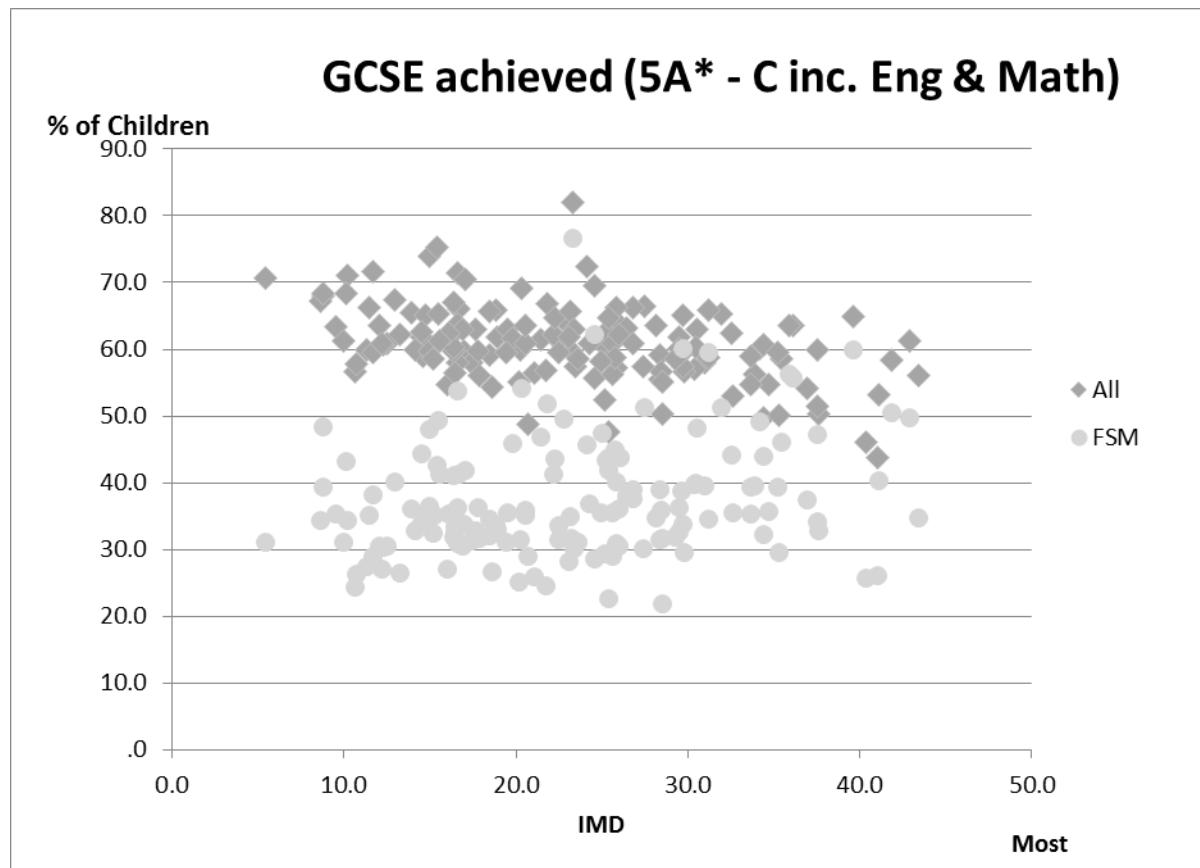
The attainment gap between the percentage achieving 5 or more GCSEs at grade A\* to C or equivalent including English and Mathematics has narrowed by 2.1% between 2008/09 and 2012/13 with 38.1% of pupils known to be eligible for free school meals (FSM) achieving this indicator compared with 60.8% of all pupils.<sup>4</sup> Further exploration of these figures could be warranted given changes to how free school meal eligibility is utilised in the statistics.

**Figure 8:**



Source: Department for Education, GCSE and Equivalent Attainment by Pupil Characteristics in England 2008/9 to 2012/13.

**Figure 9. GCSE achievement in local authorities by deprivation level.**

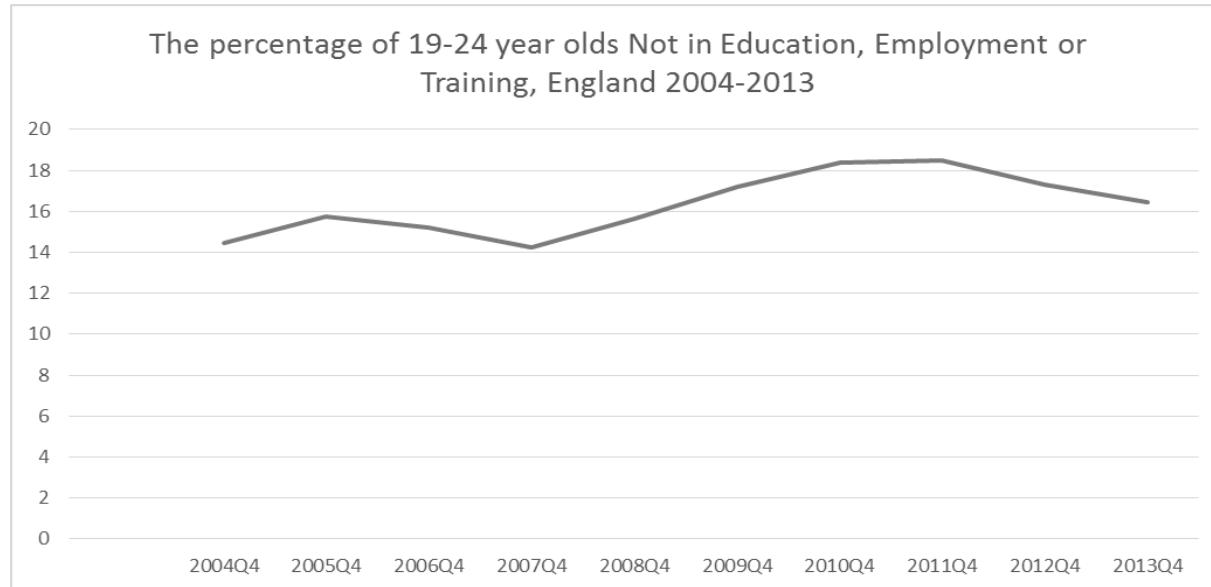


Source: Department for Education, GCSE and Equivalent Attainment by pupil characteristic, 2014.

### **Not in education, employment, or training.**

The Marmot review made a recommendation to reduce the number of those not in education, employment, or training (NEETs). Being NEET at a young age is associated with poorer outcomes later in life. Since the report there has been a change in policy which requires that all young people remain in education or training until the age of 18. Previously we had reported on the number of people aged 16-19 who were NEET. The change in policy will have reduced the numbers who are NEET in the 16-19 year old group significantly. To add value with these indicators, we have therefore decided to look at the numbers who are NEET in the 19-24 year old age group.

