

# Section 5.1

## Title: Draft 1 Life Expectancy

### 1. Overview

A Healthier Blaenau Gwent is intrinsically linked to the other well-being goals; with the environment, housing, employment, income, lifestyle, transport and community cohesion (wider determinants of health) all impacting in either a positive or negative way on a person's physical and mental health and well-being. In both Wales as a whole and in Blaenau Gwent, people are living for longer and mortality rates from cancer and heart diseases are reducing. Looking to the future we know that with people living longer, the number of older people in Wales will continue to rise, it becomes vital that these extra years are lived in good health.

Although people in Wales are living longer and spending longer in good health, large differences in life expectancy persist between the least and most deprived areas. In men, there remains a gap in life expectancy of around 9 years between the least and most deprived, and an even larger gap in healthy life expectancy of approximately 19 years, the gap is larger for women. These gaps show no clear sign of reducing over time. Life expectancy and healthy life expectancy remain lower in Blaenau Gwent than for Wales as a whole.

Beneath the picture of improving health, there remain stark inequalities in health and disease, alongside more people living longer with a greater range and complexity of chronic ill health conditions. This has significant impact on people, communities and the sustainability of public

services, particularly health and social care services, for future generations.

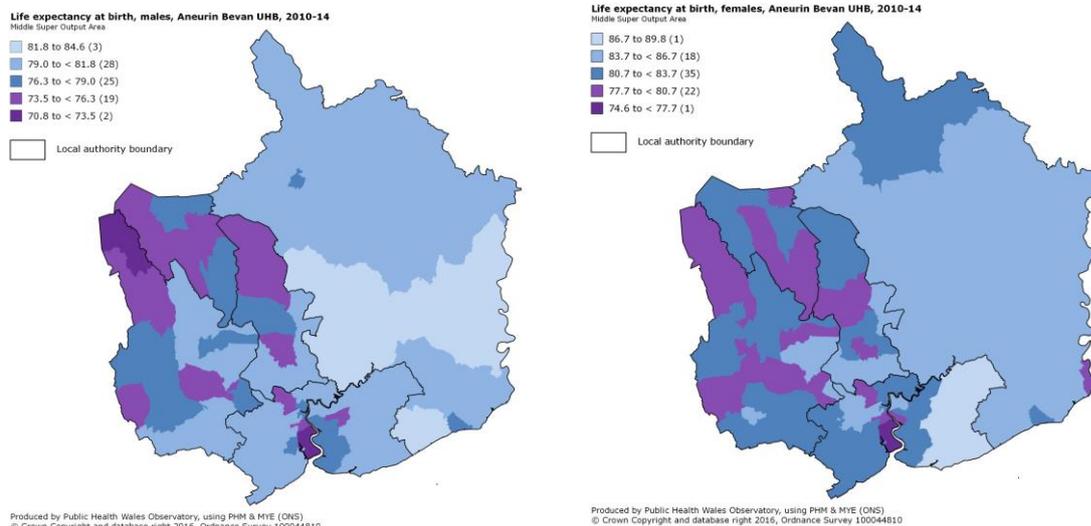
## 2. The story behind the Data

Average male life expectancy, for babies born today, in Blaenau Gwent was 76 years (2010-14) slightly less than the Wales average of 78 years. Life Expectancy for Females is about four years more than males at 82 years which is similar to the Welsh average.

Life Expectancy (LE) is not equally distributed and across Blaenau Gwent, ranging from 73 up to 78 years for men and for females from 78 up to 81 years across medium super output areas MSOA within the borough.

The maps below show LE across Gwent and Blaenau Gwent for Males and Females.

