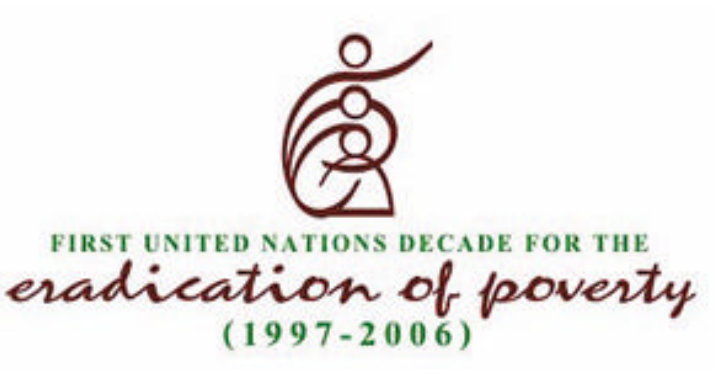


Embargo: 0001 hrs Thursday 6th June 2001

Did things get better for Labour voters: premature death rates and voting in the 1997 election

By
Mary Shaw[1]
Danny Dorling[2]
George Davey Smith[3]

6th June 2001

[1] Senior Research Fellow, School of Geographical Sciences, University of Bristol
[2] Professor of Quantitative Human Geography, School of Geography, University of Leeds
[3] Professor of Clinical Epidemiology, Department of Social Medicine, University of Bristol

This report is available in electronically at www.social-medicine.com

Background: widening health inequalities in the 1980s and 1990s

Health inequalities in Britain widened throughout the 1980s and 1990s, reaching unprecedented levels by the end of 18 years of Conservative government (Shaw, *et al*., 1999). These health inequalities are particularly marked among men. For example, by the mid 1990s life expectancy gap between men in professional occupations and men doing unskilled manual jobs was 9.5 years; in the early 1970s this gap was 5.5 years (Hattersley, 1999). The geographical gap in life chances in Britain has polarised over the last two decades. Data from National Statistics shows that in 1995-97 the life expectancy gap (for men) between local authorities was of a similar magnitude as that between social classes I and V, with there being a 10.0 year life expectancy gap between Chiltern (78.4 years) and Glasgow City (68.4 years) (Griffiths and Fitzpatrick, 2001).

The Government's rhetoric on reducing inequality

Against this background of growing inequalities, the Labour government has repeatedly announced its desire to tackle inequalities and to reduce health inequalities in particular. Soon after being elected to office Frank Dobson proclaimed: "Inequality in health is the worst inequality of all. There is no more serious inequality than knowing that you'll die sooner because you're badly off" (Frank Dobson/DoH, 1997).

In November of 1998 the *Independent Inquiry into Inequalities in Health* reported, recommending that all policies likely to have an impact on health should be evaluated in terms of their impact on health inequalities; a high priority should be given to the health of families with children; and that further steps should be taken to reduce income inequalities and improve the living standards of poor households (Acheson Report, 1998).

This was followed by *Reducing Health Inequalities: An Action Report*, which stated: "One of the keys aims of the Government's health strategy for England is to improve the health of the worst off in society and to narrow the health gap" (DoH 1999). Briefing the National Heart Forum in January 2000, the minister for public health, Yvette Cooper, stated that "tackling inequalities and putting inequalities at the heart of government policy" is a primary aim and acknowledged that the huge gap between the rich and the poor is "morally wrong" (Davey Smith *et al*., 2000).

In his Beveridge lecture in March 1999 the Prime Minister pledged to eradicate child poverty by 2020 . Importantly, in February 2001 two health inequalities targets were finally set. These are:

1. To reduce by at least 10% the gap in infant mortality between manual and non-manual groups.

2. To reduce by at least 10% the gap between the quintile of areas (using Health Authorities) with the lowest life expectancies at birth and the population as a whole.

It has taken Labour four years to establish its targets on reducing health inequality.

Health inequalities continue to widen under New Labour

However, despite government rhetoric regarding tackling inequalities, inequalities in health continued to widen through to the end of the 1990s.

