



UCL Institute of Health Equity



The impact of the economic downturn and policy changes on health inequalities in London

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Commissioned by the London Health Inequalities Network.

To assist local authorities in London to identify and mitigate negative impacts of the economic downturn and welfare reforms on health inequalities and the social determinants of health to 2016, particularly employment, income and housing impacts, by providing the following:

- Literature review on the likely impacts.
- Some recommendations regarding what local authorities could do to minimise any negative effects.
- A set of indicators that local authorities should use to monitor the impact of the changes – in development.

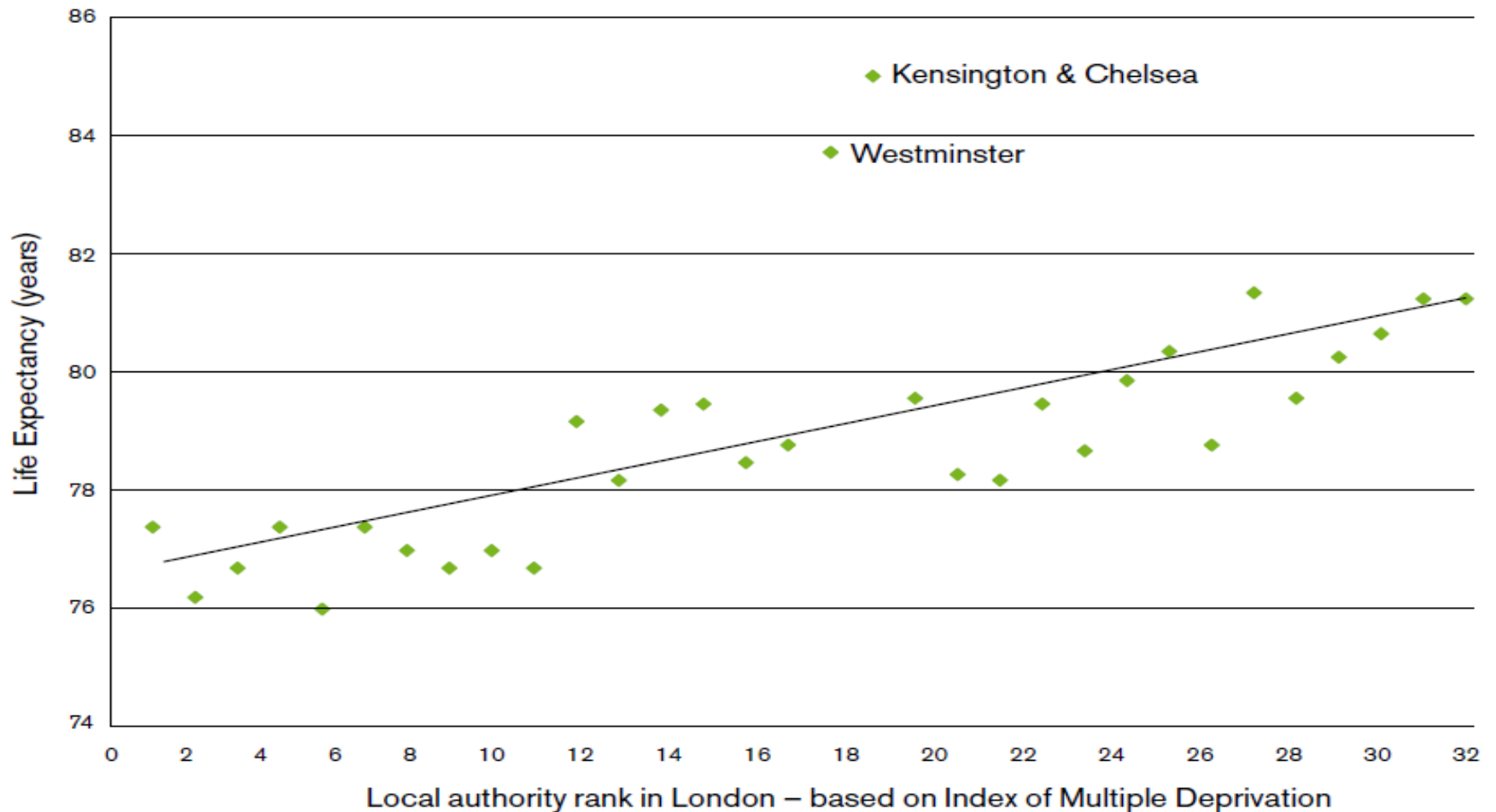
Northern Ireland similar challenges and risk groups