### Variation in life expectancy across MSOA in Blaenau Gwent



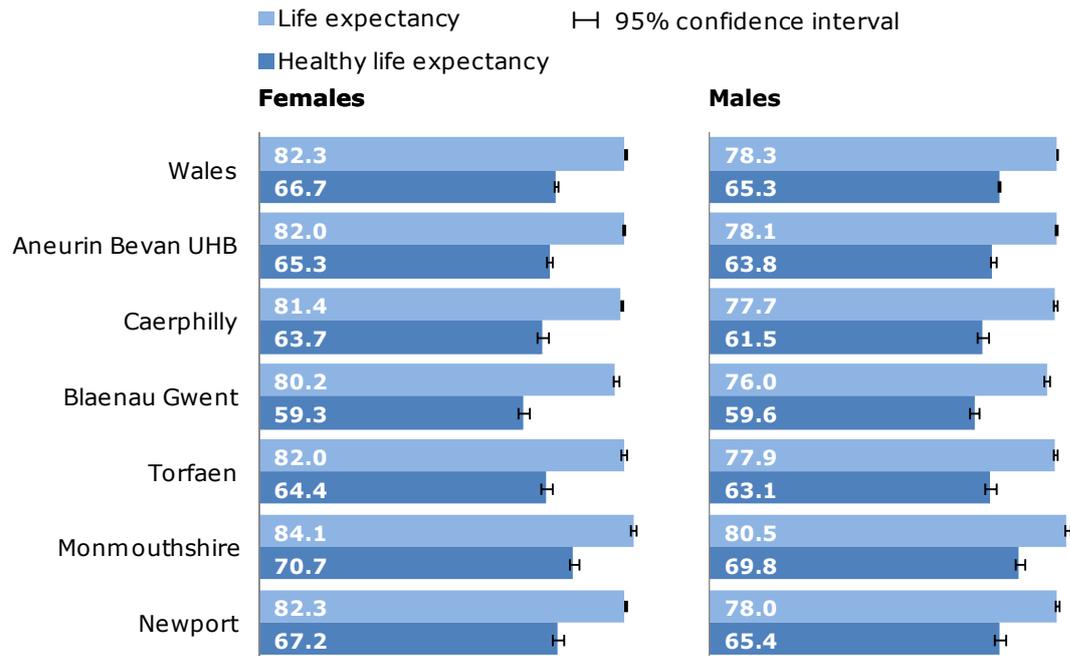
The circumstances causing the variation in life expectancy are the 'determinants' of health.

Deprivation is a key determinant of worse health and specifically life expectancy (LE). Life expectancy has a strong inverse relationship with

deprivation; the higher the deprivation of an area the lower the life expectancy. People living in the most deprived neighbourhoods will be significantly more likely to have lower life expectancy and live for fewer years in good health.

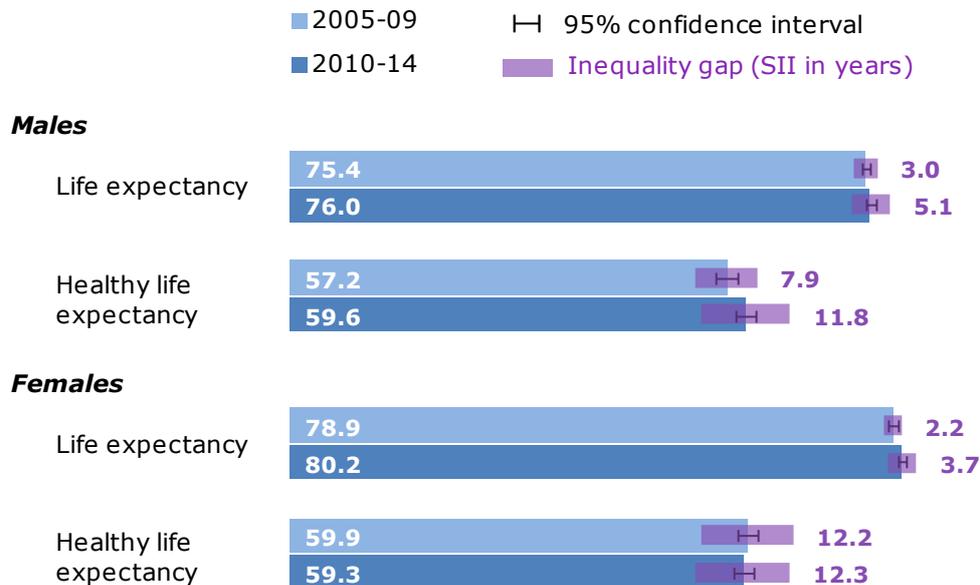
**Life expectancy and healthy life expectancy at birth, males and females, Wales and Aneurin Bevan UHB, 2010-14**

Produced by Public Health Wales Observatory, using WHS & WIMD 2014 (WG), PHM & MYE (ONS)



**Comparison of life expectancy and healthy life expectancy at birth, with Slope Index of Inequality (SII), Blaenau Gwent, 2005-09 and 2010-14**

Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)



Understanding this relationship enables us to target our policies and programmes to improve determinants of health and wellbeing and improve LE to the areas most in need as indicated by highest deprivation.