Table 1. Standardised mortality ratios for deaths under 65 in Britain by tenths of population (grouped by old County Borough and ordered by SMR), Britain 1950-1999

Tenth	1950-53	1959-63	1969-73	1981-85	1986-89	1990-92	1993-95	1996-98	1999*
First	131	136	131	135	139	142	147	150	153
Second	118	123	116	119	121	121	121	122	124
Third	112	117	112	114	114	111	113	114	114
Fourth	107	111	108	110	107	105	107	108	109
Fifth	103	105	103	102	102	99	99	99	100
Sixth	99	97	97	96	96	94	95	96	95
Seventh	93	91	92	92	92	91	92	93	92
Eighth	89	88	89	89	89	87	87	88	85
Ninth	86	83	87	84	83	80	80	80	81
Tenth	82	77	83	79	78	76	75	75	74
Ratio 10:1	**1.60**	**1.75**	**1.58**	**1.70**	**1.78**	**1.87**	**1.98**	**2.01**	**2.08**

Note: Areas used are old County Boroughs to enable comparisons over time. Source: Mitchell *et al*. (2000). Areas are amalgamated by contemporary mortality ratios to each include a tenth of the population at risk over the time period being studied. We have used this method of measurement throughout the 1990s in our publications to allow comparisons to be made with past results.
*The last column of data has been added to bring the table up to date. It is only based on one year's data so strictly it's not comparable with earlier columns. However, it does indicate that geographical inequalities have continued to grow by this measure to now stand at a level such that the worse off tenth of the population are 2.08 times more likely to die before age 65 than the best off tenth. The column also shows that things have "got better" most for the best off 10% who now have the lowest relative, as well as absolute, mortality rates ever recorded for these areas. Most importantly the table shows that rates have reduced in the past. Between 1963 and 1969 the ratio fell from 1.75 to 1.58. In four years it *is* possible for inequality to fall. In the four years 1964/65/66/67 (and after) Labour were in power. Tony Blair's government has failed to live up to the achievements of Harold Wilson's government. Harold Wilson's statue now stands in Huddersfield town centre. It was placed there only a year or so ago - almost at the centre of the area stretching from southern Scotland to the Welsh Valleys - which has benefited least in health (and many other terms) under this Labour government.

Table 1 presents data which shows the widening health gap in geographical terms. At each time period for which data are available, Britain is divided into ten equal-sized groups of areas in terms of population. The standardised mortality ratios (SMR) of each of these tenths is then calculated. SMRs which are greater than 100 indicate higher chances of mortality, and those less than 100 indicate lower chances of mortality, all relative to the national average for each time period. The table shows starkly that the inequalities in mortality that were at their highest ever recorded level by 1992, continued to rise throughout the period 1993 to 1999. In 1992 all people living in the ten percent of areas with the highest mortality rates were 42% more likely to die prematurely than the national average. This rose to rates of 50% and 53%

higher than the national average in the latest two time periods shown. Relative mortality ratios also rose for the second, third and fourth tenths (the 2nd, 3rd and 4th highest mortality groups of areas) which illustrates that the polarisation of life chances was not just affecting the most extreme group. At the other extreme, the chances of premature death amongst those living in areas with the best life chances declined slightly, from 76% to 75% and then 74% of the national average. When comparing the ten percent of areas with the lowest mortality to the ten percent of areas with the highest mortality a ratio can be used to illustrate the magnitude of the difference between them. That ratio reached 2.01 by 1998 which means that people under the age of 65 and living in the highest mortality areas of Britain were, by then, *twice* as likely to die in those years as were those under 65 and living in the lowest mortality areas of Britain. By 1999 the ratio had risen again to 2.08. Geographical inequalities in health have never been so wide.

How have Labour voters been affected?

