

**Danny Dorling**Halford Mackinder Professor of Geography  
University of Oxford**Inequality and Scotland: measures of despair and signs of hope****Summary**

In this talk Professor Danny Dorling looks at current trends in health, life expectancy and people's wellbeing. He also reflects on what is happening politically in the world as a whole, in the United States and in the UK and whether these political changes are linked to changes in what we can measure about health. The slides that accompany the talk are referenced throughout this summary and can be found [here](#).

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In late 2016, we learnt that life expectancy is no longer rising in Scotland. This is the first time since records were published in 1861 (apart from during the war) that life expectancy did not improve for either men or women. Routine statistics are providing numbers that would have been shocking just eight years ago. Back then, discussion was about the relative differences between the countries and regions of the UK and relative poverty going up or down. We had no idea that we would get to a point where we would start to worry about life expectancy not rising and actually falling in many areas and about absolute poverty rising.

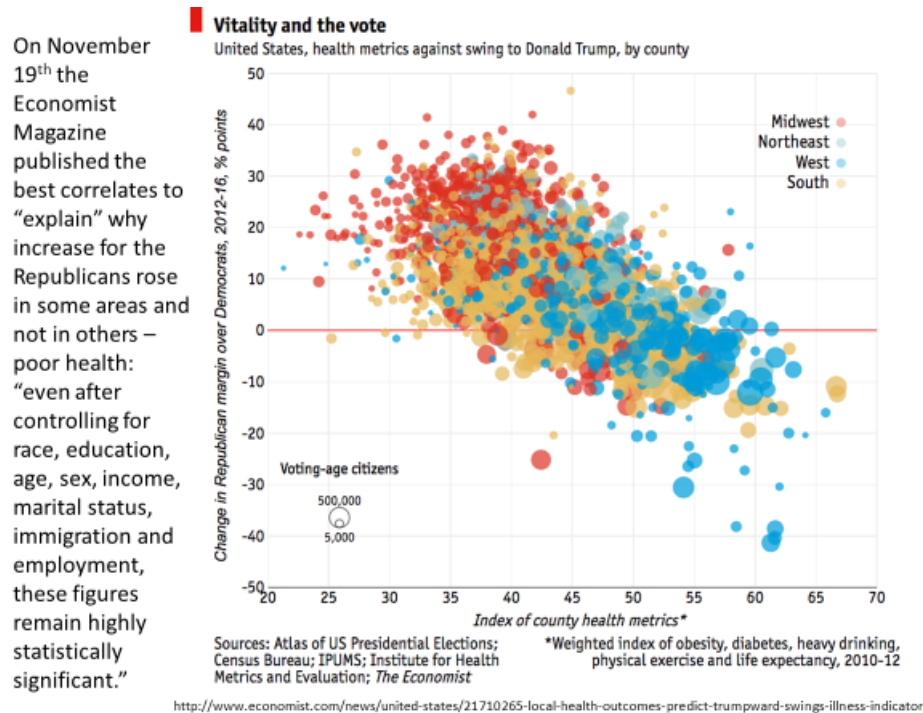
A question we have to ask ourselves is why do we not notice this? The records have been on the web for several months. This doesn't become an issue because we have got used to things not improving. It is a bit like war time, after a couple of years of war you become used to war. Human beings are remarkably adaptable. As long as the circumstances do not change too quickly we can accept massive cuts in spending, cuts of 30–40% to local government budgets. We can accept forecasts telling us that a million more children will be living in poverty by the year 2020 because we have become used to it.

Not all the stats show bad news. A common reaction from far-right groups, such as the 'Tax Payers Alliance', is to say that inequality has been falling since 1990 (see slide 3). If you compare the best off 20% of people to the poorest 20% of people in the UK there was a big rise in inequality from 1984 (when the miners lost and Mrs. Thatcher was in power) and since then it has fallen slightly. But the more important story is what has happened to the top 1%. The proportion of income taken by this group has continued to rise right up to 2009. After this there is a small drop but it is not clear if this is real or not.

