Office for National Statistics

Statistical bulletin

Healthy life expectancy by national area deprivation, England and Wales: between 2013 to 2015 and 2022 to 2024

Life expectancy and years expected to live in "good" health by deprivation level in England and Wales. Includes estimates of life expectancy between 2011 to 2013 and 2022 to 2024.

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1 . Main points

In 2022 to 2024:

- Life expectancy (LE) at birth in the most deprived areas of England was 73.2 years for males and 78.3 years for females, compared with 83.6 and 86.4 years, respectively, in the least deprived areas; LE increased in every deprivation decile compared with the previous non-overlapping period (2019 to 2021), but remained lower than before the coronavirus (COVID-19) pandemic in the most deprived areas.
- Healthy life expectancy (HLE) at birth in the most deprived areas of England was 49.8 years (68% of life) for males, and 48.2 years (62%) for females, which were decreases of 2.2 and 3.2 years, respectively, compared with 2019 to 2021; in the least deprived areas, HLE was 69.2 years (83%) for males and 68.5 years (79%) for females.
- The inequality of LE at birth between the most and least deprived areas of England, as estimated by the slope index of inequality (SII), was 10.4 years for males, and 8.0 years for females; for HLE, these figures were 19.3 and 20.1 years, respectively.
- LE at birth in the most deprived areas of Wales was 73.6 years for males and 78.4 years for females, compared with 81.9 and 85.1 years, respectively, in the least deprived areas; LE showed signs of improvement across most deprivation quintiles compared with the previous non-overlapping period (2019 to 2021), though many of these changes were statistically uncertain.
- HLE at birth in the most deprived areas of Wales was 49.7 years (67% of life) for males and 47.3 years (60%) for females, which were decreases of 4.1 and 3.3 years, respectively, compared with 2019 to 2021; in the least deprived areas, HLE was 67.8 years (83%) for males and 66.3 years (78%) for females.
- The inequality of LE at birth between the most and least deprived areas of Wales, as estimated by the slope index of inequality (SII), was 9.6 years for males, and 8.0 years for females; for HLE, these figures were 20.6 and 23.1 years, respectively.

Analyses for England and Wales are based on different indices of multiple deprivation. The population is split into deciles for England and into quintiles for Wales. Results are not comparable between countries; see Section 5: Glossary for more information.

2 . England

Life expectancy and healthy life expectancy at birth

In 2022 to 2024, life expectancy (LE) at birth in the most deprived areas of England was 73.2 years for males and 78.3 years for females, compared with 83.6 years and 86.4 years, respectively, in the least deprived areas.

Compared with the previous non-overlapping period (2019 to 2021), modest increases in LE were observed in every English deprivation decile. However, in the most deprived areas of England, LE remained lower than in the last pre-coronavirus (COVID-19) pandemic period (2017 to 2019), by 0.8 years for males and by 0.4 years for females.

Healthy life expectancy (HLE) at birth in the most deprived areas of England was 49.8 years for males and 48.2 years for females, compared with 69.2 years and 68.5 years, respectively, in the least deprived areas (Figure 1).

Figure 1: In 2022 to 2024, in the most deprived areas of England, males and females were expected to spend only 49.8 and 48.2 years, respectively, in “good” health

Years expected to be spent in states of "good" health and "poorer" health by sex and deprivation decile, England, 2022 to 2024

Notes:

1. Figures for 2022 to 2024 are based on Index of Multiple Deprivation (IMD) 2025. Decile 1 represents the most deprived 10% of small areas in England; decile 10 represents the least deprived 10%.

2. We use the Sullivan method to estimate average total of years lived in "good" health and "poorer" health, distributed across the entire lifespan. The estimates do not imply that the first period of life is in "good" health followed by a period in "poorer" health.

3. Years in "poorer" health are calculated as the difference between life expectancy at birth and healthy life expectancy at birth; this represents the average number of years an individual is expected to live in less than "good" health.

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In contrast to LE at birth, we estimate that HLE at birth decreased in every English deprivation decile compared with 2019 to 2021, with the greatest decreases generally found in more deprived areas. Among females, HLE decreased by 3.2 years in decile 1 and by 3.5 years in decile 3, while among males, the greatest decreases (of 2.2 years) were also in deciles 1 and 3. In the least deprived areas (decile 10), smaller decreases were observed, of 1.2 years for males and 1.8 years for females.

Reflecting the divergent trends between LE and HLE, the proportion of life expected to be spent in "good" health has seen marked decreases in the most recent periods, following relative stability before 2019 to 2021.

In 2022 to 2024, males in the most deprived areas of England were expected to spend 68% of life in "good" health, while females were expected to spend 62% (Figure 1), representing decreases of 3 and 4 percentage points, respectively, compared with 2019 to 2021. In the least deprived areas, although decreases of 2 percentage points were also observed for both sexes, the proportions stood at 83% and 79%, respectively.