- Decreases income across the income distribution (consistent with UK) 2009-10 and 2010-11
- 1/3 people **Single with children** in poverty before housing costs, increasing to two-fifths after housing costs
- **Working Adults with children** are more likely to be in bottom two-fifths of the distribution than working adults without children.
- Households with a **disabled person**, 3x more likely to be in poverty than those in households without

- Those working age **adults with no qualifications** were over 3x as likely to live in households in poverty as those with a qualification at degree level or higher.
- **Single pensioners**

London

Figure 1(a) Life expectancy at birth for males for each London local authority, 2008–10, ordered by rank on the Index of Multiple Deprivation



Source: Office for National Statistics (1)



Evidence from previous economic downturns suggests that population health will be affected:

- More suicides and attempted suicides; more homicides and domestic violence
- Fewer road traffic fatalities
- An increase in mental health problems, including depression, anxiety and lower levels of wellbeing
- Worse infectious disease outcomes such as TB + HIV
- Effects of cold homes, and overcrowding – respiratory and stress
- Negative longer-term mortality effects
- Health inequalities are likely to widen

The report specifically looks at the impact of the recession on income, employment and housing:

- The economic downturn is causing a rise in unemployment, a fall in income for many households, which in turn may cause housing problems for those who experience lower incomes.
 - London unemployment up from 6.7% (Q2 2008) to 10.1% (Q1 2012)
 - There is a shortage of affordable homes in London. The number of homeless people and those living in overcrowded homes has risen.
- Unemployment, low incomes and poor housing contribute to worse health.
- These problems are more likely to occur among particular groups within the population and among those already on low incomes. **Especially young**

Impact of the welfare reforms

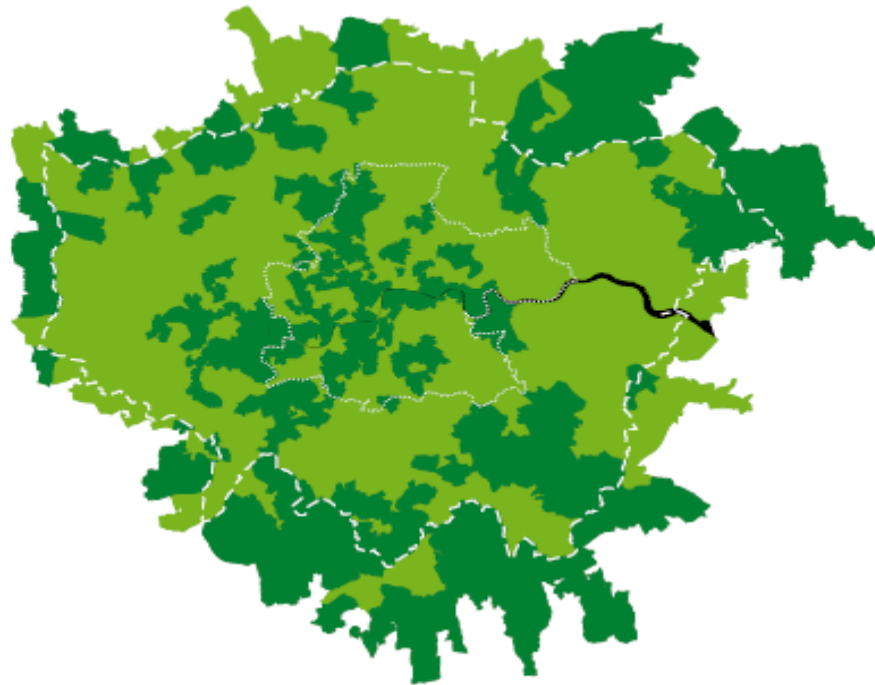
- £18 billions welfare savings
- Intended to strengthen incentives to work, but there is a shortage of jobs.
- Many households face reduced benefits – lower incomes, harder to cover housing costs.
- Affects low-income households, in particular:
 - Workless households and those in >16 hours/ week low-paid work
 - Households with children
 - Lone parents, possibly also women in couples
 - Larger families
 - Some minority ethnic households
 - Disabled people who are reassessed as ineligible for the Personal Independence Payment
 - Private rented tenants.

