

**TRAFFORD COUNCIL**

**Report to: Health & Wellbeing Board**

**Date: 15<sup>th</sup> April 2016**

**Report for: Information**

**Report of Abdul Razzaq, Director of Public Health**

**Report Title:**

Increasing Healthy Life Expectancy in Trafford

**Purpose:**

To provide a briefing for Health and Well Being Board members on healthy life expectancy and other life expectancy measures and their use in Trafford

**Recommendations**

None – provided for information only

Contact person for access to background papers and further information:

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## Increasing Healthy Life Expectancy in Trafford

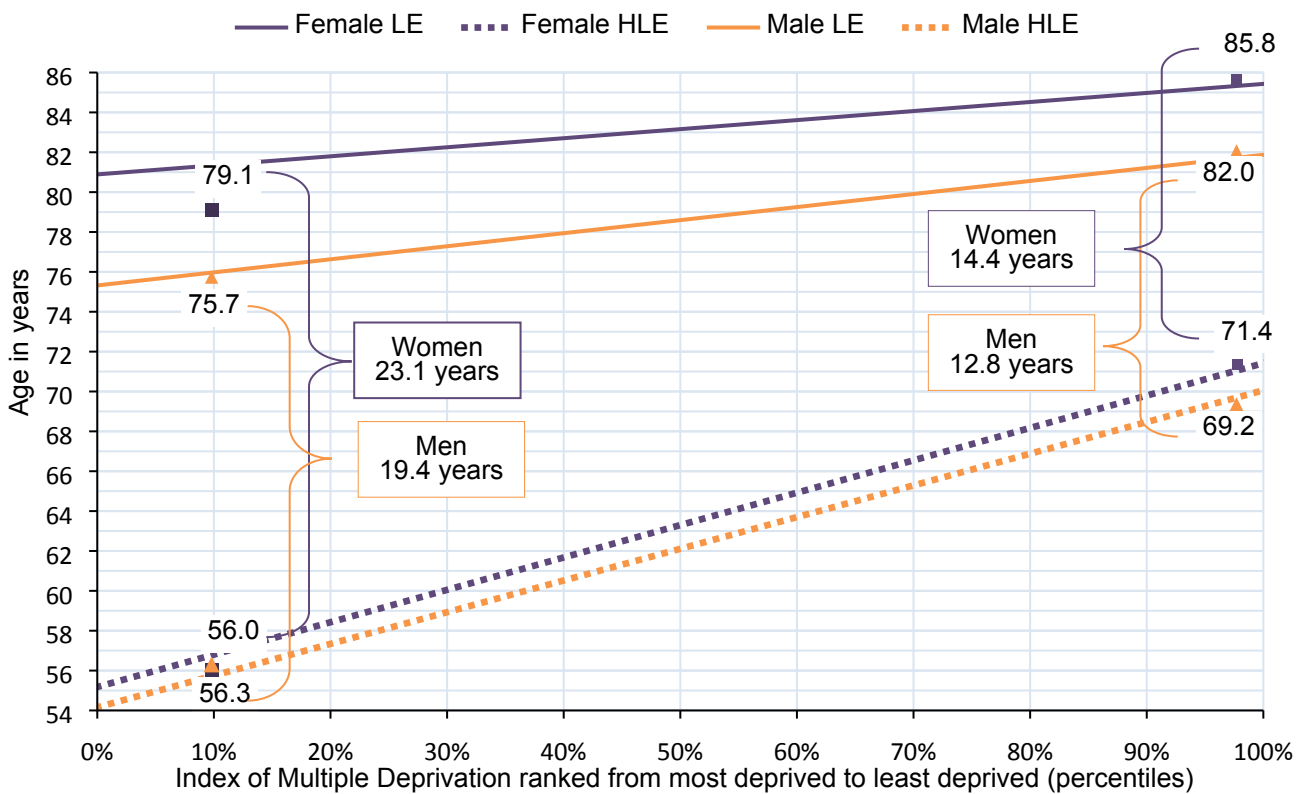
### 1. Life expectancy and Healthy Life expectancy – what’s the difference and why does it matter?

**Life expectancy** (LE) is an estimate of how many years a person might be expected to live, whereas **healthy life expectancy** (HLE) is an estimate of how many years they might live in a 'healthy' state. HLE is a key summary measure of a population's **health**, and is an important indicator of the need for health and social care services in an area.

