

**EMBARGO: 0001hrs Friday 27<sup>th</sup> November, 2015**

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Indicators will be available [here](#) from 0001hrs Friday 27<sup>th</sup> November, 2015.

## **New Marmot indicators: Higher employment linked to increased poverty and ill health**

As unemployment continues to fall, commentators have signalled the return of a strong economy. However, the Marmot Indicators for health inequalities, published today, Friday 27<sup>th</sup> November, by the UCL Institute of Health Equity (IHE) show that not everyone is benefiting from reduced unemployment - increasing numbers of people are falling into poverty and ill health despite more people finding work:

- The number of households in England unable to afford an acceptable standard of living has risen steadily from nearly a fifth (19.1%) in 2008/09 to nearly a quarter (24.4%) in 2012/13<sup>1</sup>.
- There's been an increase of almost 10% in the number of people in England reporting work-related illness from 3,640 per 100,000 in 2011/12 to 4,000 per 100,000 in 2013/14. This increase reverses the positive downward trend seen since 2009/10.
- There have been increases in the number of years people can expect to live both in ill-health or disabled. Inequalities continue to persist in both indicators and in life expectancy.

Commenting, the IHE's Director, Professor Sir Michael Marmot, said what's really shocking is over half of all poverty is now found in working households<sup>2</sup>:

*"Being in work is good for health and wellbeing if it provides people with enough money to live a healthy life. The quality of that work matters too. We know poor conditions at work, such as long or insufficient hours, low pay, low control over tasks and insecure contracts can lead to increased risks of poor physical and mental ill health. This is an issue for many of us and not just the poor, and our findings suggest that there is more that local employers and government can do to encourage, incentivise and enforce good quality work to support good health. Poor quality jobs will cost the health service more in the long run.*

*Currently 1.5 million employee contracts offer no guaranteed minimum hours or pay. Getting people off unemployment benefits and into low paid, insecure and health-damaging work threatens the economic recovery because it means higher staff turnover, lower productivity and less spending power."*

### **Key findings – what's getting worse?**

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<sup>1</sup> The percentage of households not reaching the Minimum Income Standard (MIS) is defined by the Joseph Rowntree Foundation (JRF) 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.

<sup>2</sup> Approximately 52%

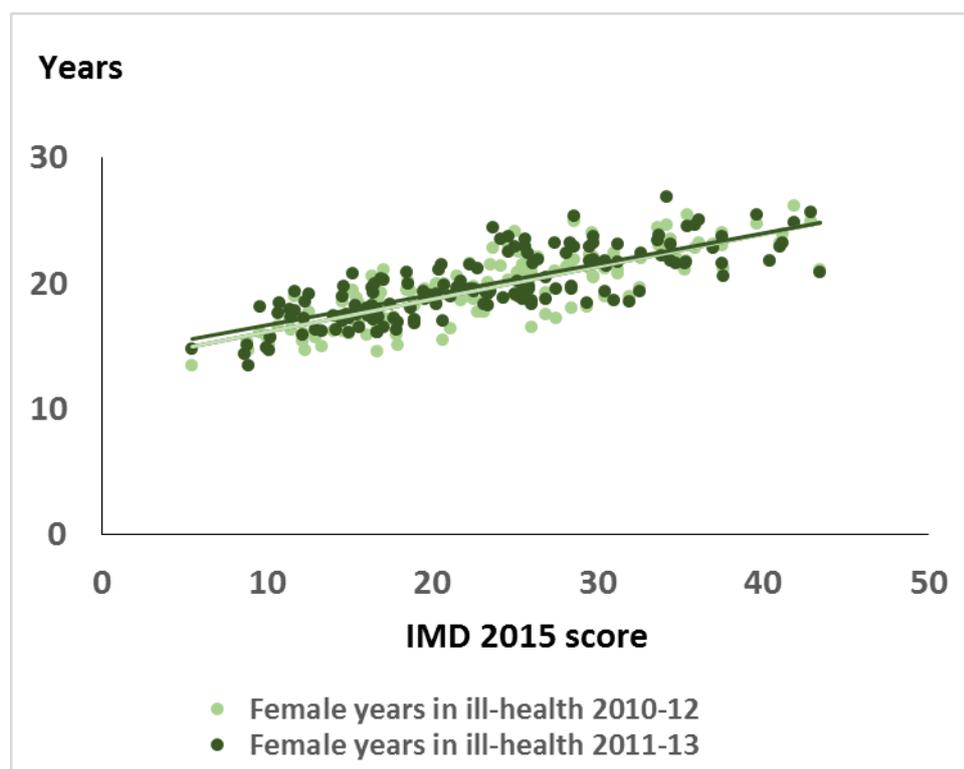
The Marmot Indicators measure inequalities in health and life expectancy in every local authority in England and were set up following the publication of the 2010 government-commissioned review of health inequalities 'Fair Society, Healthy Lives' ([Marmot Review](#)), which was chaired by Sir Michael. The indicators also measure those aspects of our lives that have been found to impact on how healthy we are and how long we live – what we call 'the social determinants of health':

- **Expected years in ill-health** at birth increased between 2010-12 and 2011-13, from 15.8 to 16.1 for males and from 18.9 to 19.2 for females in England as a whole. This was the result of a very small increase in life expectancy (from 79.2 to 79.4 years for males and from 83.0 to 83.1 for females) and a very small decrease in healthy life years (from 63.4 to 63.3 years for males and from 64.1 to 63.9 for females). At a regional level, the largest increases were in the East Midlands for males and in the East of England for females. There was a gradient in expected years in ill-health of upper tier local authorities by level of area deprivation, which changed little over the time period. For example, years of expected ill-health was 19.4 for males in Blackpool, the most deprived area based on the 2015 classification, and 10.3 years in Wokingham, classified as the least deprived – a 9.1 year difference. For females the respective figures were 21.8 and 14.8 – a 7 year difference.