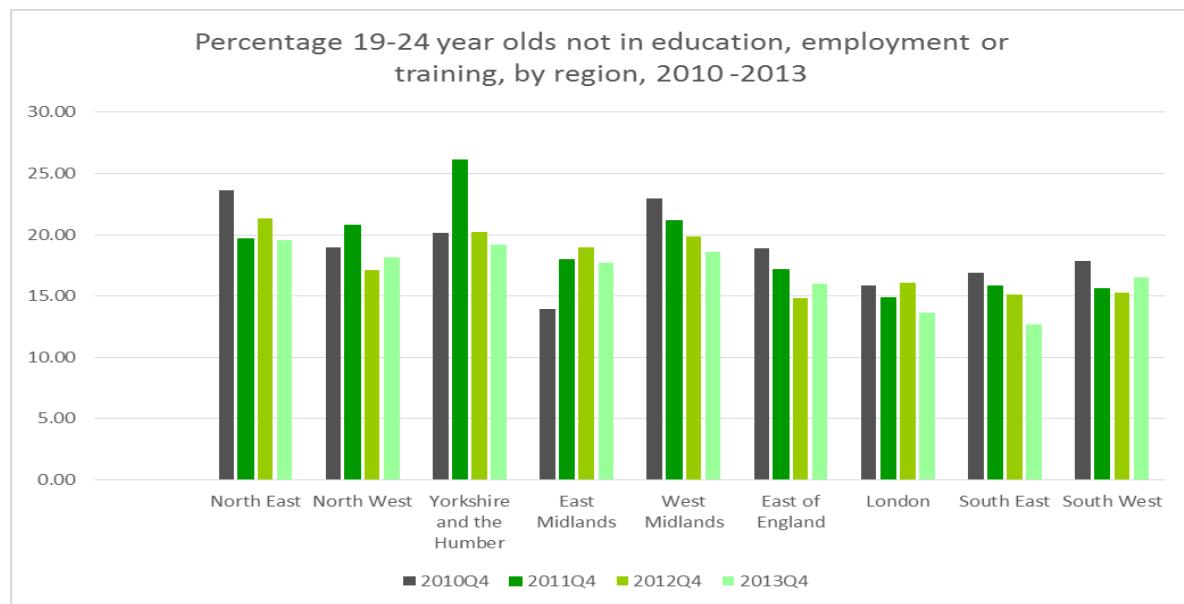
**Figure 10**



Source: ONS mid-year population estimates, Statistical First Release, 2014.

At the end of 2013, 16.4% of young people aged 19-24 were not in employment education or training, this marks a fall from 18.4% in 2010.<sup>5</sup> There are differences between regions which are illustrated in the following chart, with London and the south generally having lower levels of NEETs in this age group.

**Figure 11**



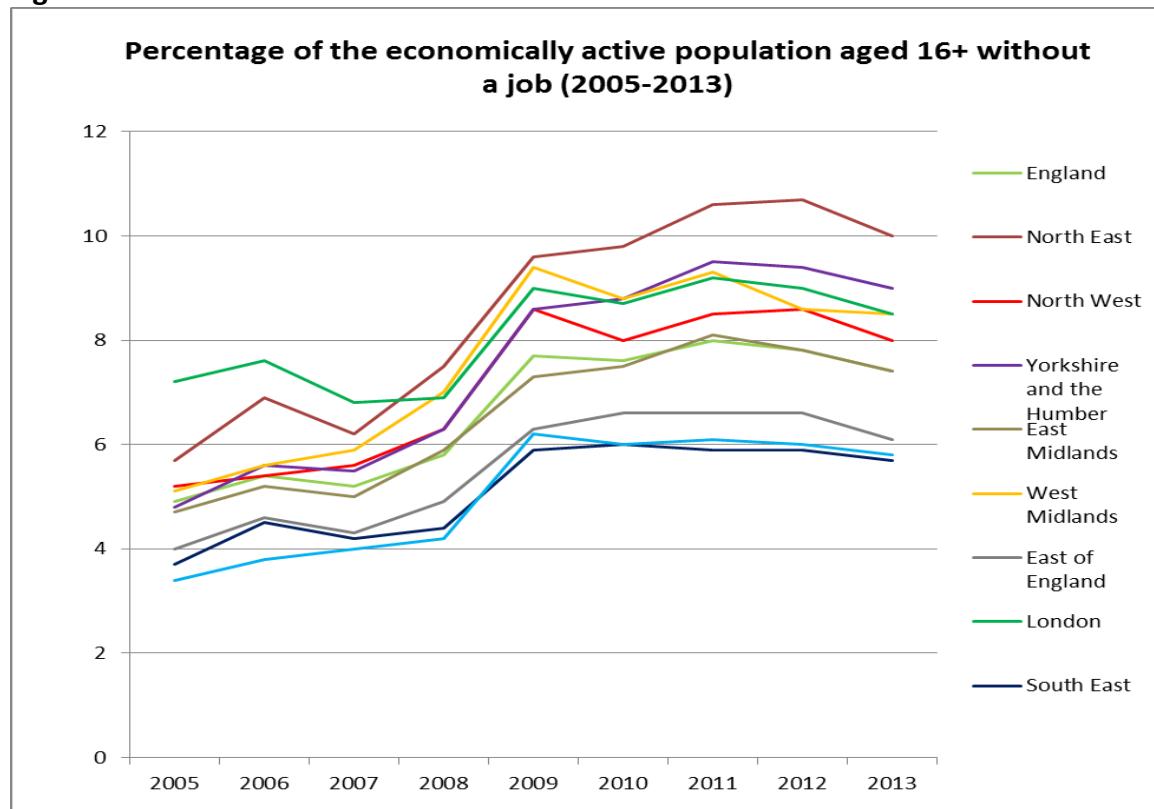
Source: ONS mid-year population estimates, Statistical First Release, 2014.

## 4. Create fair employment and good work for all

### Unemployment

Being out of work is associated with poorer health, particularly as this may impact on income. In previous years we have counted the numbers on means tested benefits, however given changes in the benefit system we have decided to shift this indicator to unemployment rates. In 2013 7.4% of those aged over 16 were unemployed<sup>iii</sup>. There are regional variations, for example over 14% were unemployed in Birmingham and Hartlepool, compared to just 3.2% unemployed in Rutland and 3.6% in Wokingham<sup>6</sup>.

**Figure 12**



Source: ONS NOMIS Official Labour Market Statistics 2014.