### 2. Why is healthy life expectancy an issue for Trafford?

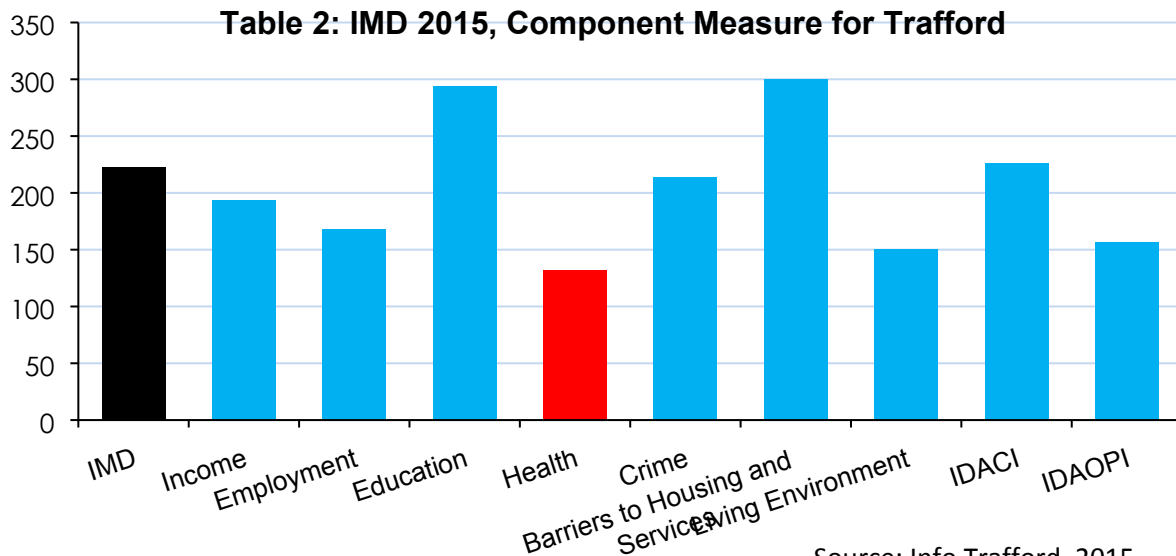
Although Trafford’s life expectancy, for men and women, is slightly higher than the England average, this masks considerable variation across the borough. In general, residents in the north of the borough have lower life expectancy than those in the south. This is also reflected in healthy life expectancy across the borough, which, especially for women at age 65, is lower than would be expected from our life expectancy. The gap between our more affluent and our poorer areas is much greater for healthy life expectancy than for life expectancy. Addressing this, and getting the more deprived wards closer to the England average, would lead to significant improvements in our population’s health and wellbeing, reduce the need for services, and help deliver economic prosperity and sustainable communities.

**Figure 1: Trends in Life Expectancy and Healthy Life Expectancy by Index of multiple deprivation for areas in Trafford (2009 to 2013)**