Households unable to afford current accommodation will need to find an alternative solution, e.g.

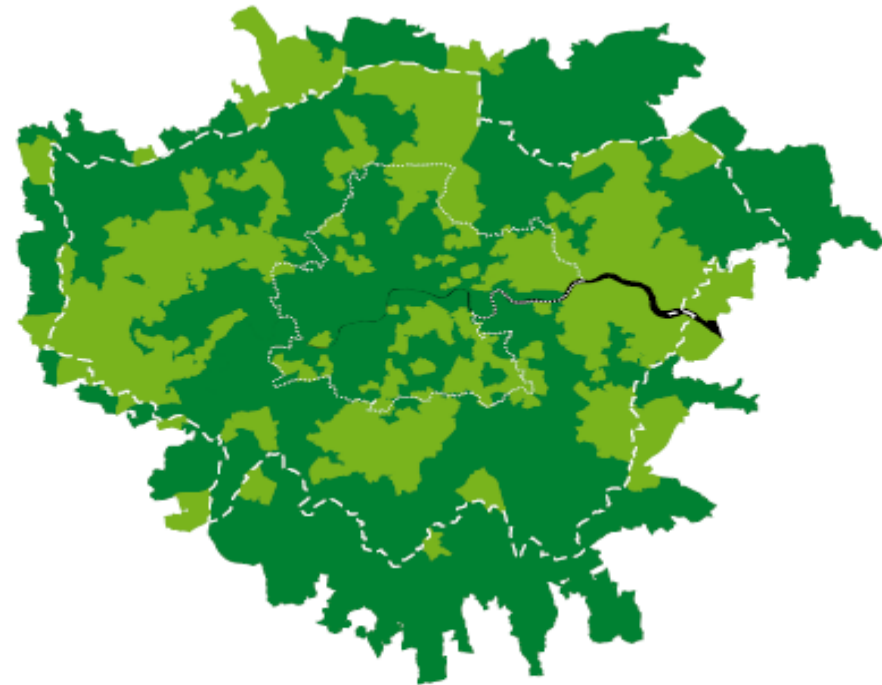
- Move
 - Re-negotiate rent
 - Borrow money
 - Rent arrears, leading to repossession or non-renewal of tenancy
 - Become homeless
 - Become overcrowded
 - Compromise on housing conditions
 - Move to a less expensive area of the capital or out of London.
- London should expect significant migration within and between boroughs as more areas become unaffordable.
 - Likely widening of socioeconomic health inequalities.





Figure 5 Neighbourhoods affordable to Housing Benefit recipients in 2011 and 2016

2011



2016



-  Affordable with housing benefit
-  Unaffordable with housing benefit
-  Inner London
-  Outer London

