

TELFORD & WREKIN COUNCIL**HEALTH & WELLBEING BOARD: 15TH JUNE 2016****HEALTH & WELLBEING PRIORITY UPDATE: LIFE EXPECTANCY****REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL****HEALTH & WELLBEING BOARD PRIORITY SPONSOR: RICHARD OVERTON, DEPUTY LEADER TELFORD & WREKIN COUNCIL, HEALTH & WELLBEING BOARD CHAIR****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

- This report provides an update on the local picture of life expectancy and the main causes behind our reduced life expectancy position. Further work is being undertaken to better understand the local pattern and underlying causes.
- Life expectancy rates remain highly relevant outcome measures for the three new HWB strategy priorities.
- The relevant prevention work, led by the Council to reduce the impact of smoking, excess weight and the misuse drugs and alcohol will still be routinely reported to the HWB as part of the regular Living Well and Community Safety Partnership update reports.
- Reducing the health and wellbeing gap is one of the key aims of the Shropshire, Telford & Wrekin NHS Sustainability and Transformation Plan. This plan is strongly aligned with the HWB strategy and should contribute significantly to improving life expectancy in Telford & Wrekin.

2. RECOMMENDATIONS

The Board is recommended to:

- Acknowledge that life expectancy rates remain highly relevant outcome measures for the three new HWB strategy priorities
- Recognise that the main causes of reduced life expectancy and associated inequalities will be tackled through delivery of the HWB strategy work programmes and the NHS Sustainability and Transformation Plan process
- Agree to receive further intelligence on the causes of reduced life expectancy, as part of the JSNA updates, when further analyses have been produced

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority -	
	Yes	Although improving life expectancy rates is no longer a specific priority in the new health and wellbeing strategy, these measures remain highly relevant across the three new priorities. Life expectancy and healthy life expectancy rates should be used as overarching measures of progress towards improving local health and wellbeing.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	To improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	See equality and diversity section below
TARGET COMPLETION/DELIVERY DATE		
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The delivery of these strategies and the detailed work programmes will need to be considered against the context of reducing resources.</p> <p>The Council currently spends £3.7m on the relevant prevention work highlighted in Section 1 of this report and other Living Well initiatives .</p> <p>Further reductions in Public Health grant in future years may impact on the monies available to fund this work beyond 2016/17.</p> <p>ER – 25/05/2016</p>
LEGAL ISSUES	Yes	<p>In respect specifically of the Health and Wellbeing Board (HWBB) responsibilities regarding work to improve life expectancy, it should be noted that section 2B of the National Health Services Act 2006 (as amended) contains a duty on local authorities to take appropriate steps to improve the health of local people in its area.</p> <p>Further the HWBB has a role in co-ordinating and encouraging integrated working.</p> <p>Accordingly, work undertaken to identify and investigate life expectancy issues assists the Council with undertaking its statutory responsibilities.</p>

EQUALITY & DIVERSITY	Yes	<p>The JSNA clearly demonstrates inequalities relating to life expectancy in Telford and Wrekin, including:</p> <ul style="list-style-type: none"> • Geographical hot spots where life expectancy and early death rates are significantly worse than average (Appendix I)
IMPACT ON SPECIFIC WARDS	Yes	<p>See equality and diversity section above</p> <ul style="list-style-type: none"> • Male life expectancy is 7.6 years lower for men in the most deprived areas of Telford and Wrekin compared to the in the least deprived areas. • Female life expectancy is 5.2 years lower for women in the most deprived areas of Telford and Wrekin compared to the in the least deprived areas. <p>In terms of our life expectancy inequalities gap <u>within</u> Telford and Wrekin between the most deprived fifth of communities and the least deprived fifth of communities:</p> <ul style="list-style-type: none"> • for men 20% of the inequalities life expectancy gap is due to cardiovascular disease, 31.5% is to cancer and 10% due to respiratory disease • for women 20% of the inequalities life expectancy gap is due to cardiovascular disease, 15% is due to cancer and 22% due to respiratory disease.
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>Patient experience is a key work stream in the improving cancer outcomes plan.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<ul style="list-style-type: none"> • Key links to the NHS Sustainability and Transformation Plan, which requires closing of the health and wellbeing gap and a radical upgrade in prevention activities across our health and care system. • The majority of causes of ill-health and premature death are due to avoidable diseases, such as: diabetes, preventable cancers and cardiovascular diseases - many of which are caused by lifestyle risk factors such as smoking, alcohol consumption and excess weight. The Board will continue to receive updates on action to tackle the underlying causes and risk factors for preventable deaths in future as part of the HWB work programme updates.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1. Life expectancy figures update