#### Expected years in ill-health for males, 2010-12 and 2011-13

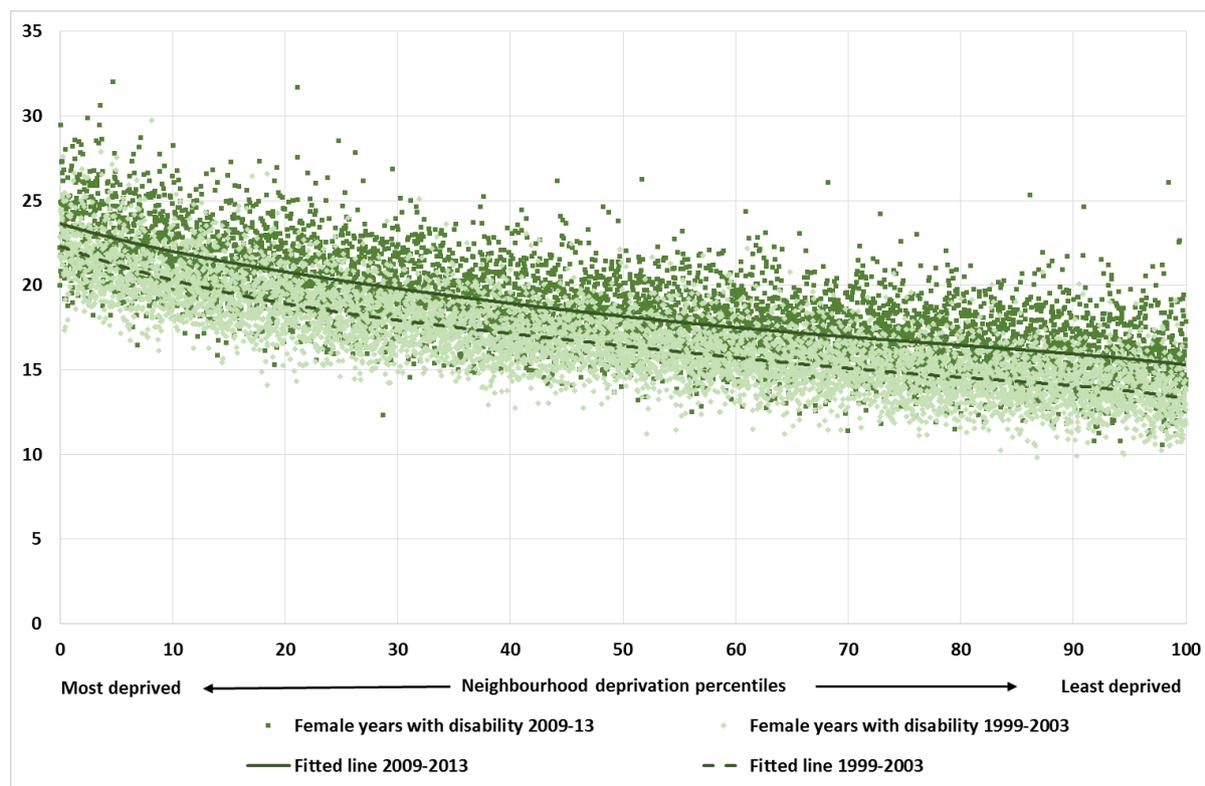


### Expected years in ill-health for females, 2010-12 and 2011-13

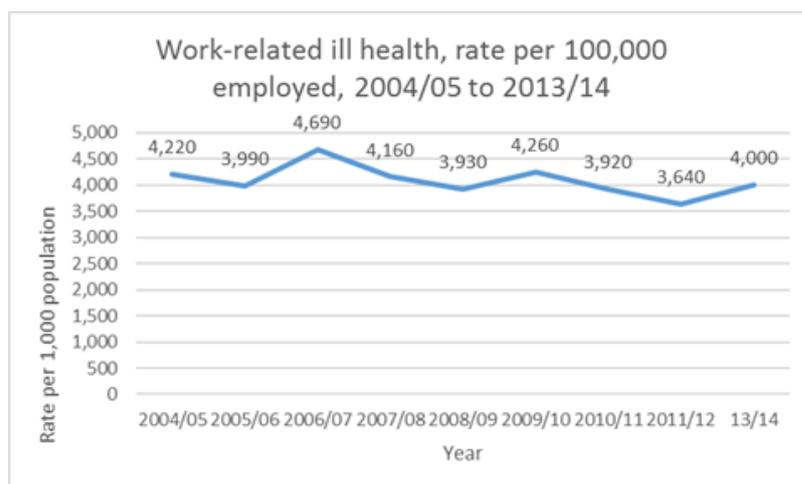


- **Years spent with a disability.** To make comparisons over the ten years between 1999-2003 and 2009-2013 it is necessary to look at disability free life expectancy (as healthy life expectancy is not available on a comparable basis). Between these periods, there was a larger increase in life expectancy than in disability free life expectancy. For England as a whole, life expectancy rose from 75.9 to 79.1 years between the two periods for males and from 80.6 to 83.0 years for females, while disability free life expectancy rose from 61.7 to 64.1 years for males and from 64.1 to 65.0 years for females. Increases were seen at every level of deprivation of small areas. As a result, the number of years that people could expect to live with a disability increased at all levels of deprivation. Those in more deprived areas will spend longer with a disability than in less deprived areas.
- The gap in number of years with a disability between the fifth of most deprived areas and the remainder decreased slightly over the ten years. However, across the remaining four fifths of less deprived areas, there was no change in inequality in years with a disability by level of deprivation.
- Among females, there was a very much smaller increase in disability free life expectancy than in life expectancy. As a result the number of years with a disability increased considerably more for females than males at every level of deprivation.