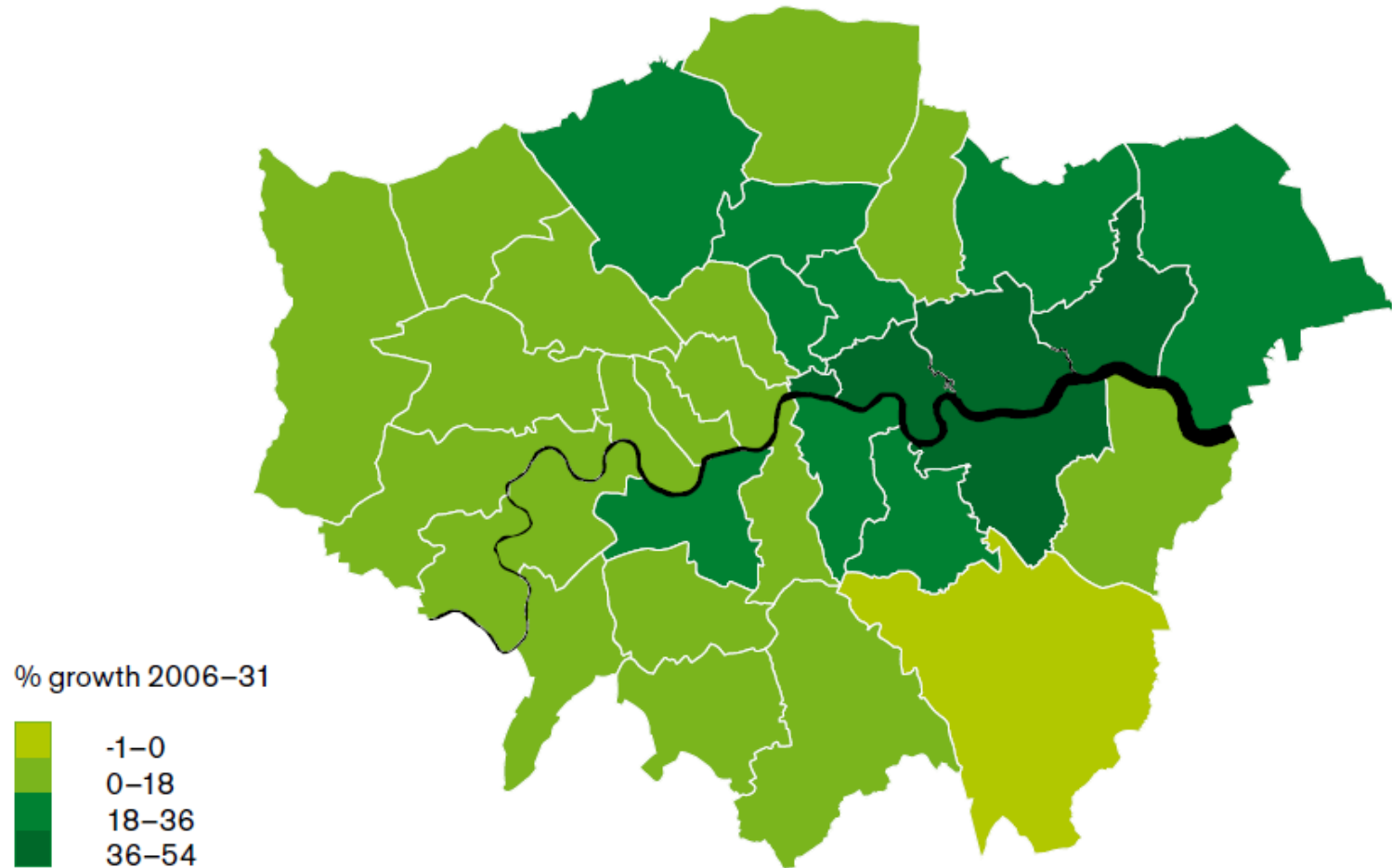


London demographics

- London has high numbers of some groups more ‘at risk’ of impacts of welfare reforms:
 - Young people
 - Minority ethnic and immigrant population
 - Lone parents households.
- Population growth will put additional pressure on housing and other local resources.



Figure 7 Estimated distribution of population growth 2006-2031



Source: GLA 2009 Round Population projections, GLA Intelligence Unit (74;162) – see appendix 3 for a table of the data

What to do: Time for more action not less

- Political prioritisation of health equity
 - Advocacy and Leadership
- Cross sector
- Development of effective interventions
- Processes of vulnerability – who is most at risk – and how – homelessness, sex work
- Measure and monitor