### Healthy Life Expectancy

People living with more years of good health have better wellbeing for longer because they are not only free from limiting illness but are more able to mutually benefit from other aspects of wellbeing such as prosperity, social and family connectedness, cultural opportunities and the natural and urban environment.

Blaenau Gwent males born today can expect approximately 60 healthy years of life and females about 59 years. For both males and females, Blaenau Gwent has statistically significantly lower healthy life expectancy than Wales as a whole (males, 65.3 years; females, 66.7

years). There has been little change in the last decade with estimates suggesting healthy life expectancy is increasing only slightly. In essence, this means that not only are the most deprived likely to live shorter lives they are likely to enjoy fewer years in good health and for a smaller proportion of their lives.

This impacts negatively on quality of life, ability to work and on the need for health and social services.

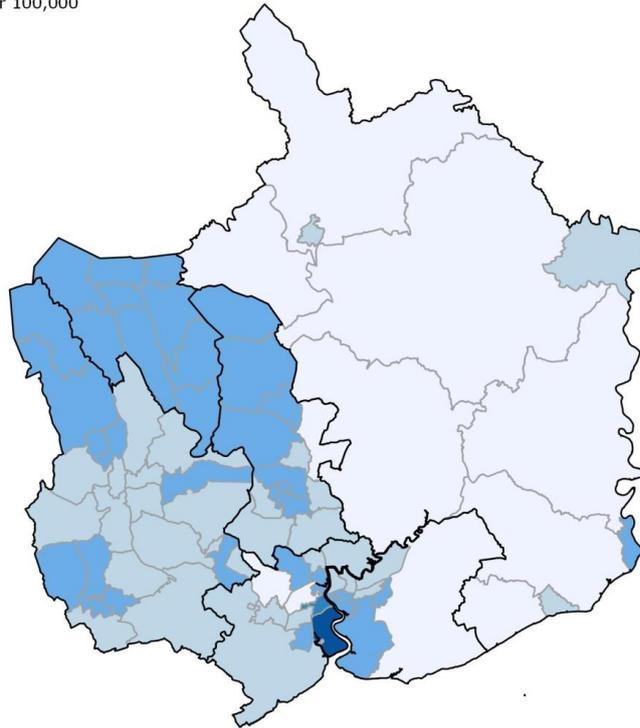
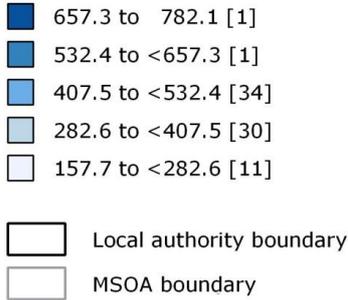
### Premature Mortality

Death rates amongst those aged under 75 years are an important indicator for the wellbeing of Citizens. Whilst gradually improving over time, in 2012-14, Blaenau Gwent had the highest all-cause mortality rate for persons aged under 75 and all ages, compared to its neighbour Monmouthshire which had the lowest all-cause mortality rate for persons aged under 75 and all ages.

The graph below shows the annual premature mortality rate in Blaenau Gwent from all causes, standardised for age, whilst declining slightly, is higher than Wales as a whole.

**All-cause mortality, persons, under 75, Aneurin Bevan UHB, 2012-2014**

MSOA, European age-standardised rate per 100,000



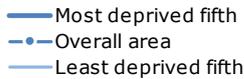
Produced by Public Health Wales Observatory, using PHM & MYE (ONS)  
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Males have higher rates of premature mortality than females in Blaenau Gwent.