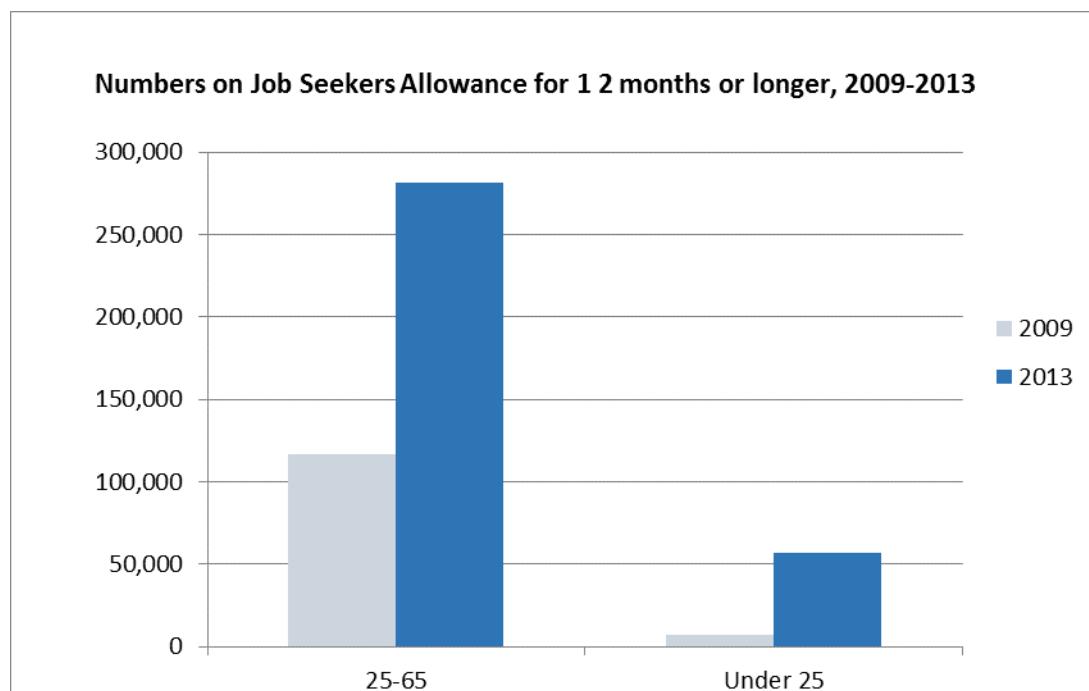
Unemployment grew sharply after the financial crisis of 2008, and has remained high thereafter. Positively, all regions have seen a drop in unemployment rates from their peak in 2011. However, no region has seen their unemployment level reduce to their pre-crisis level. Rates remain high, with the North and Midlands experiencing the worst of the problem and the South displaying the healthiest statistics.

<sup>iii</sup> 2014 figures were published in September and show a further reduction, however still not to pre crisis levels.

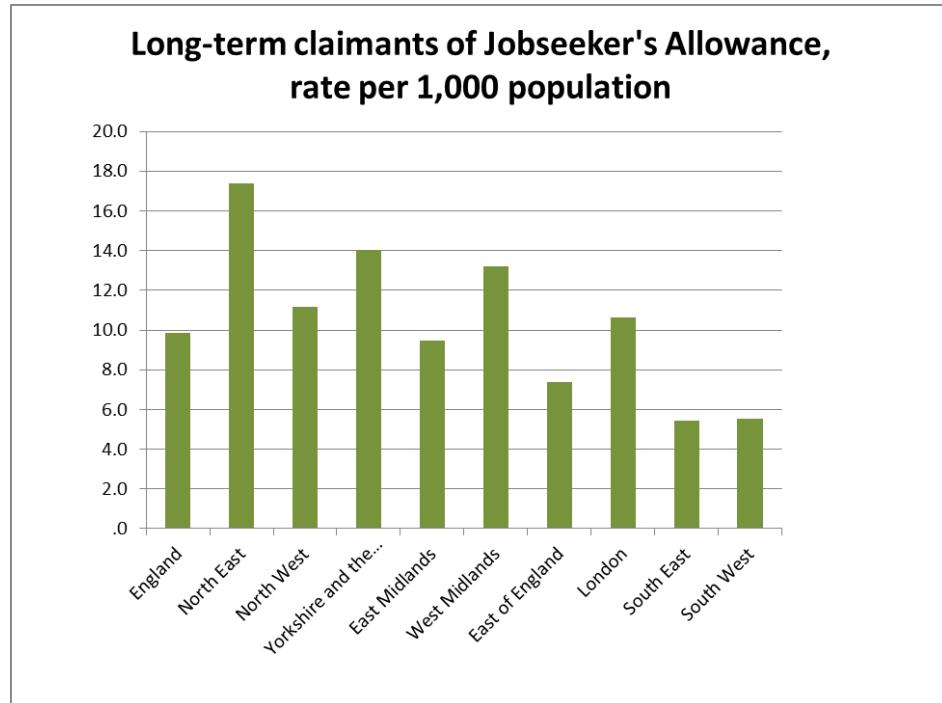
## Long term claimants

In 2009, an average of 116,500 25-65 year olds were claiming Jobseeker's Allowance (JSA) for 12 months or more. In 2013, this had increased by 2.4 times to almost 282,000. For the under 25 age group, in 2009 there were almost 7,500 on JSA for 12 months or more. In 2013 this had risen to almost 57,000, 7.6 times higher than the 2009 figure. Again there is much regional variation, with 5.5 long term unemployed per 1,000 population in the South East and South West of England, compared with 17.4 per 1,000 in the North East.

**Figure 13**



**Figure 14.**

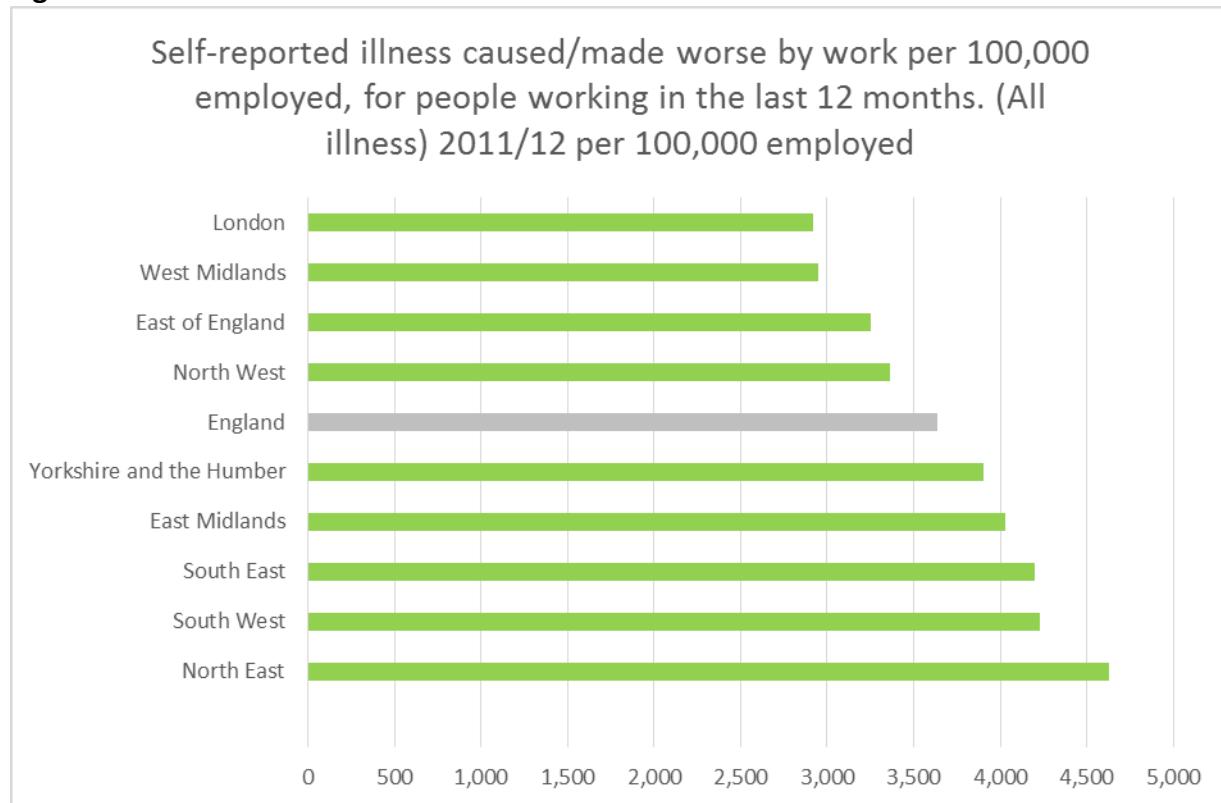


Source: ONS NOMIS Official Labour Market Statistics 2014.

