

# Changing Life Expectancy in the UK and Why it Matters

Since 2012, concerning changes to life expectancy (and related measures of population health) have been seen across the UK. These changes pre-date the COVID-19 pandemic.

This fact sheet accompanies a short animation made by the Glasgow Centre for Population Health which explains this worrying trend and why it matters. Each line of the animation script appears in bold with a brief summary of the supporting evidence beneath.

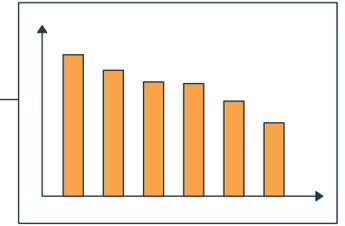
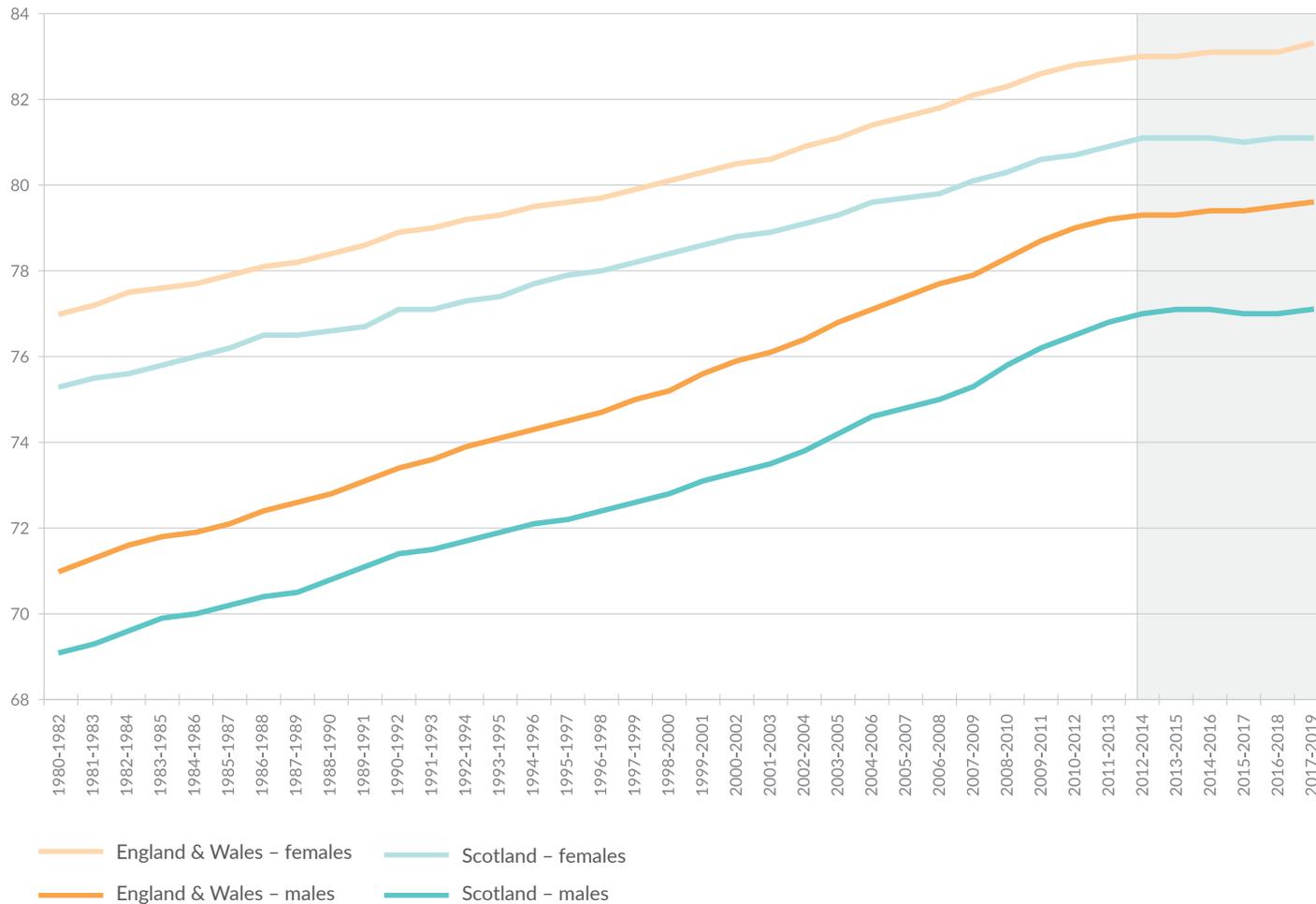
[Watch the animation →](#)