We have established that inequalities in health have continued to widen under New Labour, but a crucial question to ask is who has been most affected by this polarisation? By using the geographical unit of parliamentary constituencies we can compare recent changes in mortality according to the proportion of people in an area who voted Labour in 1997 (see Dorling *et al*., 2001 for details of the methods used for this research). Table 2 presents mortality data for tenths of the populations ranked by percentage of Labour vote in 1997. Deaths have been grouped into two-year time periods relating to the two years prior to and following, but excluding, the election year of 1997 (i.e. 1995-96 and 1998-99). In absolute terms things got better for most areas, but improvement was less in areas with a higher percentage of Labour voting. In relative terms, things got worse for people in constituencies in which a high proportion of people voted Labour, while things got better for people in constituencies where people generally voted Conservative. The Labour slogan of 1997 was: ‘things can only get better’; ‘things’ got better for those in Conservative voting areas, they got relatively worse for those in predominantly Labour voting areas.

Table 2. Standardised mortality ratios (SMRs) for 1995-1996 and 1998-1999, and change in SMR between these time periods, according to percent Labour vote in 1997

Tenth	Labour vote (% of all 1997 voters)	1995-96	1998-99	Change (%)	Change in absolute mortality (%)
First	72	126	127	1.1	-2.2
Second	64	120	124	3.9	+0.5
Third	59	113	115	2.3	-0.6
Fourth	55	108	110	2.1	-0.8
Fifth	51	103	105	2.0	-0.8
Sixth	46	97	98	0.3	-2.8
Seventh	39	89	89	0.7	-2.4
Eighth	30	85	85	0.6	-1.9
Ninth	22	81	81	-0.4	-3.4
Tenth	14	86	84	-2.0	-4.9
Britain*	44	101	101	0.8	-1.8

*Standardised mortality ratios for Britain are 101 because the rates used for standardization are for England and Wales and rates are higher for Scotland. Areas used are parliamentary constituencies ranked by Labour votes and divided into ten equal population groups on the basis of percent of the vote which was for Labour.

Table 3 shows that for exactly the same areas that we considered in Table 2 and for a comparable earlier time period (1992-1993) the pattern of change prior to 1995-96 was very different to that which followed. Under John Major's government health inequality was rising, but when mortality trends according to Labour voting are examined there was relatively little increase in the disparities, compared to what has followed since Labour were elected. Indeed, in *relative* terms mortality rates rose most (by 1.4%) for the tenth of the population who were generally best off and who subsequently were least likely to vote Labour in 1997. In *absolute* terms directly age-sex standardised rates fell for all ten groups under John Major (they fell for only nine groups under Blair). Under John Major the two groups most likely to vote Labour in 1997 saw greater falls in mortality (3.7% and 3.9%) than did the best off group (3.5%). What we can conclude from this is that the pattern of change seen since 1997 is not simply a continuation of what was going on before. If past trends had continued inequalities should have ceased to grow by 1998/1999 and would perhaps now be falling.

The association between Labour voting and changes in mortality can be statistically examined by calculating a correlation coefficient between percentage Labour vote and mortality. If there is no association this will be 0; if things have got better more for Labour voters than Tory voters this will be negative; and if things have got worse for Labour voters this will be positive. From 1995-6 to 1998-9 the correlations are +0.13 for both relative and absolute mortality. From 1992-3 to 1995-6 the correlations are much smaller: +0.04 for relative mortality and +0.002 for absolute mortality. In terms of the chance of dying prematurely, things got worse for Labour voters much more under Tony Blair's government than under John Major's government. This finding should be evaluated against the Health Minister, Alan Milburn's statement in December 1999 that the Labour government's ambition "is to do something that no government –

Tory or Labour – has ever done. Not only to improve the health of the nation but to improve the health of the worst off at a faster rate" (Milburn 1999). In fact Milburn has presided over the premature death rates of the worst off improving at a slower rate than that of the better off, and – remarkably – for the premature mortality rates of those people living in areas with the second highest percentage of Labour voters to have actually got worse. This is not a record of which to be proud.