The JSNA Mortality Profile 2015 gives a picture of the comparative trends for life expectancy, alongside the main causes of reduced life expectancy and premature mortality. The key headline messages for life expectancy are as follows:

- Male life expectancy at birth increased by 0.5 years during 2012-14, to 78.7 years from 78.2 years in 2011-13.
- Trends indicate that male life expectancy has increased over the last decade, but has been significantly worse than the England average since 2006-08. Despite remaining below the England average, the latest information for 2012-14 shows a narrowing of the gap between the local and national position. (Figure 1)
- Female life expectancy at birth decreased by 0.3 years during 2012-14, to 81.8 years from 81.5 years in 2011-13.
- Trends indicate that female life expectancy has increased over the past decade, but has been worse than the England average since 2008-10, with the gap between local and national figures increasing since 2007-09. Between 2009-11 and 2011-13 life expectancy for females in the Borough was declining, but the latest figure for 2012-14 shows signs of an increase. (Figure 2)
- Healthy life expectancy rates for men and women also remain significantly worse than the national average
- In terms of health inequalities the lowest rates of life expectancy and healthy life expectancy are seen in our most deprived communities. (See Equalities and Diversity and Impact of Specific Wards section on page 2 and Appendix I)

More detailed information on life expectancy rates, for 65+ years and healthy life expectancy figures are shown in Appendix II.