## Expected years of disability from birth for females in 1999-2003 and 2009-13 by neighbourhood deprivation

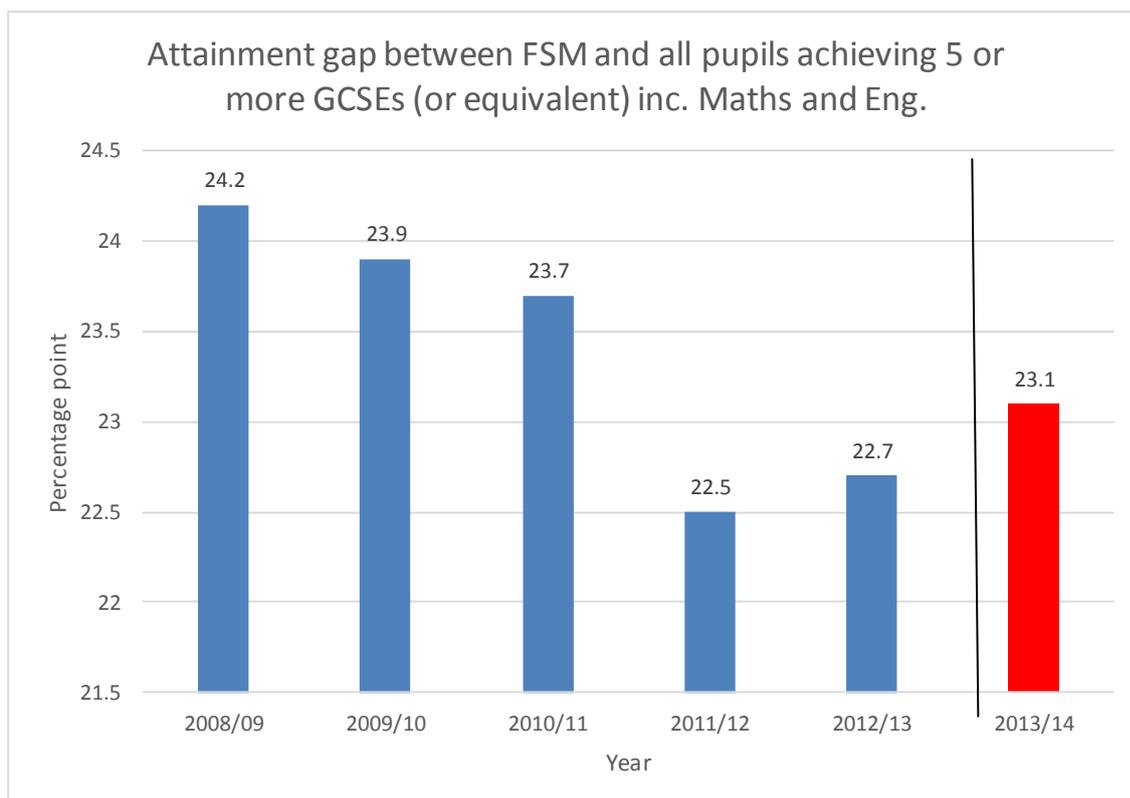


- A new tool is available on the ONS website that enables anyone in England, by typing their postcode, to find out the expected level of healthy years in the small area in which they live, as shown in these figures, and the inequality in healthy life expectancy that existed across their local authority in 2009-13. The tool can be found [here](#).
- **Work-Related Ill Health:** The positive downward trend for work-related illness seen between 2009/10 and 2011/12 for England reversed in 2013/14, when 4000 people per 100,000 (4% of workers) employed reported a work-related illness, up from 3,640 in 2011/12.



- Minimum Income for Healthy Living:** The percentage of households in England without enough income to afford a minimum standard of living, as defined by the Joseph Rowntree Foundation based on what members of the public think is enough money to live on, has increased year on year since 2008. In 2012/13, just under a quarter (24.4%) of all households studied in England (which covers 2/3rds of household types in England) did not have enough income to reach an acceptable Minimum Income Standard (MIS). This is a 1.4 percentage point increase from 2011/12. The MIHL is used to set the 'real' living wage – the real living wage is higher than the 'National Living Wage', which is the new minimum wage rate set by Government.
- GCSE Attainment (or equivalent):** Between 2012/13 and 2013/14, the attainment of 5+ GCSEs or equivalent (including English and Maths), fell from 60.8% to 56.8% for all pupils, and from 38.1% to 33.7% for pupils eligible for free school meals. GCSE reforms however, which aimed to make GCSEs more challenging, had an impact on the 2013/14 GCSE and equivalent results.

The gap in GCSE attainment between all pupils and those eligible for free school meals was smallest in 2011/12. Further to the reforms, this attainment gap widened to 23.1 percentage points in 2013/14.