Whether it was the adoption by Labour of Conservative spending plans for 1997/1998 which helped to increase inequalities will take future research to determine. The fact that the defeated Chancellor of the Exchequer - Kenneth Clarke - has said on record that he himself would not have kept to them provides some indication of how conservative they were. Given this, although there was a change of *government* in 1997, there may not have been much change in *policy*.

Ironically, from 1992-1996 (under John Major's Tory government) improvements in premature mortality were quite similar across the different areas defined according to Labour voting in 1997, and it is only since the election of Tony Blair's 'New Labour' government that things have got worse in relative terms for people living in the areas with a high Labour vote. It is also only since the election of the 1997 Labour government that they have become worse for one group of constituencies in absolute terms. While political parties are sometimes accused of cynical 'Pork Barrel' politics - in which their supporters are treated favourably after election - New Labour has turned this tradition on its head and presided over a period which has favoured those who voted against it. Most obviously, New Labour have not generally pursued policies which have been more in favour for those who voted for it (and who have most room for things to improve).

Table 3. Change in standardised mortality ratios (SMRs) and absolute mortality rates according to percent Labour vote in 1997 for time periods 1992-1993 to 1998-1999 and 1995-1996 to 1998-1999

Tenth	Labour vote (% of all 1997 voters)	SMR Change (%) 1992-3 to 95-96	SMR Change (%) 1995-6 to 98-99	Change in absolute mortality (%) 1992-93 to 1995-96	Change in absolute mortality (%) 1995-96 to 1998-99
First	72	0.8	1.1	-3.7	-2.2
Second	64	0.7	3.9	-3.9	+0.5
Third	59	0.2	2.3	-4.3	-0.6
Fourth	55	0.4	2.1	-3.9	-0.8
Fifth	51	1.1	2.0	-3.4	-0.8
Sixth	46	1.3	0.3	-2.8	-2.8
Seventh	39	-0.6	0.7	-5.1	-2.4
Eighth	30	0.1	0.6	-4.5	-1.9
Ninth	22	-0.5	-0.4	-5.0	-3.4
Tenth	14	1.4	-2.0	-3.5	-4.9
Britain	44	0.3	0.8	-4.0	-1.8

This table should be compared to table 2 above. It provides comparable statistics of change from an earlier period. It was created using the same methods and sources as for table 2.

Premature mortality rates for particular constituencies

We have also examined the premature death records of constituencies of particular M.P.s. These make for interesting reading when compared to their professed statements regarding health inequalities, such as the statement by the Secretary of State for Health, Alan Milburn, quoted above, that the Labour government's ambition "is to do something that no government – Tory or Labour – has ever done. Not only to improve the health of the nation but to improve the health of the worst off at a faster rate" (Milburn 1999). Mr Milburn's own constituency of Darlington is one of the poorer constituencies in Britain, with had a high premature mortality before the May 1997 election. However since then the premature mortality rate has, in comparison to Britain overall, got considerably worse, with a 6% increase in SMR. In the period leading up to the 1997 election the premature mortality rate in Mr Milburn's constituency was improving in relative terms compared to the rest of Britain; after the election of the government in which he serves as a Minister this situation has reversed. In Gordon Brown's constituency of Dunfermline there has been a 4% deterioration in relative terms for premature mortality since the election.

The same pattern can be seen in the constituencies of many Ministers, in several cases the situation has been even more dramatically adverse for their constituents than has been the case for Mr Milburn's constituencies. Deteriorations in relative terms are as below:

David Blunkett, Sheffield Brightside, 14.1%
Robin Cook, Livingston, 25.7%
Michael Meacher, Oldham West, 13%
Paul Boateng, Brent South, 13%

