



think

UK Longevity –
are we missing a trick?

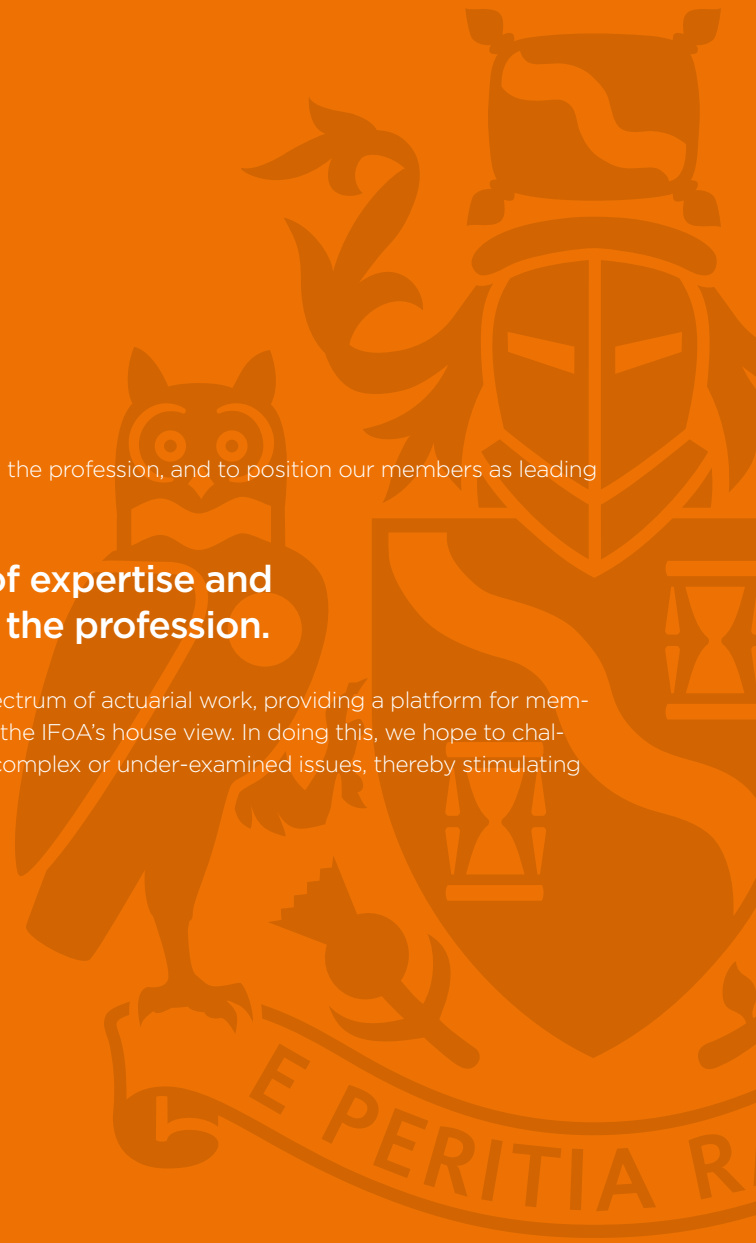
by **Esther McNamara**

Independent thinking from the IFoA

Part of the IFoA's purpose is to promote debate within and beyond the profession, and to position our members as leading voices on the biggest public policy challenges of our time.

We aim to showcase the diverse range of expertise and critical thinking both within and outside the profession.

Our 'think' series seeks to promote debate on topics across the spectrum of actuarial work, providing a platform for members and stakeholders alike and sharing views that may differ from the IFoA's house view. In doing this, we hope to challenge the status quo, question the orthodoxy, and shine a light on complex or under-examined issues, thereby stimulating discussion and dialogue to help tackle issues in a different way.



Esther McNamara

Esther joined the ILC in November 2022 as Senior Health Policy Lead.

