

Cuts to local government funding and stalling life expectancy



Local authorities in England provide a huge range of services that contribute to health and wellbeing, including care for vulnerable children and adults, road maintenance, refuse collection, parks, libraries, and sexual health services. Between 2010 and 2017, government funding for local authorities halved.¹ As a result of these cuts, spending has become more narrowly focused on statutory responsibilities, such as social care, with other services falling behind.

Two of the hardest-hit services which have a crucial role in people's health and wellbeing are housing, including support for people who are homeless, and treatment for drug and alcohol problems. Councils commission charities and NHS organisations to provide these services and many are now struggling financially.^{2,3} Meanwhile, the estimated number of homeless deaths increased by 64% between 2014 and 2019,⁴ and the number of drug misuse-related deaths increased by 35% between 2013 and 2018.⁵ The reduction in local government funding has been unequal across the country, with greater cuts in more deprived areas and in the north of England.

Governments, including the UK, recognised in the Ottawa Charter for Health Promotion⁶ that people's health depends on stable public services and a clean physical environment. The Health Index, which includes green space, housing, noise, crime, air pollution, and other community resources provides insight into how well these conditions are being met.⁷ The Health Index shows that in many places in England, the potential to lead a healthy life has diminished between 2015 and 2017. This points to the ambitions of the Ottawa Charter being unfulfilled in England, and suggests that disinvestment in local government could adversely affect people's health, both in the short term and longer term.

A new analysis by Alexandros Alexiou and colleagues⁸ published in *The Lancet Public Health* looks at the relationship between cuts in local government and mortality rates. Concerning trends in mortality rates in England have already been observed.⁹ Over the past century, life expectancy increased by around 3 years every decade. In the past 10 years, this steady improvement

has ground to a halt. In some specific groups, such as the rate of death due to chronic lung disease among women living in the most deprived areas, mortality rates are actually increasing.¹⁰ There are various competing theories about the underlying reasons for these trends, which are the subject of much debate.

The study by Alexiou and colleagues⁸ makes a useful contribution to this debate. Their study uses thoughtful methods to compare central government funding cuts to local authority-level mortality rates. It controls for the national trend in mortality and changes to local population sizes and economies. The results show that areas with the biggest cuts tended to have smaller improvements in mortality rates. The article estimates that cuts to local government between 2013 and 2017 were associated with a reduction in national average life expectancy by about 2 months, equivalent to 9600 premature deaths (about 1% of all premature deaths, by our calculation).

Isolating specific drivers of life expectancy is difficult for two reasons. The first is that these drivers play out over long periods of time. Since 1980, life expectancy at birth has increased by 9 years for men and 6 years for women,¹¹ largely because of reductions in deaths due to heart disease and stroke. These diseases have long latent periods and life expectancy today is therefore affected by events that happened many years ago. Life expectancy (which is a misnomer, and is really a summary of today's mortality rates rather than the age people alive today can expect to die) reflects the life experiences of the population, and particularly the lives of older people, among whom most deaths happen. Life expectancy is the result of the social and economic history of the past century—the prevalence of smoking, treatment for cardiovascular diseases, road safety, housing quality, safety of childbirth, and many other social changes. Life expectancy is a useful indicator because it is simple, but it also brings together a wide range of long-term changes in society. Therefore, differences in life expectancy across the country might relate to trends that predate funding cuts.

A second reason why the relationship between local government funding and mortality could be difficult to

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study is that the effect of cuts might be concentrated on certain groups within local authorities. The method used by Alexiou and colleagues⁸ uses mortality rates for the whole population of local authorities. Cuts to local services might disproportionately affect certain subgroups, such as people who are homeless or those seeking help for drugs and alcohol. Within these subgroups, the effects of cuts might be much greater.

Whatever the exact contribution of local government cuts to trends in life expectancy, this study shows that funding has been cut in areas of the country that need it most. This finding underlines the importance that the current government, and its MPs who represent many of these disadvantaged constituencies, put health improvement squarely within its agenda to Level Up deprived areas of the country.

We declare no competing interests.

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