**All-cause mortality, European age-standardised rate per 100,000, under 75s, Blaenau Gwent, 2005-2014**

Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WIMD 2014 (WG)

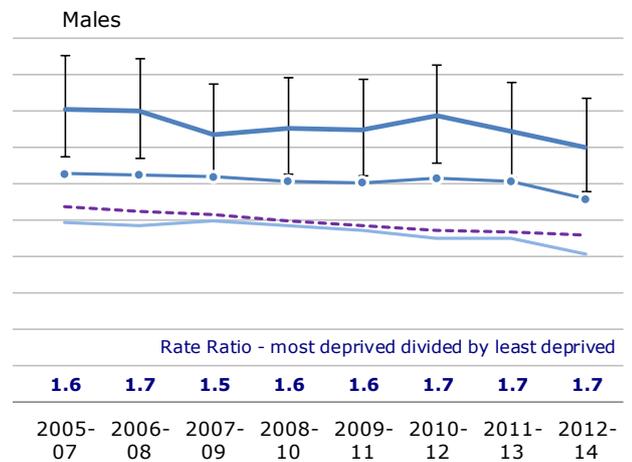
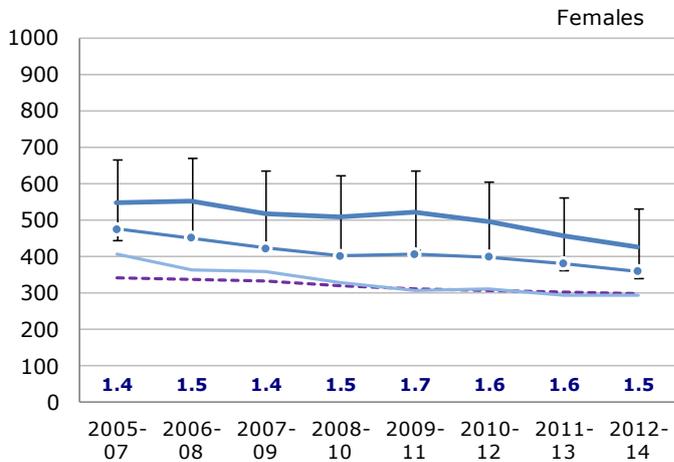
Blaenau Gwent:



Wales:



┆ 95% confidence interval



Overall mortality and preventable mortality rates are slightly lower than they were ten years ago, but the gap between the least and most deprived fifth shows no sign of reducing. For deaths occurring at under 75 years of age, mortality rates have remained more than twice as high in the most deprived. In the most deprived fifth of Wales, preventable mortality accounts for 25% of the overall mortality rate in males, and 20% of the overall mortality rate in females. These figures are considerably lower in the least deprived fifth, at 18% and 14% respectively.

The major causes of premature mortality are circulatory disease and cancers. Reducing overall mortality from circulatory disease to levels seen in the least deprived areas of Wales would increase life expectancy in the most deprived areas by 1.5 years in males and 1.3 years in females. Similar gains could be made if cancer mortality rates were reduced to the same level (1.3 years in males, 1.2 in females). Many forms of cancer, especially if detected early enough can be treated successfully. Early diagnosis depends on health services, but also on patient's awareness of cancer signs and symptoms of cancer and whether they seek treatment promptly.

### General health and limiting long term illness

Clearly increased life expectancy is a positive thing, however, it is also important that during extra years lived, people are as healthy and able as possible. About 60% of the adults in Blaenau Gwent describe themselves to be in good, very good or excellent health, a slightly lower rate than in other areas of Wales. For all adults aged 16 years and over a quarter (27%) of adults in Blaenau Gwent reported their general health

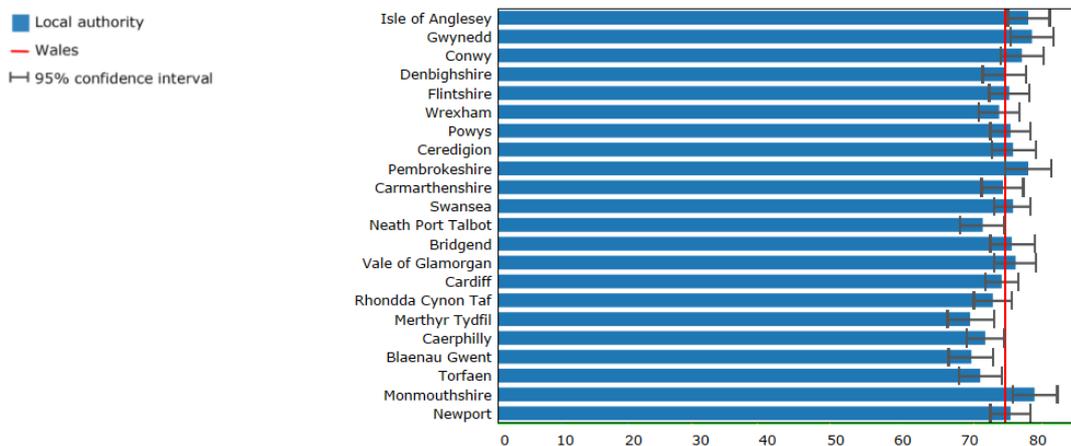
as poor to fair in 2014/15 (Welsh Health Survey, 2016). This is fewer by 3% than in 2004/5 but higher than for Wales (19%).