Figure 1 Trends in Male Life Expectancy

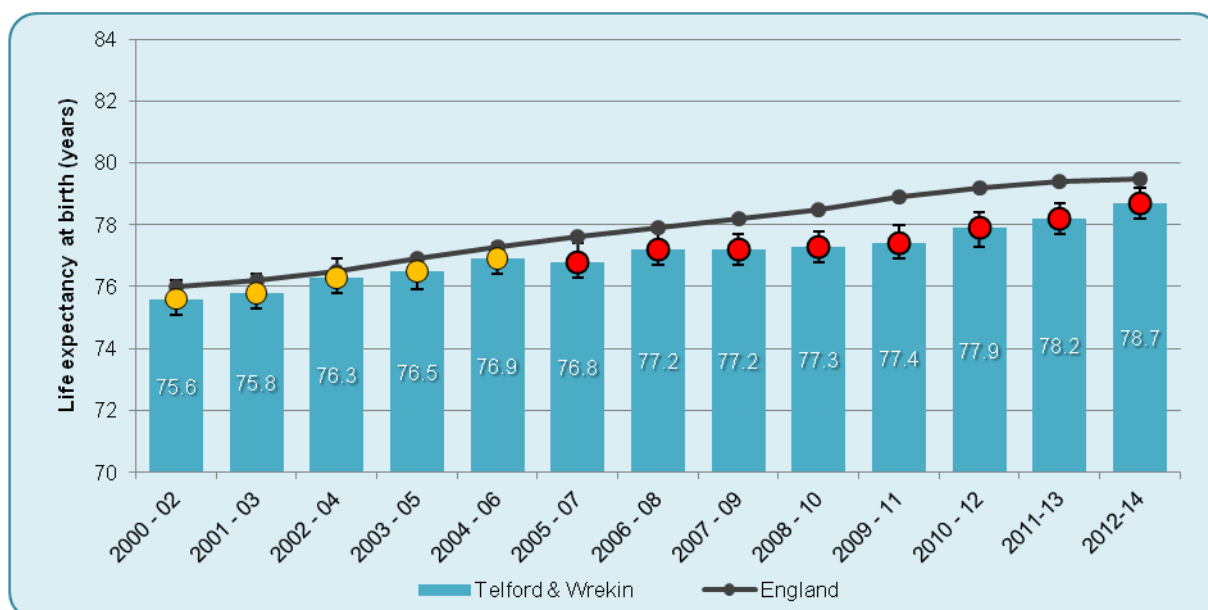
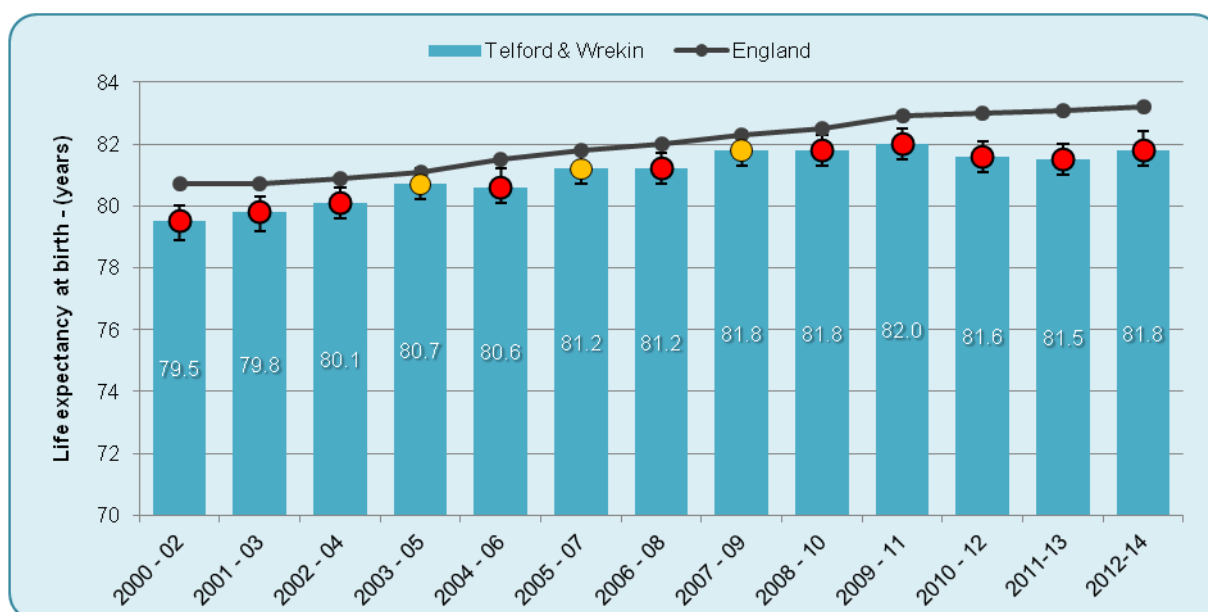


Figure 2 Trends in Female Life Expectancy



Source: Telford & Wrekin JSNA Mortality Profile 2016, Public Health Outcomes Framework, <http://www.phoutcomes.info/>

1.2. Overview on early deaths and causes of reduced life expectancy

The key messages for the main causes of reduced life expectancy and premature mortality from the JSNA Mortality Profile 2015 are as follows:

- Early deaths from cancers and cardiovascular diseases account for in excess of 75% of all early deaths and all years of life lost under 75 years. Cancers cause 42.1% of all early deaths under 75 years, cardiovascular diseases – CVD (heart disease and stroke) account for 20.8%.

- There has been a marked change in the ratio of cancer to CVD deaths compared to 2001-03, when cancer and cardiovascular diseases accounted for around a third of deaths under 75 within Telford and Wrekin each.
- Cardiovascular diseases: early death rates in men and women have declined markedly during the past decade, and in 2012-14 the rate was for persons was similar to the England rate rather than significantly higher for the first time. Rates for men, although falling, are double the rates in women. Almost two thirds (64%) of cardiovascular deaths are considered preventable, but the rate of early deaths considered preventable is decreasing at a faster pace than the national rate.
- Cancers: early death rates in men and women have not declined at the same rate as the national average. In 2012-14 the rate for men was worse than the national average, whereas for women the rate was similar to the national average. Over half (60%) of cancer deaths are considered preventable and early death rates for preventable cancers in men and women are static and not reducing.