The coronavirus (COVID-19) pandemic led to increased mortality during 2020, 2021, and 2022; some negative effect remains in the latest reporting period (2022 to 2024).

Inequality of life expectancy and healthy life expectancy

Inequality of LE and HLE by deprivation level is estimated using a summary measure called the slope index of inequality (SII). This estimates the absolute gap between the most deprived and least deprived areas in years of life lived overall and those lived in "good" general health. See Section 5: Glossary for more information on the SII.

In 2022 to 2024, the SII for LE at birth in England was 10.4 years for males and 8.0 years for females. Among females, the inequality reduced by 0.3 years compared with 2019 to 2021, whereas no change was observed among males. For both sexes, however, inequality in 2022 to 2024 remained higher than in the pre-coronavirus (COVID-19) pandemic period (2017 to 2019), by 0.9 years for males and by 0.5 years for females (Figure 2).

The SII for HLE at birth in England in 2022 to 2024 was 19.3 years for males and 20.1 years for females (Figure 2). These figures represent modest increases in inequality compared with 2019 to 2021, but the differences were uncertain; see our accompanying dataset for the confidence intervals around each estimate and Section 5: Glossary for more information on confidence intervals.

Figure 2: Inequality of life expectancy and healthy life expectancy in England showed signs of improvement in 2022 to 2024, but remained higher than before the coronavirus (COVID-19) pandemic

Slope index of inequality for life expectancy at birth and healthy life expectancy at birth by sex, England, between 2011 to 2013 and 2022 to 2024

Notes:

1. Figures for periods between 2011 to 2013 and 2015 to 2017 are based on Index of Multiple Deprivation (IMD) 2015; figures for periods between 2016 to 2018 and 2021 to 2023 are based on IMD 2019; figures for 2022 to 2024 are based on IMD 2025.

2. The slope index of inequality (SII) measures inequality across the entire socioeconomic distribution, not just the extremes. It weights each group by its population size and shows how outcomes change from the most to least deprived. A higher SII indicates greater inequality.

3. Healthy life expectancy estimates for periods prior to 2013 to 2015 are not available.

4. 95% confidence intervals are a measure of uncertainty around each estimate; for more information, see Section 5: Glossary.

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3 . Wales

Life expectancy and healthy life expectancy at birth

In 2022 to 2024, life expectancy (LE) at birth in the most deprived areas of Wales was 73.6 years for males and 78.4 years for females, compared with 81.9 years and 85.1 years, respectively, in the least deprived areas.

Across most Welsh deprivation quintiles, LE at birth showed signs of improvement in 2022 to 2024, compared with 2019 to 2021. These changes, however, were mostly uncertain; see our accompanying dataset for the confidence intervals around each estimate, and Section 5: Glossary for more information on confidence intervals.

Healthy life expectancy (HLE) at birth in the most deprived areas of Wales was 49.7 years for males and 47.3 years for females, compared with 67.8 years and 66.3 years, respectively, in the least deprived areas (Figure 3).

Figure 3: In 2022 to 2024, in the most deprived areas of Wales, males and females were expected to spend only 49.7 and 47.3 years, respectively, in “good” health

Years expected to be spent in states of "good" health and "poorer" health by sex and deprivation quintile, Wales, 2022 to 2024

Notes:

1. Figures for 2022 to 2024 are based on Welsh Index of Multiple Deprivation (WIMD) 2025. Quintile 1 represents the most deprived 20% of small areas in Wales; quintile 5 represents the least deprived 20%.

2. We use the Sullivan method to estimate average total of years lived in “good” health and “poorer” health, distributed across the entire lifespan. The estimates do not imply that the first period of life is in “good” health followed by a period in “poorer” health.

3. Years in "poorer" health are calculated as the difference between life expectancy at birth and healthy life expectancy at birth; this represents the average number of years an individual is expected to live in less than "good" health.

We estimate that HLE at birth decreased in every Welsh deprivation quintile compared with 2019 to 2021, including decreases of 4.1 and 3.3 years for males and females, respectively, in the most deprived areas. This decrease for females, among many others, was uncertain; see our accompanying dataset for the confidence intervals around each estimate.

The proportion of life expected to be spent in "good" health has seen notable declines in Wales in the most recent periods, particularly in the most deprived quintiles.

In 2022 to 2024, males in the most deprived areas of Wales were expected to spend 67% of life in "good" health, a decrease of 6 percentage points compared with 2019 to 2021, while females were expected to spend 60% of life in good health, a decrease of 4 percentage points. In the least deprived areas, although decreases of 1 and 4 percentage points were observed for males and females, respectively, males were expected to spend 83% of life in "good" health, compared with 78% for females (Figure 3).

