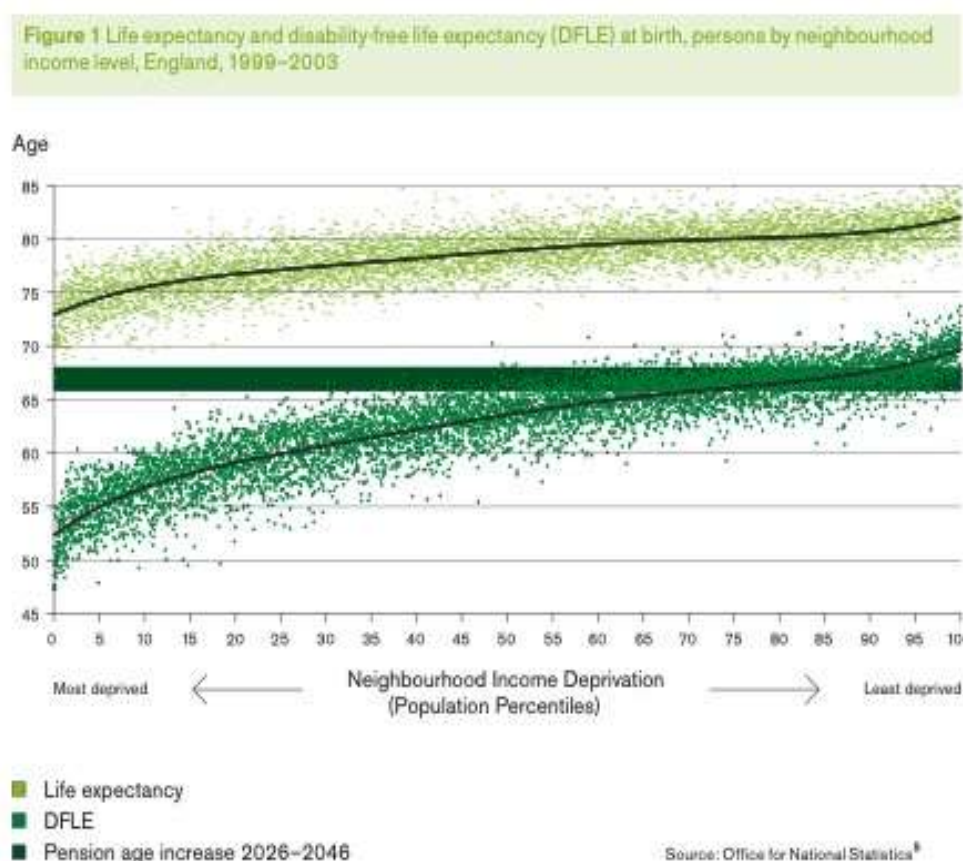


Health Inequalities and Covid-19

Covid-19 has held up a mirror to our society and what we see is not attractive. **We see huge inequalities compared within the UK. These underlie the health inequalities – the high prevalence of disease and lower life expectancy in deprived areas.** This was brought to light in 1980 by the 'Black Report' (<https://www.sohealth.co.uk/national-health-service/public-health-and-wellbeing/poverty-and-inequality/the-black-report-1980>), buried by the Thatcher government. In 2010 Marmot produced his report 'Fair Society Healthy Lives' ([www.parliament.uk > documents > fair-society-healthy-lives-full-report](http://www.parliament.uk/documents/fair-society-healthy-lives-full-report)). This was accepted by David Cameron's government but no strategy has been in place since 2011. This year Marmot produced an update: 'Health Equity in England' (<<http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>>) This showed that inequality has increased since 2010. He wrote in his introduction: "The health of the population is not just a matter of how well the health service is funded and functions, important as that is: health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health." We highlight some principal points:

Average life expectancy in deprived regions is about 9 years less than in more affluent parts and disability free life is 17 years less.



The obesity rate is higher among deprived communities than elsewhere in England and brings with it the attendant problems of type 2 diabetes, cardiovascular disease, cancer and joint problems. This has been clearly shown not just to be down to unhealthy choices but to poverty (making a healthy diet often unaffordable), advertising and other influences.

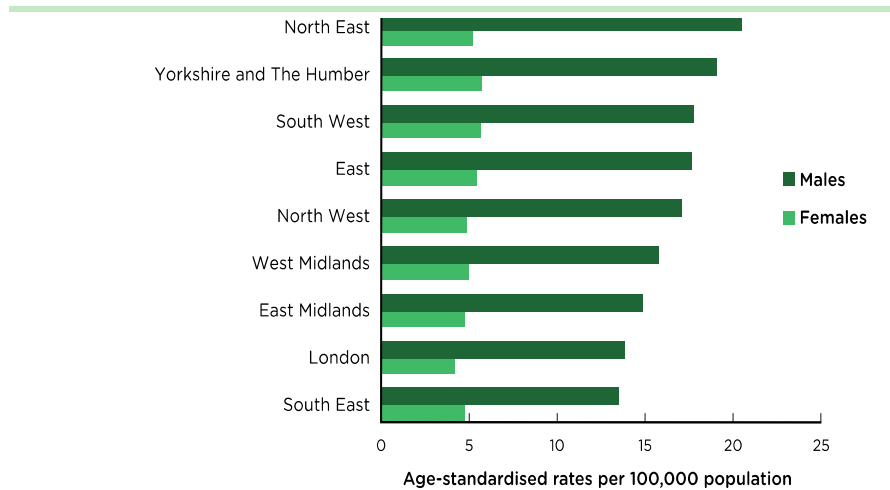
Unemployment is persistently higher in some deprived areas (such as the North East) and has risen as a result of Covid-19.

