**Table 1** Life expectancy at birth for males and females, 2014 and 2018

| | Life expectancy at birth | | | | Change 2014–2018 | | | |
|---|---|---|---|---|---|---|---|---|
| | 2014 | | 2018 | | Years | | Days of life | |
| | Men | Women | Men | Women | Men | Women | Men | Women |
| England | 79.51 | 83.23 | 79.55 | 83.20 | 0.04 | −0.03 | 15 | −11 |
| Northern Ireland | 78.61 | 82.38 | 78.84 | 82.44 | 0.23 | 0.06 | 84 | 22 |
| Scotland | 77.32 | 81.34 | 77.05 | 81.01 | −0.27 | −0.33 | −99 | −121 |
| Wales | 78.79 | 82.61 | 78.23 | 82.19 | −0.56 | −0.42 | −205 | −153 |
| UK | 79.25 | 82.99 | 79.24 | 82.93 | −0.01 | −0.06 | −4 | −22 |

*Source*: Authors' calculations using ONS (2019) Single-year life tables, the UK: 1980–2018, released September 25, 2019, for the UK and all its separate countries: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/singleyearlifetablesuk1980to2018

at aged 75 and 85 years for women and 85 years for men has actually declined,[18] as it has for women at birth in the most deprived areas of England and Wales.[19] Other analyses that examine the four countries separately show that life expectancy at birth has fallen for men and women in Scotland and Northern Ireland, and recent comparisons of 24 high-income countries showed mean improvements in life expectancy in 2012–2016 were smallest among women (<2 weeks/year) in Northern Ireland, Iceland, England and Wales and the USA, and among men (<5 weeks/year) in Iceland, the USA, England and Wales and Scotland.[20] As Table 1 in this paper shows, life expectancy for the UK as a whole in 2018 remained below the level it had reached in 2014 for both men and women, but only by a few days for both. The falls before 2018 were much larger, with some recovery seen in 2018.

The latest national life tables, with data averaged over 3 years, show a very slight improvement when the year 2015 is not included, but the slowdown remains apparent (Fig. 3),[7] and the data for individual years (Table 1) uses ONS data released in September 2019 that shows that for the UK as a whole life expectancy for both men and women in 2015, 2016, 2017 and 2018 was always below than that reported in 2014.[7] A better comparison would be between what life expectancy should have been in 2018 if the historic trend prior to 2010 had continued, but as yet there is no widespread agreement on what that should have been. Figures for 2019 will be released by ONS in September 2020.

As with infant mortality, the UK has also fallen down the European rankings for life expectancy at birth for men and women combined from 13th place in 2009 to 19th in 2017.[21] The corresponding ranks for males were from 10th in 2009 to 14th in 2017, and for females from 21st to 22nd. Life expectancy at aged 65 years has fallen from 12th to 17th, males from 8th to 11th, and females from 17th to 21st. Hardly any of this fall in the ranking for the UK in life expectancy is due to the rise in infant mortality as, thankfully, IMRs, although rising, remain low enough not to significantly influence overall life expectancy. The falls in the UK life expectancy seen since 2014 for the population as a whole, and early for elderly women are almost entirely due to rising mortality rates in old age. However, rising mortality at younger adult ages from some causes has also played a part, as we now describe.

## Deaths of despair

Case and Deaton, writing about the USA, coined the term 'deaths of despair' due to drug and alcohol overdoses, suicides and alcohol-related liver disease.[22] They described this phenomenon as 'unique' to the USA, offsetting reductions in deaths from other causes.[22, 23] It is now apparent that the UK is also affected.[24] Although deaths from cancer and heart disease in England have fallen between 1993