Measure and Monitor Recession indicators

- Piloted in 4 boroughs in London – likely to be rolled out

4 Domains

EMPLOYMENT

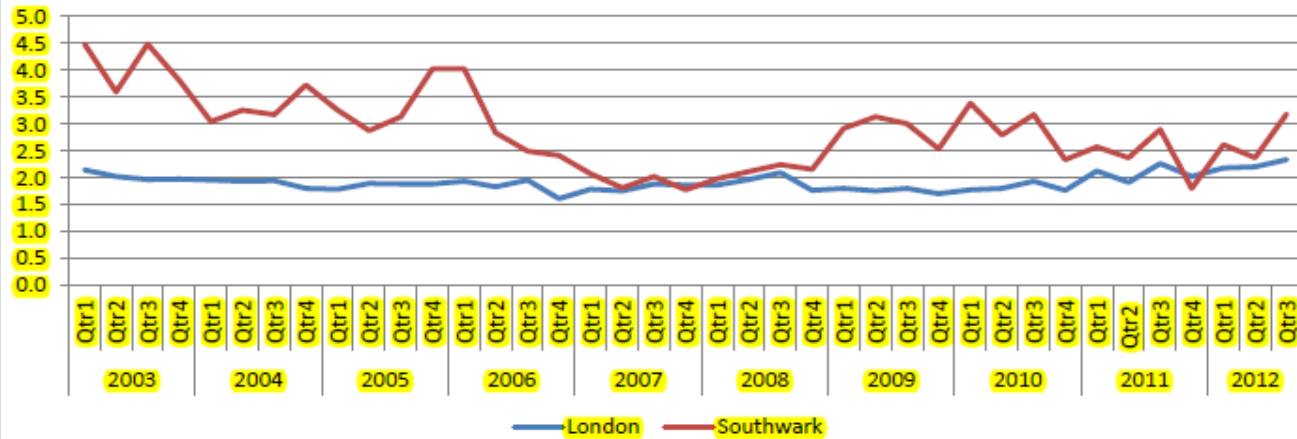
INCOME AND MIGRATION OF
VULNERABLE FAMILIES

HOUSING

HEALTH AND WELLBEING

DRAFT FOR COMMENTS – NOT FOR CIRCULATION

Quarterly landlord possession claims leading to orders made per 1,000 households , 2003 to 2012



Annual insolvencies per 10,000 adult population, 2000-2011

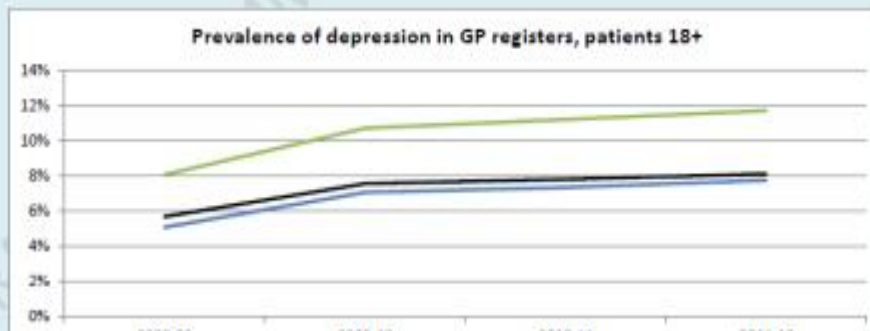
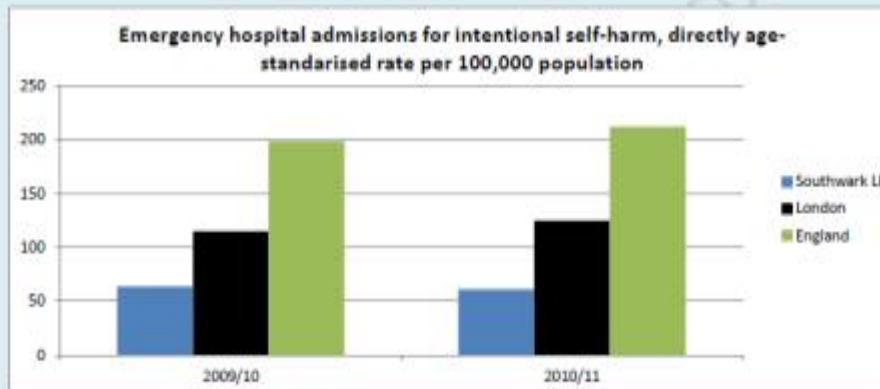


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4. Health and well-being domain

Chart 19: Health and well-being indicators for Southwark compared to London on average

Indicator	Local value	England value	London value	London Worst	England Range	London best
Hospital admissions for self harm	61.1	212.0	124.9	253.2		61.1
Proportion of 16+ population with depression	7.7	11.7	8.1	12.6		4.8
Life expectancy, female, 2008-2010	83.4	82.6	83.3	81.1		89.8
Life expectancy, male, 2008-2010	78.2	78.6	79.0	76.0		85.1
Life Expectancy Slope Index of Inequality, Female	8.6	n/a	4.8	9.7		1.2
Life Expectancy Slope Index of Inequality, Male	10.4	n/a	7.5	16.9		3.1