Appendix III provides further information on comparative mortality rates.

1.3. Understanding our life expectancy pattern better

In 2015 the JSNA process included local analytical work on life expectancy and mortality rates, including detailed investigation of cancer mortality. However, the reasons behind the local position for female life expectancy i.e. the lack of progress over time and widening of the gap between the national average are still not clearly understood.

The Council's Public Health Team are collaborating with Public Health England West Midlands Knowledge and Information Team to investigate local life expectancy patterns and causes in more detail. This bespoke work in Telford & Wrekin has been agreed as part of PHE's pilot approach to develop place-based working with local areas.

1.4. Sustainability and Transformation Plan context

The Health & Wellbeing Board has been briefed on the NHS requirement to produce a strategic Sustainability and Transformation Plan for the Local Health Economy. The plan needs to clearly describe the local vision for Shropshire, Telford & Wrekin to deliver the ambitions of the NHS Five Year Forward View¹. The STP will articulate how the following three gaps in healthcare will be narrowed: *the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap.*

Closing the health and wellbeing gap and associated health inequalities, which will improve life expectancy in Telford & Wrekin, requires a radical upgrade in prevention. This means we need comprehensive programmes to tackle preventable lifestyle-related illness. These programmes need to be delivered systematically at scale and embedded across health and social care and the third sector working with and in our communities.

¹ NHS Five Year Forward View Time to Deliver <https://www.england.nhs.uk/2015/06/time-to-deliver/>

The STP, which is currently being prepared for the June 2016 submission, prioritises three key areas for improving the health of the population which directly match the Telford & Wrekin HWB priorities. Tackling lifestyle risk factors and upgrading prevention activities to reduce cancer and cardiovascular disease is a key focus of the plan.

1.5. Tackling cardiovascular disease

Reducing the main causes of reduced life expectancy has been part of the CCG Quality Premium Potential Years of Life Lost Plan during the past two years. There have been some improvements in the prevention, management and treatment of cardiovascular disease during this time. However, reducing the risk particularly through tackling diabetes and hypertension (high blood pressure), remain key priorities given the scale of these conditions in our communities.

Proposals are being put forward in the STP to systematically improve the prevention, detection, treatment and management of hypertension and diabetes, including primary and secondary prevention elements, including:

- Delivery of the diabetes prevention programme approach to identify and manage people at high risk of developing diabetes
- Improving the uptake of vascular risk assessment through NHS Health Check
- Reducing unwarranted variation across practices GP practice performance will contribute to reducing health inequalities.
- Redesigning the diabetes integrated service and treatment pathways
- Improving seasonal 'flu immunisation for people in at risk clinical groups, as well as those aged 65 years and over

1.6. Improving Cancer Outcomes

In 2014 Telford and Wrekin was ranked 190th of 203 CCGs in England for cancer survival at one year following diagnosis. In response CCG colleagues and Council's public health team have been working with Shrewsbury & Telford Hospital NHS Trust and Macmillan to produce the plan *Improving cancer survival, patient experience and quality of life: Living Well for longer in Telford & Wrekin 2016 – 2018*.

The plan has a strong collaborative, evidence-based approach and responds directly to the expectations of *Achieving World Class Cancer Outcomes - A Strategy for England 2015-2020*, published in June 2015. There is clear local governance now in place and clinical leadership is driving the plan. Patient experience and the voice of cancer survivors and families affected features strongly through active involvement of the local charity the Jayne Sargent Foundation².