Inequality of life expectancy and healthy life expectancy

In 2022 to 2024, the slope index of inequality (SII) for LE at birth in Wales was 9.6 years for males and 8.0 years for females. Though minimal change was observed when compared with 2019 to 2021, inequality in 2022 to 2024 remained higher than in the pre-coronavirus (COVID-19) pandemic period (2017 to 2019), by 0.7 years for both males and females (Figure 4).

The SII for HLE at birth in Wales in 2022 to 2024 was 20.6 years for males and 23.1 years for females (Figure 4). There is cautious evidence of an increase in inequality since the onset of the coronavirus (COVID-19) pandemic, but the trend is very uncertain because of overlapping confidence intervals.

Figure 4: In 2022 to 2024, inequality of life expectancy and healthy life expectancy in Wales remained higher than before the coronavirus (COVID-19) pandemic

Slope index of inequality for life expectancy at birth and healthy life expectancy at birth by sex, Wales, between 2011 to 2013 and 2022 to 2024

Notes:

1. Figures for periods between 2011 to 2013 and 2013 to 2015 are based on Welsh Index of Multiple Deprivation (WIMD) 2014; figures for periods between 2014 to 2016 and 2021 to 2023 are based on WIMD 2019; figures for 2022 to 2024 are based on WIMD 2025.

2. The slope index of inequality (SII) measures inequality across the entire socioeconomic distribution, not just the extremes. It weights each group by its population size and shows how outcomes change from the most to least deprived. A higher SII indicates greater inequality.

3. Healthy life expectancy estimates for periods prior to 2013 to 2015 are not available.

4. 95% confidence intervals are a measure of uncertainty around each estimate; for more information, see Section 5: Glossary.

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4 . Data on healthy life expectancy by national area deprivation

Healthy life expectancy by national area deprivation, England, time series Dataset | Released 15 April 2026 Life expectancy and years expected to live in "good" health using national indices of deprivation to measure socioeconomic inequalities in England.

Healthy life expectancy by national area deprivation, Wales, time series Dataset | Released 15 April 2026 Life expectancy and years expected to live in "good" health using national indices of deprivation to measure socioeconomic inequalities in Wales.

Inputs for calculating healthy life expectancy by national area deprivation, England time series Dataset | Released 15 April 2026 Census-based adjustment factors, census-based "good" health prevalence, and modelled "good" health prevalence used for calculating healthy life expectancy by national area deprivation in England.

Inputs for calculating healthy life expectancy by national area deprivation, Wales time series Dataset | Released 15 April 2026 Census-based adjustment factors, census-based "good" health prevalence, and modelled "good" health prevalence used for calculating healthy life expectancy by national area deprivation in Wales.

5 . Glossary

Period life expectancy

The life expectancy (LE) estimates reported in this bulletin are period based. Period life expectancy, at a given age, is the average number of years a person would live if they experienced the age-specific mortality rates for that time period and Index of Multiple Deprivation (IMD) quantile throughout their life. More information can be found in our Period and cohort life expectancy explained methodology.

Healthy life expectancy

Healthy life expectancy (HLE) is a summary measure of health that adds a quality dimension to estimates of life expectancy by dividing expected lifespan into time spent in different states of health.

It measures health-related well-being, representing the average time an individual is expected to live in "very good" or "good" health, as opposed to "fair", "bad", or "very bad" health, based on how individuals perceive their general health. The estimated years in "good" health and "poorer" health, respectively, are distributed across the entire lifespan. The estimates do not imply that the first period of life is in "good" health followed by a period in "poorer" health.

The commentary in this bulletin refers to healthy life expectancy at birth. Healthy life expectancy at other ages can be found in our accompanying datasets.

95% confidence intervals

A confidence interval is a measure of the uncertainty around a specific estimate. As intervals around estimates widen, the level of uncertainty about where the true value lies increases. Confidence intervals around healthy life expectancy estimates are calculated from the variance of health state prevalence. Confidence intervals for each estimate can be found in our accompanying datasets.

Indices of Multiple Deprivation

The Indices of Multiple Deprivation (IMD 2015, IMD 2019, IMD 2025) for England and Welsh Indices of Multiple Deprivation (WIMD 2014, WIMD 2019, WIMD 2025) for Wales are measures of area deprivation based on Lower Layer Super Output Areas (LSOAs). As of Census 2021, there were 32,844 LSOAs in England and 1,909 in Wales, with a target population of approximately 1,500 residents per LSOA.

Each LSOA is assigned a deprivation score, which is based on the area as a whole; not everyone within a given LSOA necessarily experiences the same level or type of deprivation. Deciles and quintiles are calculated by ranking the LSOAs from most deprived to least deprived and dividing them into 10 (England) or five (Wales) equal groups. In England, these range from the most deprived 10% (Decile 1) of small areas nationally, to the least deprived 10% (decile 10). In Wales, these range from the most deprived 20% (quintile 1) of small areas nationally, to the least deprived 20% (quintile 5).