Prioritisation: Advocacy

Leadership

- political
- Health professional workforce
- Independent voices

Costs to individuals and society

- Loss of life and health
- Inequalities are costly – economically and socially
 - Threats to social order
 - Crime
 - Healthcare sector
- Health one of public's main concerns – political priority

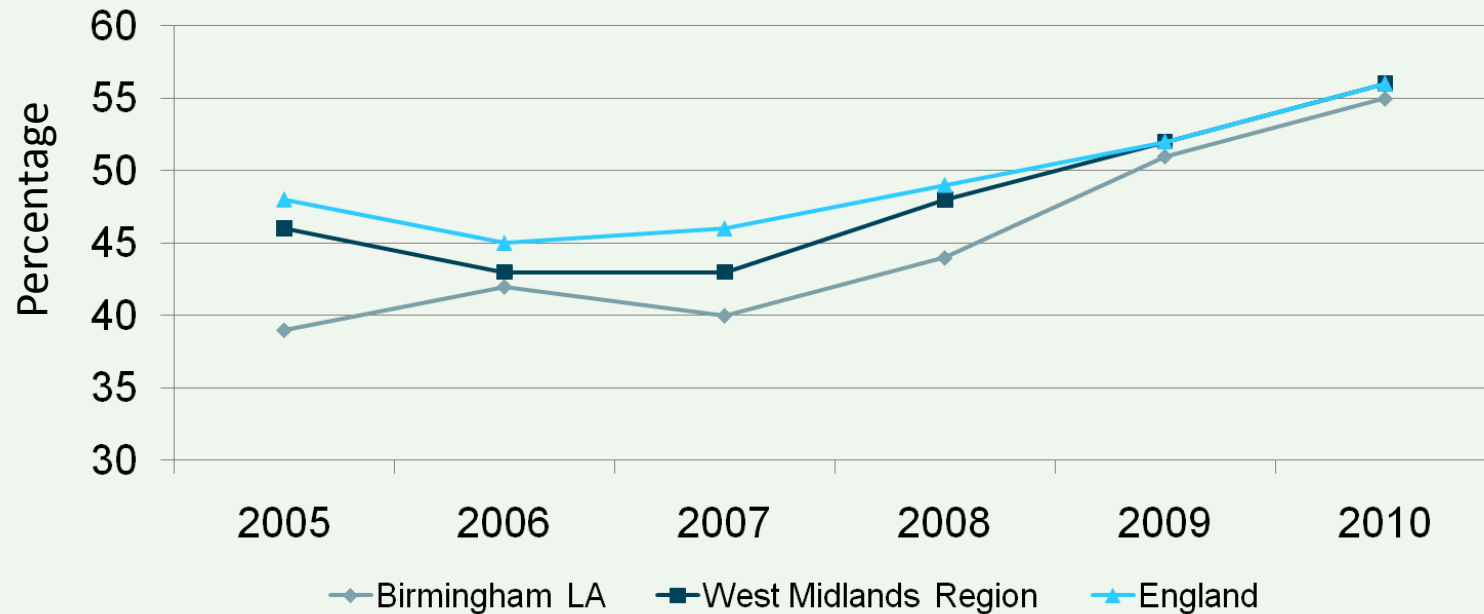
Cross Sector - Working together

- Action to reduce socio-economic variations in health relies not just on the health sector.
- Shared information, ambitions, strategic direction, commissioning