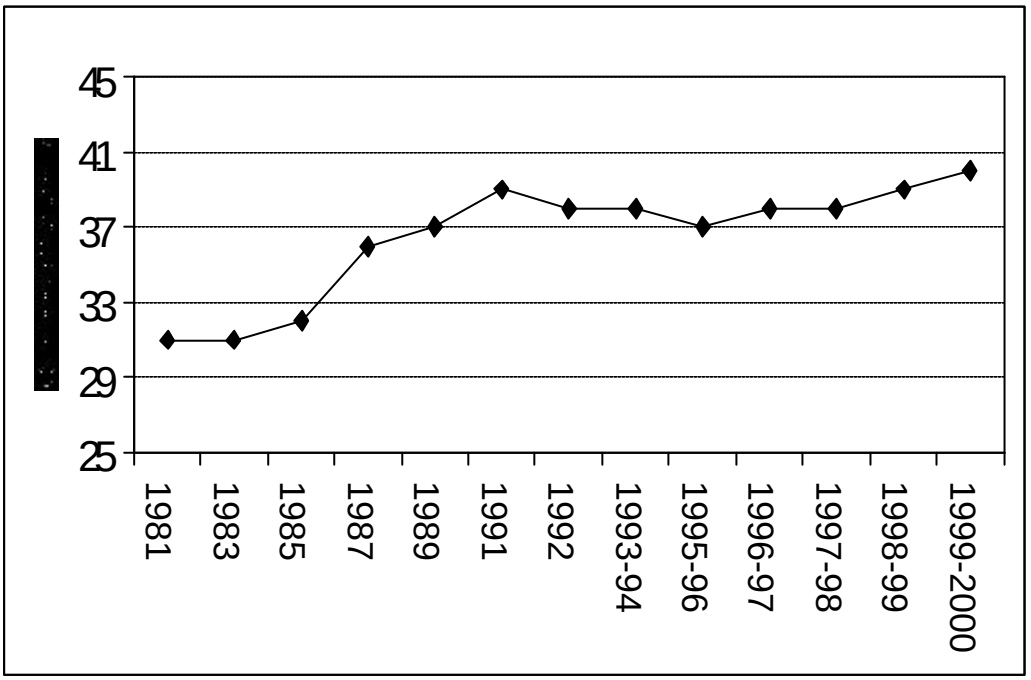
In these cases there has not only been deterioration in relative terms, but there has been an absolute increase in premature morality rates.

The constituencies of these Labour ministers are, of course, constituencies with high levels of poverty and high unemployment. Their constituents are the very people who might have expected to have benefited from a Labour election victory, but in fact increasing inequality has led to things having got worse in these constituencies. Conversely, and as might be expected, things have got dramatically BETTER, both in relative and absolute terms, in many of the constituencies with little poverty and low unemployment: often Tory seats. This is reflected in the overall findings from our analysis of voting in 1997 and mortality (Dorling *et al* 2001).

Increasing income inequalities

These widening health inequalities are underpinned by widening income inequalities. Crucially, the government's own statistics show not only that income inequalities have widened but that the effect of taxes and benefits has been to increase rather than reduce inequalities of income (Lakin, 2001). Figure 1 shows gini coefficients for the distribution of equivalised post-tax income from 1981 to 1999-2000. Gini coefficients are statistics which are used to summarise the degree of inequality in a distribution - in this case the statistic refers to income. When the value is zero all those in the distribution have equal incomes and the inequality can be read as 0%; when the value is at its maximum of (almost exactly) 100 then one individual receives all the income and the interpretation is that there is 100% inequality. Higher values thus indicate higher degrees of income inequality. Significant increases in income inequality are visible in the second half of the 1980s. What is perhaps more surprising is that income inequalities have increased since 1997. Income inequalities in Britain are actually greater under Tony Blair than they were under John Major.

Figure 1. Gini coefficients (per cent) for the distribution of equivalised post-tax income, 1981 to 1999-2000



Note: From 1996-97 values are based on estimates for the sample grossed up to population totals.
Source: Lakin (2001).

Despite the New Labour government's rhetoric about reducing poverty the sad truth is that all the currently available statistics show that under the Blair government inequality increased at a much faster rate than under John Major's discredited government. Table 4 below compares the percentage growth in income of the population divided into five groups (income quintiles) – from the poorest to the richest (Clark and Goodman, 2001).