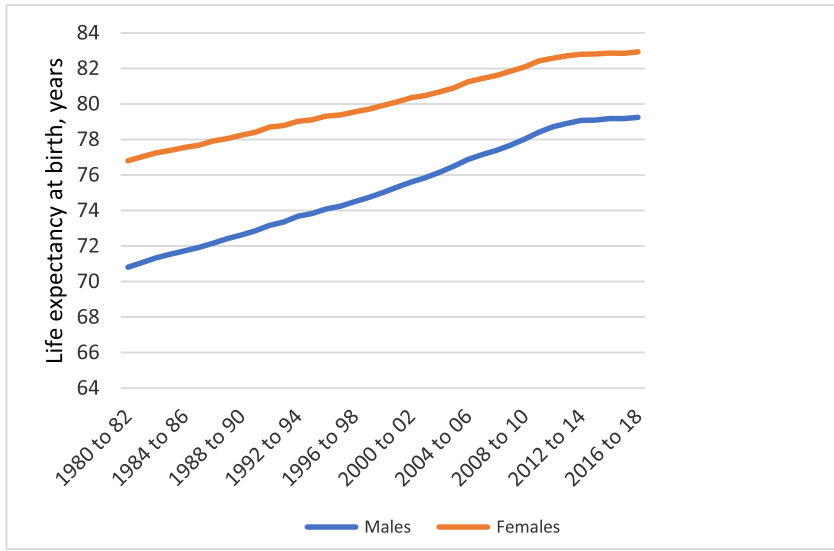


**Fig. 3** Life expectancy at birth for males and females, the UK, between 1980 to 1982 and 2016 to 2018.
*Source*: ONS.

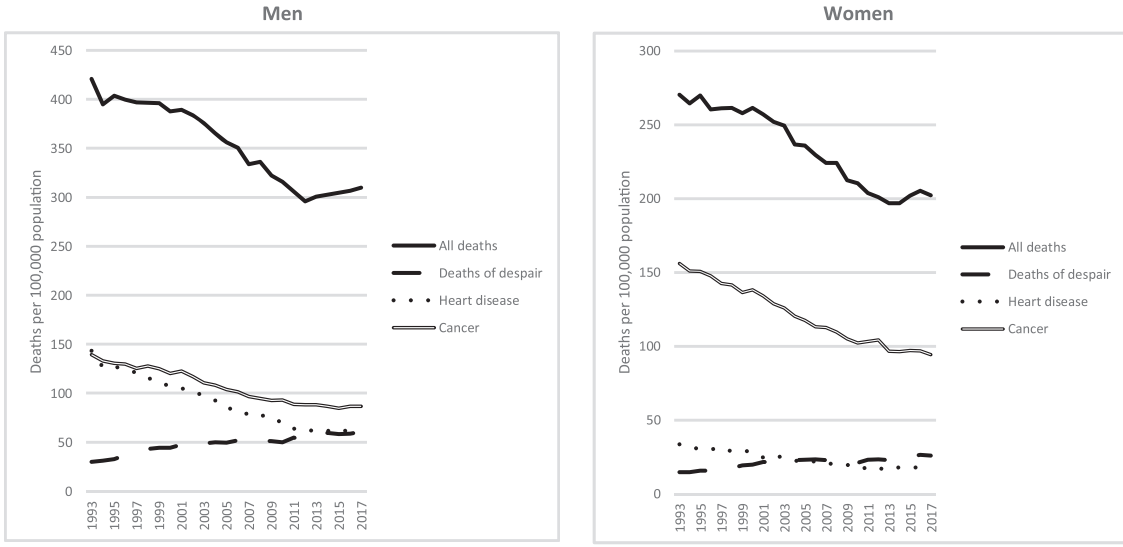


**Fig. 4** Middle-age mortality, aged 45–54, in England 1993–2017.
*Source*: Joyce R, Xu X. Inequalities in the twenty-first century. 2019. https://www.ifs.org.uk/inequality/wp-content/uploads/2019/05/The-IFS-Deaton-Review-launch_final.pdf (28 October 2019, date last accessed).
Note: Authors' use ONS mortality data, and Case and Deaton's 2015 and 2017 classification of 'deaths of despair'.

and 2017, deaths of despair have increased, contributing to a rise in all-cause mortality in those aged 45–54 years (Fig. 4).

