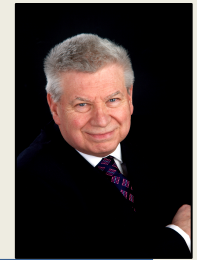


Medicine for Managers

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Life Expectancy and Health

Average life expectancy has changed considerably over time, rising from about age 40 in 1800 to about 47 in 1900, about 77 in 2000 and, in 2025, about 82. Average figures conceal a variety of factors affecting particular age groups. In 1800, up to 25 to 50% of children did not live to see their fifth birthday. For 2025, that figure is about 0.32%. Major factors including affluence, social status and nature of work have had huge impacts on survival but the changes in various social groups is not universal due to factors like health, accommodation and education.

At least as important as life expectancy is **Healthy Life Expectancy**. This is the average number of years at birth that an individual can expect to live in good health. Despite increasing affluence, better health services and laws to improve social conditions, healthy life expectancy (**HLE**) has been falling since the Office for National Statistics first started collecting the data in 2011.

In 2011, men were expected to remain in good health until, on average, around the age of 63, and women remained in good health until age 63.7.

The diseases which were rampant in the eighteenth and nineteenth centuries had gradually declined and, furthermore, more women were surviving childbirth and were bearing fewer children, reducing the risks of obstetric complications and death.

The latest data suggests that HLE has dropped significantly since then and is now at about 60.7 years for men and 60.9 years for women. One in five of the richest twenty-one countries has seen a decline in HLE and the UK is showing the second steepest rate of decline, influenced by such factors as poor housing in some areas, lifestyle factors such as obesity and the Covid epidemic..

The inescapable fact is that, despite living longer, both men and women are spending an increased number of years in poor health.

Within these average figures for the UK, there are further disparities on a regional basis. The statistics demonstrated that those people living

in the wealthiest 10% of areas could expect up to **twenty years** more of good health than those people living in the poorest areas.

In England Richmond has the highest HLE at 69 for men and 70 for women. In Blackpool it is 51 for men and in Hartlepool it is 51 for women.

London is the only area in England showing any improvement over the period.

In Wales Merthyr Tydfil had the lowest HLE figures at 51.7 for men and 50.1 for women.

The Office for National Statistics reported that the Orkney and Shetland Islands had the highest HLE for males and females but, before you pack and leave to catch the ferry, you should be aware that the ONS declared their findings to be “very uncertain” because the populations on the Scottish Islands were so small.

In 90% of the areas of England, the HLE is now **below** the State Pension Age of 66 or 67 and in one in 10 areas it is below age 55.

Other figures indicate rising numbers of people classified as out of work through ill health.

The UK State Pension was introduced by the ***Old Age Pensions Act 1908***, taking effect on January 1st 1909. Initially it provided five shillings a week (25p) to those aged over 70 meeting strict criteria.

The modern pension, creating a universal system, was introduced through the ***National Insurance Act 1946***. In 1909, at its inception, life expectancy at birth for a man was 51.5 years and for a woman was 55.4 years, and the

pension was set well above the average life expectancy at the time.

Close inspection of the data for the twenty-one wealthiest countries in Western Europe, Scandinavia, North America and Oceania place the United Kingdom at ***twentieth out of the twenty-one***. Only the United States of America has a population living overall with fewer years of good health.

The UK has been found to have the highest obesity rates in Western Europe and there has also been a surge in mental illness, especially amongst the young.

For the Government, the Department of Health and the organisations involved in Public Health monitoring and improvement, these data must make pretty terrible reading.

For many it may all suggest that the Country has become complacent about the care of its population. It cannot be right that the number of years that one spends in a particular area will determine how many years of good health one is likely to enjoy.

It is difficult to reconcile the claims of success made by the recently departed Secretary of State for Health in the light of all the data.

I appreciate it is not just about one man, or

even about the Government which has only been in power for two years.

But, changes **must** be introduced across the NHS, and across local and national Government to identify the factors for each local population, which contribute to the years of good health, and to address in each area what factors can be implicated and ameliorated.

The key factor is that living more years in good health, rather than in poor health, is not only right and beneficial for the wellbeing and enjoyment of life of the individual, but medicine will not have to carry the staff and service consequences of ill health as well as the financial burden.

Of course, in achieving the improvements, the Old Age Pension will have to last many more years than was originally envisaged.

It may be that which provides the Government with one of its biggest challenges for the future.

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