Before this she worked with a team of palliative healthcare researchers at the Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation alongside her MA in Public Policy at King's College London. In this role she supported the delivery of research projects into various aspects of palliative care and rehabilitation, and she greatly enjoyed working with researchers and patient involvement groups. This is how she became interested in questions of longevity and good health at all stages of life, and the policy interventions that could support these objectives.

Esther's areas of interest include mental health, immunisation, ageism in healthcare, and women's experiences of their health at different stages of their lives.

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Introduction

Rooted in the insurance and finance industries, actuaries naturally focus on data modelling – looking at the data and trends and examining what that might tell us about society, and the inherent risks and rewards of living how we live. However, this leads to two problems in the perceptions of what actuaries can actually contribute -

- That the analysis of data is a little cold and impersonal, leading to a disconnect between the analysis and people's real-world experiences
- A gap between the expert work of actuaries and the impact it has on real world policy and practice

The issue here is that any discussion on longevity must encapsulate the breadth of human experience – from health to work, from work to finances, from finances to housing and from housing to communities. They are all interlinked and if we approach longer lives from a single perspective, we risk the following:

- Not acknowledging the fundamental inter-connectedness of human experiences means that whilst calculations and models might be robust they give an incomplete picture of longevity
- Future modelling may become inaccurate as small changes in trends might lead to large variances in the future
- Policy and practice changes become overly focused on the short-term, and is ill-equipped to take long-term action to address the impacts of longevity

We are suggesting that a new approach is needed where longevity is seen as a reflection of the full range of the human experience – meaning that we cannot meaningfully speak about longer lives without investigating the role of health, work, housing, pensions, and a range of other topics in 'successful' ageing. ILC have already begun this work globally, and we are arguing that we now need this approach in the UK. Incorporating a wider range of issues and perspectives into our discussions and analysis

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The UK longevity challenges

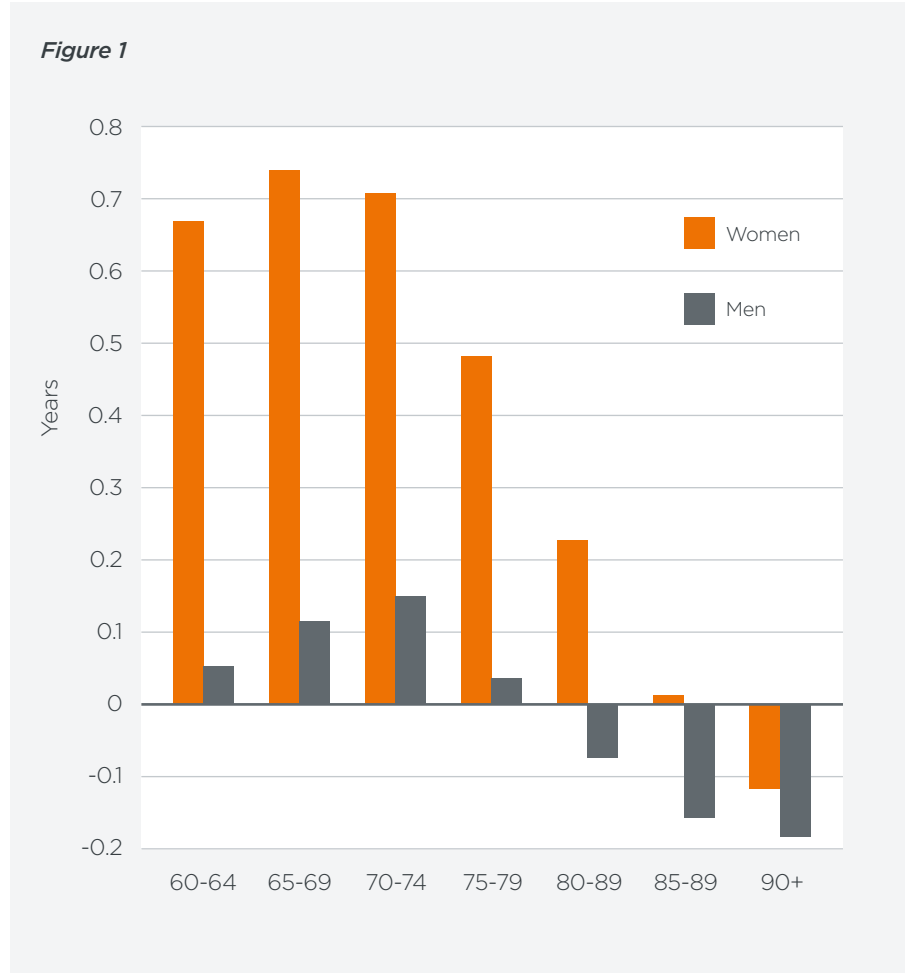
We are living longer but in poorer health

