

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**DATE: 06 JUNE 2018****LIFE EXPECTANCY UPDATE****REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL****LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

This report updates the HWB on the life expectancy and healthy life expectancy picture in Telford & Wrekin and explores the inequalities gap in life expectancy related to socio-economic deprivation. Updates on the plans and programmes of work in place to tackle the main causes of reduced life expectancy, aligned to the HWB priorities, are also reported.

Life expectancy for males and females in Telford and Wrekin is improving and the gaps between local rates and the England averages are narrowing. However, male and female life expectancy remains significantly worse than the national averages. Further, despite the overall improvements, the inequalities gaps between our most deprived and most affluent communities is widening.

The life expectancy picture today reflects the legacy of poor lifestyle behaviours in the borough over the past 50 years. The lifestyle risk factors of smoking, excess weight, lack of physical activity and excess alcohol consumption are clearly associated with the local levels of socio-economic disadvantage, which strongly affect local health inequalities.

Healthy life expectancy - the average number of years a person would expect to live in good health, is improving in both men and women. However, the 'window of need' - the period of time a person can expect to live in poor health, in both men and women, is marginally wider than the national averages.

Building community resilience and improving community-based support has clear context for enhancing healthy life expectancy. The improved support offered to people in their own communities and the care closer to home agenda should positively impact on self-reported health and wellbeing, improving both the quality and length of local lives.

2. RECOMMENDATIONS

The HWB is requested to:

- a) acknowledge the further improvement during 2014-16, on a series of measures which contribute to raising local life expectancy;**
- b) note the significant alignment between the causes of reduced life expectancy and the HWB priorities, the NHS Sustainability and Transformation Plan (STP) and associated plans; and**
- c) recognise the relevance of the neighbourhood working plan to the improving life expectancy and healthy life expectancy agenda.**

3. IMPACT OF ACTION

A variety of work programmes and plans are contributing to improving local life expectancy and healthy life expectancy rates, including the:

- Cancer Survival Plan
- Neighbourhood working - including the plans on prevention and community resilience, integrated community teams and pathway improvements
- Local Maternity System Plan
- 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 overarching measures of population health and monitor the impact of the HWB strategy, given the relevance across the all the Board's 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	Improving local life expectancy rates requires 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 the plans, identified in Section 3, Part A, 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 2018/19, from which the plans will need to be delivered, is £12.3m</p> <p>Public Health England have already advised a further reduction to Public Health Grant of £0.3m in 2019/20</p> <p>A bid has been submitted to British Heart Foundation to support the Blood Pressure monitoring in a community environment. The outcome of the bid is still awaited.</p> <p>ER – 17/05/2018</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 2016 to 2019 [guidance last updated 3rd July 2017] 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 high level outcomes are:</p> <p>increased healthy life expectancy ;and reduced differences in life expectancy; and healthy life expectancy between communities</p> <p>The Public Health Outcomes Framework: Indicator Updates, last published on 1st May 2018, shows recent national trends against each indicator.</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</p>

		<p>assists the Council with undertaking its statutory responsibilities.</p> <p>KF 18.05.2018</p>
EQUALITY & DIVERSITY	Yes	See next section re inequalities
IMPACT ON SPECIFIC WARDS	Yes	<p>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:</p> <ul style="list-style-type: none"> • for men 7.7 years • for women 6.3 years <p>The JSNA mortality profile 2018, indicates 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 neighbourhood working programme, is underpinned by a community development approach which requires strong patient, public and community engagement.
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

Measures of life expectancy are key overarching indicators of the health of the population and are used to assess the impact of the HWB strategy.

Life expectancy rates are affected by people's age at death, as well as the numbers of deaths. Although small in number, deaths of people at younger ages, such as infant deaths and deaths from suicide, can significantly impact on reduced life expectancy. Whereas there are naturally larger numbers of deaths of middle aged and older people from all causes which also contribute.

The recently published Telford & Wrekin updated JSNA mortality profile for 2018, in Appendix I, provides further details on trends.

1.2. Life expectancy overview

Life expectancy for males and females in Telford and Wrekin is improving and the gap between local rates and the England averages are narrowing. (Appendix I, page 2). The Borough positions in 2014-16 for men and women however remained significantly worse than the national averages. Further, despite the overall improvements the inequalities gaps between the most deprived and most affluent communities are widening, for both men and women.

Key Telford & Wrekin headlines - male life expectancy at birth in 2014-16:

- Increased to 78.6 years, a rise of 0.2 years compared to 2013-15.
- Trends indicate an improvement over the last decade, but rates have remained significantly worse than the England average since 2005-07.
- There was a narrowing of the gap between the local and the England average, which reduced to 0.9 years, from 1.1 years in 2013-15.
- The inequalities gap, between the most deprived and most affluent communities, continues to widen, increasing to 7.7 years.