Table 4: Income growth for rich and poor: Blair and Major governments compared. Real average annual growth in income

Quintile Group	Blair (first three years)	Major Years
Richest 20%	2.8%	1.0%
4th	2.4%	0.8%
3rd	1.8%	0.9%
2nd	1.5%	1.2%
Poorest 20%	1.4%	1.9%

Note: Income is net weekly equivalised household income before housing costs
Source: Institute of Fiscal Studies analysis from the Family Resources and Family Expenditure surveys

Table 4 shows that the small incomes of the poorest increase by only 1.4% on average during the first three years of the New Labour government whereas the large incomes of the richest fifth of the population grew by twice as much per year (2.8%). The incomes of the poorest 20% increased at a slower rate each year under the Blair government than under John Major's government (Clark and Goodman, 2001).

Missed opportunities

Gordon Brown has stated that it is the government's aim to eradicate child poverty in a generation (by 2020). They claim to have lifted 1 million children out of poverty since 1997 and says they will remove another 1 million by 2005. However, progress has been slow - many of the policy changes which would most affect families with children were not brought in until April 2001 – some four years after Labour took office.

More could have been done, and sooner. *"If income tax had not been cut by 1p a further 695,000 children could have been lifted out of poverty"* (Bradshaw, 2001).

Working Families Tax Credits have now been introduced and have had a great effect on improving the standards of living of children who are poor in families where an adult has work. However, the poorest children in our society and those most likely to suffer adverse health in the future - due to being raised in conditions of poverty - are not growing up in families where an adult has work. Only about half the parents of poor children are able to be helped by traditional employment, others are self-employed, students, sick, disabled, parents of young children, other carers, in low paid work. There has to date been far more progress on the first part of the slogan: "Work for those who can and security for those who can't", than on the second part.

Things *can* get better

There is great potential, with the political will, for the reduction of health inequalities in Britain. Research conducted for the Joseph Rowntree Foundation found that returning inequalities in income and wealth to their 1983 levels through redistribution would prevent around 7,500 annual deaths among the under 65s; achieving 'full'

employment (where no one was receiving long-term unemployment benefit) would prevent some 2,500 premature deaths a year and eradicating child poverty would save the lives of around 1,400 children under 15 each year (Mitchell *et al*., 2000).

Poverty is not a difficult problem to tackle if poor people receive enough income (in cash and in kind) then they stop being poor. The UK is wealthier now than at any time in history and could more than afford to end poverty if the political will was present. Yet despite all the talk by ministers about fighting poverty the government still does not have any official definition of poverty. Ministers have told civil servants that they do not need a definition as they 'know poverty when they see it'. Nor has the government conducted any research or accepted academic findings on the minimum levels of income necessary to avoid poverty. Benefit levels and the value of free public services are currently insufficient to prevent recipients from sinking into poverty. It would require an increase of between 20% and 40% in benefit rates (depending upon the individual circumstances) to end poverty in Britain[1]. This level of increase is affordable given the healthy state of the economy but the political will for this scale of redistribution is currently absent. It is an illusion, or worse a lie, to pretend that the question of poverty can be solved rapidly without any sacrifice on the part of those in a privileged position (Gordon and Townsend, 2000).

Some commentators consider that the government has taken a cynical attitude to poverty alleviation, for example, Beaton (2000) argues that ministers attitude is often:

> "Do not mention poverty. Talk about social exclusion instead. The use of the word poverty only encourages people to think that it can be dealt with simply, that is, by making sure that poor people get more money. This is patently ridiculous. Social exclusion indicates to the listener or reader the full complexity of the problem, and the near impossibility of solving it."

Policies which will tackle these increasing inequalities include:

- Increased benefits and pensions.
- A reduction in means testing, which is an expensive, inefficient and ineffective way of reducing inequalities.
- A restoration of the contributory principal to reduce the number of poverty traps, for example incapacity benefit is from 2001 taxed at 50% for personal pension income above £85 per week. Why should disabled pensioners pay higher rates of tax than millionaires?
- Increases in universal benefits such as child allowance.
- Provision of affordable social housing.
- Removal of standing charges for utilities and the outlawing of differential pricing structures which result in the poorest paying the most for essential goods and services.