In 2020-22, a woman in her 60s could expect to live an additional eight to nine months in good health compared to 2011-13 (see Figure 1). For older men, the increase has been smaller, with a worsening of health in later life among men aged 80 and over.

However, there are significant inequalities in our healthy life spans between regions and localities. The healthy life expectancy for men aged 65 is a further 7.1 years in Hackney, compared with 15.3 years in Camden. For women, the difference is even larger: a 65-year-old woman can expect an additional 6.9 years of good health in Hackney, whereas in Kensington she could expect more than double that, at 17.2 years. People in the most deprived fifth of the population will develop multiple long-term conditions around 10 years earlier than those in the least deprived fifth. Over a third of premature deaths between 2013 and 2018 were attributable to socioeconomic inequality.

We are living longer but working less

The proportion of people in their 50s and early 60s who are either working or actively looking for work has increased in the last 20 years. The proportion of women aged 50 to 64 who were economically active increased from 57.6% in 2004 to 69% in 2023. For men, the increase was slightly smaller, from 74.2% in 2004 to 77.6% in 2023. Among people aged 65 and over, the relative increase has been even greater: the proportion of women aged 65 and over who were economically active more than doubled between 2004 and 2023, increasing from 4% to 8.9%.



But we're still not where we should be. We spend an average of just 31 years in work between the ages of 15 to 65, which has reduced by 6 months since the COVID-19 pandemic (between 2019 and 2022). To qualify for a full State Pension, individuals will usually need 35 qualifying years of National Insurance contributions. We also know that work has a range of benefits beyond our pay packets - the sense of connection and contributing to our communities that many of us get from our work leads to better outcomes across our lives.

Previous ILC research from 2014 shed light on a **Missing Million** people aged between 50-64 who were involuntarily out of work due to poor health, caring responsibilities, or early retirement. Since then, our **Longevity White Paper** has set out some next-step and bold solutions to make work more accessible and sustainable for more people.

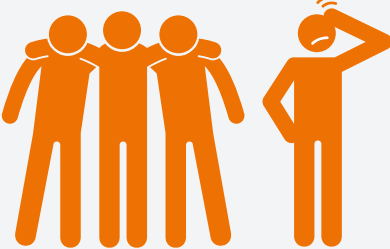
1 | <https://www.campaigntoendloneliness.org/document/the-state-of-loneliness-2023-ons-data-on-loneliness-in-britain/>

We need more connected communities

Social connections underpin much of our personal and professional development, present new opportunities, and are crucial to our happiness and wellbeing. The most underserved areas of the UK have seen the *most striking* weakening of social infrastructure – in the past decade and a half, community centres, youth clubs, and Sure Start centres have closed.¹ Overstretched local authorities are facing an uphill battle to meet their minimum legal obligations. This has led them to increasingly disinvest from the infrastructure organisations needed to sustain thriving local voluntary and community sectors. Meanwhile, charities are struggling to make ends meet from other sources.

It is up to all of us to participate in the thriving, connected, and welcoming communities that we would all like to be part of. Creating this infrastructure requires investment and resourcing from a range of sources, although central and local government are clearly central to empowering communities to provide the infrastructure and networks that they need.