Key Telford & Wrekin headlines - female life expectancy at birth in 2014-16:

- Increased to 82.4 years, a rise of 0.4 years compared to 2013-15.
- Trends indicate an overall improvement during the last decade, but rates have remained significantly worse than the England average since 2008-10.
- There was a narrowing of the gap between the local and the England average, which reduced to 0.8 years from 1.1 years in 2013-15.
- The inequalities gap, between the most deprived and most affluent communities, continues to widen, increasing to 6.3 years.

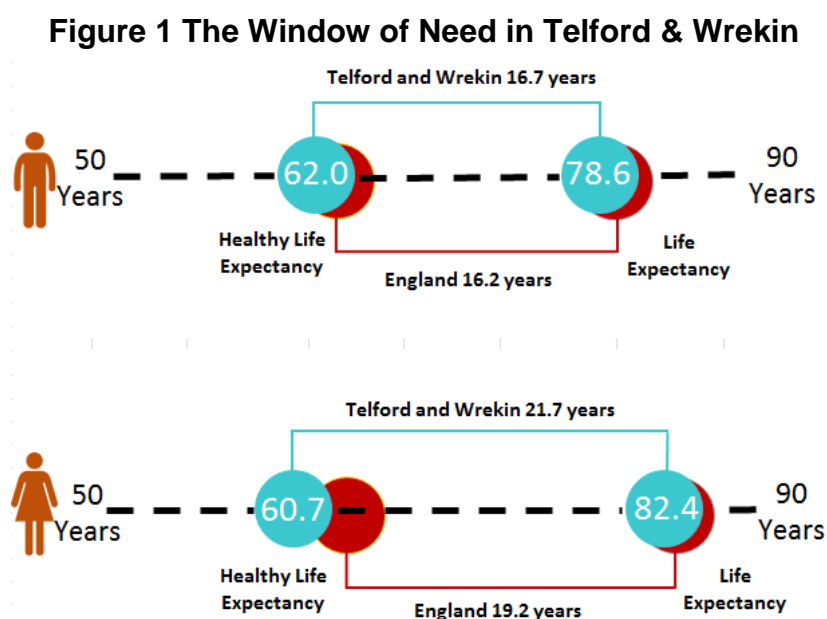
1.3. Healthy Life Expectancy

Healthy life expectancy is the average number of years a person could expect to live in good health. The rate is based on current mortality rates and self-reported good health in an area.

Male healthy life expectancy rates have been significantly worse than the national average in Telford & Wrekin since 2009. However, the rate increased during 2014-16 to 62.0 years, which is not significantly different to the England average.

Female healthy life expectancy also improved during 2014-16, increasing to 60.7 years, but despite the improvement the rate remained significantly worse than the England average.

The “window of need” is a term used to describe the period of time between healthy life expectancy and life expectancy, and describes the average time that a person can expect to live in poor health. The “window of need” for both men and women in Telford & Wrekin is marginally wider than the national averages, given the lower levels of life expectancy and healthy life expectancy. (Figure 1) This supports the message given to the HWB in 2017, that the proportions of local men dying in their 50s and 60s and women dying in their 50s and 60s and 70s contribute significantly to our worse than average position.



Source: West Midlands Public Health Intelligence Group (WMPHIG)

The HWB priority to improve community resilience and community-based support has clear context for improving healthy life expectancy. The neighbourhood working programme expansion of support offered to people in their own communities and care closer to home, delivered through integrated care teams, should positively impact on self-reported health and wellbeing, adding years to life and life to years.

1.4. Tackling reduced life expectancy

Appendix I indicates a series of improvements, across many mortality rates, with eight indicators turning from “red” to “amber”, including preventable mortality overall, liver disease and respiratory disease. The following sections consider the main causes and risk factors contributing to reduced life expectancy, summarising the local collaborative action being taken in these areas.

1.4.1. Cardiovascular disease – heart disease and stroke

Early death rates (under 75 years) from cardiovascular disease (CVD) had been steadily declining locally over the past two decades in both men and women. However, during 2014-16 the rate in men increased slightly. (Appendix I, pages 8-9). Despite this continued improvement, CVD remains one of the key reasons our life expectancy rate is lower than the England average. Further, CVD is an important inequalities issue as a fifth of the life expectancy gap between our most deprived and the most affluent communities is due to CVD for both men and women.

Almost two thirds (62%) of early deaths from CVD are potentially preventable, with smoking, excess weight and lack of physical activity, and also stress playing a key role. Levels of smoking continue to fall in Telford & Wrekin, but there is a strong focus on supporting smokers in routine and manual occupations to quit given the inequalities dimension. A whole-systems approach to tackling the escalating problem of excess weight is in development and will be reported to the HWB in September 2018.

Reducing the risk of high blood pressure (hypertension) and high cholesterol is important for all cardiovascular diseases and diabetes. More than 1 in 4 adults in the UK have high blood pressure and half of all strokes and heart attacks are due to hypertension. In Telford & Wrekin there are potentially 18,000 people who are unaware that their blood pressure is high and this is 30% more common in our most deprived communities.