## Quality of Work

The Marmot review report noted that although being in employment was generally good for health, being in a poor quality job was not. Efforts should be made to improve the quality of work available to people. There are many aspects of work that can damage people's health. A number of factors detrimentally impact on workers' health including insecure contracts, low reward/high demand imbalances, and poor health and safety procedures. There is a lack of UK wide data on the quality of work, however for the first time this year we have included some information on the numbers of people reporting that work has caused an illness or made it worse. As the figures illustrate there are regional differences, with workers in London less likely to report that work has made them unhealthy (2.9%), and workers in the North East, the most likely to say that work has made them unhealthy (4.6%) in a 12 month period in 2011/12.<sup>7</sup>

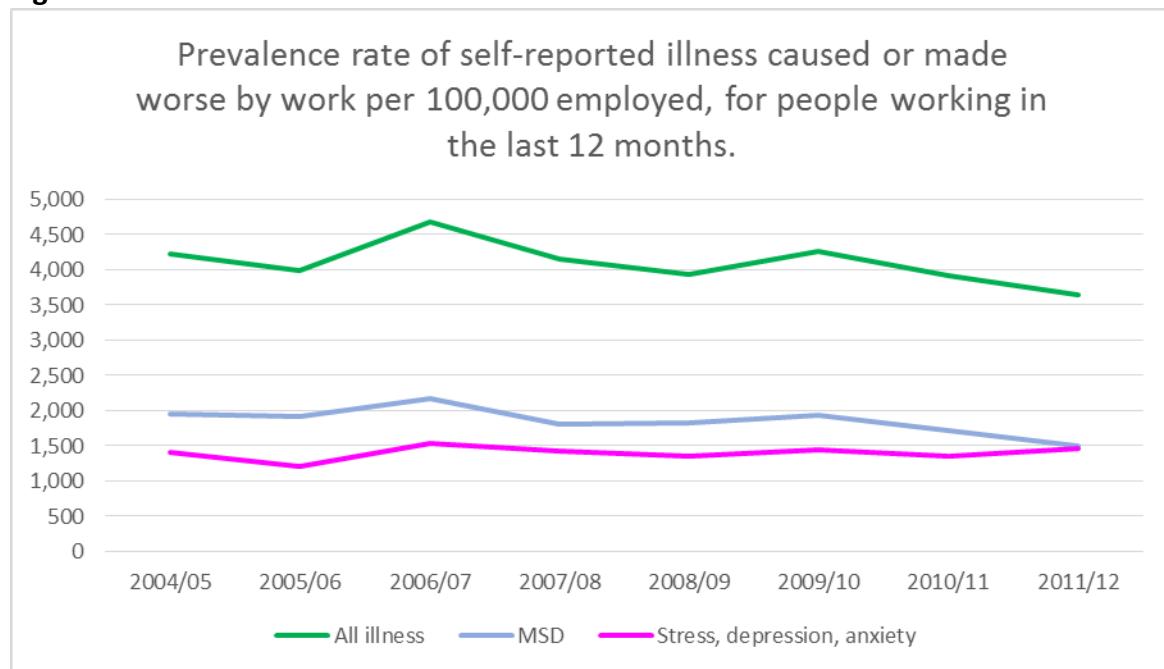
**Figure 15**



Source: Health & Safety Executive analysis based on results from the ONS Labour Force Survey 2014.

The number of people reporting that work is the cause of any illness fluctuates, but shows an encouraging trend downwards since 2009/10 for England. In 2009/10 4,220 people in every 100,000 reported a work related illness, compared to 3,640 in 2011/12 (7). The numbers reporting musculoskeletal conditions caused or made worse fell in this time period. However, the numbers reporting that work has made them stressed, depressed or anxious has not decreased. Employers should be encouraged to follow the Health and Safety Executive (HSE) Stress Management Guidelines. Insecure contracts, and the fear of redundancy can also lead to increased levels of stress, anxiety and depression. Efforts to initiate economic growth by flexibility in labour market contracts needs to be balanced against the health effects of such policies on the most vulnerable.