[1] The Government has since 1997 stopped calculating low income and poverty statistics for Northern Ireland so it is not possible to give an accurate assessment for the UK as a whole.

- Annual increase in the national minimum wage at a rate greater than the rise in average wages.

- Abolition of the TV licence replaced by payment to the BBC from the government's budget. Throughout the New labour government half of all female crime was due to failure to pay the TV licence fee, often as a result of poverty and low income. Decriminalisation of TV licence offences would reduce women's crime rates by half almost overnight.

- More progressive taxation, for example, removing the upper earnings limit on National Insurance contributions. People earning less than £30,000 pay a higher proportion of their income in National Insurance than people earning more than £30,000.

As research for the Child Poverty Action Group has recently demonstrated:

> "In order to abolish child poverty, income support is going to need to rise faster than the rate of inflation, faster than the increase in earnings and include increases for older children. To avoid incentive problems child benefit would need to grow by the same amount. That means increases in taxation on those who can afford to pay." (Bradshaw, 2001:25)

The most effective and efficient way to reduce inequalities is not through small-scale localised initiatives but through the tax system and universal benefits. As Gordon Brown wrote in 1983:

> "This [attaining greater equality] would mean restoring to the centre of the tax system two basic principals: the first, that those who cannot afford to pay tax should not have to pay it; and the second, that taxation should rise progressively with income. Programmes that merely redistribute poverty from families to single persons, from the old to the young, from the sick to the healthy, are not a solution…..As Tawney remarked, 'What some people call the problem of poverty, others call the problem of riches'." (1983: 22)

It is less than twenty years since Gordon Brown wrote these words. Labour aims to transform British society over a twenty year period– to eradicate child poverty, to bring about "opportunity for all", to bring "Britain back together again". For many of their goals a much shorter time span was envisaged. Their goals for reducing inequalities in health are intended to be achieved within the next ten years. As yet there is strong evidence that they are failing in these goals. If they are to stand any chance of achieving their aims then we should see social trends turn around within the next 24 to 36 months. The electorate should be well informed and in a position to judge Labour's record in full by 2005 or 2006, when the next election will probably be held. By then there can be no more excuses. The work may "go on" – but it needs to be successful, with success not judged simply by opinion polls, focus groups and electoral performance. No amount of spin will be able to hide policy failure in the future. The economic, social and political conditions have all been extremely

favourable for Labour so far. If they fail to move towards their stated goals in the very near future this will be obvious to all but the most hardened New Labour zealot.

What this report has shown, among other things, is that far from inheriting an impossible legacy, New Labour inherited a country which was beginning to move towards becoming less unequal by 1997. They failed to capitalise on that trend in the period up to the year 2000. Where you live, what kind of family you were born into, where you go to school, to hospital, to work, matters more now for your chances in life than it did when New Labour took power. Britain has divided further. It is perhaps understandable (but not forgivable) that the reason for this was a fear of losing the 2001 general election. Elections should be fought and won for a purpose greater than simply being able to secure a victory at the next election. Margaret Thatcher managed to go "on and on and on" while British society haemorrhaged. We hope Tony Blair is not intending to do the same.

Acknowledgements
The authors would like to thank Dr Richard Mitchell for his assistance in calculating the population denominators and Dr Dave Gordon for assistance on policy matters.

References

Acheson Report (1998) *Independent Inquiry into Inequalities in Health*, Report of the Scientific Advisory Group, Chairman, Sir Donald Acheson, London: The Stationery Office.

Beaton, A. (2000) *The Little Book of New Labour Bollocks.* London, Pocket Books.

Bradshaw, J. (2001) Child Poverty under Labour. In: Fimister, G. (ed) *An End in Sight? Tackling Child Poverty in the UK*. Child Poverty Action Group: London.

Brown, G. and Cook, R. (1983) *Scotland The Real Divide: Poverty and Deprivation in Scotland*. Edinburgh: Mainstream Publishing.

