

TELFORD & WREKIN COUNCIL**HEALTH & WELLBEING BOARD - 14 JUNE 2017****LIFE EXPECTANCY UPDATE****REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

- 1.1. This report provides the HWB with an update of male and female life expectancy rates and identifies the most significant causes of the gap in life expectancy between the Telford & Wrekin position and the England average. The contribution which certain age groups make to these life expectancy gaps is also reported. The plans and programmes of work which are in place to tackle the main causes of reduced life expectancy and aligned to the Health and Wellbeing priorities, are summarised.
- 1.2. Life expectancy at birth in men was 78.4 years in 2013-15, a fall of 0.2 years compared to 2012-14. For women the life expectancy at birth rate was 82.0 years in 2013-15, a fall of 1.12 years compared to 2012-14. Both rates remain significantly worse than the England average.
- 1.3. In general, a few children and young people dying at a very young age but also larger numbers of older people perhaps dying a little early can affect life expectancy rates. In both men and women in Telford and Wrekin infant mortality is a significant cause of the life expectancy gaps. For men alcohol-related conditions, suicide and lung cancer are also key contributors to the gap. For women, chronic obstructive airways disease and coronary heart disease are also significant. The most significant age groups which contribute to reduced life expectancy are boys and girls aged under one year, men aged 50-69 years old and older women.
- 1.4. It is clear that lifestyle risk factors systematically contribute to the range of causes of reduced life expectancy in Telford and Wrekin. These risk factors, such as smoking, excess weight, lack of physical activity and excess alcohol consumption are also strongly associated with the local levels of socio-economic disadvantage, which exacerbates health inequalities.
- 1.5. The life expectancy picture today obviously reflects the legacy of relatively poor lifestyle behaviours in the borough over the past 50 years, as well as the current changing and challenging patterns.
- 1.6. The ambitions of the Health & Wellbeing Strategy and the Shropshire, Telford & Wrekin NHS Sustainability and Transformation Plan (STP), if delivered effectively should contribute significantly to improving local life expectancy rates. There is scope to strengthen the prevention at scale commitments in the STP, particularly with respect to the role the local NHS plays.

2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY e.g. CCG, Council)

a) The HWB is requested to note the significant alignment between the causes of reduced life expectancy and the HWB strategy priorities:

- Encourage healthier lifestyles
- Improve mental wellbeing and mental health
- Strengthen our communities and community based support and;

the relevance of the work programmes which will be delivered as part of the Telford & Wrekin neighbourhood working plan contributing to these priorities.

b) The HWB is also asked to recognise the importance of the radical upgrade in prevention in the NHS as part of the neighbourhood working plan and wider STP.

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

A variety of work programmes and plans will potentially contribute to improving local life expectancy rates, including:

- Local Maternity System Plan
- Cancer Survival Plan
- Neighbourhood working plan – especially the prevention at scale and diabetes, hypertension and respiratory disease work streams
- Suicide Prevention Strategy and action plan

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Life expectancy rates are highly relevant overarching measures of population health and should be monitored to understand the success of the health and wellbeing strategy given the relevance to all three strategic priorities.
	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	To improve local life expectancy rates there should be a particular focus on: <ul style="list-style-type: none"> • Men aged 50-69 years and; • Women aged 50-89 years 	