**In a fair and wealthy society, we should all be living longer.  
But in the UK, life expectancy has stalled.**

In high-income countries life expectancy has increased markedly over time<sup>2,3</sup>. However, many studies have shown that across the UK this improvement in life expectancy and mortality rates has stalled since approximately 2012<sup>4-7</sup>. An example of this stalling is shown in Figure 1.

**Figure 1: Trends in life expectancy in Scotland and England & Wales 1980-2019**



**Life expectancy and mortality rates**

The animation refers to life expectancy, while this fact sheet references both life expectancy and (age-standardised) mortality rates. While they may sound different, they are actually very similar measures based on exactly the same data: they both provide information about the number and age of people dying in society, but are presented in different ways<sup>1</sup>.



**It's not because we've reached a 'natural limit' — it's not just an ageing population. In fact, other countries' life expectancy rates are still improving.**

Life expectancy continues to increase in other high income countries such as Japan and South Korea<sup>5</sup>. Furthermore the greatest changes to life expectancy have been observed in more deprived communities of the UK where life expectancy is already considerably lower than national figures, and therefore nowhere near any kind of 'natural limit'.

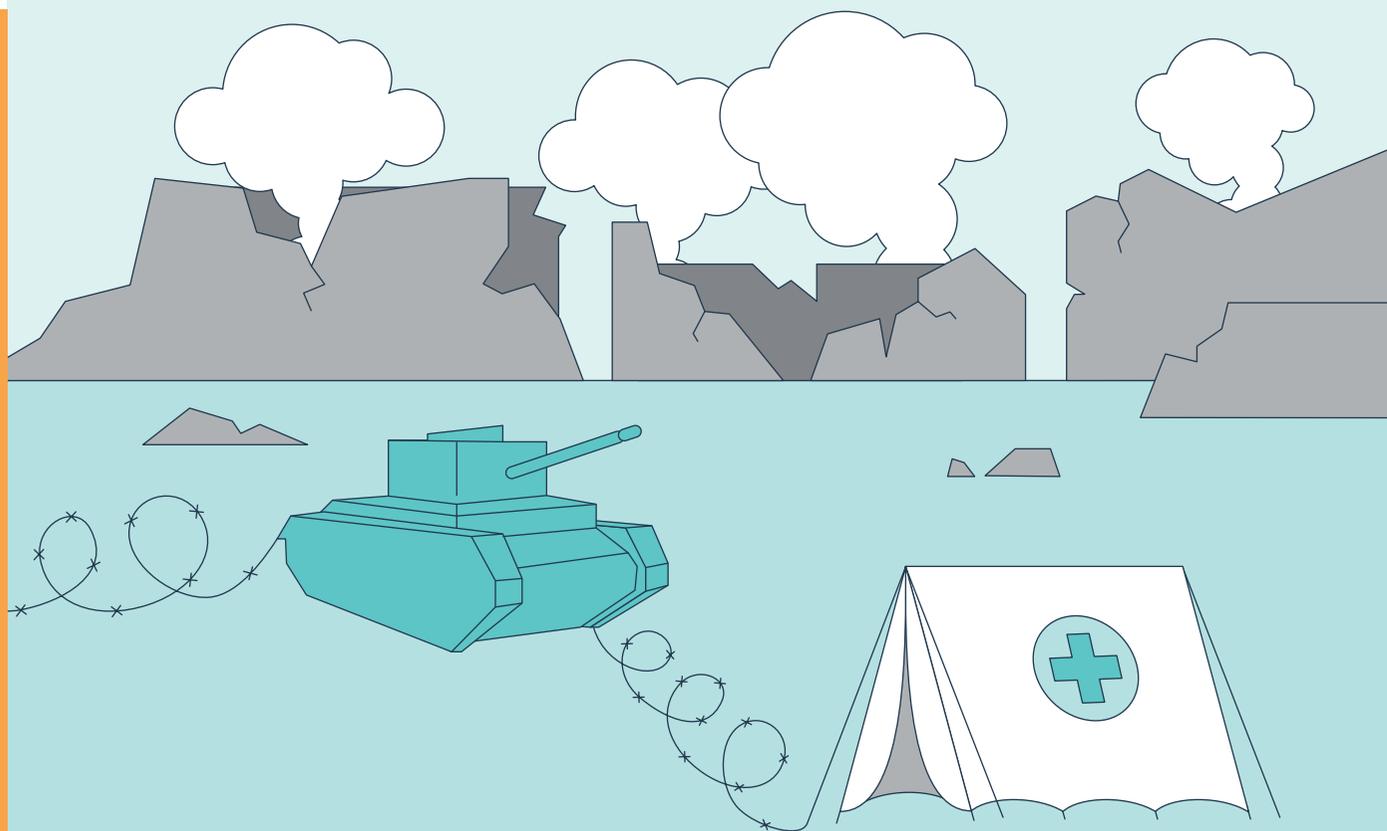
**Life expectancy is a measure of the overall health of the population. It's not personal, and it doesn't predict the future. It measures the average age that people die at every year.**