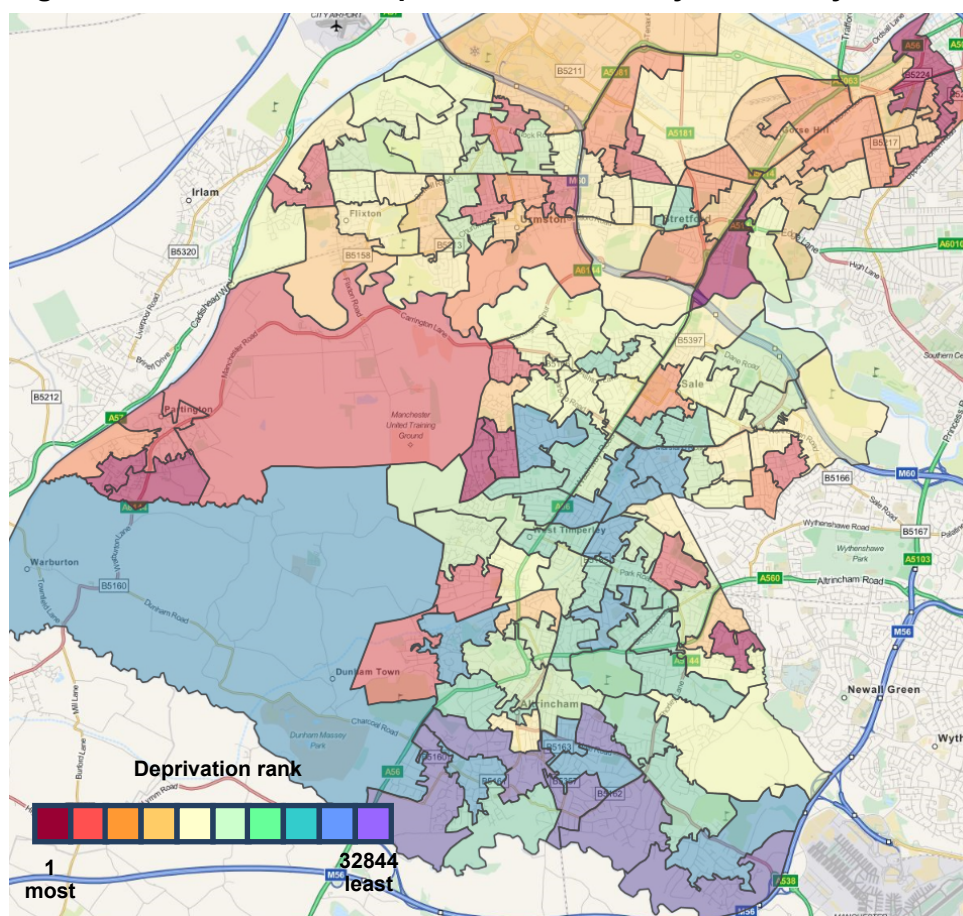
For the period 2009 to 2013 the average healthy life expectancy at birth for men was 64.7 years in Trafford compared to 63.5 years in England. For women these figures were 66.0 years in Trafford and 64.8 years in England, (ONS, 2015). Data on healthy life expectancy from different years and from different datasets is inconsistent and subject to variation. However, the gap in healthy life expectancy between the more deprived areas and the more affluent wards remains a constant.

Data on healthy life expectancy are included in the health indicators used to make up the Index of Multiple Deprivation (IMD, 2015), (source: info Trafford). Trafford has relatively low levels of deprivation and is in the top third of local authorities for this measure. However this disguises poor performance on the health indicators within the model with Trafford in the bottom third of English authorities on this measure, (Table 2).



The Health Deprivation & Disability Domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation.