² <http://www.jaynesargent.co.uk/>

There are clear measurable outcomes for the cancer plan and six early wins have been agreed as follows:

- a) The development of a primary care based incentive scheme to improve uptake for bowel and breast cancer screening
- b) CCG leadership of and primary care engagement in improving early diagnosis with the Cancer Research UK visiting programme the Macmillan GP
- c) Radical upgrade in prevention, to include: increased symptom awareness to support early presentation e.g. linked to the national Be Clear on Cancer Campaign planned for July – August 2016
- d) CCG Primary Care support to analyse, disseminate lessons and good practice from the cancer audits undertaken in 2014-2015 and 2015 -2016 to improve diagnosis
- e) CCG and partner support for systematic and consistent implementation of all elements of the Recovery Package based on the needs and preferences of local people living with and beyond cancer
- f) CCG and partner responsiveness to the needs of People Living with and Beyond Cancer
- g) Higher profile, accessible one stop shop / website and or apps for people living with and beyond cancer to provide equity of access and proactively address inequalities in cancer survival.

The ambition to improve cancer outcomes is also being referenced in the STP.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See summary impact assessment section on pages 2-3 for details.

3. PREVIOUS MINUTES

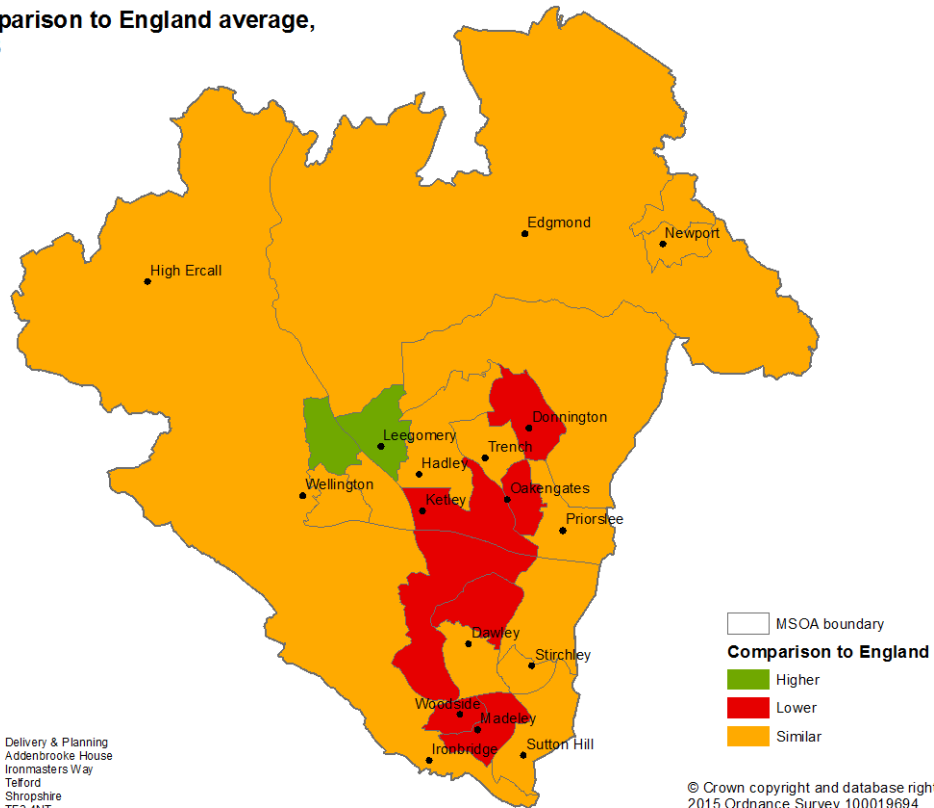
- Health & Wellbeing Priority Update: Life expectancy, 21st January 2015
- Health & Wellbeing Priority Update: Life expectancy – Focus on Cancer, 12th March 2014
- Health & Wellbeing Priority Update Report: Life expectancy and health inequalities, November 2013

