Pre-ARM briefing paper 2019:
Recent trends in life expectancy and healthy life expectancy in the UK

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*That this meeting calls for all papers relating to BMA ARM and AGM to be printed on either 100% recycled paper or 100% FSC-certified paper from sustainable sources. (2016)*
Pre-ARM briefing paper 2019: Recent trends in life expectancy and healthy life expectancy in the UK

This briefing responds to recent concerns about the slowdown in life expectancy in the UK, as well as inequalities in life expectancy. It outlines recent life expectancy and healthy life expectancy trends in the UK and provides an overview of the factors that may be causing these trends.

It is intended as a background paper for members, to inform discussion at the 2019 ARM (Annual Representative Meeting).

1. Introduction
Throughout the 20th and early 21st century, the UK experienced steady growth in life expectancy. For males, life expectancy at birth increased from 48.5 years in 1901, to 79.2 years in 2015-2017. For females, it increased from 52.4 years to 82.8 years.¹

Since 2011, however, increases in life expectancy have slowed, and data from 2015-2017 indicates decreasing life expectancy for males in parts of the UK including in Scotland, Wales and Northern Ireland.² Of concern are the significant discrepancies in life expectancy between areas of high and low deprivation. The gap has increased for males and females in England, Wales and Scotland, whilst narrowing slightly for males in Northern Ireland.³

Healthy life expectancy is the average number of years that an individual is expected to live in a state of self-assessed good health. This has also increased over the last century, but not at the same rate as life expectancy, meaning people are spending more years in poor health. Healthy life expectancy for females in the UK even decreased in the period 2009-2011 to 2015-2017.⁴

2. The UK’s life expectancy has recently stalled and inequalities are increasing

2.1 There was no increase of life expectancy at birth in the UK from 2015 to 2017
Life expectancy at birth is the average number of years that would be lived by babies born in a given time period if mortality levels at each age remain constant. Similarly, life expectancy at age 65 is the average number of remaining years of life that a person aged 65 will enjoy if mortality levels at each age over 65 remain constant.⁵

Life expectancy at birth remained the same from 2015 to 2017 for males and females in England, and females in Northern Ireland compared to the previous measurement period (2014-2016). It declined by 0.1 years for males and females in Scotland and Wales, and at the same rate for males in Northern Ireland.⁶

Across all four UK nations, life expectancy at age 65 years remained the same in 2015 to 2017 (18.6 years for males and 20.9 years for females) except for males in Northern Ireland where it declined slightly by 0.1 years.⁷

2.2 People living in deprived areas have lower life expectancy and the gap is widening
While life expectancy has stalled, socio-economic inequalities in life expectancy are increasing for males and females in England, Scotland and Wales (see table 1).³
Table 1: Increases or decreases in the gap in life expectancy between high and low deprivation areas of the UK

<table>
<thead>
<tr>
<th></th>
<th>Size of the life expectancy gap in 2014-2016 between high and low deprivation areas</th>
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<tbody>
<tr>
<td></td>
<td>Gap for males</td>
</tr>
<tr>
<td><strong>England</strong></td>
<td></td>
</tr>
<tr>
<td>(Compared to 2011-2013)</td>
<td>9.3</td>
</tr>
<tr>
<td><strong>Wales</strong></td>
<td></td>
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<tr>
<td>(Compared to 2011-2013)</td>
<td>8.9</td>
</tr>
<tr>
<td><strong>Scotland</strong></td>
<td></td>
</tr>
<tr>
<td>(Compared to 2011-2013)</td>
<td>10.5</td>
</tr>
<tr>
<td><strong>Northern Ireland</strong></td>
<td></td>
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<tr>
<td>(Compared to 2010-2012)</td>
<td>6.6</td>
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The variation in life expectancy between different areas of the UK is 10 years for males and 7.8 years for females.9 Camden is the local authority in the UK with the highest life expectancy among women in the UK, while Hart, in Hampshire ranks first for male life expectancy, for 2015-2017.10