At a local authority level, there is substantial variation in the 'gap' between all and FSM pupils. In 2013/14, Tower Hamlets reported a relatively narrow gap of 4.6 percentage points between the proportion of all pupils achieving 5+ GCSEs, at 59.8%, and the proportion of pupils eligible for free school meals achieving 5+ GCSEs, at 55.2%. This is compared to a 40.9 percentage point 'gap' in York in 2013/14, where 62.3% of all pupils and only 21.4% of those eligible for free school meals achieved 5+ GCSEs or equivalent. These variations suggest that there is more that can, and should be done to reduce in-area inequalities.

Between 2012/13 and 2013/14, only Camden and Portsmouth managed to reduce in-area inequalities in higher GCSE attainment between all and FSM pupils, by which we mean that higher proportions of all pupils and those eligible for free school meals achieved 5+ GCSEs, but pupils eligible for free school meals improved at a faster rate than that for all pupils.

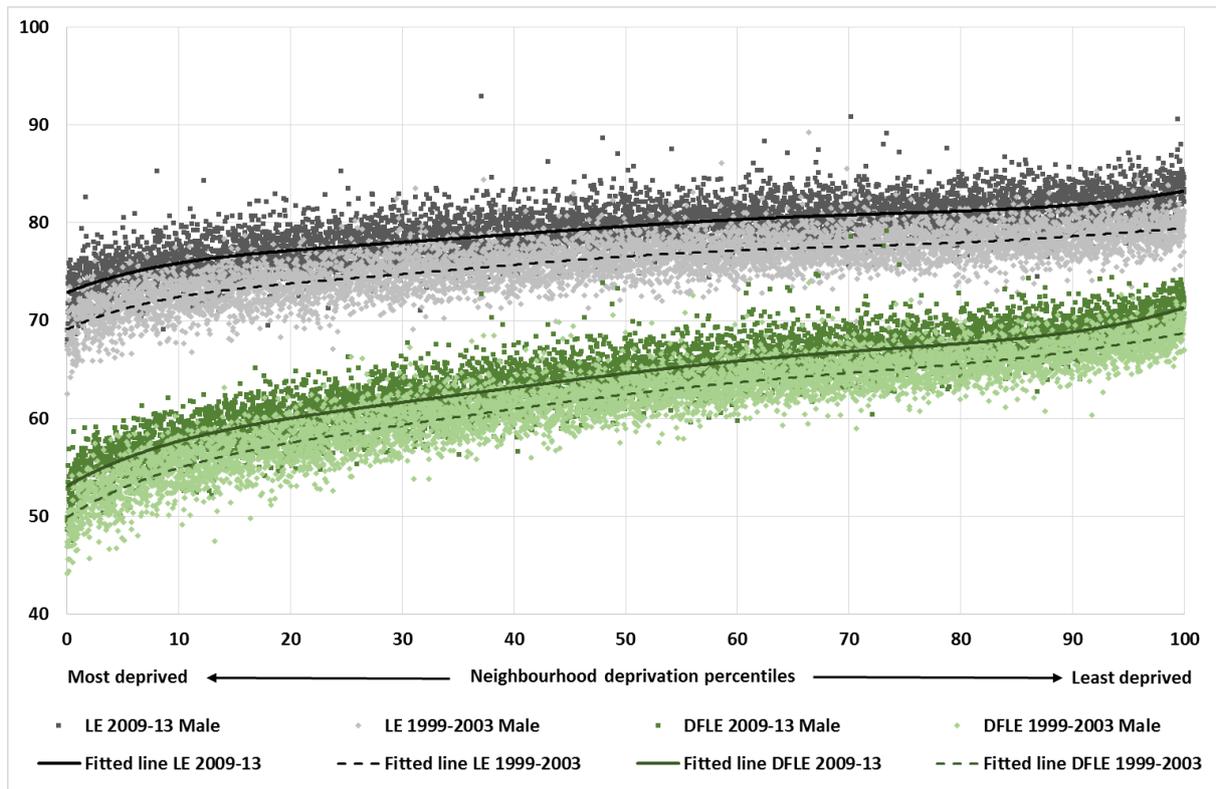
- **Fuel poverty:** In 2013, 10.4% of English households were in fuel poverty, based on the 'low income, high cost' methodology – the same proportion reported in 2012. Overall, in 2013, there were more English households in fuel poverty the greater the level of deprivation.