The Public Health Team with the CCG are planning a local community project to; detect high blood pressure, and direct the right people to primary care, whilst encouraging people to make sustainable lifestyle changes and understand what they can do to reduce their blood pressure. The aim is that in their own communities people will know they can have their blood pressure checked outside general practice, and that they will be given safe and reliable advice about what to do next. News on a bid submitted to the British Heart Foundation to fund the project, including purchase of 200 blood pressure monitors, is expected in June.

The increasing levels of excess weight means that the incidence of preventable Type 2 Diabetes is increasing nationally and locally. Telford & Wrekin is now part of National Diabetes Prevention Programme and local people are starting to be

invited by their GP to join the 9 month evidence-based programme to lose weight and adopt physical activity. The programme is delivered within communities by a dedicated provider commissioned by NHS England. The programme has capacity to invite 1,920 people during the next two years, with an expected uptake of at least 40%.

1.4.2. Cancers

Cancers are the most significant cause of early death, causing two fifths (41%) of all deaths under 75 years. Early death rates from cancer in Telford & Wrekin have not been showing the rate of decline seen nationally in recent decades. During 2014-16 there were some slight improvements, but rates for men for all cancers and preventable cancers remain significantly worse than average. (Appendix I, pages 10-11).

62% of early deaths from all cancers are considered preventable¹. Lung cancer, breast and bowel cancers are the most common forms of preventable cancers. 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 a fifth. The local uptake of bowel cancer screening is lower than average and needs to be improved.

The local strategic plan to improve cancer survival, includes work streams on prevention, early detection and treatment and survivorship. The action plan includes joint initiatives between: Macmillian, Cancer Research UK, public health, the CCG, GPs and SaTH.

A Public and Professional Engagement Event was held at the Wakes, Oakengates on 27th March, where 66 participants contributed insight to further inform the local collaborative cancer strategy.

1.4.3. Liver disease

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 from liver disease in Telford & Wrekin overall showed an improvement during 2014-16, as did the rate for men, and rates were no longer worse than the England average. (Appendix I, pages 12-13). The rate for women increased very slightly. Alcohol-specific diseases, including deaths from alcoholic liver disease and alcohol poisoning, are a key reason male life expectancy in Telford & Wrekin is worse than the national average.

¹ Lung, breast, cervix, stomach, oesophagus, bowel, melanoma, liver and mouth cancers

The Telford & Wrekin Drug & Alcohol Strategy has delivered a significant improvements in treatment outcomes for people with alcohol misuse problems in the past two years, with a greater number of people successfully being treated by local services. The new Telford STARS service, in place from April 2018, is expected to further improve treatment and recovery outcomes.

More work is still needed in the NHS to effectively identify and tackle alcohol misuse both in primary care and in hospital. This is a key national requirement and is a commitment made in the Shropshire, Telford & Wrekin NHS Sustainability and Transformation Plan (STP). However momentum has still not increased at the pace required during the past year.

1.4.4. Infant mortality

Deaths under one year significantly contribute to local male and female life expectancy rates, given large number of years of life lost. Trends show the infant mortality rate in Telford & Wrekin declined markedly from the late 1980s, but had been slowly increasing again in recent years. During the period 2014-16 the annual average number of infant deaths dropped to 11, compared to 14 during 2013-15 in 2015. The local infant mortality rate fell accordingly and was no longer significantly worse than the England average. (Appendix I page16). However, the local rate fluctuates due to the small numbers involved and the continued downward trend is not necessarily guaranteed.

A quarter of infant deaths under 1 year are potentially preventable as have modifiable risk factors identified². In Telford & Wrekin the high levels smoking in pregnancy and maternal obesity are the most significant preventable lifestyle-related risk factors. High quality maternity services, including access to early antenatal and postnatal care are also vitally important to the health of both mothers and their babies.

The Shropshire, Telford & Wrekin Local Maternity System (LMS) Plan, includes a health and wellbeing work stream which focusses on prevention. The future configuration of local maternity services also has important context here, given the high levels of local need and deprivation and worse than average outcomes for women and children locally.

The Council commissioned the public health midwife service from April 2017, and our historically poor outcomes have improved in the past year. Smoking at the time of delivery fell to 17.3% in 2017/18, compared to 21.1% in 2016/17, which equates to 78 fewer women smoking at delivery compared to the previous year³.

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

³ <https://www.shropshirestar.com/news/health/2018/05/17/pregnant-women-smoking-rates-drop-in-telford-and-wrekin-after-midwife-takes-on-new-role/>

1.4.5. Suicide Prevention

Suicide contributes particularly to reduced life expectancy in men in Telford & Wrekin, as over three quarters of all local deaths of people who take their own lives are male. The rate fluctuates due to the small numbers involved and the trend has been relatively static over time. There was however a slight decline in the rate during 2014-16, with an average of 15 deaths each year, compared to 17 per year since 2010. The rate is not statistically significantly different to the England average. (Appendix I, page 17)

The Council's public health team lead on the suicide prevention plan which is part of the wider mental health priority (see HWB Agenda Item 7 for further details).

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See Summary Impact Assessment section

3. PREVIOUS MINUTES

- Life Expectancy Update, 14th June 2017
- 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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