

LIFE EXPECTANCY

What's the issue?

Life expectancy at birth is a commonly used method of assessing health, improvements in health over time, and differences in health between different groups (such as those defined on the basis of time, gender, geography and deprivation). A common misconception is that life expectancy at birth measures the expected duration of life for a newborn; it does not. It is a measure of life expectancy assuming that the current age-specific mortality rates continue throughout an entire lifetime. This is an unrealistic assumption and therefore life expectancy figures are an indication of current health status of a population rather than an expectation of the duration of life. However, it does not measure the quality of life. As a result, healthy life expectancy is the overarching indicator within the Public Health Outcomes Framework which is a statistically modelled measure of life expectancy based on living in 'good health'. Disability adjusted life years (DALYs) measures the years of life adjusting for disability. Medical conditions with high DALYs are conditions which impact on quality of life substantially for a long period of time (see JSNA glossary: www.hullcc.gov.uk/pls/hullpublichealth/jsna2018_s7.html#c79).

What's our situation?

For 2014-16, life expectancy at birth for Hull men is 76.3 years and for Hull women it is 80.1 years which is the fifth lowest for men and fourth lowest for women (out of 150) having decreased for the second successive year for men and the third successive year for women compared to small increases nationally. Life expectancy has not been this low in Hull since 2009-11 for men and since 2008-10 for women. Life expectancy in England is 79.5 years for men (3.2 years higher than Hull) and 83.1 years for women (3.0 years higher) [27, 98, 99]. For 2013-15, life expectancy estimates differ by a decade across the wards for both men (13.4 years) and women (9.9 years) [98, 100, 101]. As well as across the deprivation deciles being 10.7 years higher in men and 8.8 years higher in women in the least deprived tenth of areas of Hull compared to the most deprived tenth of areas of Hull [27, 98, 100]. This is compared to differences nationally of 9.2 years for men and 7.1 years for women [27]. Nevertheless, life expectancy has improved over the longer time in Hull as it was 73.7 years for men and 79.3 years for women in 2000-02 [100, 101].

For 2014-16, life expectancy at age 65 years is two years or more higher in England compared to Hull for both males (18.8 versus 16.6 years) and females (21.1 versus 18.9 years) [27, 98-101]. Whilst there has been an increase since the beginning of the century (15.0 years for men and 18.4 years for women in 2000-02), life expectancy at age 65 years has fallen for the last two years for men and for the last three years for women. The national inequalities gap widened over the last decade as has the local inequalities gap (difference between most and least deprived fifths). For 2013-15, men and women who live in the least deprived fifths of areas of Hull who are aged 65 years can expect to live around 4.4 years and 4.8 years longer than those living in the most deprived fifths of areas of Hull. The difference in life expectancy at age 65 years varies across the wards between 13.7 years and 20.4 years for men (a difference of 6.7 years) and between 16.1 years and 23.8 years for women (a difference of 7.7 years) [98, 100, 101].

For 2014-16, healthy life expectancy at birth was 56.5 years for men and 56.0 years for women in Hull compared to 63.3 and 63.9 years respectively for England. Hull was ranked third and fifth lowest for men and women respectively (out of 150) [27, 100]. From this in Hull, it can be estimated that men and women in Hull spend only 74% and 70% respectively of their lives in good health (compared to a

national average of 80% and 77% respectively) [100]. Whilst healthy life expectancy in Hull increased by 0.20 years for men and by 0.60 years for women in the last year, it has decreased by 1.4 years for men and by 0.8 years for women since 2009-11.

Nationally, lower back and neck pain, coronary heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, Alzheimer's disease, sense organ diseases, depressive disorders, falls and skin diseases are the top 10 causes of disability (highest DALYs) [102].

For more detailed information, see the JSNA Toolkit: Life Expectancy report.

What are the strategic needs?

Whilst increasing life expectancy is important, this needs to be achieved in conjunction with improvements in the quality of life. This is particularly so with the ageing population and the increased demand on scarce resources.

REFERENCES

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