#### **Other findings – what's improving?**

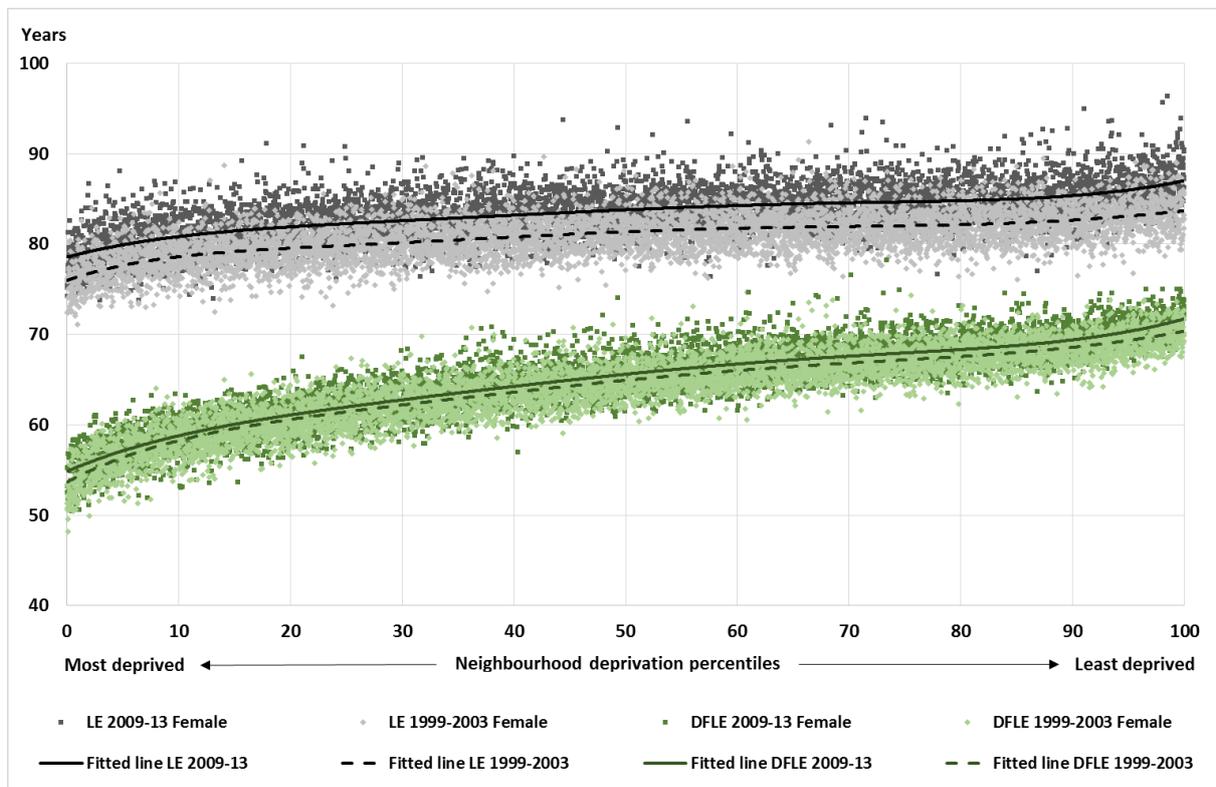
- **Life Expectancy and disability free life expectancy:** There was an increase in life expectancy over ten years between 1999-2003 and 2009-13. These increases were seen in most areas and hence inequalities persisted.

The figures below compare life expectancy and disability free life expectancy in small areas (middle level super output areas) around the time of the 2001 and 2013 Censuses. The black lines show averages at each level of deprivation. They illustrate how both life expectancy and disability free life expectancy increased at every level of deprivation by broadly similar amounts. The increases for males were greater than those for females and those for life expectancy were greater than for disability free life expectancy – so that female disability free life expectancy hardly increased at all.

**Male life expectancy and disability free life expectancy at birth in 1999-2003 and 2009-13 by neighbourhood deprivation**

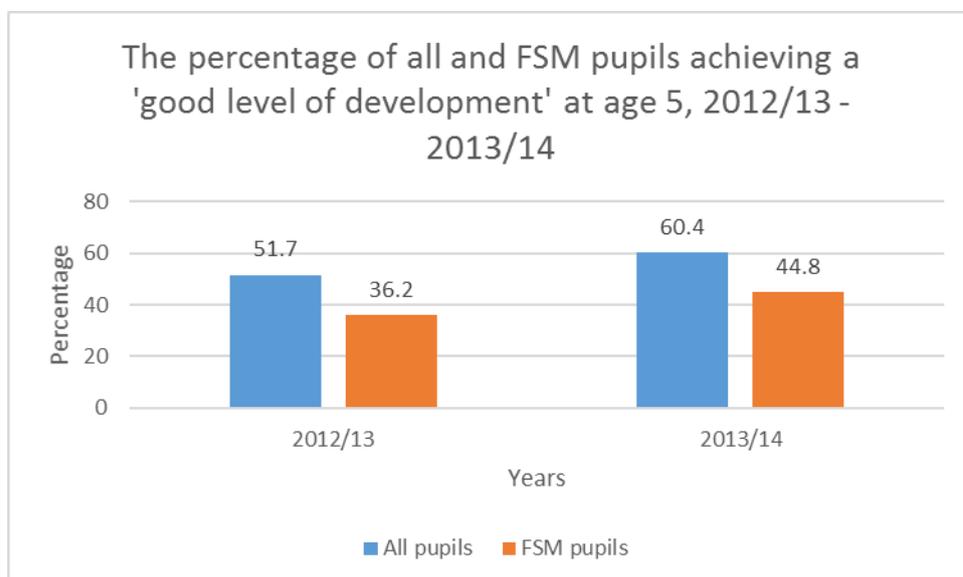


**Female life expectancy and disability free life expectancy at birth in 1999-2003 and 2009-13 by neighbourhood deprivation**



- **Wellbeing:** There's been a positive fall in adults over 16 reporting their life satisfaction as very low – 4.8% rated their life satisfaction as very low in 2014/15 compared to 5.6% the previous year.
- **School readiness:** In 2013/14, 60.4% of all children and 44.8% of pupils eligible for free school meals achieved a 'good level of development'<sup>3</sup> at the end of reception, compared to 51.7% and 36.2% respectively the previous year. This change comes after a new Early Years Foundation Stage profile was introduced in September 2012.