4. BACKGROUND PAPERS

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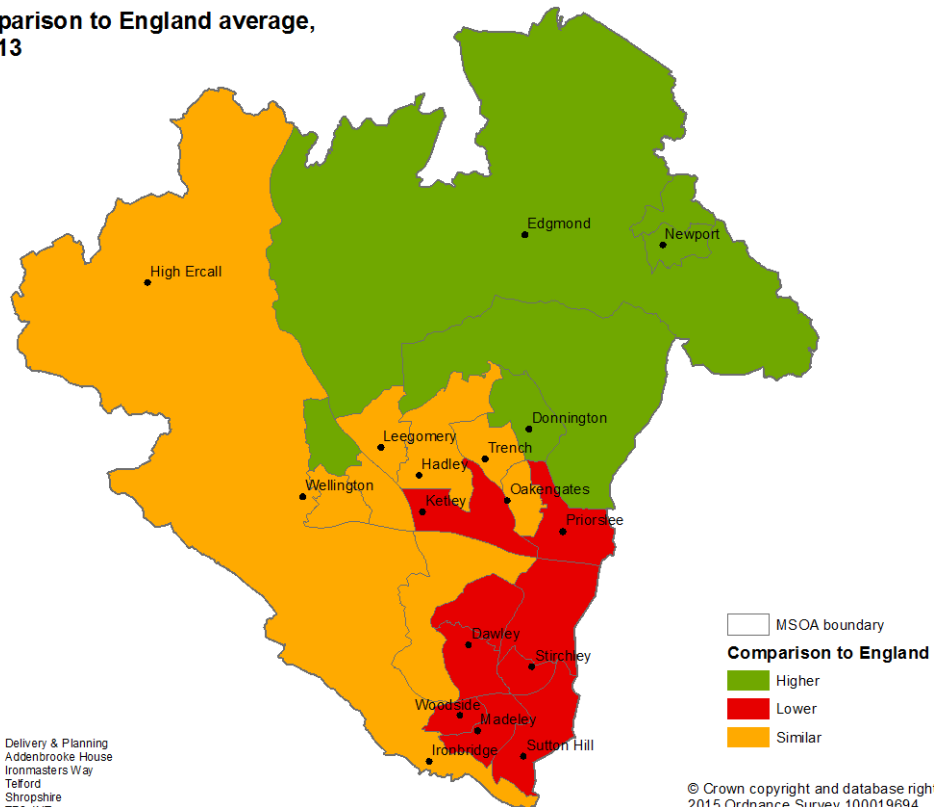
Life expectancy comparison to England average, males MSOA 2009-13



