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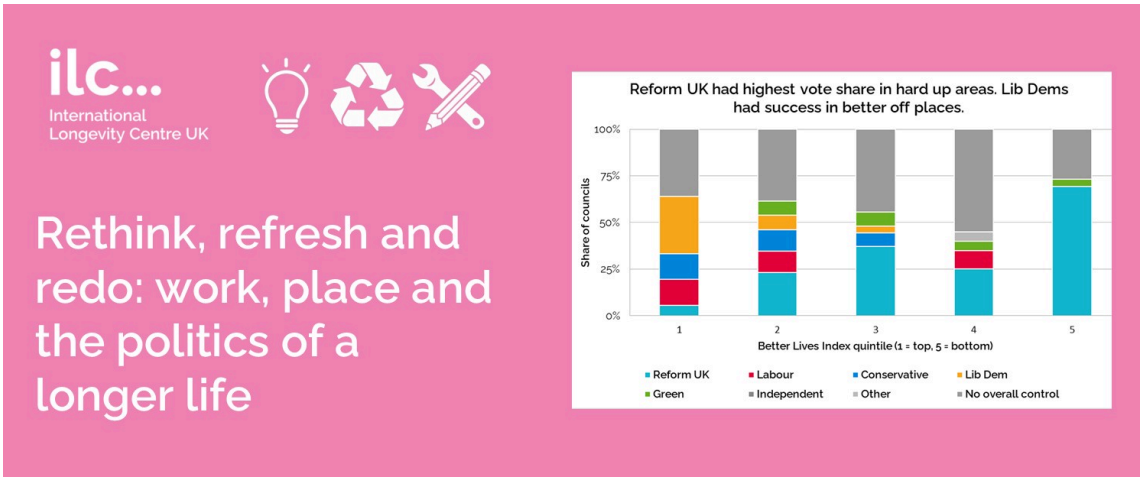
International Longevity Centre UK

Latest news

ILC Friday three

- Rethink, refresh and redo – work, place and the politics of a longer life
- A pensions wake-up call – but will the Government listen?
- Investing in prevention is key – cuts mean we all pay the price

Rethink, refresh and redo – work, place and the politics of a long life



British politics still treats work, health and ageing as separate policy conversations. But the local election results suggest voters increasingly experience them as one and the same.

ILC's analysis of the May 2026 local elections in England shows that over two-thirds of councils in the worst-off parts of the country are now controlled by Reform UK. In the best-off areas, it is one in eighteen. These are not simply places where people are angry at parties. They are places where growing up and growing old is hardest – where child poverty is higher, healthy life expectancy is lower, and avoidable deaths are more common. The ILC's UK Better Lives Index puts numbers to what many people in those communities already know.

It is tempting to read this as a story about political volatility. It is more usefully read as a story about what insecurity does to people over time.

In a new guest blog, Jack Eddy argues that work and longevity are too often treated as separate policy conversations. “Work sits in the growth file – productivity, participation, wages. Longevity sits elsewhere, under ageing, pensions and health. That division is tidy, but false.”

The ILC’s UK Better Lives Index helps explain why. It ranks 359 local authorities across indicators spanning the life course – from child poverty and life expectancy through to avoidable mortality and economic activity among older workers. It is designed to show how health, work and place interact across a whole life, not sit in separate policy silos.

Getting people into work is important but it is not the same as giving them a secure life. As Jack points out while unemployment impacts health, poor-quality work can be just as harmful. People with low job security or job satisfaction are much more likely to report poor health. A shift cancelled at short notice is not only a labour-market event. It becomes a childcare problem, a rent problem, a food-budget problem and, eventually, a health problem. Manchester has an economic activity rate of 68.1% – not weak by national standards – yet still ranks 321st on the Index, with child poverty at 40.7% and avoidable mortality at 395.8 per 100,000. Work exists there. Security, too often, does not.

The policy debate has too often treated any job as a good job. But insecurity at work shapes everything from family finances to physical and mental health. The recent Employment Rights Act marks a genuine shift in how the state recognises that reality. From Statutory Sick Pay reforms to the new Fair Work Agency, it acknowledges that unpredictable work makes ordinary life harder to organise – and, over time, harder to sustain in good health.

But the Act is a floor, not a ceiling. Employment rates alone tell us very little about whether people can build stable and healthy lives. An economic model built around

whether people can build stable and healthy lives. An economic model built around insecure hours, unpredictable shifts and fragile household finances will continue to damage health over time. The Health Foundation estimates insecure work rose from 3.1 million workers in 2014 to 3.5 million in 2022 – around 11% of the workforce.