Glasgow City has the lowest life expectancy at birth for both males and females, with life expectancy at 73.3 years for males and 78.7 years for females.11 Glasgow City has consistently had a very low life expectancy.12

The variation in healthy life expectancy between areas of high and low deprivation is even greater. The difference between people living in the most and least deprived areas of Scotland, for example, can be up to 28 years for men and 25 years for women.13 In England, there was a gap of approximately 19 years for both males and females in 2014-2016.14

2.3 Healthy life expectancy has decreased for females in the UK

Healthy life expectancy has increased over the last century, but not at the same rate as life expectancy. As people live longer, more people are living in poor health, with multiple long-term conditions, and more people are developing dementia.15

The gap between healthy life expectancy and life expectancy has widened across the UK since 2009-2011 (see Figure 1). From this period to 2015-2017, healthy life expectancy at birth has increased by 0.4 years for males and reduced by 0.2 years for females in the UK.16
Within the UK there are considerable differences in healthy life expectancy (see Figure 2). Healthy life expectancy is highest in England for both males and females. Women in England enjoy 1.8 years more on average in good health than women living in Wales. Men in England enjoy an average of 2.2 years more in good health compared to men living in Northern Ireland.
3. The UK has a lower life expectancy than many other developed countries

ONS (Office of National Statistics) data indicates that, since 2010, the UK performed consistently worse than many other comparable developed countries in terms of life expectancy at birth.\(^7\) Swiss men live 2.3 years longer than men in the UK and Japanese women live 4.1 years longer than women in the UK.

Figure 3a: Comparison of UK and other countries – life expectancy at birth for males, 2015-17

Figure 3b: Comparison of UK and other countries – life expectancy at birth for females, 2015-17
3.1 The UK has experienced a greater slowdown in life expectancy trends than comparable countries

An ONS study of 20 comparable countries found that the majority had experienced a slowdown in life expectancy growth from 2000 to 2016. However, when comparing the period 2011-2016, to 2005-2010, the UK experienced the greatest slowdown for females at birth, and for males the second greatest slowdown, after the USA. Some countries (including Japan, Denmark, Italy) did not experience a slowdown, with greater improvements in 2011–16 than in the preceding period.18

Figures 4a and b compare what has happened to male and female life expectancy between 2006 to 2015 in the European Union’s biggest economies.

Figure 4a: Comparison of UK and other European countries, of male life expectancy, 2006-15

![Figure 4a: Comparison of UK and other European countries, of male life expectancy, 2006-15](Source: Office of National Statistics, 2018)

Figure 4b: Comparison of UK and other European countries, of female life expectancy, 2006-15

![Figure 4b: Comparison of UK and other European countries, of female life expectancy, 2006-15](Source: Office of National Statistics, 2018)
4. The factors influencing life expectancy are complex and multi-factorial

The determinants of life expectancy are complex and multi-factorial and there is considerable debate about what is driving recent changes in the UK.

A 2018 PHE (Public Health England) review of recent trends in mortality in England asserted that preventable illnesses, including heart disease and stroke, are factors influencing the slowdown in improvements in life expectancy in England. Historically, reductions in death from these diseases have caused life expectancy to increase. Improvements in the mortality rate for these have slowed, which, the review argues has had a subsequent impact on life expectancy. The reasons for declining improvements in mortality are not clear, but are likely to be influenced by changes in lifestyle factors, such as increasing trend of poor diet and obesity.

The review identified the below factors as other potential contributors to the slowdown in life expectancy:

- a significant increase in deaths in the winters between 2014-2018. This was also seen in a number of other European countries and coincided with the circulation of a subtype of flu, (the influenza A H3N2), which is known to predominantly affect older people
- increased numbers of elderly people with dementia and other long-term conditions, and
- an increase in accidental poisoning, in particular illicit drug misuse, causing death.