Although it is difficult to ascertain the numbers of people who are homeless and 'rough sleeping' precisely, it is clear that deaths among them have risen substantially. According to the government's own statistics, there has been a dramatic upsurge in rough sleeping since 2010: 4677 people were found sleeping rough on a single night in autumn 2018, 2909 (165%) more than autumn 2010.[25] An estimated 726 people who were homeless died in 2018—the highest year-to-year increase since the ONS time series began, a rise in 1 year of 22%.[26] Alarmingly, two in five of these deaths were due to drug poisoning (294 deaths), an increase of 55% since 2017. These figures are likely to be underestimates due to the narrow definition of homelessness and the existence of 'hidden homelessness'.[27] Poor access to health care is also a major issue for people who are homeless, with a recent analysis of hospitalization records finding that nearly 1 in 3 deaths of people who are homeless were due to causes amenable to timely, effective healthcare.[28] In more affluent English cities, such as Oxford, deaths occurring while homeless became the main reason why mortality rates were higher than the national average; deaths while homeless explained the majority of geographical variations in mortality in the city by 2016.[29] In one electoral ward in Oxford, 88% of all deaths in 2014–2016 at ages under 65 were of people who were homeless. This was the highest proportion since comparisons began in the 1990s and was the highest number of homeless deaths in Oxford ever recorded.

Finally, mortality rates have also risen among young people aged 20 to 24 years in the UK between 2013 and 2016.[30]

## Health inequalities

"The UK is the world's fifth largest economy, it contains many areas of immense wealth… It thus seems patently unjust and contrary to British values that so many people are living in poverty"—UN Special Rapporteur, Professor Philip Aston.[31]

Health inequalities have widened in the UK. The gap in life expectancy between the most affluent and most deprived increased between 2001 and 2016, and since 2011, female life expectancy has not only stalled in many areas but has reversed in the two most deprived deciles.[32] Deaths from cardiovascular causes, alcohol and drug misuse among 25- to 44-year-olds have risen in the north compared to the south.[33] However, within the south, deaths have risen in more deprived wards of otherwise affluent cities, as the above-mentioned example from Oxford illustrates, where health inequalities within the city have widened considerably in recent years to reach their widest for at least 30 years.[29] The same is the case in London, Bristol and is likely to be the case in some smaller southern English cities.

## A vicious cycle?

Many aspects of the worsening health described above have be linked to austerity. Since 2010 funding for the National Health Service (NHS) has failed to keep pace with demand, and fallen considerably behind previous levels, even when compared to the Conservative government of 1978–79 to 1996–97, and well below the average of the last 60 years.[34] The UK has also fallen behind on health care capital spending, resulting in a fall of 3% in its value from 2000 to 2017, while this has risen in most other European countries.[35]

While this has, ultimately, been a political choice, a country facing economic decline faces constraints on the choices it can make. There is now extensive evidence that improved health of individuals and populations contributed to economic growth, through mechanisms such as increased labour force participation and productivity.[36] Conversely, worse health risks creating a downward spiral. A recent WHO Health Equity status report notes how: '…a 50% reduction in inequities in life expectancy between social groups would provide monetized benefits to countries ranging from 0.3% to 4.3% of gross domestic product (GDP)'.[37]

There is also growing recognition that worsening health threatens social cohesion,[4, 38] so the finding, from the European Quality of Life Surveys in 2016,

that 29% of UK residents felt there was 'a lot of tension' between the poor and rich, compared to 17% in 2007 is especially concerning.[39]

### A hostile environment

There are widespread concerns that the political discourse in the UK since 2016 has also undermined social cohesion, with large increases in reports of racially motivated incidents.[40] One manifestation of this discourse is the way in which politicians have spoken about migrants. In 2011, future Prime Minister, then Home Secretary, Theresa May declared her plan to create a 'really hostile environment for illegal immigrants'.[41] At least since the early 1970s, mainstream politicians had avoided words such as these.