**Figure 16**

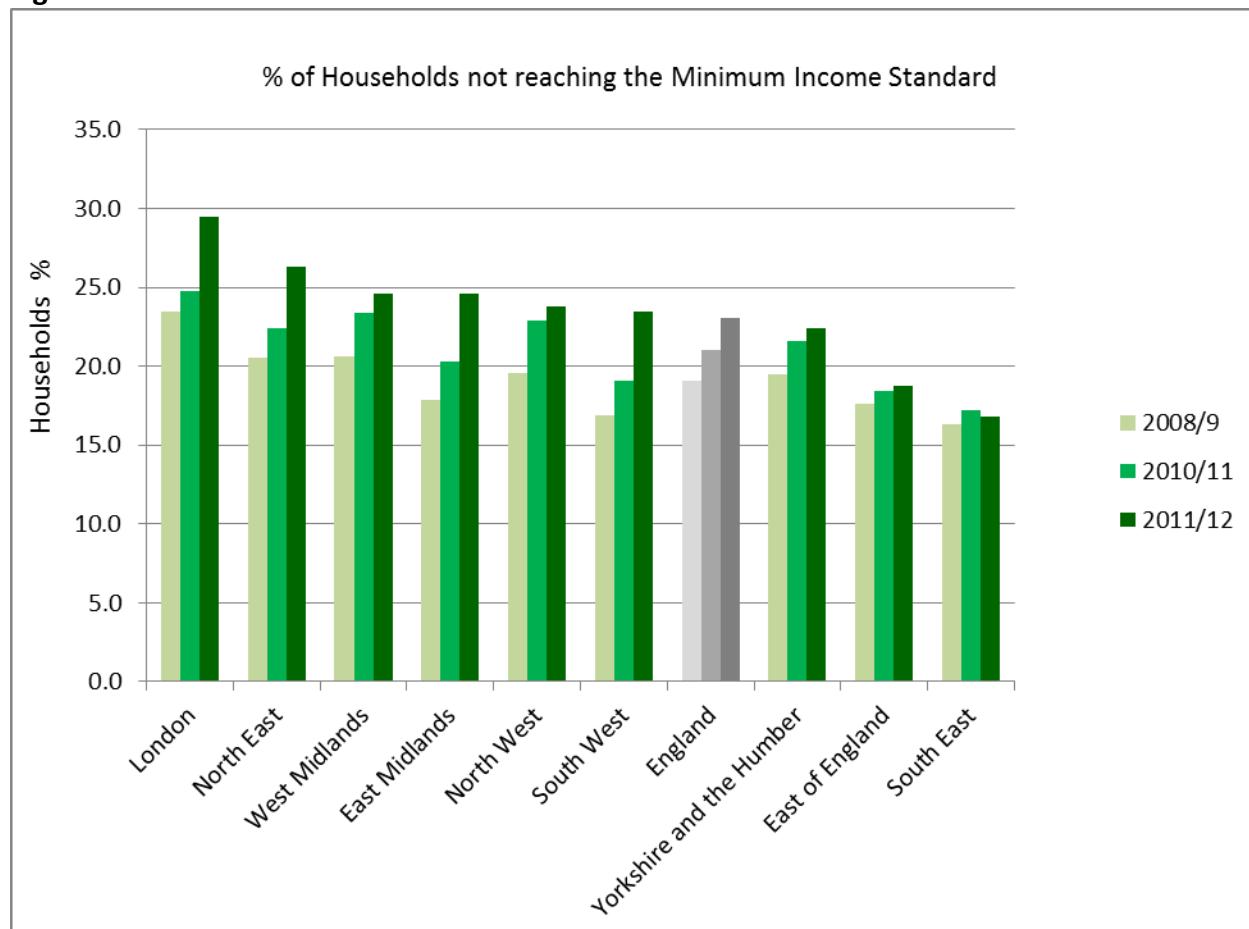


Source: Health and Safety Executive (HSE) analysis based on results from the ONS Labour Force Survey 2014.

## 5. A minimum income for healthy living

In the Marmot review we made a recommendation that all people must have an income that is high enough to ensure that they have enough money to buy those things required to live a healthy life. Not having enough money can lead to an inability to buy a healthy diet, adequate accommodation, heating, and to have enough money to participate in society. For the first time this year we are including an indicator of the sufficiency of income.

**Figure 17**



Source: Joseph Roundtree Foundation 2014

In 2011/12 23% of households studied (which covers 2/3rds of household types in England) did not receive enough income to reach an acceptable Minimum Income Standard (MIS). The MIS is defined, as defined by the Joseph Rowntree Foundation as not having enough income to afford a 'minimum acceptable standard of living'. The Joseph Rowntree Foundation reports on these trends by household type. In London, where costs are higher, one in four households (29.3%) did not receive enough income. Those living in the South East of England were least likely to have insufficient income, with 16.83 not having enough.

There are deteriorations in living standards, with the proportion of people living in households below MIS increasing by a fifth between 2008/9 and 2011/12, from 3.8 million to 4.7 million households. Most of the increase came in the final year of this period.

Data for household type is not available at a regional level through our indicators. However the analysis from JRF has illustrated that the most severe increase has been among single people of working age, where the percentage unable to afford this minimum acceptable standard of living rose

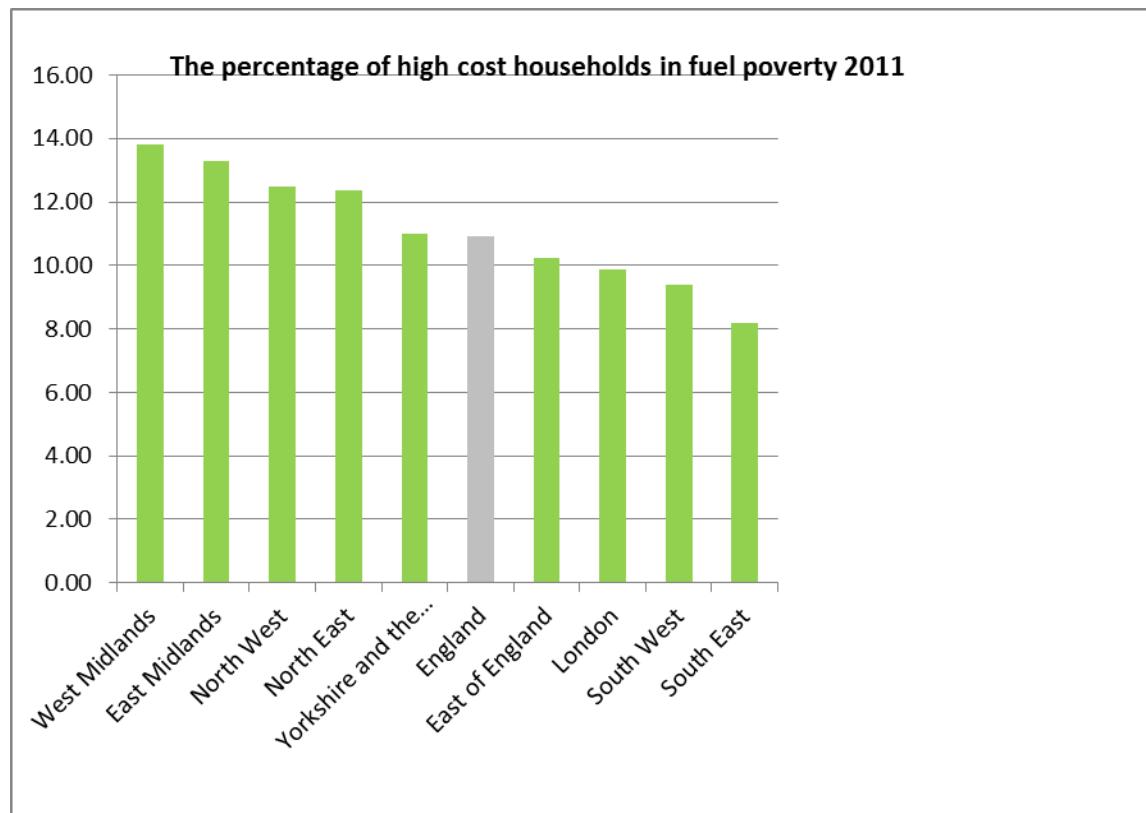
from 29 per cent to 36 per cent. Among single people aged under 35 it rose more severely, from 29 to 42 per cent. Single people under 35 also had an even greater increase in risk of having extremely low incomes, of less than half the minimum required: this risk rose from 9 per cent to 25 per cent. While the incomes of families with children held up in the first part of the recession, from 2011/12 they became more likely to fall below MIS, as previous increases in benefits and tax credits started to reverse. Two in three people in lone parent families are now below MIS. Pensioners and couples without children remain the most likely to have an adequate income. However, more working-age couples are finding themselves on a just-adequate income rather than being well above the minimum.<sup>8</sup>

## Fuel Poverty for high cost households

Living in a cold home is associated with negative health outcomes. As such it is important to monitor fuel poverty. The national fuel poverty measure is a new measure, developed in 2012,<sup>9</sup> that calculates the number of households that have required fuel costs that are above average (the national median level) and would be left with a residual income below the official fuel poverty line if they were to spend that amount. It is important to note that this measure will underestimate fuel poverty for a region, and should just be seen as a measure for high cost households and not all households, given that non high cost households could struggle on low incomes.