Although it is difficult to evidence the direct impact of community initiatives on health and economic outcomes in each area, we know that when these things are removed, health and wealth decline. Social infrastructure and interpersonal connections underpin all indicators of positive longevity – even if we are healthy, wealthy, employed and living the life we want to be living, most of us don't want to go it alone.



People in the most deprived communities are at greater risk of loneliness (21%) than people in the least deprived ones (14%).

22% of people from the most deprived communities say they don't get on well with people from different backgrounds, compared to only 9% of those in the least deprived communities.

Source: Community Life Survey 2021/22 Reference Tables - Published May 2023 and Understanding Society. [data series] University of Essex, Institute for Social and Economic research. (2023).

We are not planning for the long term

The demographic changes that are already underway, and the impact of longer lives across all areas of society, require sustained policy change that anticipates change, and does not wait to react. Many policymaking systems are not set up for consensus-building and collective action on long-term issues. Too often, policymaking is reactive, short-term, and takes place within an adversarial system. As well as furthering the global and national longevity debate, ILC's role is to highlight where public policy is not delivering on long-term issues, and to suggest constructive solutions that support a more long-term view.

Failing to adapt to longer lives will have consequences for our economy, health system, industries, and workplaces. For instance, we'll need an additional 750,000 care workers by 2037 to meet demand. If we are to maintain the current ratio of workers to pensioners in the UK, we will need to increase the state pension age to 71 as early as 2040. A smaller working population and a large economically inactive population create huge labour shortages which must be filled by migrant labour which creates additional problems. Current policymaking is not focused on these broader trends. The tendency in current policymaking to focus on 'fire-fighting' and reacting to the issues of the day is understandable. But we need to see greater capacity for long-term thinking and decision-making that relies on consensus and mutual agreement to remain consistent.

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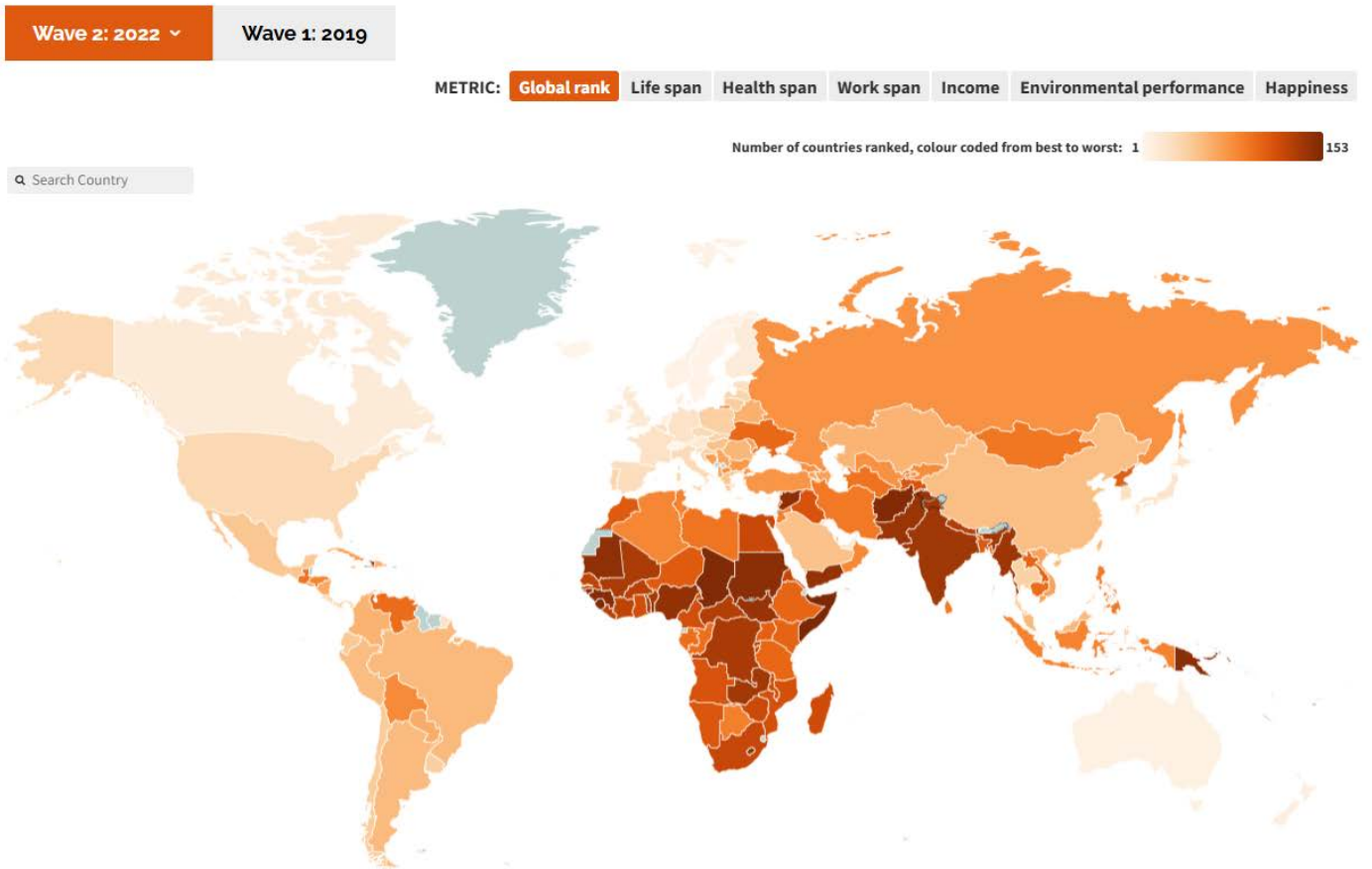
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Our Global healthy ageing and prevention index

