

Ill health in old age is starting sooner

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The Health Foundation [has published a report](#) on healthy life expectancy in the UK that deserves far more attention than it is likely to receive. That is unfortunate, because it says something profoundly important about the state of this country and the consequences of the economic choices that have been made within it.

Healthy life expectancy is a much better measure of national wellbeing than life expectancy alone. It does not simply ask how long we live. It asks how long we can expect to live in good health, and that distinction matters a great deal.

The report shows that over the period from 2012–14 to 2022–24, healthy life expectancy in the UK fell by a little over two years. It now stands at 60.7 years for men and 60.9 years for women.

That might not sound dramatic until it is put into context. The state pension age is now 66, and will shortly, which means that in most parts of the UK people can expect to spend years in poor health before they qualify for the pension that they have spent their lives being told to wait for.

That is not a marginal issue. In more than 90 per cent of local authority areas healthy life expectancy is now below state pension age. In more than one in ten areas it is below 55.

The geographic inequality within these figures is striking. In [Richmond upon Thames](#), healthy life expectancy is more than 69 years for men and more than 70 years for women. In [Blackpool](#) and [Hartlepool](#) it is barely above 50.

That gap of around twenty years between the healthiest and least healthy places in England cannot be explained by individual choices. It is the consequence of structural inequality, and we should stop pretending otherwise.

And if anyone is tempted to argue that this is simply part of a wider global trend, the report deals with that claim as well. Of 21 high-income countries reviewed, the UK was one of only five where healthy life expectancy fell between 2011 and 2021. Worse still,

it had the second-steepest decline of all.

As a consequence, the UK has fallen from fourteenth to twentieth place in that league table. Only the [United States](#) now performs worse.

That matters because it destroys the excuse that this decline was inevitable. It was not. Other countries faced the same pandemic, the same inflationary pressures and many of the same demographic challenges. Most have managed to protect public health more effectively than the UK.

That should force us to ask why.

People become ill earlier when they live in poor housing, face insecure employment, struggle with inadequate incomes, experience chronic stress, and lose access to public services that once sustained their communities. None of those factors emerge by chance. They are the product of political decisions.

That is why this report is not really about the NHS, although many politicians will no doubt pretend that it is. The report makes clear that overall life expectancy has remained broadly stable. People are not necessarily dying younger; they are instead becoming unwell earlier and living with poor health for longer.

That distinction matters because it tells us where the problem lies. It lies in the conditions in which people live and work, and those conditions have steadily deteriorated over the past decade.

We have lived through austerity, stagnant wages, rising housing insecurity, weakened local government, cuts to public health budgets, and a deliberate assault on the social security system. At the same time, policymakers have repeatedly insisted that economic growth would solve our problems.

It has not done so. If growth was the answer, this report would not exist.

What we have instead is an economy that too often extracts value from people whilst failing to provide the conditions in which they can live well. We measure success by GDP growth whilst ignoring whether people are healthy enough to enjoy their lives.

The consequences are not only personal, although those are severe enough. There are economic consequences as well.

Governments regularly complain about falling workforce participation and weak productivity. They appear strangely reluctant to acknowledge that millions of people cannot work because they are too ill to do so.

Poor health reduces tax revenues, increases demand for social security, raises pressure on the NHS and social care systems, and undermines economic resilience. In other

words, neglecting public health is expensive.

It also raises serious questions about pension policy. Governments continue to push people towards later retirement whilst ignoring the reality that many will not reach that point in good health.

That approach looks increasingly detached from everyday life. It assumes physical and emotional resilience that many people no longer possess because the economy has steadily worn them down.

The real lesson in this report is that health policy and economic policy cannot be separated. If we want a healthier population, we need better housing, greater income security, improved working conditions, stronger public services and reduced inequality.

In other words, we need an economy designed to support human wellbeing. If people are becoming ill earlier in one of the wealthiest countries in the world, whilst most of our peers are avoiding this decline, then our current economic model is very clearly not working.

That is the issue this report exposes. The question is whether anyone in government is willing to admit it.