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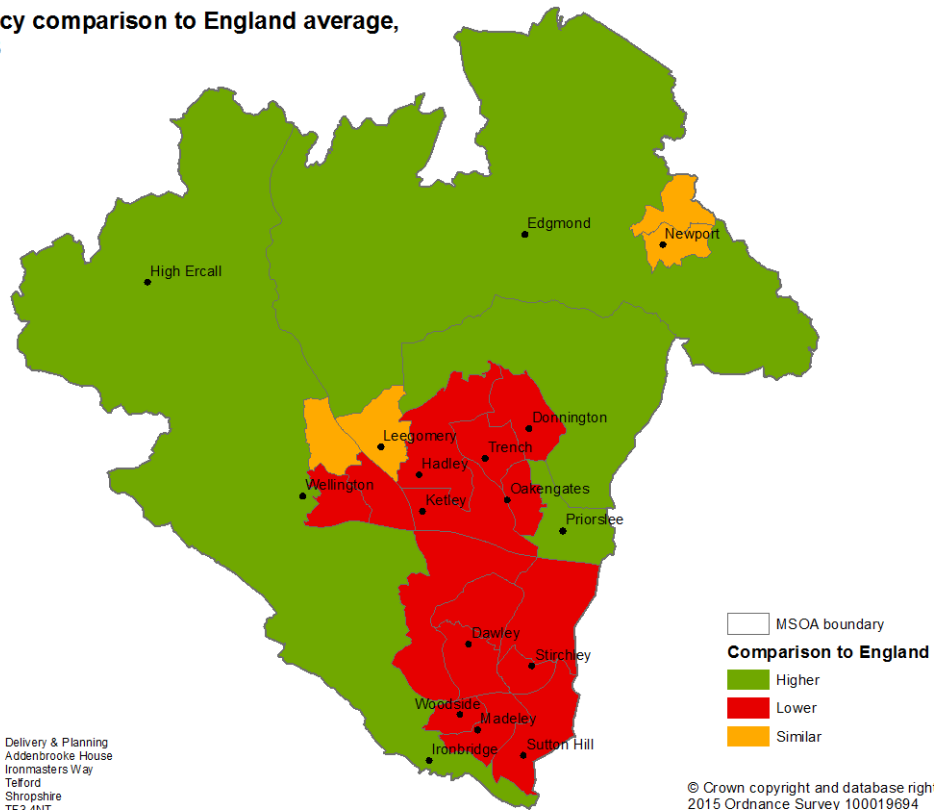
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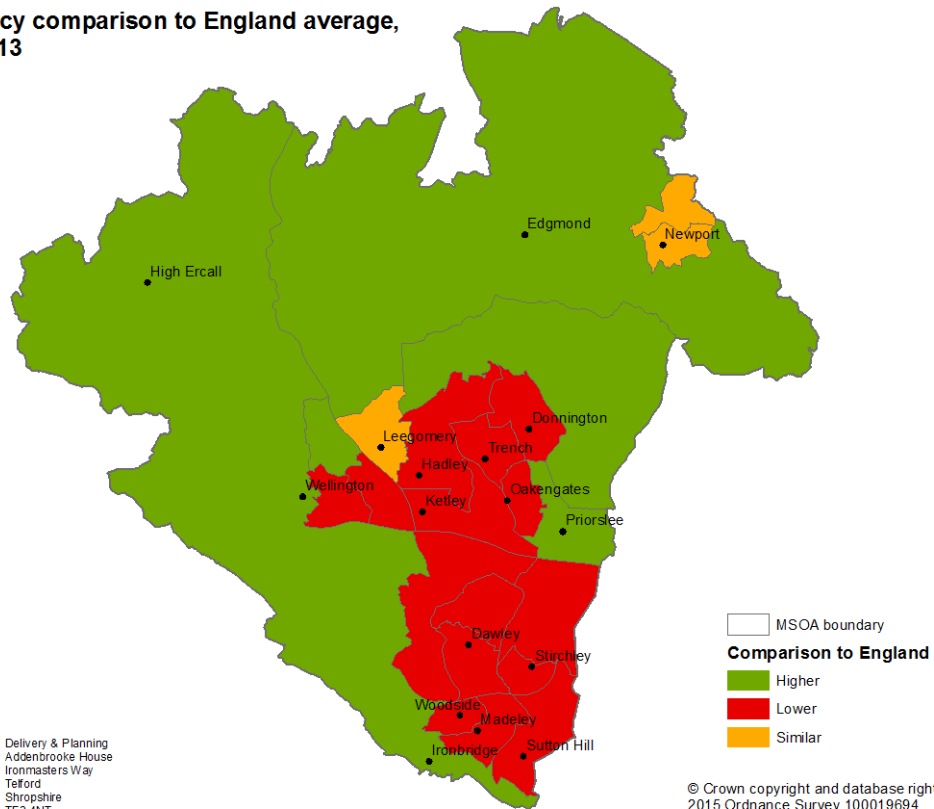


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Public Health Outcomes Framework: Life Expectancy Indicators

Key to RAG rating

Telford & Wrekin position significantly worse than the England average	Telford & Wrekin position similar to the England average	Telford & Wrekin position significantly better than the England average
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The RAG rating in these tables uses the statistical significance as calculated and presented by Public Health England (PHE) in the PHOF release November .2015. Indicators without RAG ratings are those where PHE have not applied statistical comparisons.