In 2011, 10.9% of high cost households were in fuel poverty. This is the percentage of households who, if they spent what they needed to on fuel, would place themselves below the national poverty line. The area with the highest levels of fuel poverty for high cost households, is the West Midlands (14%), and the South East the lowest (8%).

**Figure 18**



Source: Department of Energy & Climate Change 2011 sub-regional fuel poverty data: low income high costs indicator.<sup>10</sup>

## **6. Create and develop healthy and sustainable places and communities**

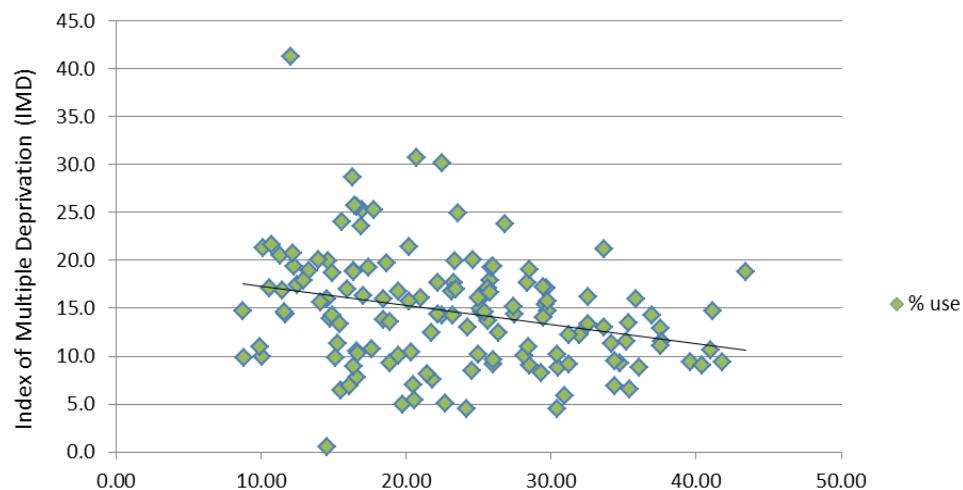
In the Marmot review we noted that access and use of green space was beneficial for health. Within this years set of indicators we have therefore included a weighted estimate of the proportion of residents in an area taking a visit to the natural environment for health or exercise purposes in the last 7 days.

In England, 15.3% had visited the natural environment for health and exercise reasons from March 2012 to February 2013.<sup>11</sup>

People in less deprived areas are a little more likely to visit the natural environment than those in more deprived areas, and this relationship holds even if the outlier, at the top, with a value of 41.7% is taken out of the equation (Bath and North East Somerset).

**Figure 19**

**Proportion of residents who visited the natural environment in  
the last 7 days for exercise or health reasons**



Source: Natural Health England, Monitor of Engagement with the Natural Environment, 2013.

## **7. Key messages**

In this following section we have pulled out some preliminary key messages from the above analysis, with some initial policy suggestions.

- Inequalities in life expectancy at birth within England are not significantly different since the last update. There are however significant regional variations.
- Clear inequalities are evident in children's development however it is difficult to know how this compares to previous years because DfE have changed the measures and are going to do so again..
  - Policy measures could include an improvement in early years provision, parenting support, and reduction of child poverty
  - Stable measures of development will help track progress.
- Nearly a quarter of households do not have enough money to live on and this has been increasing.
  - Government to identify policy lead for ensuring sufficient incomes, with plan of action.
  - Employers to take responsibility for ensuring that work pays sufficiently.
- Inequalities are worse for men than women
  - More focus on men's health needed
- There is clearly a north/south divide with health and the social determinants generally being worse in Northern regions.
  - It is clear that more investment in the north could be warranted. However there needs to be a focus on the affordability of a healthy life in the south.
- Unemployment higher than pre recession levels and concerning increases in long term JSA claimants.
  - Action to support all members of society into good work through good quality Active Labour Market programmes and the creation of good quality jobs.
- Within deprivation quintiles there is significant regional variation
  - There may be value in poorly performing local authorities to learn from local authorities with similar deprivation levels who are doing better.  
Local authorities should utilise evidence based practices, see evidence briefings IHE authored for PHE.

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## References

- <sup>1</sup> Marmot Review Team, Fair Society, healthy lives: strategic review of health inequalities in England post-2010. London, 2010, ([www.instituteofhealthequity.orged](http://www.instituteofhealthequity.orged)), accessed 9 September 2014)
- <sup>2</sup> 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 2014)
- <sup>3</sup> Department for Education, Early Years Foundation Stage Profile (EYFS Profile): Early Years Foundation Stage Profile statistical series, 2013, (<https://www.gov.uk/government/publications/eyfsp-attainment-by-pupil-characteristics-2013>) accessed 9 September 2014)
- <sup>4</sup> GCSE and Equivalent Attainment by Pupil Characteristics in England 2008/9-2012/13, Department for Education, January 2014 (<https://www.gov.uk/government/publications/gcse-and-equivalent-attainment-by-pupil-characteristics-2008/9-to-2012/3>), accessed 17 September 2014).
- <sup>5</sup> Department for Education Statistical First Release; Office for National Statistics (ONS) mid-year population estimates, 2014 (<http://www.ons.gov.uk/ons/publications/all-releases.html?definition=tcm%3A77-22371>) accessed 9 September 2014)
- <sup>6</sup> ONS NOMIS model-based estimates of unemployment, ([www.nomisweb.co.uk](http://www.nomisweb.co.uk)), accessed 9 September 2014), the data for local authorities are ONS model-based estimates of unemployment. These figures are based on a model which utilises Annual Population Survey estimates of unemployment along with the number of people claiming Jobseekers Allowance (JSA) averaged over 12 months, from Claimant Count data. Estimates for England and English regions are from the Annual Population Survey and are not model-based estimates.
- <sup>7</sup> Health and Safety Executive (HSE) analysis based on results from the ONS Labour Force Survey (LFS) (<http://www.hse.gov.uk/STATISTICS/lfs/index.htm>) accessed 9 September 2014)
- <sup>8</sup> Matt Padley and Donald Hirsch, Households Below a Minimum Income Standard 2008/9 to 2011/12, Joseph Roundtree Foundation, London, January 2014. (<http://www.jrf.org.uk/publications/households-below-minimum-income-standard>) accessed 9 September 2014)
- <sup>9</sup> John Hill, Getting the measure of fuel poverty, Final Report of the Fuel Poverty Review, London, March 2012. (<http://sticerd.lse.ac.uk/dps/case/cr/CASEreport72.pdf>) accessed 9 September 2014)
- <sup>10</sup> Department of Energy & Climate Change 2011 sub-regional fuel poverty data: low income high costs indicator, August 2013, (<https://www.gov.uk/government/publications/2011-sub-regional-fuel-poverty-data-low-income-high-costs-indicator>) accessed 9 September 2014)
- <sup>11</sup> Monitor of Engagement with the Natural Environment, Natural Health England, September 2013 (<http://publications.naturalengland.org.uk/publication/5331309618528256?category=47018>) accessed 9 September 2014)

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## Appendices

### Appendices 1: Life expectancy in relation to deprivation

Table 1: Healthy life expectancy at birth- females

Deprivation	Best performing local authority in quintile-females	Healthy life expectancy at birth-females
1 – most deprived	Greenwich	63.3
2	Brighton and Hove	66.5
3	Kensington and Chelsea	67.5
4	Barnet	69.9
5 – least deprived	Wokingham	71

Table 2: Healthy life expectancy at birth- males

Deprivation	Best performing local authority in quintile-males	Healthy life expectancy at birth-males
1 – most deprived	Brent	63.2
2	Enfield	64.4
3	Kensington and Chelsea	66.7
4	Barnet	68.9
5 – least deprived	Richmond Upon Thames	70

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**Appendix 2:**

Health inequality and life expectancy in the most and least equal areas in England. The purpose of the tables is to observe the most recent data available (2010-2012), however the data for 2002-2004 is included to allow for comparison.