Clarke, T and Goodman, A. (2001) *Living Standards Under Labour: Election briefing note number 4*. London, Institute for Fiscal Studies. (http://www.ifs.org.uk/election/ebn4.pdf)

Davey Smith, G., Shaw, M. Mitchell, R., Dorling, D., and Gordon, D. (2000) Inequalities in health continue to grow despite government's pledges. *BMJ*, 320:582.

Dobson, F./DoH (1997) Government takes action to reduce health inequalities. Press Release 97/192. (11th August 1997)

DoH (1999).*Reducing Health Inequalities: An Action Report.* http://www.doh.gov.uk/pub/docs/doh/inequalities.pdf

Dorling, D., Davey Smith, G. and Shaw, M. (2001) Analysis of trends in premature mortality by Labour voting in the 1997 general election. *BMJ*, 322:1336-1337.

Griffiths, C. and Fitzpatrick, J. (2001) 'Geographic inequalities in life expectancy in the United Kingdom, 1995-97' In: Office for National Statistics, *Health Statistics Quarterly No 09*: 16-28, London: The Stationery Office.

Hattersley, L. (1999) Trends in life expectancy by social class - an update. *Health Statistics Quarterly*, (2):16-24.

Lakin C. (2001) The effects of taxes and benefits on household income, 1999-2000. *Economic trends*, 569:35-74.

Milburn A. Killer that shames Britain. *Observer* 1999 Dec 12:13.

Mitchell, R., Dorling, D. and Shaw, M. (2000) *Inequalities in life and death: what if Britain were more equal?* The Policy Press: Bristol.

Shaw, M., Dorling, D., Gordon, D. and Davey Smith, G. (1999) *The widening gap: health inequalities and policy in Britain*. The Policy Press: Bristol.

Appendix I – Letter posted to The Times, 5th June 2001

The Editor, The Times 5th June 2001

Dear Sir

On BBC Newsnight on Monday June 4th Tony Blair refused to answer a question from Jeremy Paxman as to whether he objected to the gap between the rich and poor growing in Britain. Through the answers which Blair did, and did not, give he implied he was *not* concerned that this gap was growing (he didn't deny that there was a widening income gap) and said that he had no plans to curb the escalating wealth of the richest people. Instead he was concerned only with lifting the "opportunities" of the poor.

This declaration that inequality *per se* does not matter to New Labour (which coincides with your newspaper declaring, for the first time in its history, that it's readers should vote Labour) presents a fundamental shift in the ideological position of the Labour Party and has literally *vital* implications for the people of Britain.

Inequalities in income are inextricably linked with inequalities in health. Allowing income inequalities to increase means that health inequalities will increase. Over the past four years the New Labour Government repeatedly stated its aim of narrowing the health gap and in February of this year finally set targets to this end. Despite these stated goals under New Labour the reality is that both income and health inequalities have increased. This is not just a matter of the polarisation of *relative* difference in life chances. For the first time for many years *absolute* rates of premature mortality are rising across many of the poorest parts of Britain. For example, the Government's own statistics show that life expectancy for men fell between 1997 and 1999 in cities such as Liverpool, Newcastle and St. Helens.

In 1996 Tony Blair stated "I believe in greater equality. If the next Labour Government has not raised the living standards of the poorest by the end of its time in office it will have failed". The principle of equality has been abandoned for the rhetoric of opportunity. Across the country the gap in the "opportunity" to survive to the age of 65 has widened since 1997 – the ultimate manifestation of inequalities between rich and poor. When Tony Blair talks of raising the "opportunities" of the poorest in our society, does he refer to the lifting their opportunity of living to the age of 65?

Mary Shaw (Senior Research Fellow, School of Geographical Sciences, University **of Bristol)**
Danny Dorling (Professor of Quantitative Human Geography, School of Geography, University of Leeds)
George Davey Smith (Professor of Clinical Epidemiology, Department of Social Medicine, University of Bristol)