ILC’s message has always been very clear - investing in preventative health measures is the best way to support healthier longer lives. Building on our previous work in this space since 2019, in 2022 we launched our Global Healthy Ageing and Prevention Index, which ranks 153 countries against six metrics: life span, health span,

work span, income, environmental performance, and happiness. This gives us a comprehensive picture of how well countries perform against key healthy ageing metrics and the extent to which different governments are investing in efforts to prevent ill health and support healthy ageing.

In 2024 we launched a second version based on more recent data, and this Index is now globally recognised as a tool for debating how and why countries should invest in preventative health care.



The Healthy Ageing and Prevention Index ranks 153 countries against six indicators:

- 1. Life span:** The number of years an individual can expect to live.
- 2. Health span:** The number of years an individual can expect to spend in good health.
- 3. Work span:** The expected number of years spent being economically active between ages 15-65.

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The global story between 2019-2022



ilc...

@ilcuk
#PreventionIndex

We are living 8 months less



Life span fell by 0.64 years
From 73.1 years in 2019, to 72.5 years in 2022

We spend 7 fewer months in good health



Health span fell by 0.61 years
From 63.6 years in 2019, to 63 years in 2022

Income inequalities between the top and bottom 25% of countries have widened by 6.5% or \$1,000 per person



We are less environmentally sustainable



Environmental performance has dropped by 10%
mainly due to deteriorating air quality and rapidly rising greenhouse gas emissions.

preventionindex.org

But the key feature of this index is that as well as a global story, the six metrics can be compared next to each other for individual countries, and so tell a more nuanced story about the longevity of their citizens. How does a longer work span support or undermine a longer health span? Do countries with good environmental rankings tend to have happier citizens?

For instance, Japan has the life span and highest health span, but other of our longevity metrics bring its global ranking down to 20th - why? The Finns are the happiest in the world, and yet the only rank 14th for income - what does that say about the link between income and life satisfaction? These questions have allowed us to engage with both international bodies like the UN and World Health Organisation, as well as individual countries who want to improve their rankings.