For the rest of this talk the focus is on the UK and the USA. I am going to worry about potential connections between health and politics and austerity, because I think they matter. I am going to introduce you to a new kind of map to do this (see slides 4-6). These maps, known as population cartograms, are stretched so that everyone gets the same amount of space and they give an impression of where the population in the US is.

This first map is the Trump victory. You can see that most of the map is democratic blue. This is not just because Hilary Clinton won 3 million more votes. The areas which the democrats won also contain far more children and far more adults who were not registered to vote.

The best analysis I have seen to try and explain the Trump victory appeared in the Economist magazine. A few weeks after the result the Economist produced huge numbers of correlations to try and see what best predicted the change in the vote for the republicans. They found that the best correlation to explain areas where Trump gained support were places where health had gone downhill. The suggestion is that part of the reason we have President Trump in the White House now is because life in America was getting much more unequal.

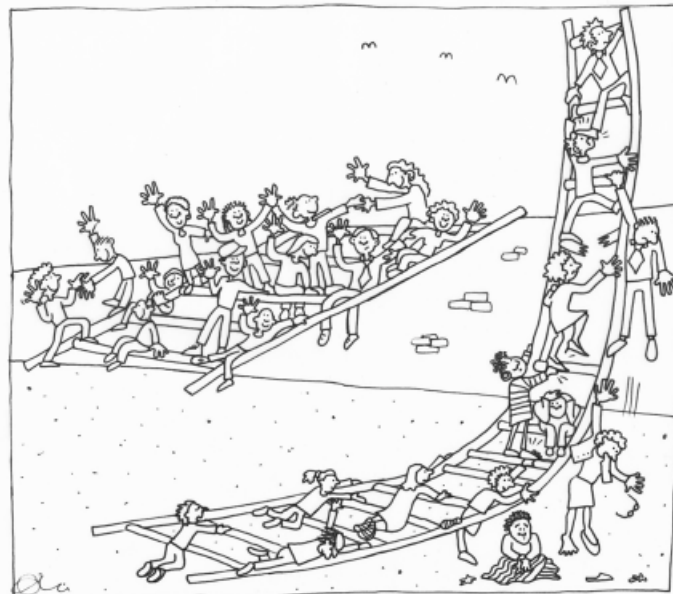


Another stretched map (see slide 8) shows the distribution of votes in the “2016 European (Brexit)” referendum. This is a very interesting map. Whether you are mapping voting or poverty or health you tend to get the same patterns for the UK, but this map is different. We all know about Scotland voting differently so no need to say anything more about that. What is interesting is that the majority of leave votes were middle class people from the south of England. Huge swathes of middle England who shouldn't have voted majority leave (based on previous patterns) but did.

There are lots of analyses coming out to try and explain the vote but to my mind none of them do two things. The first is that they don't look at the deep dissatisfaction of people in middle England who we thought were doing fine. The second thing that has not been looked at is campaign spending. If you look at statistical analysis of the reasons people give for voting leave immigration trumps everything else. When the referendum was called, 50% of the population wanted to remain, only 36% wanted to leave. But their attitude was changed in just over a year and the campaigning that was most effective was on immigration. The reality is that we are not 'swamped' by immigrants. (see slide 9).

This cartoon summarises a number of other graphs.

If you compare countries across the European Union you find that a few are very unequal but that others are among the most equal countries in the world. These equal countries are like the straight ladder on the left. It is these more equal countries where people live the longest, are the happiest, are the best schooled and so on. But the curved ladder, on the right, is what you get in very unequal countries.



*Two ladders*

Cartoons by Ella Furness

The importance about the curved ladder is that things are bad all along the ladder. If you are at the top you are very scared of falling down because there is such a long way to go.

Things can go suddenly wrong. There has been a doubling in the UK of the number of people in private rent over the last 10 years. Recently, in England at least, suddenly being evicted from your assured shorthold tenancy has become the major reason for families becoming homeless (see slide 11).

Looking at a graph showing GDP per head since 1950 (see slide 12) the recessions in the 1970s, 80s and 90s hardly show. What you can see is the great recession of 2008-2015. This has been a major recession comparable with 1929. But as I discussed earlier, we adapt and become used to it and we stop looking for ways in which we can do things better. For example, we don't look to the rest of Europe to see how they organise their rental sector. Scotland does housing and lots of things better as well, so the English stop looking to Scotland too.