Life expectancy is sometimes misunderstood to be a prediction of how long someone born today will live. Calculated from data on the number of people in the population and the number dying at different ages, in reality it is a summary statistic of mortality that reflects the age that people, on average, are currently dying<sup>1</sup>.

**It's a reliable benchmark for how well society is doing.**

**Since the 1800s, life expectancy has gone up and up and up. But in the UK around 2012 — it stopped. Life expectancy plateaued. It might not sound like a catastrophe, but it shows that something fundamentally wrong is happening in society. This has only happened before at times of crisis: WW1, WW2, the Spanish Flu pandemic.**

Life expectancy is an important measure of the health of a population. In high income countries, it has improved consistently over time due to advances in society: better living conditions, public health interventions (e.g. vaccination programmes), medical advances and more. Changes to these trends are therefore a huge cause for concern. Indeed, across Europe the only major exceptions to this otherwise improving trend have been times of war, the current (COVID-19) and previous (Spanish influenza) pandemics, and particular societal crises such as what occurred in the former USSR in the 1990s<sup>2,3,8</sup>.



The data show that while average life expectancy is stalling, it's actually getting worse for the least well-off.

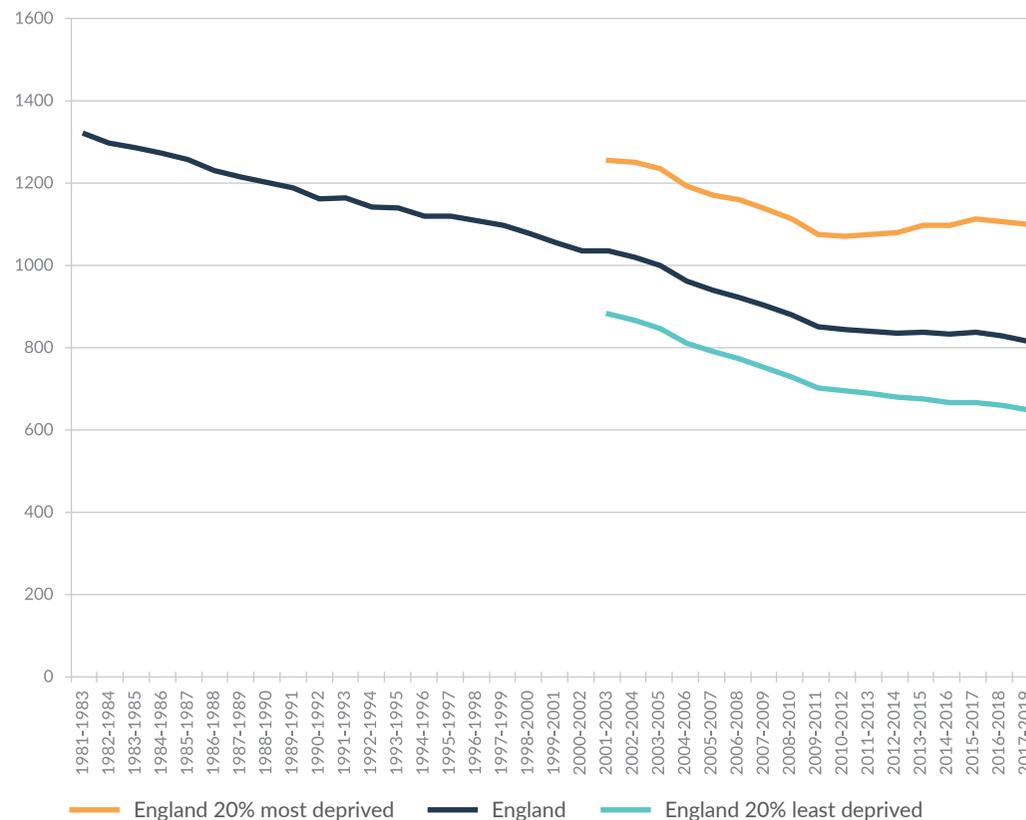
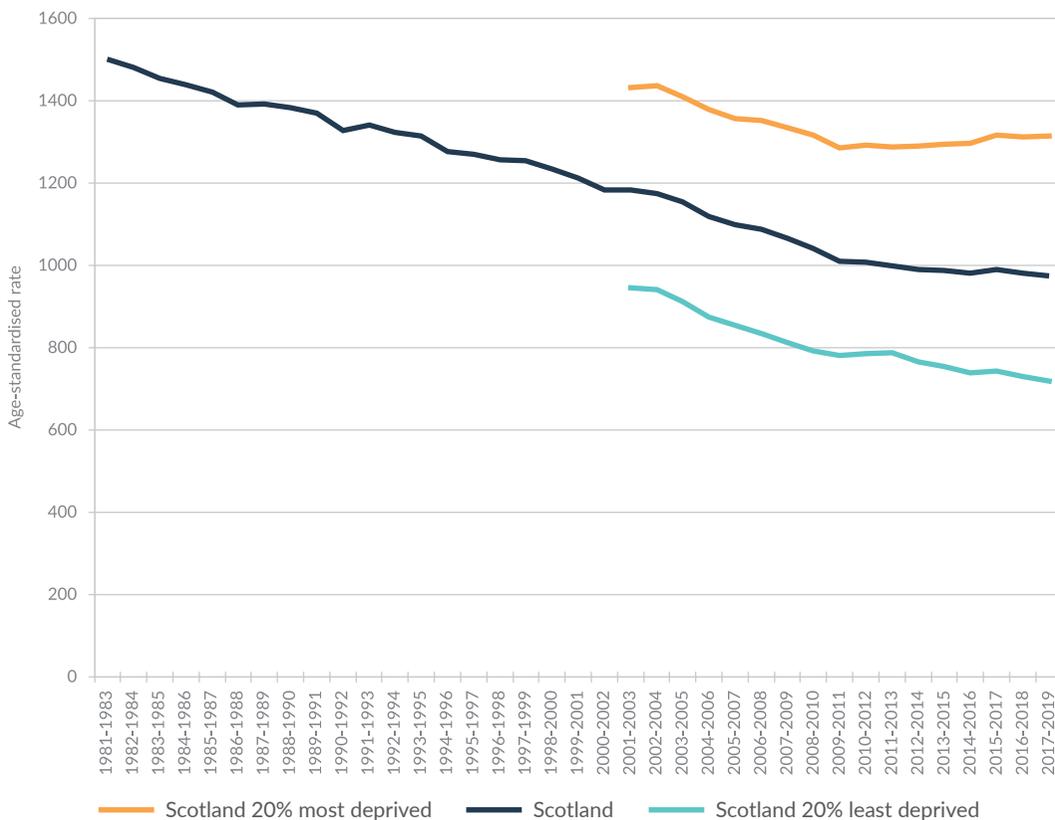
Researchers have found that this is happening all over the UK.