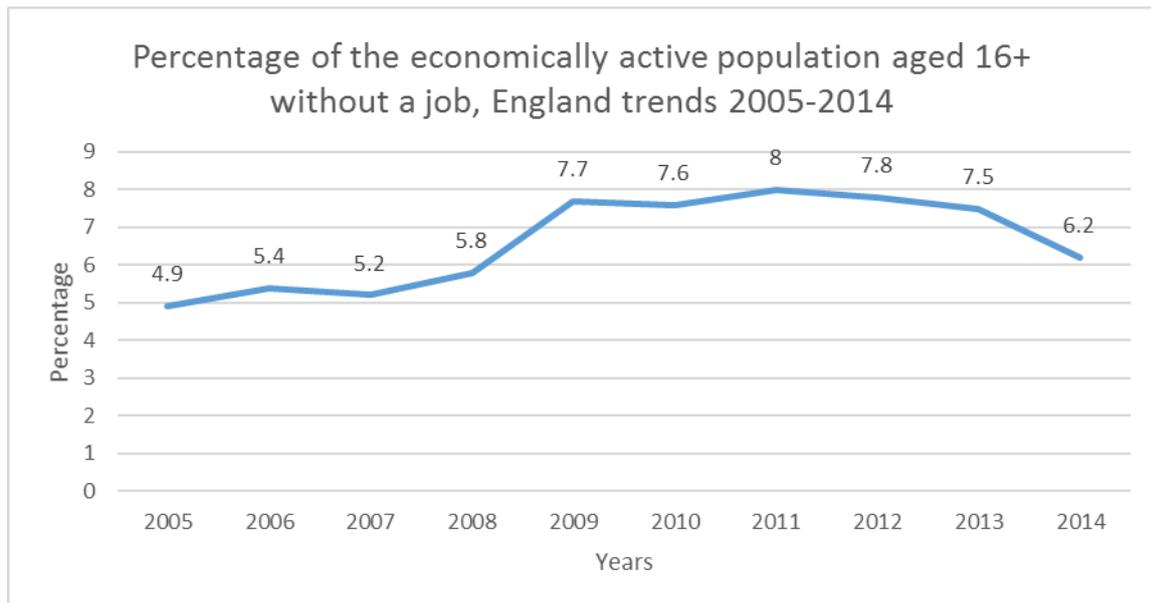
This significant improvement is good news and reflects improvements in the scores of all pupils and those eligible for free school meals. The percentage of FSM pupils achieving a good level of development remains consistently lower however than that for all pupils.



There is substantial variation in results across the country - at a local authority level, the 'gap' between all and FSM pupils in 2013/14 varied from a relatively narrow 4.2 percentage point 'gap' in Hackney, where 64.9% of all pupils and 60.7% of those eligible for free school meals achieved 5+ GCSEs or equivalent, to a relatively large 29.5 percentage point gap in Bath and North East Somerset, where 62.5% of all pupils and only 33% of those eligible for free school meals achieved 5+ GCSEs or equivalent. These variations suggest that there is more that can, and should be done to reduce in-area inequalities.

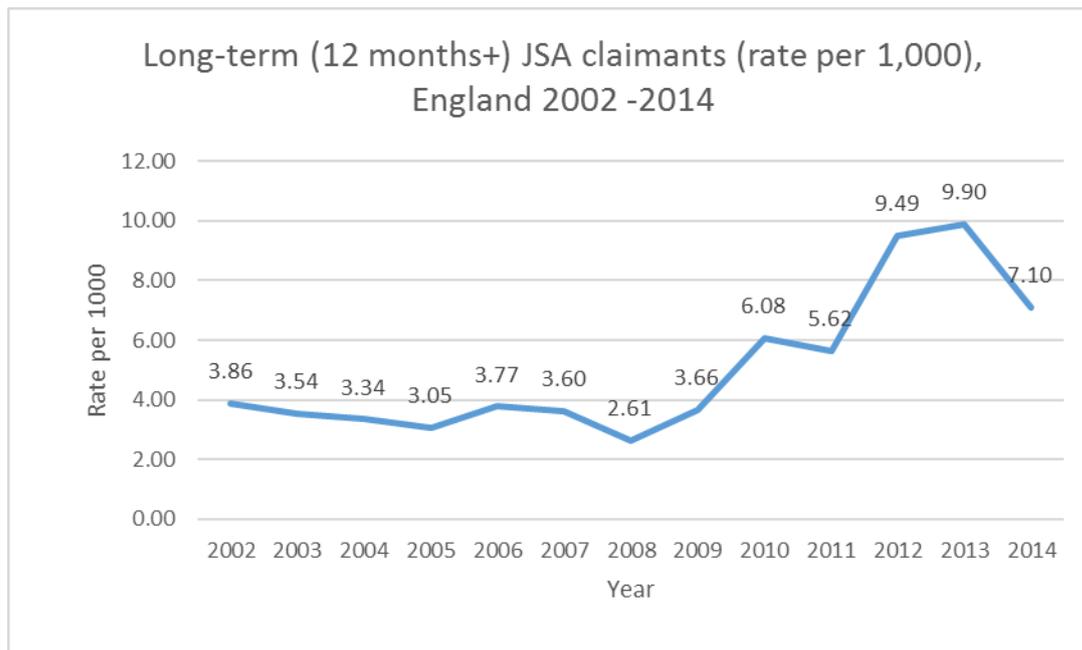
<sup>3</sup> A 'good level of development' at age 5 refers to children who achieved at least the expected level in the early learning goals of the Early Years Foundation Stage (EYFS) in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.

- **People aged 19-24 who are not in employment, education or training (NEETs):** Following the economic downturn in 2008, the percentage of young people aged 19-24 not in education, employment or training (NEET) in England increased year on year to 2011, from 15.7% to 18.5%. The figures however have since fallen year on year so that the percentage of NEETs in 2014 (15.9%, down from 17.1% last year) was just higher than reported in 2008 (15.7%).
- **Unemployment:** Unemployment in England gradually increased from 2005 to 2011, and decreased year on year to 2014 with the latest rates (6.2% in 2014) approaching those seen in 2008 (5.8%).