So, the precursor to the Brexit vote. In 2010 David Cameron announced a happiness index. The ONS did actually calculate it. A key index was self-reported health and the population of the UK has been saying that their health is getting worse (see slide 13). Similarly, on 28th February the Financial Times produced four graphs – a sort of dashboard for the economy and society (see slide 14). They show that multiple government targets are now being missed: hospital waiting time targets; delayed discharges due to lack of social care are rising; teacher recruitment targets; assault and self-harm in prisons on the rise. Suicides in prison are also at a record high. It is stunning that we have become so used to this that these kind of reports are being produced routinely.

Deaths in the UK began to rise, just slightly, for elderly women in 2012 and 2013. Then 2014 was a bit better, but not as good as it should have been if previous improvements had carried on. Then in 2014-15 we get enormous increases in deaths, stretched over many months (see slide 15). Government initially said it was influenza but it is no longer saying that. This is the worst rise in death rates since the war. It has taken an enormous amount of

effort over the last four years to get it accepted that something has happened. The Department of Health response to the most recent paper was that the analysis was biased and completely flawed. In other words, not a single additional death of an elderly person can have anything to do with the cuts that have occurred to health and social care.

And the official statistics carry on coming out (see slide 16 and 17). There is a recent dip in life expectancy from age 85 in men and women. There have been similar periods when things did not improve much for example in the 1980s and I think the reasons why are similar to now. This is not what is supposed to happen. In Japan life expectancy is still going up relentlessly. Things have gone badly wrong here in the UK in particular. We often look at the difference between Scotland and England but this is in reality tiny. Scotland essentially has the same provision that London has. But this provision is abysmal compared with France or Germany or Switzerland where they spend twice as much per head per person on health than we do.

We are getting more and more evidence that points towards things being better in more equal countries. You wonder, when you start looking at death rates and so on, how much has to happen before people accept this. Life expectancy is no longer rising in the USA or Scotland. We don't know yet what the figure for England and Wales will be because it has been delayed. But it is rising everywhere else in Europe, including in Greece which has a higher life expectancy than we have.

There are lots of graphs that show correlations between inequality and health for example infant mortality and life expectancy (see slide 21). This is not to say that one causes the other but suggests that they are closely related. Essentially it is very hard to have an unequal country with good health.

A final graph (see slide 26) shows public expenditure as a proportion of GDP from 2002 to IMF projections for 2020. The UK is at the bottom of the list heading towards 36%. Scotland spends a similar amount. Other European countries are above 40% up to 57%. If you really want to be Scandinavian it is a very different thing. Finland spends the highest but even better, when the recession hit in 2008 they taxed each other more so there were no cuts in public services when GDP fell.

The good news is that we are the most unequal set of four countries in Europe, so the only way forward will be an improvement. It might sound a bit trite but historically when things are this bad they do tend naturally to improve but it would help to actually put some effort in to improving them. Here are some ideas of the kind of things which I think would help, to argue about or disagree with me about:

- Taxing at the normal European level
- Spending on education & health at normal European levels
- Having housing laws that are fair to tenants
- Working towards a basic income for all
- No sanctions and student loans for the young
- Introducing a fair system of voting (PR)
- Not allowing the 1% who take a 7th of everything every year in the UK – to also run political parties, newspapers, companies, even university building programmes unchallenged. This is best done by reducing their income/wealth – and that can be done in many ways – which they are aware of.

There are studies that say you get trouble ahead when inequalities rise so we should expect there to be trouble ahead. But when people tell you that inequality is high everywhere they are lying. When they tell you that there is no alternative to this they are lying. When they tell you that the rich are creating wealth and you are benefiting from it they are lying. When they say that we should expect our elderly people to see health plateau and it must be their own fault for not trying hard enough they are lying. You can do things in different ways and it is not too late.

The views expressed in this paper are those of the speaker and do not necessarily reflect the views of the Glasgow Centre for Population Health.  
Summary prepared by the Glasgow Centre for Population Health.