Development of effective interventions

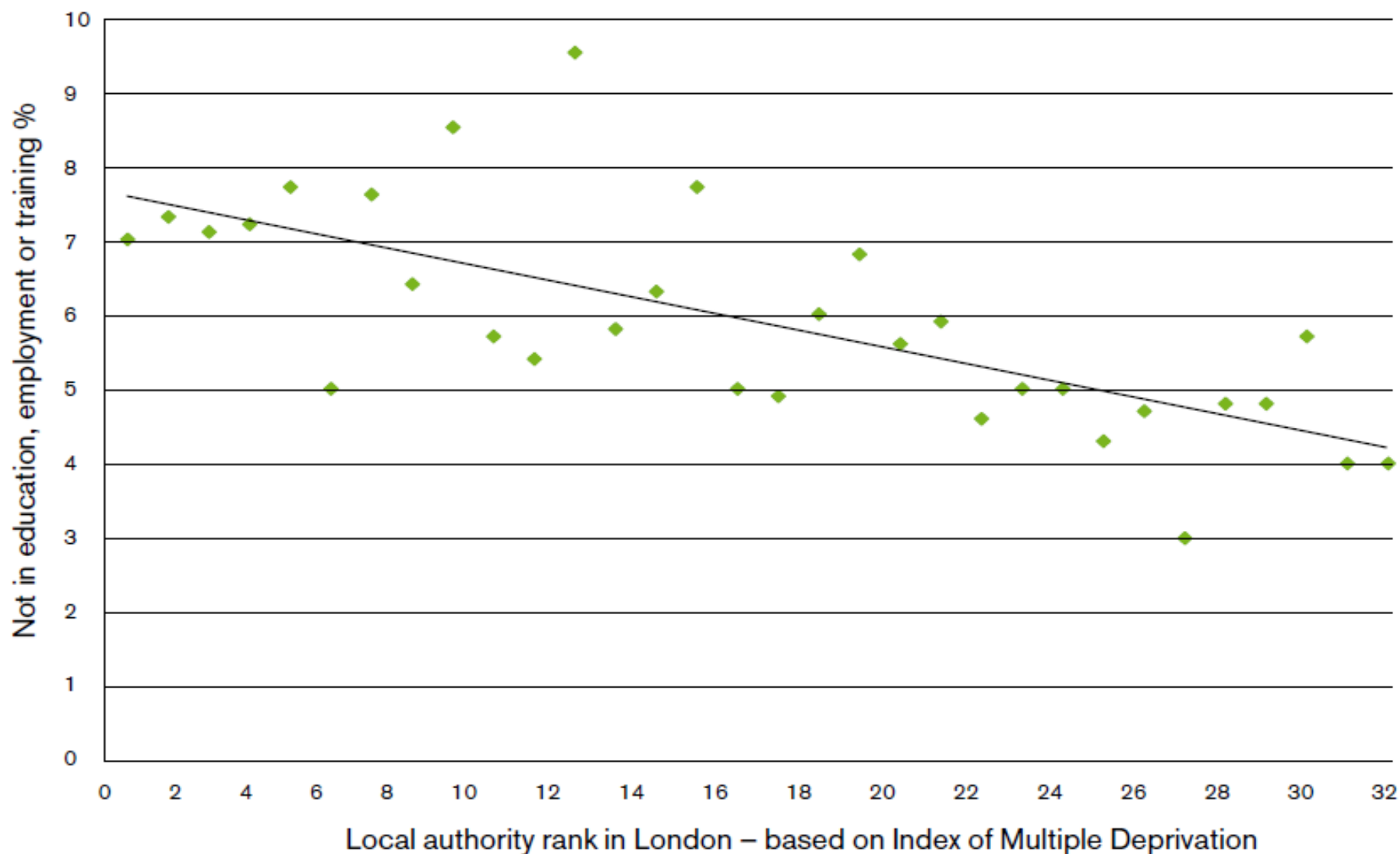


Percentage of 5-year-olds achieving good development score* in Birmingham Local Authority, the West Midlands region and England.



* in personal, social and emotional development and communication, language and literacy. Source: Department of Education.

Figure 4 The proportion of young people aged 16–19 not in employment, education or training (NEET) in each London borough between Nov 2010–Jan 2011, ordered by rank on the Index of Multiple Deprivation (1)