There is much in-work poverty and this affects our children.

The ill-health associated with deprivation makes huge demands on the NHS and on social care.

The suicide rate is higher in deprived areas than elsewhere in England, reflecting poor mental health (fig.2)

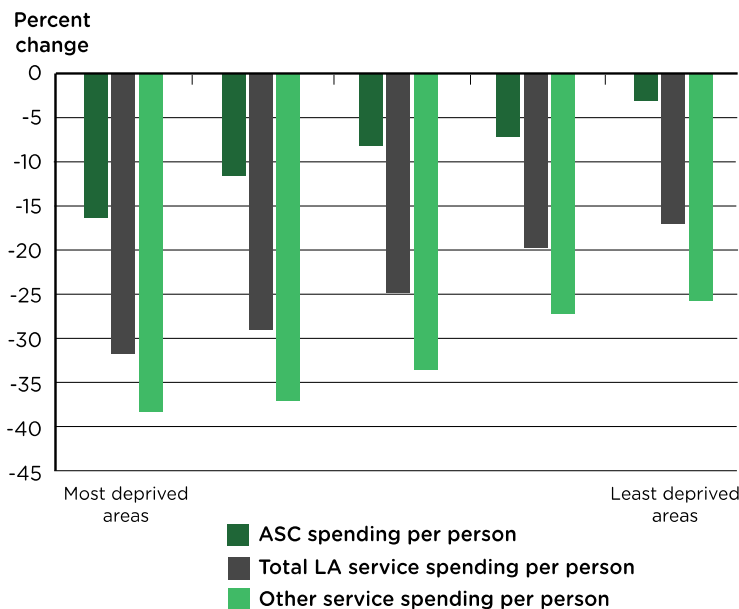
Fig. 2 Age Standardised suicide rates for English regions by sex in 2018



Source: Based on ONS, 2019 (49)

Spending per person by local authorities on adult social care and on other areas of life has been most reduced in the most deprived regions (fig 3). This is largely due to reduction in the government grant to those local authorities. This is injustice on a massive scale.

Fig.3 Average change in council service spending per person by quintile of Index of Multiple Deprivation, average score, 2009/10 to 2017/18.

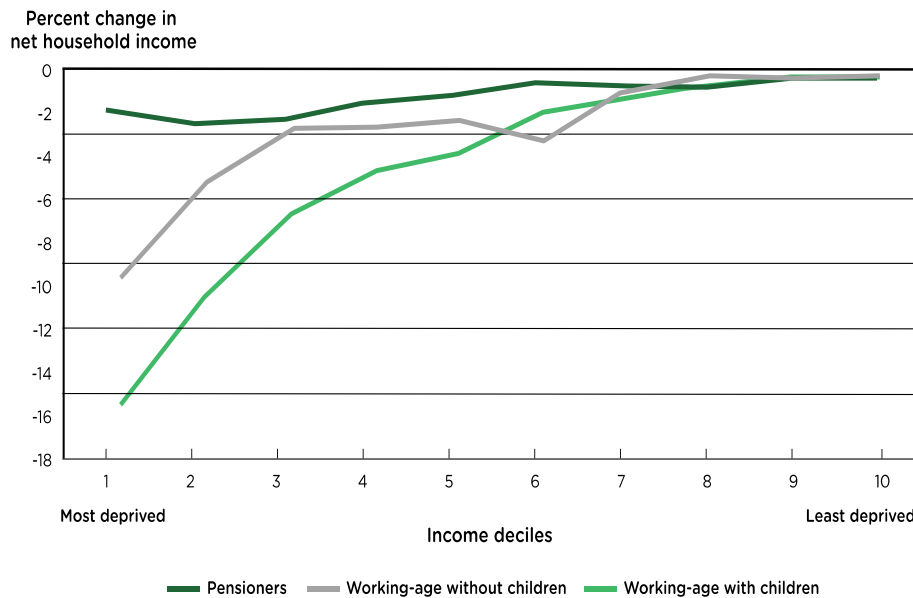


Source: Institute for Fiscal Studies, 2018 (9)

Note: LA=local authority; ASC=adult social care; Other services=all council services except adult social care

Tax and benefit reforms have made the poor poorer (fig 4). Note the massive effect on working households with children in the most deprived sections of the community.

Fig. 4 Long term impact of tax and benefit changes by household type.. Note the massive effect on working households with children in the most deprived sections of the community.



Source: Institute for Fiscal Studies (230)

We want a new normal that is better. We want a fairer normal. We request that a strategy to combat inequalities in health be developed as a matter of urgency. This should not wait till the end of the pandemic which may lie some time in the future. Development should begin now. This strategy should include:

- Tax and benefit reforms so that the poor can afford a healthy diet. Research has shown that 60% of the population are prepared for higher taxes to reduce inequality.
- Investment in jobs, especially in the 'green' sector, in deprived areas.
- Reduction in pollution.
- Better pay for those who have shown themselves to be the moral and resilient backbone of our nation – the health and social care staff, transport sector and other council employees.
- We want public health to be a local responsibility (as before) with adequate funding and better contact tracing. The centrally managed system has been a disaster.

The Covid-19 pandemic is made worse by social deprivation – let it be a call for real action before the next pandemic.