

Briefing Document: The State of Health and Care of Older People in England 2025

Attribute	Detail
Report Title	The State of Health and Care of Older People in England 2025
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Core Finding	The number of older people in England is rising quickly, but healthy life expectancy has fallen at ages 50 and 65, exposing massive inequalities based on income and geography. Services are under huge pressure due to State underinvestment and increasing demand, intensifying burdens on unpaid carers and staff.

1. Health and Care Needs of the Older Population

Demographic Shifts and Declining Health: England’s population is ageing. In 2025, there are an estimated **22.3 million people aged over 50** in England, equivalent to 38% of the total population. This is projected to increase to 26.6 million (42% of the population) by 2045.

However, healthy life expectancy is falling at older ages. Healthy life expectancy at age 50 has dropped to **20.6 years for females and 19.4 years for males**.

Inequalities and Multimorbidity: Health outcomes vary significantly by deprivation and geography. There is an **11-year gap in healthy life expectancy at age 50** between Blackpool (one of the most deprived areas) and Wokingham (one of the least deprived areas). Females aged 50 in the most deprived areas are expected to live only 44% of their lives in good health, compared to 70% in the least deprived areas.

The likelihood of living with **multiple long-term conditions (multimorbidity)** significantly increases with age:

- Age 50-59: 17% have multiple long-term conditions.
- Age 80+: This rises to **68%**.

Frailty and Preventative Care Deficits: In 2024/25, one-third of older people assessed for frailty in primary care were diagnosed with moderate (21%) or severe (12%) frailty. Critically, older people diagnosed with severe frailty are often not receiving follow-up care:

- Only **19%** received a falls risk assessment.

- Less than one in five (**17%**) received a structured medication review.
 - More than one in four (**23%**) went on to experience a fall.
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2. Pressures on Neighbourhood Treatment, Care, and Support

The incoming Government's 10 Year Health Plan supports shifting emphasis "from hospital to home" through a Neighbourhood Health Service. However, local services face critical pinch points:

Primary Care Capacity: Satisfaction with the time it takes to get a GP appointment is the top NHS priority for older people. The increase in full-time equivalent (FTE) GPs (2.5% between March 2024 and March 2025) is struggling to keep pace with the increase in demand for appointments (2.7% increase between 2023/24 and 2024/25).

- GPs are reportedly operating beyond the safe level of 25 consultations a day, with a 2024 survey finding they see an average of **31 patient contacts daily**.
- The growth in FTE GPs has not kept pace with the 22% increase in the population aged 75+ between 2018 and 2025.

Adult Social Care Access and Sustainability: Requests for support from older people to local authorities totalled **1.4 million in 2023/24**. More than half (**51%**) of requests resulted in no services provided, universal services, or signposting elsewhere.

- As of March 2025, **372,113 adults were waiting** for an assessment, care to begin, or a review of their care plan.
- Directors of Adult Social Services (DASS) are planning to deliver **£932 million in savings** in 2025/26, equating to about 4% of net adult social care budgets.
- The care provider market is "in distress". More than half (**56%**) of DASS reported residential and homecare providers in their area had closed or handed back contracts in 2024/25.
- The Health Foundation estimates an additional **£3.4 billion investment** is needed in adult social care by 2028/29 just to avoid services declining.

Home Adaptations: People are waiting months for major home adaptations to be completed via Disabled Facilities Grants (DFGs). In 2023/24, the total average time for completing a DFG was **247 working days** (equivalent to over 11 months). Only 1 in 10 councils are meeting the six-month target for completing all stages of the DFG application process.

3. Impact on Older People and Acute Care Services

Unmet Need and Private Expenditure: It is estimated that **4.5 million people aged 50+** need help with essential everyday tasks, and an estimated 2 million people aged 65+ have unmet needs for care and support. Growing inequality means older people are increasingly choosing to 'go private' for procedures if they can afford it. Avoiding long delays on NHS waiting lists is a key factor in the decision to "go private".