“ As Governments, boasting about how much we spend on something isn't actually important if we aren't getting the outcomes, and I think people want to see those outcomes... I don't want Canada to be 11th anymore, I want to be in the top 10. What are those higher on the Index doing? We are happy to be on the Index, but we've got to do more.

Carolyn Bennett MD, Canadian Minister of Mental Health and Addictions and Associate Minister for Health

“ You are measuring health outcomes and then correlating it with input such as how much we spend on prevention. I applaud that method because there are so many people, politicians included, who measure the quality of health by the inputs which is wrong headed... It is quite clear in my mind that this is not an Index for competition... this is for self-evaluation and improvement. The Index can provide us with this platform to benchmark best practices and engage in good discussion on ways to enhance and preserve the health of our people.

Ong Ye Kung, Singaporean Health Minister

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The case for a holistic approach to the UK longevity debate

The global Index gives rankings for individual countries on our metrics, and they are an acknowledged way of debating longevity at a global level. Whilst they provide a useful bird's eye view of longevity across different countries, they do not highlight the regional and local challenges and inequalities within individual countries.

And it is at this local and regional level that the real value of this analysis will be felt. By knowing how areas score across a set of metrics rather than on just one, we can build up a more nuanced picture of an area, and also then highlight where investment on interventions on longevity can be best made.

It has to be acknowledged that there are various indices that look at the UK – but only through a single lens – for example health or poverty. A truly holistic approach to measuring successful longevity can be achieved through the six metrics of our Index: life span, healthy life span, work span, household income, environmental performance, and life satisfaction. Our thesis is that regions performing well on all six metrics will be well-placed to support 'successful' ageing.

We have to stress that this cannot be done in a "name and shame" approach – regional inequalities in the UK are well-understood, even if action has not followed. We do not intend to rehash these disparities and tell struggling Local Authorities what they already know. Our UK Long Lives Index will be used to shine a light on regions that are performing well, and we will bring positive and constructive solutions for improvement across the board, tailored to the unique context and challenges of each region.

The timing is crucial – with a new government keen to focus on economic growth, housing, working conditions and health, this holistic view on longevity will be needed to

- **Analyse** – the various regions
- **Target** – where money is best spent to improve longevity, funding interventions that are shown to work
- **Achieve** – better and more fulfilling lives

We will bring positive and constructive solutions for improvement across the board, tailored to the unique context and challenges of each region.

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The next steps

The key reason for the success of ILC's Global Index was that it was a robust and transparent model, that therefore became quickly recognised and used in the debate on global healthy ageing. A UK model presents its own challenges, particularly in the different datasets available and the locality levels we want to analyse.

In some ways actuaries are the secret, and to date perhaps under-used, weapon in improving longevity and reducing inequalities of all types in the UK. Through our UK Index we can offer actuaries a chance to step out of the shadows of the business world and make a real world impact on supporting healthier, more financially secure and more fulfilling long lives – and together we can move the figures in those datasets.

For more information please contact:

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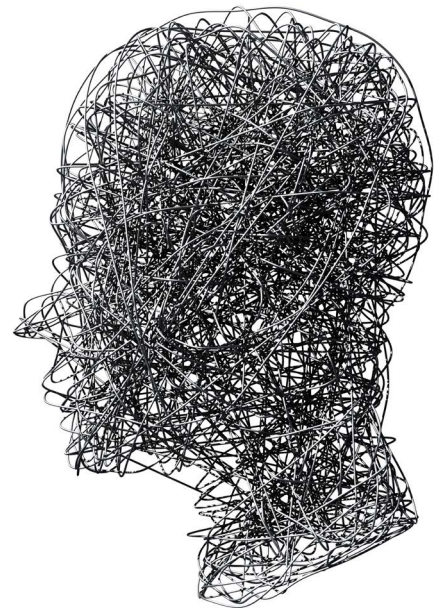
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