**Table 3:** The areas of greatest inequality for men, where areas of greatest inequality are taken as a slope index of inequality in life expectancy at birth (SII) of 10 and above.

Area	2010-2012			2002-2004	
	SII	LCI	UCI	Life expectancy	SII
Camden	12.0	8.6	15.4	80.5	13.1
Kensington & Chelsea	12.4	8.0	16.8	82.1	7.5
Westminster	12.2	8.2	16.2	81.1	12.6
Bolton	12.1	8.5	15.7	77.4	12.2
Bury	11.5	7.7	15.3	78.0	8.8
Oldham	11.2	9.0	13.4	77.1	11.2
Salford	11.5	9.2	13.8	76.1	11.2
Stockport	10.8	7.9	13.6	79.8	10.6
Tameside	10.9	8.9	13.0	76.3	9.2
Trafford	10.1	7.5	12.6	79.6	9.5
Liverpool	10.0	7.9	12.1	76.1	9.4
St. Helens	11.2	8.5	13.9	78.0	9.6
Sefton	12.0	8.7	15.3	77.5	11.4
Wirral	12.4	10.2	14.6	77.9	13.5
Sheffield	10.0	7.5	12.5	78.7	9.8
Newcastle Upon Tyne	11.9	9.0	14.8	77.5	12.3
North Tyneside	10.6	8.2	12.9	78.1	12.4
South Tyneside	10.1	7.6	12.5	76.8	9.3
Sunderland	10.7	8.1	13.3	77.0	8.9
Coventry	11.2	8.9	13.6	78.1	12.1
Walsall	10.8	7.7	13.9	77.9	8.7
Leeds	11.0	9.6	12.4	78.0	11.3
Hartlepool	11.3	7.5	15.0	77.4	11.8
Middlesborough	15.9	13.0	18.8	76.3	12.3
Redcar & Cleveland	11.9	8.2	15.5	78.7	12.8
Stockton-on-Tees	16.0	11.4	20.5	78.3	14.7
Darlington	12.4	8.7	16.1	78.7	15.6
Warrington	10.7	7.1	14.3	78.2	10.2
Blackburn with Darwen	12.8	10.6	15.1	76.5	9.4
Blackpool	10.3	7.1	13.6	74.0	10.3
Kingston Upon Hull	11.9	10.1	13.7	76.6	11.3
North East Lincolnshire	12.9	10.1	15.6	77.9	10.3
Derby	12.2	9.4	15.1	78.6	12.1
Bournemouth	10.0	5.2	14.9	78.6	8.4

Bedford	11.7	7.8	15.6	79.3	10.5	76.5
Southend-on-sea	10.1	7.8	12.4	79.7	10.5	75.5

Table 4: The areas of greatest inequality for women, where areas of greatest inequality are taken as an SII of 10 and above.

Area	2010-2012			2002-2004	
	SII	LCI	UCI	Life expectancy	SII
Camden	10.0	5.6	14.4	85.4	5.1
Sefton	10.5	6.0	14.9	82.8	9.0
Wirral	10.0	7.7	12.3	81.9	9.6
Solihull	10.3	7.2	13.5	84.6	8.1
Middlesbrough	10.8	7.1	14.5	80.2	11.2
Stockton-on-Tees	11.4	7.0	15.9	82.3	12.9
North Lincolnshire	10.5	8.0	12.9	81.9	6.4
Bedford	11.3	6.3	16.3	83.1	8.0

Table 5: The areas of greatest equality for men, where areas of greatest equality are taken as an SII of under 5.

Area	2010-2012			2002-2004	
	SII	LCI	UCI	Life expectancy	SII
Devon	4.9	3.3	6.4	80.4	5.7
Barking and Dagenham	4.1	0.3	7.9	77.6	2.4
Hackney	4.4	0.3	8.6	77.7	5.1
Islington	3.9	1.8	6.1	77.8	7.9
Cornwall	4.3	1.8	6.7	79.5	6.0

Table 6: The areas of greatest equality for women, where the areas of greatest equality is taken as an SII of under 5.

Area	2010-2012			2002-2004	
	SII	LCI	UCI	Life expectancy	SII
Buckinghamshire	4.8	2.0	7.7	84.5	4.8
Devon	3.2	1.2	5.3	84.1	3.3
Dorset	4.7	2.0	7.4	85.3	4.0
Hampshire	4.8	2.8	6.9	84.3	2.8
Kent	4.8	3.0	6.5	83.4	4.0
Lincolnshire	4.8	3.9	5.6	82.9	4.6
Norfolk	2.2	-0.2	4.6	83.8	1.9
Oxfordshire	2.8	-0.6	6.3	84.0	1.8
Somerset	3.7	1.0	6.4	84.1	4.7
Suffolk	4.2	2.2	6.1	84.1	4.3
Surrey	4.4	2.9	6.0	84.5	4.4
Barking & Dagenham	3.9	-1.6	9.4	82.0	3.0