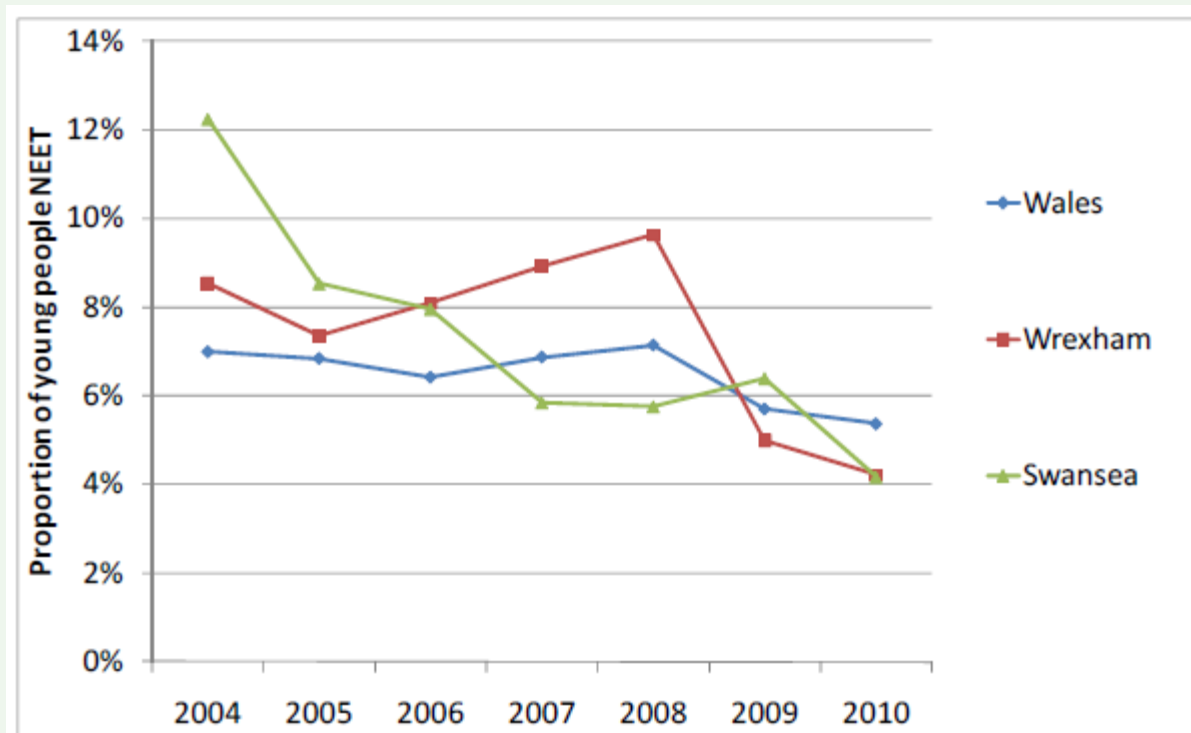
Swansea and Wrexham NEETs

NEETs reduced by 68% over 5 years, in Swansea from 12.2% in 2004 to 4.2% in 2010 – well below the Welsh average.

- **Strategic focus** (priority at strategic level; clear targets set; resources shifted; work intensified; earlier intervention)
- **Identifying target groups** within the population of young people (Careers Wales advisers and school staff working together to identify pupils in Year 11 at risk of becoming NEETs)
- **Partnership working and information sharing** (Local Authority, Careers Wales, JobCentre Plus, head teachers, teachers, Learning Coaches, Youth Workers, and Education Welfare Officers)
- **Provision & support** (change in core service provision, greater emphasis on summer months, skills building provision, flexible start dates for training, work placement through project partners)
- **People** (enthusiastic and committed staff)



Proportion of Year 11 school leavers known to be NEET in 2004 - 2010



Source: Careers Wales



Young people offending in Swansea

Category	2007/8	2008/9	2009/10
Total number of offenders	532	478	300
Total number of offences	971	867	532
Persistent offenders	60	46	23
First time entrants	355	297	157

Source: Swansea Youth Offending Service - Local youth offending information, 1 April - 31 March 2011

Health equity leadership

- **Health ministries as leaders across government**
 - Not health imperialism but because health is considered a priority by public – health equity should be priority
- **Workforce**
 - Health professionals, transport, planning, local government,

Tools: Human rights

- Entails not just, but includes, equity in relation to rights to health care
- Rights to equity in the social determinants of health and the capacity to be healthy.

Health equity in all policies

- HIAP - Tools exist, but to be effective, need strong leadership, prioritisation.
 - International trade treaties
 - Finance ministries and other ministries (local government, social protection, education)
 - Public health and health care.
- **Intergenerational transfers of inequity** – development of tools and culture and political discourse.

Ambition – with realism

Institute website:
www.instituteoftheequity.org

Full report:
<http://www.instituteoftheequity.org/Content/FileManager/pdf/london-full-report-medium-res.pdf>