Indicator	Telford and Wrekin	England figure	Time Period
Healthy life expectancy at birth - Male	60.11	63.27	2011 - 13
Healthy life expectancy at birth - Female	57.06	63.95	2011 - 13
Life expectancy at birth - Male	78.70	79.55	2012 - 14
Life expectancy at birth - Female	81.80	83.20	2012 - 14
Life expectancy at 65 - Male	18.20	18.77	2012 - 14
Life expectancy at 65 - Female	20.30	21.19	2012 - 14
Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area - Male	6.95	-	2012 - 14
Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area - Female	2.84	-	2012 - 14
Gap in life expectancy at birth between each local authority and England as a whole - Male	-0.85	0.00	2012 - 14
Gap in life expectancy at birth between each local authority and England as a whole - Female	-1.40	0.00	2012 - 14
Slope index of inequality in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas - Male	11.81	-	2009 - 13
Slope index of inequality in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas - Female	12.10	-	2009 - 13

Source: <http://www.phoutcomes.info/> downloaded November 2015

Summary PHOF Domain 0 – Overarching Determinants of Health

The Telford & Wrekin position is significantly worse than the England average for all eight sub-indicators that have been statistically compared.

Worse than average indicators:

- Healthy life expectancy at birth (male and female)
- Life Expectancy at birth – (male and female)
- Life Expectancy at 65 – (male and female)
- Gap in life expectancy at birth between compared with England – (male and female)

Public Health Outcomes Framework: Premature Mortality Indicators

For the period 2012-14 the Telford & Wrekin rate was significantly worse than the national average for England for the following indicators:

- Mortality from causes considered preventable – all ages (persons)
- Mortality for under 75s from cancer (persons and males)
- Mortality for under 75 from cancer considered preventable (persons and males)

The rates for all other indicators was not significantly different to the England average

Indicator	Previous RAG rating and direction of travel	Telford & Wrekin	England
		Rate	Rate
Mortality rate from causes considered preventable (all ages) - Persons	▼	198.4	182.7
Mortality rate from causes considered preventable (all ages) – Males	▼	250.0	230.1
Mortality rate from causes considered preventable (all ages) – Females	▲	149.1	138.4
U-75 mortality rate from all cardiovascular disease - Persons	▼	80.3	75.7
U-75 mortality rate from all cardiovascular disease – Males	▼	112.9	106.2
U-75 mortality rate from all cardiovascular disease - Females	▼	49.1	46.9
U-75 mortality rate from all cardiovascular disease considered preventable - Persons	▼	52.0	49.2
U-75 mortality rate from all cardiovascular disease considered preventable – Males	▼	77.2	74.1
U-75 mortality rate from all cardiovascular disease considered preventable – Females	▲	27.8	25.6
U-75 mortality rate from cancer - Persons	▼	159.4	141.5
U-75 mortality rate from cancer - Males	▲	179.0	157.7
U-75 mortality rate from cancer – Females	▼	141.2	126.6
U-75 mortality rate from cancer considered preventable - Persons	▲	95.2	83.0
U-75 mortality rate from cancer considered preventable – Males	▲	108.6	90.5
U-75 mortality rate from cancer considered preventable - Females	▼	82.9	76.1
U-75 mortality rate from liver disease - Persons	▼	21.1	17.8
U-75 mortality rate from liver disease – Males	▼	25.8	23.4
U-75 mortality rate from liver disease - Females	▲	16.9	12.4
U-75 mortality rate from liver disease considered preventable - Persons	▼	18.9	15.7
U-75 mortality rate from liver disease considered preventable - Males	▼	24.4	21.0
U-75 mortality rate from liver disease considered preventable - Females	▲	13.6	10.6
U-75 mortality rate from respiratory disease - Persons	▼	32.7	32.6
U-75 mortality rate from respiratory disease – Males	▼	34.1	38.3
U-75 mortality rate from respiratory disease - Females	▼	31.3	27.4
U-75 mortality rate from respiratory disease considered preventable - Persons	▼	19.1	17.8
U-75 mortality rate from respiratory disease considered preventable - Males	▼	19.2	20.1
U-75 mortality rate from respiratory disease considered preventable - Females	▼	18.9	15.7
U-75 mortality rate from all causes considered amenable - Persons		128.9	112.1
U-75 mortality rate from all causes considered amenable - Males		154.2	135.4
U-75 mortality rate from all causes considered amenable - Females		104.86	91.2