TARGET COMPLETION/DELIVERY DATE	Action to tackle the causes of reduced life expectancy is reported routinely to the HWB through the strategic priority update reports. The HWB receives updates on life expectancy rates on an annual basis.	
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 Public Health Grant allocated to the Council in 2017/18, from which the strategies identified in Section 1.4 will need to be delivered, is £12.7m</p> <p>Reductions in Public Health grant in 2018/19 and 2019/20 of £0.3m per year may impact on the monies available to fund this work beyond 2017/18.</p> <p>ER – 30/05/2017</p>
LEGAL ISSUES	Yes	<p>Section 2B of the National Health Service Act 2006 (as amended) places a duty upon local authorities to take appropriate steps to improve the health of local people in its area.</p> <p>The Public Health Outcomes Framework [refreshed in May 2016 up to 2019 and published under Section 73B(1) of the NHS Act 2006] is a document that local authorities must have regard to in the exercise of their public health functions</p> <p>The two high level outcomes are: increased healthy life expectancy ;and reduced differences in life expectancy and healthy life expectancy between communities</p> <p>The HWBB has a role in co-ordinating and encouraging integrated working. Accordingly, work undertaken by the HWBB to identify and investigate life expectancy issues assists the Council with undertaking its statutory responsibilities.</p> <p>KF 30.05.2017</p>
EQUALITY & DIVERSITY	Yes	See next section re inequalities
IMPACT ON SPECIFIC WARDS	Yes	There are clear inequalities related to both male and female life expectancy - the gap between rates in the most deprived and least deprived communities is as follows:

		<ul style="list-style-type: none"> • for men 8.19 years • for women 5.85 years <p>The mortality profile, which is part of the JSNA, indicates that the geographical hot spots where life expectancy and early death rates are significantly worse than average are also amongst our most deprived communities.</p>
PATIENTS & PUBLIC ENGAGEMENT	Yes	<ul style="list-style-type: none"> • Client, service user and patient engagement work shapes the commissioning of health and social care services in the Council and CCG. • The developing neighbourhood working approach, which will deliver the HWB's community resilience and community-based support priority, will contribute significantly to improving life expectancy through a range of plans and programmes.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<ul style="list-style-type: none"> • There is key relevance to the ambitions of the Shropshire, Telford & Wrekin NHS Sustainability and Transformation Plan. • The Local Maternity System Plan is also important given the impact of maternal and infant health on infant mortality and life expectancy.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1. Introduction

1.1.1. The Council's public health team have collaborated with the PHE West Midlands Local Knowledge and Information Service (LKIS) on analytical work to understand the most significant local contributors to our reduced life expectancy figures in terms of causes of death and the contribution of different age groups.

1.1.2. The age at death as well as the numbers of deaths are important factors in determining life expectancy rates. Deaths of people at younger ages (for example infant deaths and deaths from suicide), although relatively small in number, contribute significantly to reduced life expectancy in terms of the years of life lost. Whilst there are naturally larger numbers of deaths of older people (e.g. from cancers and dementia) which are also significant, these contribute relatively fewer years of life lost within people's lifetimes.

1.1.3. The Telford & Wrekin mortality profile 2016 update, which is published annually as part of the JSNA process, is included in Appendix I.

1.2. Life expectancy overview

1.2.1. Measures of life expectancy are included in the national Public Health Outcomes Framework as key overarching indicators which are important measures of the health of the population. As such life expectancy rates can be used to assess the impact of the HWB strategy. Updated trends in life expectancy are shown in Appendix I (page 2).

1.2.2. Key Telford and Wrekin headlines for the male life expectancy at birth rate:

- 78.4 years in 2013-15, a fall of 0.2 years compared to 2012-14
- significantly worse than the England average since 2005
- 1.1 years lower than the England average
- 8.19 years gap between the most deprived and least deprived communities

1.2.3 Key Telford & Wrekin headlines for the female life expectancy at birth rate:

- 82.0 years in 2013-15, a fall of 1.12 years compared to 2012-14
- significantly worse than the England average since 2008
- 1.12 years lower than the England average
- 5.85 years gap between the most deprived and least deprived communities

1.3. What is driving our reduced life expectancy?

1.3.1. Cancers and circulatory diseases are the biggest killers in men and women, causing 58% of all male deaths and 49% of all female deaths. All cancers are responsible for just over a quarter (25.4%) of the life expectancy gap in men and almost a fifth (19.7%) of the life expectancy gap in women.