Limiting long term illness, particularly amongst the working age population is an important indicator for wellbeing, as it reports whether or not a person’s daily activities are limited by their ill health.

Citizens free from limiting long term illness are more likely to be able to participate more fully in life compared to those who are limited by their ill health obtaining a fuller for longer mutual benefit with family, employment, leisure and culture, getting around in their community, connecting and socializing, and so on.

In Blaenau Gwent, fewer than 70 percent of working age adults reported that they are free from limiting long term illness compared to just over three quarters (75.4%) for Wales as a whole.

**Working age adults free from limiting long term illness, age-standardised percentage, persons aged 16-64, Wales and local authorities, 2014-2015**



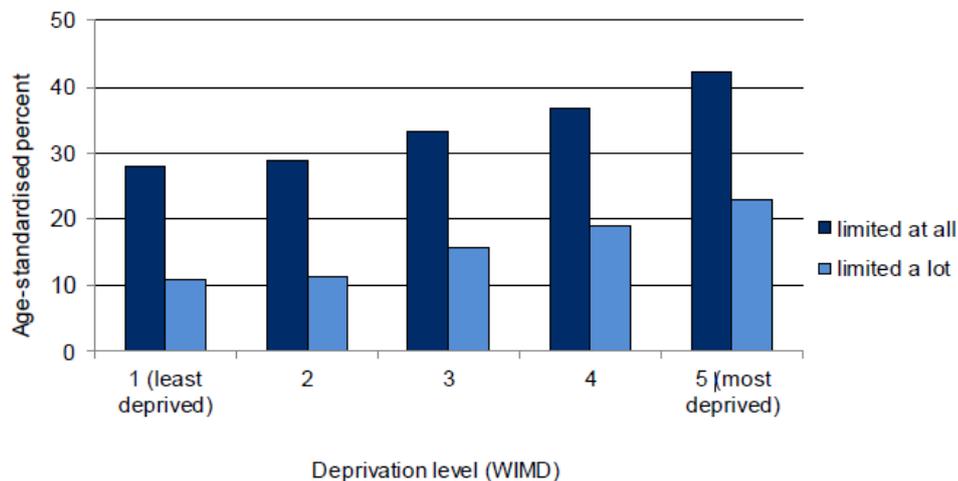
Please consult the technical guide for full details on how this indicator is calculated. Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)

Forty percent of adults in Blaenau Gwent reported being limited in some way in their day to day activities by a health problem / disability, compared to 29 per cent in Monmouthshire (*age-standardised*).

The percentage of adults who reported being limited a lot by a health problem or disability was 22 per cent in Blaenau Gwent (*age-standardised*), the highest in Wales.

The percentage of people who reported being limited at all by a health problem or disability rose from 28 per cent in the least deprived fifth to 42 per cent in the most deprived fifth, a similar result was seen for those who reported being limited a lot which ranged from 11 per cent in the least deprived fifth to 23 per cent in the most deprived (*age-standardised*).

**Percentage of adults who reported that their day to day activities were limited/ limited a lot by a health problem/disability, by deprivation quintile**



The figure below shows the leading causes of years of life lost in the UK, these are the non-communicable morbidities that limit and shorten life and impact on wellbeing across the UK. Cancer, circulatory diseases

(heart disease and stroke) and respiratory diseases are the highest causes of years of life lost.