Figure 2 shows not only the overall stalling of improvement in mortality rates in Scotland and England, but also increasing death rates among those living in areas categorised as the 20% most socioeconomically deprived in each country. Further evidence of this, and of the resulting widening of mortality inequalities in society, has been shown for Scotland<sup>4,6</sup>, England<sup>9</sup>, Northern Ireland<sup>4</sup>, and Wales<sup>10</sup>.



Figure 2: Trends in female mortality rates: Scotland, England and their 20% most and least deprived populations

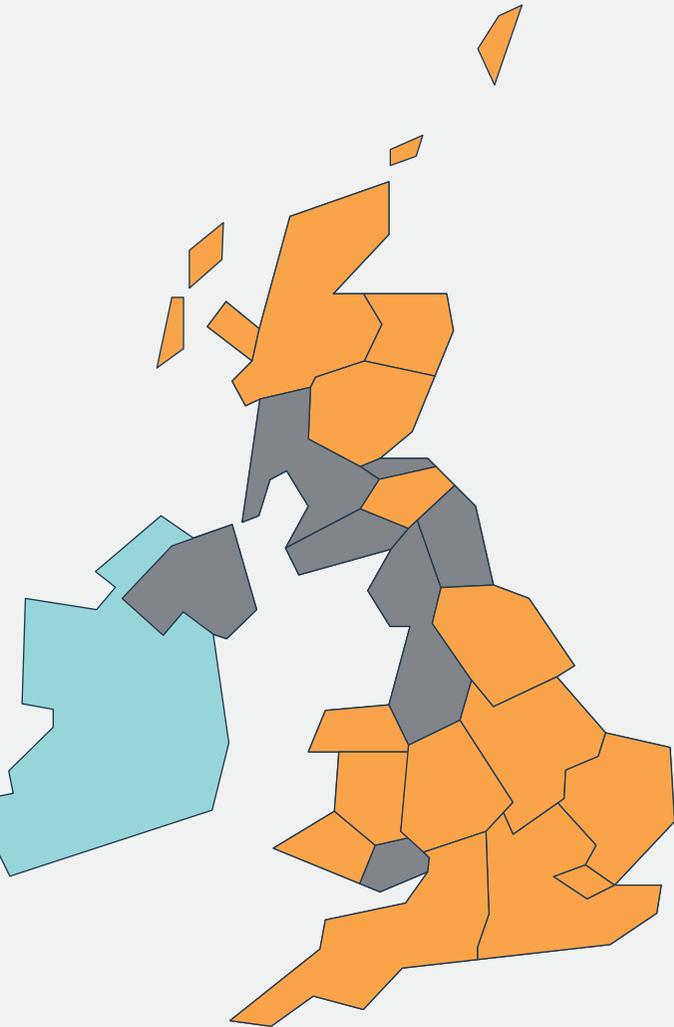
Rolling three-year averages per 100,000 population



Source: GCPH analyses of NRS mortality and population data.

## And it affects almost all ages, all genders, and almost all causes of death.

Detailed 'decomposition analyses' have shown all age groups, genders and the vast majority of causes of death to have been affected by the mortality changes: this has been shown for both Scotland<sup>11</sup> and England<sup>12</sup>, as well as in other parts of the UK<sup>10</sup>.