In 2018, the BMA’s briefing on the impact of local authority cuts to public health spending highlighted the harmful impact of cuts to funding for drug treatment services.

There is debate about the impact of recent austerity measures on life expectancy in the UK. A 2017 University College of London time trend analysis paper published in the BMJ found that constraints on spending in health and social care in England are associated with a higher than expected number of deaths. Public Health England acknowledges the possibility that government spending cuts to health and social services may have contributed to the slowdown, but states that further work would be needed to understand if there is a correlation.

Across the UK, governments recognise the link between variations in life expectancy and health inequalities:

- The long-term plan for the NHS in England, published in January 2019, acknowledges the slowdown in life expectancy and the difference in life expectancy between affluent and deprived areas. It promises stronger NHS action on health inequalities, as well as a commitment to support people to age well. Actions include:
  - targeting a higher share of funding towards areas with high health inequalities
  - requiring local health systems to set out how they will specifically reduce health inequalities by 2023/24 and 2028/29

- Scotland’s A Fairer Healthier Scotland 2017-22 and 2018 Public Health Priorities acknowledge Scotland’s comparably low life expectancy and outline plans to reduce health inequalities.

- In 2014, Northern Ireland’s Public Health Agency published the ‘Making Life Better’ strategic framework for 2013-2014 which sets out a plan to reduce health inequalities and emphasises a whole-system, collaborative approach.

- ‘A Healthier Wales: Our Plan for Health and Social Care’ sets out a vision for an equitable health system, to be driven through a £100 million Transformation Programme.
BMA Activity
The BMA strongly supports the comprehensive approach to tackling health inequalities set out in the 2010 Marmot Review, which showed that differences in health and life expectancy follow the same gradient as wealth and social class. In 2011, the BMA developed a guide for how doctors can take action on the social determinants of health.

The BMA has consistently called for the reversal of public health budget cuts. The 2016 board of science briefing, Health in All Policies: health, austerity and welfare reform, examines how government austerity measures have hampered progress in reducing inequalities.

The 2017 board of science briefing, Health at a price reducing the impact of poverty, provides an overview of the impact of poverty on health, noting that people living in poverty have a significantly lower life expectancy.

The 2018 women’s health briefing included a paper on health inequalities and women.

To lobby for further action on prevention the BMA will publish a briefing ‘Making the Case for Prevention’ in 2019.

5. Points to consider
As previously stated, this briefing is intended as a background paper for members to inform the debate at the 2019 ARM. In submitting motions to the ARM, the representative body may wish to make proposals or set out views on the following key issues.

– Is there more that the BMA can do to promote the importance of reducing health inequalities, and what is the role of doctors in this?
– What would be the impact for doctors if the gap between life expectancy and healthy life expectancy continues to widen?
– How can more deaths from heart disease and stroke, two leading causes of early death, be prevented?
– With an increasing number of deaths occurring during winter, are increased pressures on the NHS contributing to these changes? BMA analysis found that, in England, the NHS will need thousands of additional beds to meet 2019 winter pressures.
– What impact will emerging threats to health such as increasing air pollution, climate change, and antimicrobial resistance have on life expectancy?
Endnotes
1 Office of National Statistics (2015) How has life expectancy changed over time?
8 Ibid.
10 Ibid.
15 Office of National Statistics (2018) Life expectancy at birth and at age 65, local areas UK
16 Ibid.
17 Ibid.
18 The King's Fund (2018) What is happening to life expectancy in the UK?
20 The Kings' Fund (2018) What is happening to life expectancy in the UK?
21 Ibid.
22 BMA (2018) Feeling the squeeze: the local impact of cuts to public health budgets in England
27 NHS Health Scotland (2017) http://www.healthscotland.scot/media/1426/afhs-a-
28 strategic-framework-for-action_june2017_english.pdf
30 scot/Resource/0053/00536757.pdf
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