1.3.2. For men, the most significant causes of death which contribute to the male life expectancy gap are the following groups:

- infants under one year of age (15.7% of the gap) – on average 6 deaths per year
- lung cancer (13.5% of the gap) – on average 57 deaths per year
- alcohol-related causes (11.9% of the gap) – on average 16 deaths per year
- suicides (8.5% of the gap) – on average 13 deaths per year

1.3.3. In terms of the contribution of age groups to the male life expectancy gap, the following groups of deaths are the most significant:

- those in men in their 50s and 60s which account for 53% of the gap.

1.3.4. For women, the most significant causes of death which contribute to the female life expectancy gap are the following groups:

- infants under one year (12.7% of the gap) – on average less than 5 deaths per year
- Chronic obstructive airways disease (12.2% of the gap) – on average 42 deaths per year
- Coronary heart disease (10.5% of the gap) – on average 65 deaths per year

- 1.3.5. In terms of the contribution of age groups to the female life expectancy gap, the following groups of deaths are most significant:
- those in women in their 50s and 60s and older women, which account for 66% of the gap
- 1.3.6. When considering early deaths (under 75 years) mortality rates in Telford and Wrekin for women aged 65-74 years are higher than the national average.

1.4. Tackling reduced life expectancy

The following section considers the main causes of reduced life expectancy and risk factors and summarises the local action being taken.

1.4.1. Infant mortality

Deaths under one year, are a significant contributor to local male and female life expectancy rates for men and women. Although the numbers of deaths in the borough are thankfully small, on average 14 per year, the number of years of life lost is significant. The maternal and infant health profile for Telford and Wrekin and Shropshire¹, shows that the local infant mortality rate (which fluctuates due to the small numbers) declined markedly from the late 1980s, but has been slowly increasing again over the past five years. Since 2011-2013 the three year rolling average rate of deaths under one year has been significantly higher than the national average.

Nationally approximately a quarter of infant deaths under 1 year are classified as being associated with modifiable risk factors and as such were potentially preventable.² The most significant preventable lifestyle-related risk factors for infant mortality which are relevant to the Telford and Wrekin population are the high levels of smoking in pregnancy and maternal obesity.

The Local Maternity System (LMS) Plan, covering Shropshire, Telford and Wrekin, is being developed in response to the National Maternity Review - Better Births, which aims to improve outcomes of maternity services across England. There are a series of programmes within the LMS, including a health and wellbeing work stream, which is being led by Liz Noakes, Assistant Director Health & Wellbeing, Telford & Wrekin Council.

One recent local service improvement, jointly commissioned by the Council's public health team and the CCG, is the appointment of a public health midwife at PRH Women and Children's Unit. This new post, which started in April 2017, means that stop smoking services will be delivered directly by local midwives for the first time.

1.4.2. Respiratory Disease

In women deaths from chronic respiratory disease are a significant contributor to reduced life expectancy. Trends from early deaths under 75 years from respiratory

¹ http://www.telford.gov.uk/downloads/file/5233/maternal_and_infant_health_report_january_2017

² <https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2016>

disease are increasing and during 2013-15 the rates for all persons and females were significantly worse than the England average (Appendix I, pages 14-15).

Over half (58%) of early deaths from respiratory disease are considered preventable, including deaths from chronic obstructive airways disease. The main cause of chronic obstructive airways disease is smoking. Early detection is particularly important here as often people do not recognise the early signs – for example chronic cough and wheezing and shortness of breath until the disease is in its later stages when treatment is potentially less effective.

The neighbourhood working plan includes a programme of work relating to respiratory disease. The key developments will be awareness raising of symptoms and improvement in treatment, including more community-based services in localities.

1.4.3. ***Cancers – lung cancer***

Nationally the early death rates from cancer in men have declined over the past decade, but the Telford and Wrekin rate is not showing a consistent decline and the rate for 2013-15 remains worse than the England average (Appendix I, page 10-11). Similarly, there has been no significant change in the early death rate from preventable cancers in men over the past decade and the rate remains worse than the national average for the second year running.