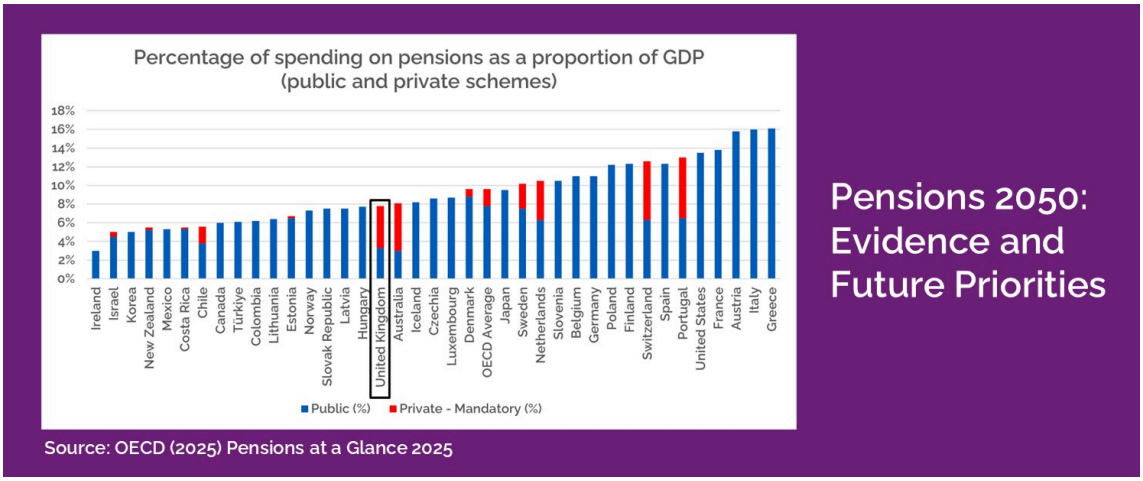
The local election results should sharpen the policy agenda. Tanya Singh, ILC's Senior Research Fellow, who conducted ILC's local election analysis said *"People want the basics of a good life – healthier, longer lives free from poverty, decent jobs for younger and older workers alike, affordable housing and clean, safe local environments. The message from voters could not be clearer – deliver the ingredients for better lives, and quickly, or be punished at the ballot box."*

A place-based approach to job quality, health and security is not a luxury. In too many parts of Britain, it is the difference between a long life well lived and one cut short. And delivering this is what voters want.

The UK Better Lives Index is made possible by support and educational grants from the Hallmark Foundation, Edwards Lifesciences and Pfizer. You can read Tanya Singh's full analysis of the 2026 local elections via the button below and Jack Eddy's blog post here.

READ MORE

A wake-up call on retirement – but will the Government listen?



Source: OECD (2025) Pensions at a Glance 2025

This week, the Second Pensions Commission published its interim report. Fifteen million people in the UK are not saving enough for retirement. Without action, that number could rise to 19 million.

The report is the Commission's first major output since it was set up in 2024 to assess whether the UK's pension system is fit for the 21st century. It is not making recommendations yet – those will come in 2027. But the interim report, *Pensions 2050: Evidence and Future Priorities*, sets out what the evidence shows, and the evidence points to a system that is leaving millions behind.

Automatic enrolment transformed pension participation after 2012. Around 11 million more people are now saving into a workplace pension as a result. The new State Pension has reduced pensioner poverty and narrowed the gap between what men and women receive from the state. These are real achievements.

But the Commission is clear that they are not enough.

Echoing earlier ILC research, the report highlights that Generation X – people born between 1965 and 1980 – are the worst affected. Nearly half are on track to fall short of what they need for a decent retirement, making them the first generation in modern times at serious risk of being financially worse off in later life than those who came before them. Women approaching retirement have, on average, barely half the private pension savings of men. Among the self-employed, five in six are saving nothing into a pension at all.

The Commission also flags the changing shape of retirement itself. Fewer people will have the security of a final salary pension. Falling home ownership means more future pensioners will face housing costs their parents did not. Living alone in later life is becoming more common – and more expensive.

In ILC's response to the report, Deputy Chief Executive, Ben Franklin, welcomed the Commission's honesty but was direct about what needs to come next. "A frank diagnosis is only the beginning. We now need a treatment plan that matches the scale of the challenge."

Automatic enrolment is not working well enough for those who need it most. The 8% minimum contribution has become a ceiling, not a floor. Pension freedoms gave people choices they were not equipped to navigate – without the knowledge, guidance or protection needed to make complex retirement decisions well. Better defaults are needed: simple, well-governed, low-cost income products that protect people against the risk of outliving their savings.

