

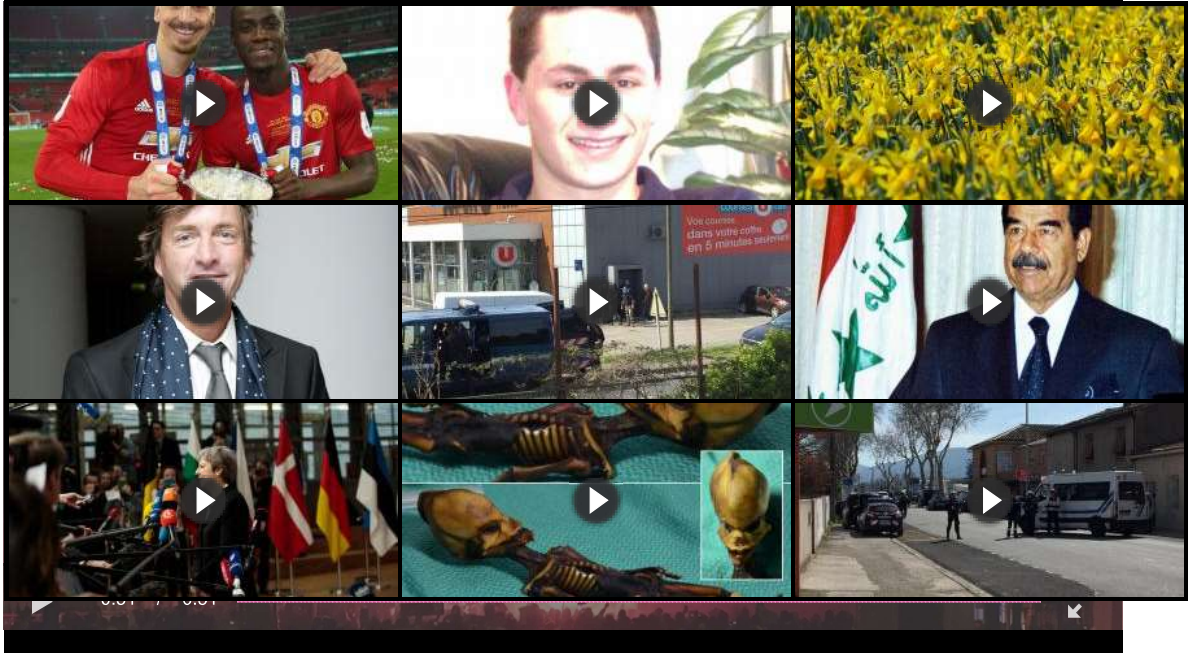


News &gt; Health

# Landmark study links Tory austerity to 120,000 deaths

Government is accused of 'economic murder'

Alex Matthews-King Health Correspondent | Wednesday 15 November 2017 23:30 GMT | 411 comments



The Conservatives have been accused of “economic murder” for austerity policies which a new study suggests have caused 120,000 deaths.

The paper found that there were 45,000 more deaths in the first four years of Tory-led efficiencies than would have been expected if funding had stayed at pre-election levels.

On this trajectory that could rise to nearly 200,000 excess deaths by the end of 2020, even with the extra funding that has been earmarked for public sector services this year.

Real terms funding for health and social care fell under the Conservative-led Coalition Government in 2010, and the researchers conclude this “may have produced” the substantial increase in deaths.



**Is austerity really to blame for stalling life expectancy in England?**

The paper identified that mortality rates in the UK had declined steadily from 2001 to 2010, but this reversed sharply with the death rate growing again after austerity came in.



From this reversal the authors identified that 45,368 extra deaths occurred between 2010 and 2014, than would have been expected, although it stops short of calling them "avoidable".

Based on those trends it predicted the next five years - from 2015 to 2020 - would account for 152,141 deaths - 100 a day - findings which one of the authors likened to "economic murder".

The Government began relaxing austerity measures this year announcing the end of **its cap on public sector pay rises** and announcing an **extra £1.3bn for social care in the Spring Budget**.

Over three years the additional funding for social care is expected to reach £2bn, which **Labour leader Jeremy Corbyn said** was "patching up a small part of the damage" wrought by £4.6bn cuts.

The study, published in **BMJ Open** today, estimated that to return death rates to their pre-2010 levels spending would need to increase by £25.3bn.

The Department of Health said "firm conclusions" cannot be drawn from this work, and independent academics warned the funding figures were "speculative".

However local councils who have been struggling to fund care with slashed budgets urged the Government to consider the research seriously.

Shadow Health Secretary Jonathan Ashworth said the Government must match Labour's spending pledges in the **Autumn Budget**.

Per capita public health spending between 2001 and 2010 increased by 3.8 per cent a year, but in the first four years of the Coalition, increases were just 0.41 per cent, researchers from University College London found.



Labour has called on Theresa May to match £6m pledged by Labour for health (Getty)

In social care the annual budget increase collapsed from 2.20 per cent annually, to a decrease of 1.57 per cent.

The researchers found this coincided with death rates which had decreased by around 0.77 per cent a year to 2010, beginning to increase again by 0.87 per cent a year.

And the majority of those were people reliant on social care, the paper says: "This is most likely because social care experienced greater relative spending constraints than healthcare."

It also notes that a drop in nurse numbers may have accounted for 10 per cent of deaths, concluding: "We have found that spending constraints since 2010, especially public expenditure on social care, may have produced a substantial mortality gap in England."

The papers' senior author and a researcher at UCL, Dr Ben Maruthappu, said that while the paper "can't prove cause and effect" it shows an association.

And he added this trend is seen elsewhere. "When you look at Portugal and other countries that have gone through austerity measures, they have found that health care provision gets worse and health care outcomes get worse," he told *The Independent*.



One of his co-author's, Professor Lawrence King of the Applied Health Research Unit at Cambridge University, said it showed the damage caused by austerity

"It is now very clear that austerity does not promote growth or reduce deficits - it is bad economics, but good class politics," he said. "This study shows it is also a public health disaster. It is not an exaggeration to call it economic murder."

The Department of Health stressed that no such conclusion could be drawn. A spokesperson said: "As the researchers themselves note, this study cannot be used to draw any firm conclusions about the cause of excess deaths.

"The NHS is treating more people than ever before and funding is at record levels with an £8bn increase by 2020-21. We've also backed adult social care with £2bn investment and have 12,700 more doctors and 10,600 more nurses on our wards since May 2010."

- Councils told to meet 'undeliverable' targets or see funding slashed
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And independent academics added that it is hard to prove cause and effect with this kind of study even if the underlying assumptions may be correct.

Professor Martin Roland Emeritus Professor of Health Services Research, University of Cambridge said: "This study suggests that a change happened to cause deaths to stop declining around 2014. This is likely to be a correct finding. However, the link to health and social care spending is speculative as observational studies of this type can never prove cause and effect."

Cllr Izzi Seccombe, chairman of the Local Government Association's community wellbeing board, said: "We would urge government to review the evidence behind this analysis. If correct, it would clearly reinforce the desperate and urgent need to properly fund social care

Mr Ashworth, responding to the study, said: "This shocking mortality gap is a damning indictment of the dire impact which sustained Tory cuts to our NHS and social care services have had on health outcomes across the nation.

"Ahead of the Budget, this appalling news must serve as an urgent wake up call to the Prime Minister. She must match Labour's pledge to deliver an extra £6 billion for our NHS across the next financial year to ensure the best possible quality of care is sustained for years to come." ●

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