Bexley	3.2	0.6	5.7	84.4	5.0	81.2
Brent	3.8	-1.2	8.8	84.5	0.7	81.6
Ealing	4.1	0.5	7.6	84.2	3.2	81.0
Enfield	4.6	2.4	6.8	84.0	5.2	80.9
Hackney	3.4	-0.8	7.6	82.8	4.7	80.1
Haringey	3.4	0.5	6.2	83.8	3.6	80.0
Harrow	4.2	0.9	7.5	85.6	6.4	83.2
Havering	4.6	0.5	8.8	83.8	2.4	80.8
Hillingdon	4.7	2.7	6.6	83.5	5.1	81.5
Islington	1.3	-4.8	7.4	83.2	3.3	79.1
Kingston upon Thames	3.7	1.1	6.2	84.8	2.1	81.3
Lambeth	2.8	-2.2	7.9	83.0	5.4	79.4
Merton	4.9	2.4	7.4	84.2	3.5	81.9
Redbridge	2.4	-0.7	5.4	84.0	3.6	81.5
Richmond upon Thames	3.9	-0.4	8.1	85.9	3.9	82.2
Sutton	4.8	3.2	6.3	84.0	3.4	80.5
Tower Hamlets	3.3	-0.8	7.4	82.0	4.7	78.9
East Riding of Yorkshire	4.7	1.0	8.4	82.9	5.2	81.2
Leicester	4.5	2.5	6.4	81.8	4.9	79.3
Telford and Wrekin	2.5	-1.9	6.8	81.6	2.2	79.5
Shropshire	3.2	1.4	5.1	83.8	3.5	81.5
Stoke-on-Trent	4.5	1.1	7.9	80.5	3.8	78.9
Bath and North East Somerset	4.7	1.5	7.9	84.4	3.2	82.7
South Gloucestershire	4.2	0.5	8.0	84.6	3.3	82.2
Cornwall	3.9	1.7	6.1	83.5	3.0	81.4
Bournemouth	4.4	1.0	7.8	83.1	5.7	81.0
Swindon	3.7	1.5	6.0	82.7	5.1	80.2
Wiltshire	2.4	-0.2	5.0	83.9	1.7	81.7
Medway	4.8	1.9	7.7	82.2	5.1	79.9
Bracknell Forest	2.8	-3.4	8.9	84.0	4.8	80.8
West Berkshire	4.4	0.4	8.4	84.6	4.4	81.7
Slough	3.1	-4.4	10.5	82.7	4.3	79.9
Windsor and Maidenhead	3.7	-1.7	9.2	84.6	0.9	81.7
Wokingham	4.5	0.1	8.9	84.5	3.4	82.7
Southampton	4.5	0.9	8.1	82.7	7.1	80.7
Isle of Wight	2.8	-0.1	5.8	83.5	4.0	81.7

### Appendices 3, Health life expectancy in relation to deprivation, by gender.

Table 7: Healthy life expectancy at birth by deprivation decile, England, 2009-11

	<b>Males</b>		<b>Females</b>			
<b>Deprivation</b>	<b>Healthy life Expectancy</b>	<b>95% Confidence interval</b>		<b>Healthy life Expectancy</b>	<b>95% Confidence interval</b>	
<b>decile</b>	<b>(years)</b>	<b>lower</b>	<b>upper</b>	<b>(years)</b>	<b>lower</b>	<b>upper</b>
1	73.8	73.7	73.9	79.0	78.9	79.1
2	76.0	75.9	76.1	80.6	80.5	80.7
3	77.1	77.0	77.2	81.4	81.3	81.5
4	78.3	78.2	78.4	82.3	82.2	82.4
5	79.2	79.1	79.3	83.1	83.0	83.2
6	79.9	79.8	80.0	83.4	83.3	83.5
7	80.8	80.7	80.9	84.1	84.0	84.2
8	81.4	81.3	81.5	84.4	84.3	84.5
9	81.8	81.7	81.9	85.0	84.9	85.1
10	82.9	82.8	83.0	85.9	85.8	86.0

#### **Appendices 4: Indicator Descriptions**

**Healthy life expectancy at birth – males and females***Source: Office for National Statistics*

The average number of years a male or female would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. For a particular area and time period, it is an estimate of the average number of years a newborn would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period through their life.

**Life expectancy at birth – males and females***Source: Office for National Statistics*

The average number of years a male or female would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn would survive if he or she experienced the age-specific mortality rates for that area and time period through their life.

**Inequality in life expectancy at birth – males and females***Source: Public Health England*

This indicator measures inequalities in life expectancy within English local authorities. For each local authority, life expectancy at birth is calculated for each local deprivation decile based on Lower Super Output Areas (LSOAs). The slope index of inequality (SII) is then calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles.

**People reporting low life satisfaction***Source: Office for National Statistics*

The percentage of respondents in the ONS Annual Population Survey scoring 0-4 to the question ""Overall, how satisfied are you with your life nowadays". Responses are given on a scale of 0-10, where 0 is "not at all satisfied" and 10 is "completely satisfied".

**Good level of development at age 5***Source: Department for Education*

Children at the end of reception defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.

**Good level of development at age 5 - free school meal status***Source: Department for Education*

Children with free school meal status defined as having reached a good level of development (at the end of the EYFS as defined above) as a percentage of all eligible children with free school meal status.

**GCSE achieved (5A\*-C including English & Maths)***Source: Department for Education*

The percentage of all pupils achieving 5 or more GCSEs at grades A\*-C (including English and Maths) or equivalent. Figures are the percentage of pupils at end of Key Stage 4 for schools maintained by the local authority and are based on the local authority of school location.

**GCSE achieved (5A\*-C including English & Maths) – free school meal status***Source: Department for Education*

Pupils known to be eligible for free school meals achieving 5 or more GCSEs at grades A\*-C (including English and Maths) or equivalent, as a percentage of all pupils eligible for free school meals.

**19-24 year olds who are not in employment, education or training***Source: Department for Education*

The percentage of 19-24 year olds who are not in employment, education or training based on quarter four (October to December) data from the Labour Force Survey. Data are not available for this age group at local authority level and are therefore presented for English regions only.

**Unemployment % (ONS model-based method)***Source: Office for National Statistics*

The percentage of the economically active population aged 16 and over 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

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waiting to start a job already obtained. Data for local authorities are based on an ONS model which utilises Annual Population Survey estimates of unemployment along with the number of people claiming Jobseekers Allowance (JSA) averaged over 12 months, from Claimant Count data. Estimates for England and English regions are from the Annual Population Survey and are not model-based estimates.

**Long-term claimants of Jobseeker's Allowance**

*Source: Office for National Statistics (NOMIS)*

The claimant count for Jobseeker's Allowance, reported as the crude rate of 16-64 year olds claiming for more than 12 months, per 1,000 resident population aged 16-64. This indicator can only be taken as a proxy measure of those in long term unemployment. As not all people who are unemployed are eligible for Jobseeker's Allowance, this indicator may underestimate the number of long term unemployed, while still providing an indicator of inequalities between local authorities.

**Work-related illness**

*Source: Health and Safety Executive*

The prevalence rate of self-reported illness caused or made worse by work per 100,000 employed, for people working in the last 12 months. It includes the full range of illnesses from long standing to new cases.

**Households not reaching Minimum Income Standard**

*Source: Joseph Rowntree Foundation*

The percentage of 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' (not including housing and childcare costs), based on what members of the public think is enough money to live on. The households covered are those comprising either a single adult or a couple, of working age or of pension age, plus up to four dependent children for couples or three for lone parents. The calculations cover about two-thirds of the UK population, around 41 million people.

**Fuel poverty for high fuel cost households**

*Source: Department for Energy and Climate Change (DECC)*

The percentage of households that experience fuel poverty based on the "low income, high cost" methodology, where households are considered to be fuel poor:

- 1 - If they have required fuel costs that are above average (the national median level)
- 2 - Were they to spend that amount, they would be left with a residual income below the official fuel poverty line.

**Percentage of people using outdoor places for exercise/health reasons**

*Source: Natural England*

The weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes. Visits to the natural environment are defined as time spent "out of doors" (e.g. in parks, beaches or the countryside) but not time spent in own garden or routine shopping trips. A visit could be anything from a few minutes to all day and may include time spent close to home or workplace, furtherafield or while on holiday in England