ILC has long argued that policymakers must plan honestly for what long lives actually cost. Spending on pensioner benefits is projected to rise from around 6% of GDP today to around 9% by the early 2070s. Health and social care costs are expected to

today to around 9% by the early 2070s. Health and social care costs are expected to climb by a similar amount. The Commission acknowledges that some combination of higher savings, higher taxes and working longer will be needed – but notes that working longer is simply not an option for everyone.

The Commission's final recommendations are due in 2027. As Ben Franklin put it, the Government must be equally courageous in acting on them – and fast. There will, he argued, be a political dividend for a government that delivers. You can read the ILC's full response via the button below.

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Investing in prevention is key – cuts mean we all pay the price

In the past year, many countries have experienced severe disruptions due to sudden and steep cuts in development assistance. But they had an unintended benefit: they prompted many leaders to say now is the moment to leave behind the era of donor dependency and open a new era of health sovereignty.
Tedros Adhanom Ghebreyesus, WHO Director-General at World Health Assembly, May 2026



Graphic created in ChatGPT, OpenAI, May 2026

An Ebola outbreak in the Democratic Republic of Congo has crossed into Uganda. Rwanda and South Sudan are now on high alert. The World Health Organization (WHO) warns the outbreak could be significantly larger than current figures suggest. The strain involved – Bundibugyo Ebola virus – has no approved vaccine or treatment. But if these countries had stronger health systems then the disease would have been diagnosed more quickly and more effectively contained.

The Democratic Republic of Congo ranks 132nd out of 153 countries in ILC's Healthy Ageing and Prevention Index. When clinics lack medicines, when people delay treatment because they cannot afford it, and when outbreaks are detected late, infectious diseases spread further and become harder to contain.

In February 2025, ILC published research on Universal Health Coverage (UHC) in lower- and middle-income countries. The report found that while healthcare coverage improved significantly between 2000 and 2021, progress had stalled. And since the report was written cuts to international health funding have undermined provision in many areas. The International Rescue Committee has warned that cuts to US-funded health programmes risk weakening infectious disease prevention worldwide. Without sustained investment, diseases spread further and become harder to control.

By 2050, 80% of the world's older people will live in lower- and middle-income countries. Many of those countries are already managing high levels of infectious disease alongside rising rates of chronic illness and ageing populations.
ILC's analysis found that people living in countries investing more heavily in universal healthcare provision live on average 16 more years in good health than those in countries investing least. Countries with stronger infectious disease management systems report significantly fewer deaths from infectious disease.

Most of this sits in primary care. Vaccination, maternal healthcare, disease surveillance and early diagnosis all happen there. ILC's UHC research argues that 90% of essential Universal Health Coverage interventions can be delivered through primary healthcare systems.

This week, Ben Franklin and David Sinclair were in Copenhagen at the 14th meeting of the International Society of Pneumonia and Pneumococcal Diseases (ISPPD) presenting findings from ILC's EU Pneumococcal Vaccination Atlas, supported by MSD. Denmark ranks 9th out of 153 countries on ILC's Index, yet adult pneumococcal vaccination is not currently part of its national programme.

And last week, David Sinclair was in Bucharest discussing vaccine confidence in Romania. The event brought together international experts across public health, prevention policy, patient advocacy and misinformation research. David said: *"For every Romanian Leu invested in adult immunisation, we get nineteen back. That is not just a public health argument – that is a fiscal argument. People who are healthier work longer, volunteer more, spend more and provide more care. Any*

healthier work longer, volunteer more, spend more and provide more care. Any government serious about economic growth needs to be serious about vaccination."

Different countries, different pressures – but the same underlying questions about trust, access and whether prevention is treated as infrastructure or afterthought.

COVID-19 showed how quickly a local health crisis becomes a global one. Disease does not stop at borders. Preventing the next international emergency starts long before the headlines – by investing in healthcare systems that can reach people early, consistently and affordably, wherever they are.

You can explore our work on prevention via the button below. This work is made possible by support and charitable grants from GSK, Hallmark Foundation, Pfizer, MSD and Sanofi.

MORE HERE

The Friday three newsletter, edited by Emily Evans, ILC's Senior Communications and Engagement Manager, is usually sent out fortnightly.

To keep up-to-date with ILC events throughout the year, please continue to check our website on a regular basis. If you are interested in learning more about our Partners Programme, please click here.

Our work is reliant on the generosity of our supporters, please donate to ILC here.

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