The growth of xenophobia has had consequences in many sectors, but the NHS has been especially affected, for example with increasing racial abuse directed at ethnic minority healthcare workers.[42] It has impacted especially severely on some patients seeking NHS secondary care, such as an undocumented migrant or a person who is homeless, who must now pay upfront the full cost of their healthcare or face refusal of treatment if they cannot prove entitlement.[43] As a result, the NHS is now regressing in its commitment to Universal Health Coverage.[44,45]

The negative consequences of these restrictive measures have been widely documented, from cancer patients refused treatment,[46] mothers going without antenatal care, the impact on healthcare workers themselves[47] and the Windrush scandal, where people fully entitled to care, some who had worked many years in the NHS lacked necessary documentation.[48] Although NHS England guidance is clear that anyone in England can register and consult with a general practitioner (GP) without charge, research shows this is far from the case. The most recent data from the charity Doctors of the World UK found almost one-fifth of attempts to register patients were wrongly refused, with lack of proof of ID or address as the main reason.[49] Such barriers disproportionately affect vulnerable groups, and these findings are echoed by research exploring the experience of homeless people, some of whom are now being denied access to both primary care and mainstream services.[50] Given one-third of deaths among the UK homeless could have been prevented with treatment,[28] these barriers to healthcare are extremely concerning.

## Does the UK risk becoming a failed state?

If worsening health is an early sign of national decline and, ultimately, crisis, as it was in the Soviet Union, then the UK has problems. Life expectancy is stagnating and, for some, worsening, infant deaths are rising in the poorest areas, and the UK is joining the USA in experiencing an upsurge in 'deaths of despair'. And there are many other worrying signs. For example, in 2016, the WHO declared the UK had eliminated measles, but revoked this assessment in August 2019.[51] It is very likely that this is, to some extent, a consequence of the ill-fated 2013 health system reorganization in England, which fragmented public health capacity.

This bleak assessment is supported by the US research organisation Fund for Peace. Its Fragile States Index (FSI) calculates a score of fragility for all UN member countries where sufficient data are available.[52] In 2019, out of 178 countries, the UK was the fourth 'most-worsened', after Venezuela, Brazil and Nicaragua.[52] (Fig. 5) shows the UK trajectory since 2006—the higher the score, the more fragile the state, the score can rise to a maximum of 120 for a completely failed state.

Before the May 2015 general election, when the Conservatives won an outright majority, Ipsos MORI reported the top three issues voters reported as influencing their voting decision were the NHS (47%), the economy (35%) and education (24%).[53] Asylum and immigration was 5th at 19%, and Europe/EU did not feature (at 7% it was just below their 8% cut-off line). A national poll taken just before the referendum on June 23, 2016 put immigration as the main political issue, at 48%, and NHS/hospitals/healthcare had fallen to 37%.[54] These changes are captured in the Fragile State Index's