Over half (59%) of early deaths under 75 years from all cancers are considered preventable. Lung cancer accounts for 13.5% of the gap in male life expectancy (on average 57 deaths per year). The vast majority (90%) of lung cancers are estimated to be caused by smoking and early detection of lung cancer can potentially reduce deaths by 20%.

The local strategic plan to improve cancer survival, which is part of the neighbourhood working programme, includes prevention and early detection and treatment and survivorship work streams. Symptom awareness raising initiatives are included and this work also links to the wider respiratory disease prevention agenda.

1.4.4. ***Liver disease – alcohol-related diseases***

Liver disease is one of the only causes of death nationally which is increasing year-on-year and the vast majority of liver disease (90%) is considered preventable. Early deaths under 75 years from liver disease in Telford and Wrekin are slowly increasing in both men and women (Appendix I, pages 12-13). Alcohol-specific diseases, which include deaths from alcoholic liver disease and alcohol poisoning contribute, significantly to the local male life expectancy gap.

The Telford and Wrekin Drug & Alcohol Strategy includes objectives on reducing alcohol-related harm through prevention work and transforming substance misuse treatment services. There has been a significant improvement in treatment outcomes for people with alcohol misuse issues in the past two years, with a greater number of people being seen within local services. During 2017/18 substance misuse services are being re-commissioned to further improve outcomes for those with alcohol problems.

More work is needed in the NHS to effectively identify and tackle alcohol both in primary care and in hospital. This is a key national requirement in the NHS Five Year Forward View and is a commitment in the Shropshire, Telford and Wrekin NHS Sustainability and Transformation Plan (STP) but work to progress the alcohol agenda has been slow and requires greater momentum.

1.4.5. ***Suicide Prevention***

Suicide is the fifth most significant cause of reduced life expectancy in men in Telford and Wrekin. There is a clear gender divide, over three quarters of all local deaths of people who take their own lives are men. The mortality profile (Appendix I, page 16) shows that trends in suicide rates are relatively static over time. The rate is not statistically significantly different to the England average.

The Council's public health team have lead the development of a comprehensive, evidence-based suicide prevention strategy and action plan which is part of the wider mental health strategy (see Agenda item 6 for further details).

1.4.6. ***Cardiovascular disease – coronary heart disease***

Trends in early deaths (under 75 years) from cardiovascular disease have been steadily declining locally over the past two decades in both men and women (Appendix I, pages 8-9). Despite this impressive reduction coronary heart disease is a significant contributor to the female life expectancy gap and the mortality rate from coronary heart disease in women aged 65-74 years is higher than the England average.

Almost two thirds (63%) of early deaths (under 75 years) from CVD are potentially preventable. The most important risk factors for circulatory diseases are preventable and lifestyle-related i.e. smoking, excess weight, lack of physical activity, high blood pressure (hypertension) and high cholesterol. Stress also plays a key role in cardiovascular risk.

Given the scope for prevention there is still work to do to tackle the risk factors for cardiovascular disease more effectively. Key programmes of work on diabetes and hypertension led by the CCG, are part of the neighbourhood working plan. Some of the actions include improving detection and treatment of hypertension in general practice and a better structured education programme offer for people with diabetes. Although there is a focus on improving treatment and care of patients in the NHS these work streams have clear community links for example collaborative work with the Telford Rotary Club and local Diabetes UK representatives.

2. **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

See Summary Impact Assessment section

3. **PREVIOUS MINUTES**

- Health & Wellbeing Priority Update: Life expectancy, 15th June 2016
- Health & Wellbeing Priority Update: Life expectancy, 21st January 2015
- Health & Wellbeing Priority Update: Life expectancy, 12th March 2014
- Health & Wellbeing Priority Update Report: Life expectancy and health inequalities, November 2013

4. **BACKGROUND PAPERS**

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