At a local authority level, unemployment was highest in Middlesbrough (12.5%), and lowest in Hampshire (2.9%) in 2014. Between 2013 and 2014, unemployment rates fell more, in more disadvantaged areas.

- **JSA claimants:** The rate of long-term (12 months+) claimants of Job Seekers Allowance fell from 9.9 per 1,000 population in 2013 to 7.1 in 2014.



The JSA claimant count fell more, in more disadvantaged areas between 2013 and 2014. The data however does not tell us about the quality and stability of jobs available to those people moving off long-term unemployment benefits.

- **Access and Use of Green Space for Health and Exercise:** Across all regions of England, more people are using outdoor space for exercise/health reasons, although percentages are still relatively low. The English average for 2013/14 was 17.1%, compared to 15.3% in 2012/13. However the latest data shows that in 2013/14, the percentage of people using outdoor space was less the greater the level of local deprivation.

## **Editor's Notes**

*Fair Society, Healthy Lives*, The Marmot Review of health inequalities in England was published in 2010. 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

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. Since then [the Institute of Health Equity](#) has continued to monitor inequality trends.

### **IMD 2015 and Deprivation Statistics.**

We use deprivation scores to look at whether or not there are inequalities in outcomes by level of deprivation. This year we are using updated deprivation indices (IMD2015). There have been changes in area level deprivation scores and these are reported on within the report. Hull, Derby, Westminster, Middlesbrough and Nottingham are the areas that have seen the largest increase in deprivation. Waltham Forest, the Isles of Scilly, Greenwich, Hackney and Newham have seen the largest decreases in deprivation. Certainly for London boroughs it is worth noting that these changes may not be due to improvements in the living conditions of past residents, but rather an influx of a newer more affluent population. Caution therefore needs to be taken when looking at increases or reductions in results. Improvements in Hackney for example may have little to do with policies within the Borough but rather to do with the increased cost of housing.

### **About the UCL Institute of Health Equity (IHE) [www.instituteoftheequity.org](http://www.instituteoftheequity.org)**

The IHE is the world's leading think tank on health inequalities. It is led by Professor Sir Michael Marmot, author of *'The Health Gap: the Challenge of an Unequal World'* and President of the World Medical Association. The IHE seeks to increase health equity through action on the social determinants of health. The IHE influences global, national and local policies; advises and shares best practice; builds the evidence base; and provides capacity-building support.

The Institute builds on previous work to tackle inequalities in health led by Professor Sir Michael Marmot and his team, including the *Commission on Social Determinants of Health*, *Fair Society Healthy Lives (the Marmot Review)* and the *Review of Social Determinants of Health and the Health Divide for the WHO European Region*.