**Figure 3: Trafford Health Deprivation & Disability Domain by area**

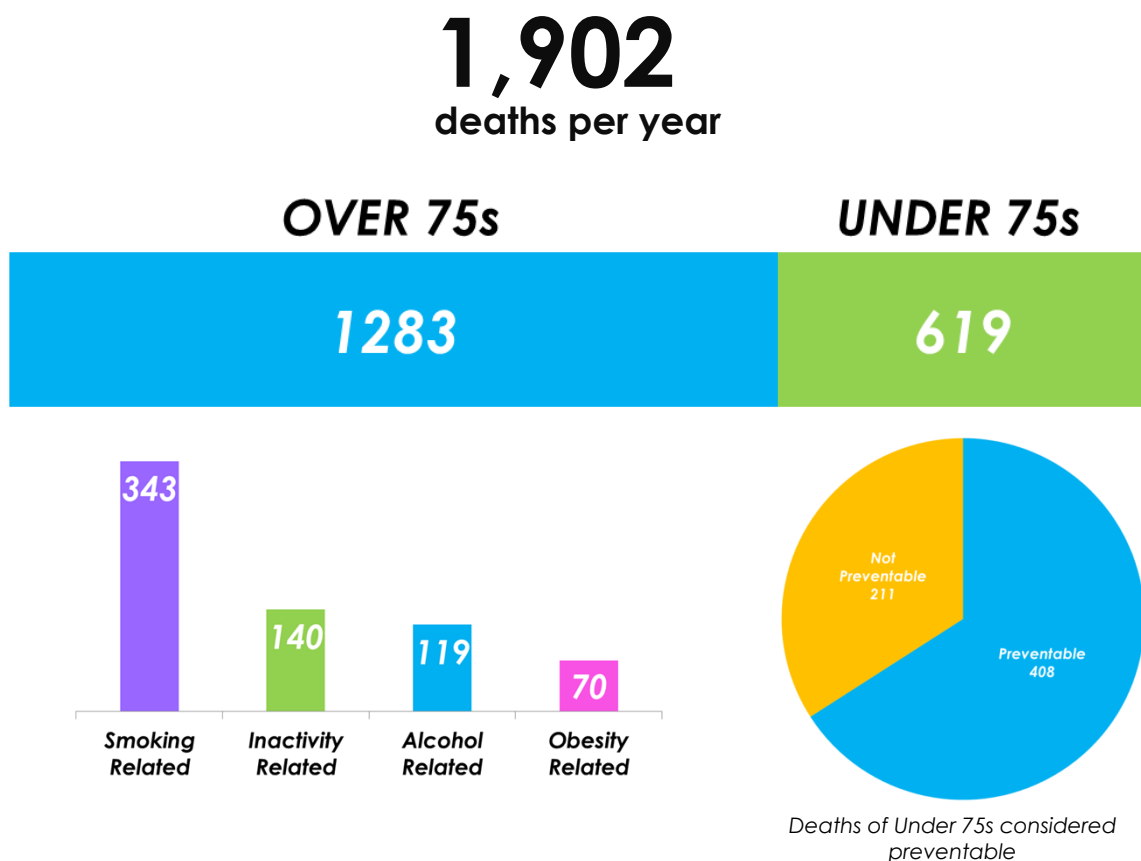


Further data from the recent Royal Society of Arts (2015) study shows that Trafford performs particularly badly in the care of people with serious mental illness. The study reported disproportionate levels of physical illness and early death in people with serious mental illness, on average dying 3 years earlier than the rest of the population in Trafford. This rate is significantly higher than the rate for England.

### 3. Premature and Preventable mortality in Trafford

**Premature mortality** is defined as deaths before the 75<sup>th</sup> birthday. On average **32%** of people in Trafford die before this birthday. Of these deaths, 66% are classed as preventable, there are factors involved in this death that if modified would have reduced the risk of death. The chart below show the main factors implicated in preventable deaths in Trafford: smoking remains the biggest single modifiable factor. Reducing the risk of preventable mortality will also have a positive impact on healthy life expectancy.

Figure 4: Causes of death and preventable death in Trafford per year.



Source: Trafford Public Health Report, 2015

### 4. Addressing Healthy Life Expectancy and Preventable Mortality in Trafford

Improving healthy life expectancy is Trafford's Health and Wellbeing Board 2016-19 overarching aim. To achieve this, five key areas where performance could be

improved, and where such improvement would lead to significant improvements in outcomes, have been identified and agreed by the Health and Wellbeing Board. The five areas chosen also meet the following criteria:

- Impact on outcomes that are important across different organisations – involve all stakeholders
- Link to the Locality Plan and the GM Strategic Plan
- Support a sustainable Trafford and provide return on investment
- Be based on need and supported by a robust evidence base
- Strengthen and utilise our local and Greater Manchester assets
- Reduced preventable mortality, especially in higher risk populations
- Improve health, wellbeing and healthy life expectancy for all

The five Health and Wellbeing Priorities are:

- To reduce the impact of mental illness
- To reduce physical inactivity
- To reduce the number of people who smoke or use tobacco
- To reduce harms from alcohol
- To improve cancer prevention, and in particular the uptake of screening

## **5. Next Steps**

There are existing partnerships for the latter four of priorities, and a Mental Health Harm Reduction Partnership is being established (under the aegis of the Joint Commissioning Board Mental Health work stream). These partnerships will agree the priorities, action plans and outcome measures for each area, and will report back on progress to the Health and Wellbeing Board. A communication and engagement plan for the work will be developed alongside this, and will be owned by the Health and Wellbeing Board. Quarterly reports will be available and these will be shared with the Trafford Partnership Board. We will also be using the Joint Strategic Needs Assessment to track our progress on all measures.

## **6. References**

Office of National Statistics: Healthy life expectancy by Local Authority area (2015)

Index of Multiple Deprivation: <https://www.gov.uk/government/.../english-indices-of-deprivation-2015>

Royal Society of Arts: <https://www.thersa.org/action-and-research/rsa...and.../mental-health>