

Stalling Life Expectancy: A BPS Day Meeting

In 2014, improvements in life expectancy began to falter, with early evidence indicating signs of reversal amongst older ages. More recent data confirms such a reversal. Women living in the most deprived areas of England will not only live shorter lives than their more advantaged peers, their previous gains in life expectancy have now been lost. However, it is not just adults who are suffering with infant mortality rates rising for the third consecutive year. Early warnings of the changing patterning to life expectancy were denounced by the Department for Health as “a triumph of personal bias over research” (see Hiam et al., 2018), yet the evidence is increasingly hard to refute.

British Society for Population Studies members gained an insight into stalling and reversing life expectancy at the 2018 BPS Annual Conference following a galvanising plenary from Professor Danny Dorling, University of Oxford. Response to the talk highlighted the need to create the space for an open, critical and entirely public discussion of why and how stalling and falling life expectancy has come about. Should the change be dismissed as short-term fluctuation following flu outbreaks or cold-weather mortality? Are the patterns evident in the UK really so distinct from the experiences of those in Europe? How much responsibility should be shouldered by the instigators of the UK's austerity drive?

On 5th July, BPS organised a free day meeting seeking to address these questions. Practicing clinicians, epidemiologists, demographers, public health practitioners, campaigners and geographers came together to present and debate their views, engaging with an audience drawn from across BPS membership and beyond. Attendees spanned local and national government organisations, the third sector, media, activists and researchers.

Welcomed by the President of BPS, Piers Elias, Professor Danny Dorling then opened the event painting a bleak picture of health, social care and life expectancy, reporting what we already know and why we need to know more. Between June 2014 and June 2015, ONS data revealed that there had been 52,400 more deaths compared to the same period a year before. This reflects one of the largest single year rises in mortality in England and Wales since 1840. However, while previous peaks are explained by war, severe winters, cholera and influenza, austerity seems a more likely culprit for the 2014-15 and continued excess. Turning to the latest release of mid-year population estimates and bringing this story up to date reveals continued dramatic changes in mortality for men and women. For example, 9,493 more men died in England between 2017 and 2018 than the preceding 12 months.

As Danny's plenary drew to an end, he asked us how bad does mortality have to get before we are bothered, sentiments echoed by Dr Ingrid Wolfe when discussing the consecutive rises in infant mortality in a panel session later in the afternoon. This is, she argued, “the worst possible canary in the mine”. However, as Danny urged, we should not be distracted by reversals when even a stalling to life expectancy should not have happened. The opening plenary concluded with a lively audience Q&A chaired by Gemma Ware, Society Editor for The Conversation. Indeed as one audience member tweeted, Danny drew a dispiriting comparison with unemployment under the Thatcher government in the 1980s: while we once seemed to view incrementally rising unemployment as a price worth paying, we seem to now view deaths of the elderly in the same way.

The following session saw talks from academics and the public sector, beginning with evidence revealing that though we were *once* living longer, this was not necessarily healthier (drawing a comparison with Danny's early warnings of the change in mortality). Presenting work with colleagues at UCL, Professor George Ploubidis explored the implications of changing patterns of poor health for life expectancy using the Health Survey for England. Worse health and a stronger association between mortality and health amongst more recently born cohorts defy the basic premise of the epidemiologic transition. George concluded asking, why now? As the audience pondered this question, Chris White of the ONS examined changes in avoidable mortality revealing slowing rates of improvement in avoidable deaths for both males and females. Crucially, the evidence suggests that the changing trends in avoidable deaths are having an effect on the wider slowing of mortality and life expectancy gains.

Dr Veena Raleigh of The King's Fund took a broader view, comparing changing patterns of life expectancy at birth across European countries: females do not fare well. However, in contrast to Danny's arguments Veena emphasised that some of the peaks and troughs we have seen in age-specific mortality rates since 2011 do coincide with flu and cold patterns as reported by Public Health England and EuroMOMO. She concluded that while the UK does compare poorly with European peers for health and social care spending, there are several UK-specific and pan-European factors at play driving changing mortality. Veena argued for better international dialogues and collaboration to address this.

Maintaining the international comparison, Dr Jennifer Dowd examined trends in mid-life mortality, asking whether the US was an anomaly through a comparison of the UK and Canada. Leveraging the ONS Longitudinal Study and StatCan, Jennifer evidenced the levelling off and possible increase in over-all mid-life mortality in the UK and a slow down in Canada. She concluded emphasising the need to understand how similarities and differences in the social, economic and political climate across countries influences population health.

The final presentation of the session came from Julie Ramsay and Maria Kaye-Bardgett of National Records Scotland. Shifting the geographic focus to Scotland, they revealed stalling life expectancy across Scotland with falls apparent in the most deprived areas. However, experiences vary between ages. Mortality rates were found to have worsened amongst those aged 35-49 and 90+, with further evidence to suggest that mortality worsened the most for younger age groups in the most deprived areas, and older age groups in the less deprived areas.

Dame Karen Dunnell, Chair of the Longevity Science Panel and former National Statistician and Chief Executive of the ONS, chaired the closing panel session. This panel spanned academia, clinicians, the third sector and practitioners. We were fortunate to hear a lively discussion on perceptions of why life expectancy appears to have faltered and fallen; experiences on the front line; and a powerful call to action both to prevent more deaths of our children and elderly, and to unite to tackle inequality. Dr Ben Barr, clinical lecturer at the University of Liverpool questioned our response to stalling life expectancy: echoing Danny's earlier concerns, he asked why when GDP stalls do we act, yet stalling life expectancy simply promotes calls for more data collection? Presenting an alternative view, Professor Mike

Murphy of the LSE urged caution as to the methods and data used, arguing that life expectancy is a contaminated measure.

Sharing experiences from the front line of Public Health and Medicine, Professor Dominic Harrison (Director of Public Health for Blackburn with Darwen) and Dr Ingrid Wolfe (Clinical Lecturer (KCL) and Consultant in Child Public Health) shifted the focus towards action. In Blackburn with Darwen, an area where life expectancy is actually reversing, people are not dying from new unusual causes. Cuts to services dramatically impact upon population health, indeed cuts to public health expenditure, expenditure which has been found to be more productive of health than NHS expenditure, has a price (Martin et al., 2019). So do we need more research, more evidence? For Dr Ingrid Wolfe, the answer is no. We simply need to act. Dr Wanda Wyporska, Executive Director at The Equality Trust agreed, highlighting the need for effective campaigning as we know that simply presenting an evidence base to policy makers is not enough.

While it is undeniable that the continuing debate over the most appropriate methods and data used to demonstrate changing mortality and faltering life expectancy is important, increasing avoidable or preventable mortality, the relative performance of the UK in life expectancy at birth compared to comparable European countries and excess deaths cannot be ignored. This day meeting shone additional light on these issues, and gave an opportunity for a diverse group of people to come together and debate.

References

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