Marmot indicators 2015 - Quick look summary table

| Inequality indicators           |  |  |  |  |   |   |  |   |  |   |  |                  |                          |  |  |  |                          |   |
|---------------------------------|--|--|--|--|---|---|--|---|--|---|--|------------------|--------------------------|--|--|--|--------------------------|---|
|                                 | Male healthy life expectancy 2011/13 (2010/12) | Female healthy life expectancy 2011/13 (2010/12) | Male life expectancy 2011/13 (2010/12) | Female life expectancy 2011/13 (2010/12) | Low life satisfaction 2014/15 (2013/14) | School readiness (all pupils) 2013/14 (2012/13) | School readiness (pupils eligible for free school meals) 2013/14 (2012/13) | School readiness gap (FSM / all pupils) 2013/14 (2012/13) | Higher GCSE attainment (all pupils) 2013/14 (2012/13) <sup>1</sup> | Higher GCSE attainment (pupils eligible for free school meals) 2013/14 (2012/13) <sup>1</sup> | Higher GCSE attainment gap (FSM / all pupils) 2013/14 (2012/13) <sup>1</sup> | NEET 2014 (2013) | Unemployment 2014 (2013) | Long-term JSA claimants (rate per 1,000) 2014 (2013) | Work-related illness - rate per 100,000 employed 2013/14 (2011/12) | Not reaching minimum income for healthy living 2012/13 (2011/12) | Fuel poverty 2013 (2012) | Access and utilisation of green space 2013/14 (2012/13) |
| <b>England</b>                  | 63.3 (63.4)                                    | 63.9 (64.1)                                      | 79.4 (79.2)                            | 83.1 (83)                                | 4.8% (5.6%)                             | 60.4% (51.7%)                                   | 44.8% (36.2%)  | 15.6% (15.5%)   | 56.8% (60.8%)  | 33.7% (38.1%)   | 23.1% (22.7%)  | 15.9% (17.1%)    | 6.2% (7.5%)              | 7.1 (9.9)  | 4,000 (3,640)  | 24.4% (23%)  | 10.4% (10.4%)            | 17.1% (15.3%)   |
| <b>East Midlands</b>            | 62.7 (63.2)                                    | 63.5 (63.6)                                      | 79.3 (79.1)                            | 83 (82.9)                                | 4.4% (5.8%)                             | 57.8% (49.8%)                                   | 40.3% (32.1%)  | 17.5% (17.6%)   | 54% (59.3%)  | 29.4% (33.1%)   | 24.5% (26.2%)  | 13.9% (18%)      | 5.6% (7.4%)              | 6.9% (9.5%)  | 4,850 (4,030)  | 24.3% (24.6%)  | 10.4% (13.2%)            | 15.5% (14.6%)   |
| <b>East of England</b>          | 64.6 (64.9)                                    | 65.4 (66.1)                                      | 80.3 (80.1)                            | 83.8 (83.7)                              | 4.6% (5.1%)                             | 60.9% (51.8%)                                   | 44.1% (34.6%)  | 16.7% (17.2%)   | 57.2% (59.8%)  | 29.6% (32.2%)   | 27.6% (27.6%)  | 15.7% (16%)      | 5.2% (6.1%)              | 5% (7.4%)  | 3,780 (3,250)  | 19.5% (18.7%)  | 8.8% (8.6%)              | 18.7% (15.5%)   |
| <b>London</b>                   | 63.4 (63.2)                                    | 63.8 (63.6)                                      | 80 (79.7)                              | 84.1 (83.8)                              | 4.7% (5.5%)                             | 62.2% (52.8%)                                   | 52.3% (43.1%)  | 9.9% (9.8%)   | 61.4% (65%)  | 46.5% (50.8%)   | 14.9% (14.2%)  | 13.5% (15.6%)    | 7% (8.8%)                | 7.8% (10.6%)   | 2,790 (2,920)  | 29.7% (29.4%)  | 9.8% (8.9%)              | 11.8% (10.5%)   |
| <b>North East</b>               | 59.3 (59.5)                                    | 60.1 (60.1)                                      | 78 (77.8)                              | 81.7 (81.6)                              | 6.1% (6.5%)                             | 55.8% (45.2%)                                   | 39.1% (28.7%)  | 16.7% (16.4%)   | 54.6% (59.3%)  | 30.4% (34.6%)   | 24.2% (24.7%)  | 20.5% (18.4%)    | 8.5% (9.9%)              | 12.5% (17.4%)  | 4,480 (4,630)  | 29.5% (26.3%)  | 11.8% (11.6%)            | 17.5% (16%)   |
| <b>North West</b>               | 61.2 (61.3)                                    | 61.9 (61.8)                                      | 78 (77.7)                              | 81.8 (81.7)                              | 5.6% (7.0%)                             | 57.8% (50.4%)                                   | 42.5% (34.3%)  | 15.3% (16%)   | 55.8% (59.9%)  | 31.1% (35.5%)   | 24.7% (24.4%)  | 17.3% (18.8%)    | 7.1% (7.9%)              | 7.9% (11.2%)   | 3,740 (3,360)  | 25.6% (23.8%)  | 10.9% (11.3%)            | 16.7% (15%)   |
| <b>South East</b>               | 65.6 (65.8)                                    | 66.7 (67.1)                                      | 80.4 (80.3)                            | 83.9 (83.8)                              | 3.8% (4.5%)                             | 64.2% (54.3%)                                   | 46% (36.8%)  | 18.2% (17.6%)   | 59% (62.6%)  | 28.6% (33%)   | 30.4% (29.6%)  | 16.1% (13.2%)    | 4.8% (5.7%)              | 3.6% (5.5%)  | 4,060 (4,200)  | 21.1% (16.8%)  | 8.1% (7.8%)              | 18% (15%)   |
| <b>South West</b>               | 65.3 (65.2)                                    | 65.5 (66)  | 80.1 (80)                              | 83.8 (83.9)                              | 4.6% (5.3%)                             | 62.4% (55.6%)                                   | 43.5% (36.8%)  | 18.9% (18.8%)   | 56.7% (59.5)   | 29.3% (32.2%)   | 27.4% (27.3%)  | 12.9% (17.1%)    | 5% (5.8%)                | 3.7% (5.5%)  | 4,270 (4,230)  | 20.4% (23.4%)  | 11.5% (9.3%)             | 22.2% (21.2%)   |
| <b>West Midlands</b>            | 62.4 (62.3)                                    | 62.8 (62.7)                                      | 78.8 (78.7)                            | 82.8 (82.7)                              | 4.7% (5.5%)                             | 58.4% (50%)                                     | 44.3% (36.1%)  | 14.1% (13.9%)   | 54.9% (59.9%)  | 34.3% (39.6%)   | 20.7% (20.3%)  | 17.7% (20.2%)    | 6.8% (8.5%)              | 10.4% (13.2%)  | 4,280 (2,950)  | 25.1% (24.6%)  | 13.9% (15.2%)            | 19.1% (16.2%)   |
| <b>Yorkshire and the Humber</b> | 61.1 (61.2)                                    | 61.8 (62)  | 78.5 (78.3)                            | 82.2 (82.2)                              | 5.7% (6.0%)                             | 58.7% (50.1%)                                   | 42.4% (34.3%)  | 16.3% (15.8%)   | 53.9% (59.5%)  | 28.4% (33.6%)   | 25.5% (25.9%)  | 17.5% (19.2%)    | 7.4% (9%)                | 10.8% (14%)  | 4,860 (3,900)  | 27.1% (22.4%)  | 10.6% (10.8%)            | 18.3% (16.5%)   |

**Key**

**Green** = significantly better. **Red** = significantly worse. (Brackets) = figures in brackets are those for the year of the previous release (years indicated in the table headings).

1. Owing to GCSE reforms, GCSE attainment for all and FSM pupils is not comparable with data from previous years. The previous year's GCSE data is shown however (in italics) to illustrate how the reforms have impacted attainment and inequalities.

A decrease in long-term JSA claimants and unemployment does not necessarily represent a positive change if those coming off long-term JSA are unable to find good quality work.