The larger population in England allows using deciles, while the analysis for Wales uses quintiles. Because IMD and WIMD are based on different indicators, data for England cannot be compared with data for Wales.

See Section 7: Related links for resources related to the IMD and WIMD, including interactive maps.

Slope index of inequality

Inequality of LE and HLE by deprivation level is estimated using a summary measure called the slope index of inequality (SII). This estimates the absolute gap between the most deprived and least deprived areas in years of life lived overall and those lived in "good" general health.

The SII measures inequality across the entire socioeconomic distribution, not just the extremes (as the range does). It takes every group into account and weights each group by its population size, showing how outcomes change from the most to least deprived. A higher SII indicates greater inequality.

For more information, see our Healthy life expectancy quality and methods guide.

6 . Data sources and quality

This statistical bulletin presents estimates of life expectancy (LE) and healthy life expectancy (HLE) for England and Wales by national deprivation indices.

Data sources

Life expectancy estimates use death registration data held by the Office for National Statistics (ONS), which are compiled from information supplied when deaths are certified and registered as part of civil registration. Mid-year population estimates by age, sex, and geographical area are used in combination with death registrations to calculate age-specific mortality rates used in life tables.

Healthy life expectancy estimates use data collected as part of our Annual Population Survey (APS) (PDF, 858KB) . They also use data from the 2011 Census and Census 2021 to obtain health state prevalence rates. The method requires imputation and modelling because survey data are not routinely collected for those aged under 16 years, and are collected only sparsely for those aged 85 years and over. For this reason, data from the 2011 Census and Census 2021 are also used to produce imputation adjustment factors and census-based health state prevalence. These figures are made available with our accompanying datasets.

This release uses the following versions of the Index of Multiple Deprivation (IMD) and Welsh Index of Multiple Deprivation (WIMD) for England and Wales, respectively:

- IMD 2015 – for periods between 2011 to 2013 and 2015 to 2017
- IMD 2019 – for periods between 2016 to 2018 and 2021 to 2023
- IMD 2025 – for 2022 to 2024
- WIMD 2014 – for periods between 2011 to 2013 and 2013 to 2015
- WIMD 2019 – for periods between 2014 to 2016 and 2021 to 2023
- WIMD 2025 – for 2022 to 2024

See Section 7: Related links for resources related to the IMD and WIMD, which include interactive maps.

Method for estimating healthy life expectancy

Our statistics on healthy life expectancy use the Sullivan method (PDF, 928KB) as their core methodology. This method combines survey data on self-assessed general health with life expectancy estimates to calculate the average number of years lived in "good" health from a given age.

For more information, see our Healthy life expectancy quality and methods guide.

Official statistics in development

These statistics are labelled as "official statistics in development". They are based on information from our Annual Population Survey, subnational life expectancy statistics, censuses, and the national indices of multiple deprivation. We are developing how we collect the data and produce the statistics to improve their quality.

Once we have completed the developments, we will review the statistics with the Statistics Head of Profession.

If the statistics meet trustworthiness, quality and value standards based on user feedback, we will remove the "official statistics in development" label to publish under the "official statistics" label.

If they do not meet trustworthiness, quality, and value standards, we will further develop them and might stop producing them.

If they were "accredited official statistics" before the start of the developments, we will ask the Office for Statistics Regulation (OSR) to reassess and re-accredit them.

We will inform users of the outcome of our, and any OSR, review and any changes.

For more information, see our Estimating good health prevalence for use in healthy life expectancy outputs methodology article.

7 . Related links

Quality and methods guide: Life expectancy for local areas
Quality and methods guide | Published 15 April 2026
What the life expectancy statistics cover, how we produce them, and their quality and comparability. Includes definitions and latest, past, and upcoming changes.

Quality and methods guide: Healthy life expectancy
Quality and methods guide | Published 15 April 2026
What the healthy life expectancy statistics cover, how we produce them, and their quality and comparability. Includes definitions and latest, past, and upcoming changes.

Life expectancy for local areas of the UK: between 2001 to 2003 and 2022 to 2024
Bulletin | Published 10 December 2025
Subnational trends in period life expectancy, a measure of the average number of years people will live beyond their current age.

Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024
Bulletin | Published 19 February 2026
Subnational trends in period life expectancy, a measure of the average number of years people will live beyond their current age.

English indices of deprivation 2025
Web page
Information regarding the Index of Multiple Deprivation (IMD) 2025.

Welsh Index of Multiple Deprivation (WIMD) 2025
Web page | Updated 11 December 2025
Information regarding the Welsh Index of Multiple Deprivation (WIMD) 2025.

8 . Cite this statistical bulletin

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