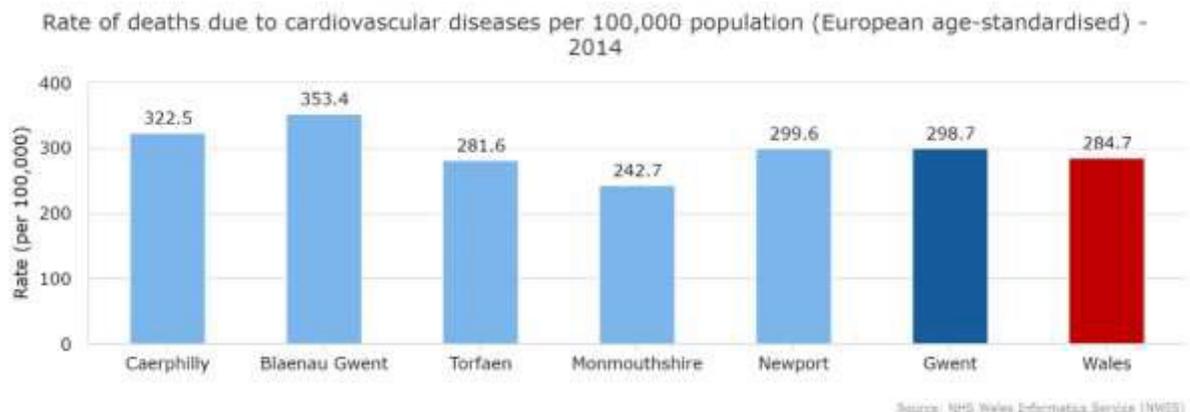
### Rank of the leading causes of years of life lost in UK, all ages males and females 2010

Disorder	Mean rank (95% UI)	% change (95% UI)
1 Ischaemic heart disease	1.0 (1 to 1)	-51 (-54 to -37)
2 Lung cancer	2.3 (2 to 3)	-24 (-35 to -14)
3 Stroke	2.7 (2 to 3)	-41 (-47 to -31)
4 COPD	4.4 (4 to 6)	-11 (-19 to -2)
5 Lower respiratory infections	4.6 (4 to 6)	-23 (-33 to -12)
6 Colorectal cancer	6.0 (5 to 7)	-11 (-20 to 9)
7 Breast cancer	7.1 (7 to 8)	-24 (-30 to -17)
8 Self-harm	9.3 (7 to 11)	-16 (-25 to 8)
9 Cirrhosis	9.3 (8 to 14)	65 (-15 to 107)
10 Alzheimer's disease	9.3 (6 to 12)	137 (16 to 277)
11 Other cardiovascular and circulatory	10.4 (9 to 11)	19 (-1 to 40)
12 Road injury	12.6 (10 to 15)	-40 (-48 to -23)
13 Pancreatic cancer	13.8 (11 to 18)	5 (-16 to 18)
14 Oesophageal cancer	15.2 (12 to 23)	1 (-30 to 20)
15 Prostate cancer	16.0 (10 to 28)	7 (-28 to 38)
16 Congenital anomalies	17.2 (14 to 21)	-36 (-45 to -20)
17 Preterm birth complications	17.4 (12 to 24)	-28 (-55 to 37)
18 Aortic aneurysm	19.7 (14 to 26)	-11 (-28 to 7)
19 Non-Hodgkin lymphoma	19.8 (15 to 26)	-3 (-23 to 20)
20 Brain cancer	20.6 (14 to 29)	-3 (-30 to 15)
21 Drug use disorders	20.8 (14 to 39)	577 (71 to 942)
22 Leukaemia	21.6 (16 to 26)	-8 (-20 to 3)
23 Falls	22.6 (18 to 27)	6 (-16 to 26)
24 Stomach cancer	23.0 (14 to 27)	-49 (-55 to -32)
25 Ovarian cancer	23.2 (15 to 29)	-12 (-32 to 25)
26 Diabetes		
28 Bladder cancer		

Murray *et al.* (2013) UK health performance: findings of the Global Burden of Disease Study 2010. *The Lancet* 381: 997-1020

## Cardiovascular disease

Circulatory disease encompasses cardiovascular disease e.g. heart attacks, heart disease and strokes. Many of the risk factors for cardiovascular disease are modifiable, for example, high blood pressure, obesity, tobacco use.



Deaths from cardiovascular disease are high in the borough compared to the majority of Gwent and Wales. All local authority areas in the Gwent region saw a fall in the rate over 2010-14.

## Cancer

Cancer is a major cause of ill health; around 4 in 10 people will be diagnosed with cancer during their lifetime. A range of factors influence an individual's risk of developing cancer, some of which, such as age, sex, and genetic makeup, cannot be modified. However, it has been estimated that risk factors, such as tobacco use, diet, physical inactivity and alcohol consumption, account for around 4 in 10 of all cancers, i.e. 4 in 10 cancers may be preventable, if health behaviours are altered.