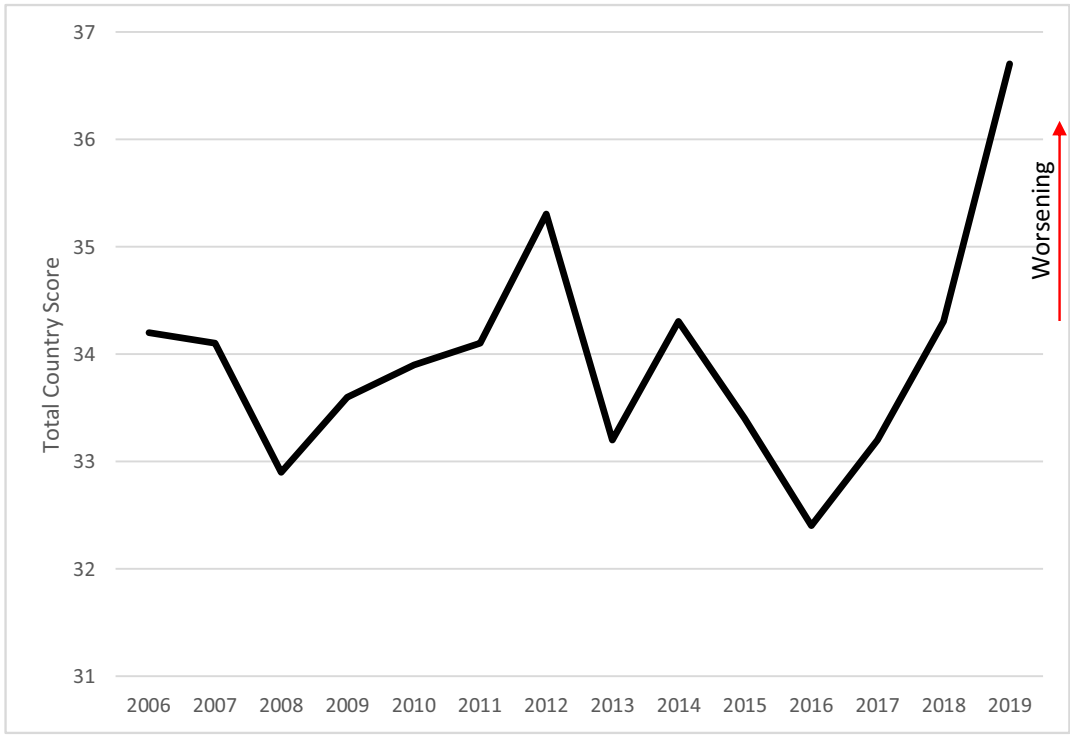


**Fig. 5** Overall trend, UK, 2006–2019.
*Source*: Fund for Peace. Fragile States Index 2019, available at: https://fundforpeace.org/2019/04/10/fragile-states-index-2019/

marker of cohesion, entitled 'group grievance', which 'focuses on division and schisms between different groups in society', where the UK score increased from 4.1 (maximum 10, with 10 being the worst) in 2010 to 6.4 in 2019.

In December 2019 the UK had its third general election in four years. It took place against a backdrop of a criminal investigation of 'Vote Leave', in which the Prime Minister played a major role, reports of suppression of a report describing Russian interference in UK politics, and concerns about whether electoral law is fit for purpose.[55] Given these concerns, the failing health outcomes, and deteriorating position internationally, at what point would the UK be considered a failed state?

## Conclusion

One of the primary responsibilities of a government is to protect its population, whether from external aggression or from disease. Since 2010, successive UK governments have clearly failed in their duty. As history shows, deteriorating health is often the first sign of an impending societal and political crisis. Indeed, this seems to be happening in front of our eyes even now, in the USA, where life expectancy declined in each of the 3 years after 2015.[56] Americans who felt 'left behind' have flocked to Donald Trump, providing a receptive audience for his attacks on the institutions of government.[57] Meanwhile, in the UK, newspapers pillory those same institutions, such as parliament and the judiciary, labelling them as 'enemies of the people'.[58]

Yet many of those who are most receptive to these messages are the victims of policies implemented by the politicians who espouse them. In 2018, the UN special rapporteur on extreme poverty concluded a visit to the UK by saying that 'Poverty is a political choice' and that 'Austerity could easily have spared the poor, if the political will had existed to do so'.[31, 59]

Scotland chose to reduce child poverty and its infant mortality continues to fall, now to a level lower than in England and Wales.

The evidence we have reviewed has convinced us that things are indeed falling apart in the UK. But this is not inevitable. The government could act urgently if it wished to but it must first accept that there is a problem, then implement wide ranging changes to improve health, wealth and social well-being for all, while never forgetting the lessons of history.

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