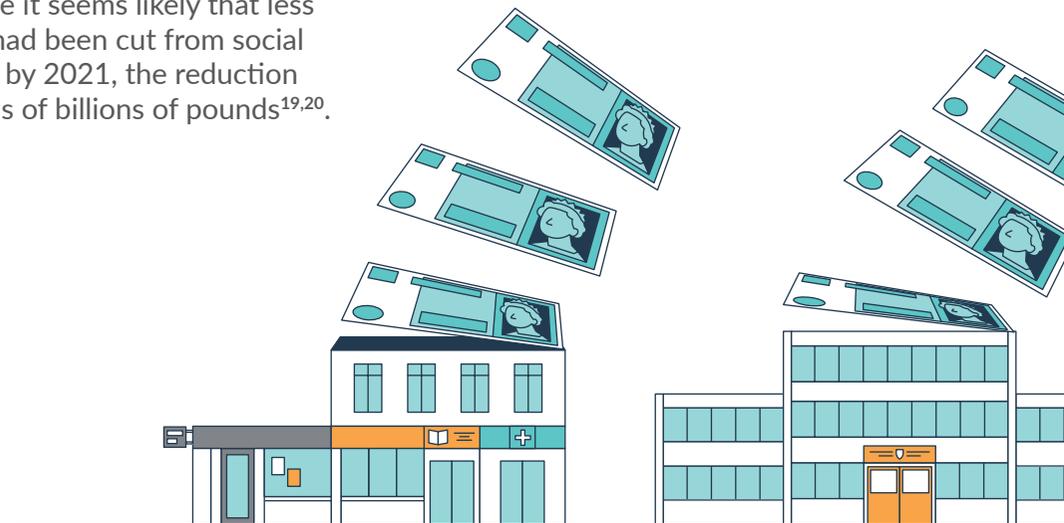
**There is a strong body of scientific evidence to suggest that UK government austerity policies are to blame. Billions of pounds have been cut from public services and social security, leaving people without a safety net.**

**Without support, people are swept up by a rising tide of poverty. They're dragged under by decreased income, poor housing, poor nutrition, poor health and social isolation.**

There is international evidence of the association between different types of 'austerity' policies and health outcomes<sup>13-16</sup>. Moreover, there is a wealth of evidence from within the UK of the adverse effects on health (and related outcomes) of the particular form of austerity implemented in the UK from 2010 onwards, first by the Conservative-Liberal Democrat coalition, and then continued under subsequent Conservative Westminster administrations. These policies initially aimed to cut c.£85 billion from public spending by 2021<sup>17</sup>, including c.£47 billion from the social security budget alone<sup>18</sup>. However, estimates of the final scale of the cuts vary considerably. While it seems likely that less than this amount had been cut from social security payments by 2021, the reduction still adds up to tens of billions of pounds<sup>19,20</sup>.

Such policies impact on the population in a number of important ways:

- cutting the absolute income of the poorest and most vulnerable (i.e. those in receipt of support from the state);
- reducing (or removing) a variety of important local government services relevant to other, key, 'social determinants' of health e.g. housing, education, employment etc.;
- and impacting on levels of health and social care provided to sections of the population.



Consequently different studies have highlighted impacts on population health that are consistent with well understood causal pathways between such social determinants and health outcomes.

For example, austerity has been associated with:

- increased levels of poverty, evidenced not only by trends in child and adult poverty levels<sup>21-23</sup>, but also in terms of associated increases in levels of homelessness<sup>24</sup> and the use of foodbanks<sup>25</sup>: the links between poverty and poor health are of course profound and well evidenced<sup>26</sup>;
- higher levels of stress and poor mental health<sup>27,28</sup>, including among certain groups of the population particularly affected by the cuts<sup>29</sup>; there are well established links between poor mental health and adverse physical health<sup>30,31</sup>;
- increased death rates at different ages<sup>11,12</sup>, with the role of changes to health and social care shown to be implicit for some population groups<sup>32,33</sup>;
- increased rates of particular causes of death, including those associated with key services such as addictions<sup>34</sup>;
- ultimately, changes in levels of overall life expectancy across the UK<sup>35,36</sup>.

It is important to note that although the COVID-19 pandemic has exacerbated these trends since 2020, the changes commenced almost a decade ago, around 2012: thus the pandemic is not the cause of the overall changes of concern.

## This tragedy is not inevitable.

**Austerity is a choice – and we can choose to fix it. People in power need to act, to make our society more equal and equitable. Government needs to increase public spending to make sure that vital public services and the social security system can meet our needs.**

You can read a set of policy recommendations, aimed at different levels of government, which we believe are required to address the issue, here [gcph.co.uk/life-expectancy](https://www.gcph.co.uk/life-expectancy).



## References

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