Acute Service Strain: Acute services are stretched. The number of A&E attendances continues to rise, reaching **27.4 million in 2024/25**. The rate of attendance at type 1 and 2 A&E departments for people aged 80+ increased by 7.1% from 2024 to 2025.

Emergency admissions for potentially avoidable ambulatory care sensitive conditions (for ages 65+) totaled **over 1.1 million in 2023/24**.

Corridor Care and Delays: The number of people experiencing 'corridor care' (waiting 12 hours or more from the decision to admit to admission) reached **532,451 in 2024/25**, representing a 525-fold increase over the past decade.

- The older a person is, the more likely they are to experience a long stay in A&E. One in three (**32%**) of those aged 90 and above are waiting 12 hours or more.

Waiting Lists and Discharge Delays: The total waiting list for non-urgent consultant-led treatment for those aged 65+ stood at **2.4 million in June 2025** (a 36% rise since September 2021).

- Discharge delays contribute to longer hospital stays. In May 2025, 102,861 bed days were used by patients who had waited three weeks or more after being identified as fit for discharge.

Growing Pressure on Unpaid Carers: Unpaid carers are "selflessly picking up the pieces" of a failing system.

- Around **1.8 million people aged 65+** in England are unpaid carers.
- **82% of carers are unable to take a break** from caring for more than 24 hours.
- For the third year running, Directors of Adult Social Services ranked **burnout** as the number one contributing factor to increases in carer breakdown.

4. Workforce and Infrastructure Challenges

NHS Workforce Structure: The total NHS workforce is growing, but growth is tilted heavily towards acute care, not community services. The number of **NHS district nurses has reduced by 19%** in the decade since the 2014 commitment to "shift care closer to home".

Adult Social Care Workforce Gap: The adult social care sector faces severe shortages. Skills for Care projects the workforce needs an **extra 540,000 people by 2040** just to meet demand.

- The vacancy rate (8% in 2023/24) is almost three times that of the wider economy (2.8%).
- High staff turnover persists, with a quarter of staff leaving their roles each year.
- Care worker pay is low, paid at a median hourly rate of £11.00 in 2023/24, resulting in many feeling "undervalued and underpaid".
- International recruitment, which had helped mitigate vacancies, is falling dramatically due to new immigration rules preventing care workers from bringing dependents.

Infrastructure Deficits: The NHS is "starved of capital". The backlog of building maintenance requires an estimated **£13.8 billion to resolve**.

- The number of general and acute hospital beds available in England remains nearly the same as ten years ago, despite demographic changes.
- Lord Darzi's investigation found the UK has **fewer CT, MRI, and PET scanners** than any of its comparator countries, which frustrates timely diagnosis and treatment.

5. Recommendations

The report includes several key recommendations to address these challenges, including:

1. **Prioritise Older People:** Make older people an explicit priority for the Neighbourhood Health Service.
2. **Reduce Avoidable Admissions:** By the end of this Parliament, reduce emergency admissions for acute and chronic conditions manageable in the community to under 100,000 a year.
3. **Ensure Frailty Care:** Guarantee that all older people diagnosed with severe frailty receive a structured medication review and falls risk assessment, as a minimum.
4. **Improve Discharge:** Bring down the numbers of people delayed in hospital when fit for discharge back to pre-pandemic levels (approximately 4,500 on a typical day, compared to 12,000+ now).

5. **Strengthen Workforce:** In the upcoming NHS workforce strategy: assess and standardise maximum GP list size; make funded commitments to grow the community workforce (including District Nurses); and increase standard core skills relating to older people's care and frailty.
6. **Accelerate Social Care Reform:** Request the Casey Commission produces its final report by 2027 at the latest, rather than 2028. Develop measures to support the care workforce and mitigate the impact of new Immigration Rules, including bringing the Fair Pay Agreement into force sooner than 2028 if possible.
7. **Support Carers:** Develop a funded strategy to increase the proportion of unpaid carers able to take a break for 24 hours to at least 1 in 4 by the end of this Parliament.