There are inequalities across the population in terms of cancer incidence and survival for certain cancers; those with greater socioeconomic

deprivation more likely to present with new cancers, they are less likely to survive than those who are more affluent.

The inequity in cancer survival rates depending on socio-economic deprivation is clear in this Wales level data. This illustrates that whilst survival rates have increased in all quintiles since 1999; from 2004-08 you were 17% less likely to survive for five years if you were in the most deprived quintile than those in the least deprived quintile. The highest cancer mortality rate by local authority in Wales is in Blaenau Gwent. The rate here is 12% higher than the Wales rate, whereas the local authority with the lowest cancer mortality rate is 16% lower than the Wales rate.

### **3. What we know from engagement?**



During the Blaenau Gwent We Want Engagement exercise, the partnership undertook and attended numerous engagement activities and events throughout the borough to gather people's views.

Residents also took part via the Blaenau Gwent We Want Facebook page and partnership websites. Links to an online questionnaire were also distributed to many residents known to the partnership, such as members of the Blaenau Gwent Citizen Panel.

Residents were encouraged via the methods above to answer a range of questions that sought to capture:

- Citizen values, aspirations and priorities;
- Citizen needs – insight into the needs they and their communities encounter within daily life and what the best solutions may be and
- Citizen assets –what people can and already contribute themselves such as self-care, citizen and community action and volunteering.

Q1. What do you think is special about BG?

Q2. What things are important to you to live well and enjoy life?

Q3. What would make BG a better place?

Q4. What can you do to help make BG a better place?

Approximately 1,000 residents were engaged with (across all groups) during the engagement phase.

As a sub section very limited feedback was received during phase 1 of our engagement on life expectancy. That said, we have received feedback on what helps people to be more active etc. so this section needs to be read in conjunction with the engagement sections of Healthy Lifestyles, Baby and Children Health and Development, Ageing Well, Emotional Health and Well Being.

#### **4. What we know from existing research**

Cost-effective preventive approaches need to contribute to improvements in health outcomes at lower and more sustainable costs. Public health interventions are therefore a key part of the solution to these challenges. The evidence shows that the prevention of ill health can be cost-effective, provide value for money and give returns on

investment in both the short and longer terms. A wide range of preventive approaches including interventions that address the environmental and social determinants of health, build resilience and promote healthy behaviours, as well as programmes of vaccination and cancer screening are highly cost effective.

Investing in public health generates cost-effective health outcomes and can contribute to wider sustainability, with economic, social and environmental benefits.

## **5. What this tells us about Well-being in Blaenau Gwent**

It has long been established that health cannot be separated from other goals such as developing thriving vibrant communities and prosperity. The link between people and their environment is basic to sustainable health for all.

Much of the ill health and poor life circumstances experienced in our communities is preventable or its impact can be ameliorated by the organized efforts of society that is community assets and public services.

Our combined response needs to be proportional to the need for improvement across our communities: efforts need to be more intense and more closely tailored in communities where citizens' health, social, financial, cultural or environmental circumstances mean they have relatively less wellbeing *and* are less likely to be able to engage with *universal* solutions to improving wellbeing.

Understanding the relationship between health and the other wellbeing goals can help us understand that: to improve health we need to act across these determinants with the right mix of approaches and, that

effective action on improving health will have important benefits to the other wellbeing goals. Similarly, good and improving health in our communities, across the life-course, is a strong foundation for future generations' wellbeing and, the actions that get us there will have a far wider impact on wellbeing than just reducing disease prevalence, severity and premature death.

Response analysis should include explicit strategies which reach people from these MSOAs most at risk of shorter lives if we are to improve health and equality.

To make a lasting and significant inroad into health inequalities, we have to look to 'the causes of the causes', those upstream drivers such as education, employment and working conditions, which shape our social and community networks, and henceforth our individual choices to smoke or to eat unhealthily. The Marmot Review<sup>5</sup> argues that the most effective way to tackle health inequalities is to address inequalities in these social determinants.

Many organisations outside of the NHS have an important influence on these determinants, including government, non-health public bodies, the third sector and the commercial sector. The new Public Services Boards that have been established under the *Well-being of Future Generations (Wales) Act* are a major vehicle to exert such influence.