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Life Expectancy

MAY 2008

National Targets	Document
<ul style="list-style-type: none"> - Life expectancy: By 2010 to reduce inequalities in health outcomes by 10 % as measured by infant mortality and life expectancy at birth (PSA 1). <p>The target is underpinned by two more detailed objectives:</p> <ul style="list-style-type: none"> - By 2010 to reduce by at least 10% the gap in infant mortality between routine and manual groups and the population as a whole. - By 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole. 	<p>Saving Lives: Our Healthier Nation (1999); updated by PSA White Paper for Spending Review 2000; updated by PSA Briefing note on changes to PSA 1 and floor targets¹ as a result of the Spending Review 2004 (SR04).¹</p>

Local Targets	Plan	Lead Agency
Reduce the all-age all cause mortality rate per 100,000 population (a proxy for life expectancy)	Local Operating Plan (2008-11)	Nottingham City PCT
Key contributory targets:		
<ul style="list-style-type: none"> - Reduce the gap in rate of premature CVD deaths between worst 20% SOAs and the average - Reduce smoking prevalence - Increase 4 week smoking quitters 	LAA 2006-09 (<i>smoking targets are stretch</i>)	City Health Partnership
<ul style="list-style-type: none"> - Reduce the mortality rate (DSR) from CVD by 7% annually in the 20% of SOAs with the highest rates. 	One Nottingham Health Floor Target Action Plan (FTAP) 2006-2008 ²	City Health Partnership
<ul style="list-style-type: none"> - Reduce the under 75 CVD mortality rate - Reduce the under 75 cancer mortality rate - Increase 4 week smoking quitters 	Local Operating Plan (2008-11)	Nottingham City PCT
<ul style="list-style-type: none"> - Reduce the under 75 CVD mortality rate - Reduce smoking prevalence 	Local Area agreement (LAA) 2008- 2011	City Health Partnership

Life expectancy is a useful indicator of the general state of health of the local population. Life expectancy is the number of years that a person can expect to live on average in a given population. It is a commonly used summary measure based on death rates of the population in a given year. As this mortality rate changes over time, so will the life expectancy of an area.

ⁱ 'Floor targets' are a minimum standard that all areas must achieve.

ⁱⁱ Lower Super Output Areas (SOA), smaller than wards, cover an average of 1500 people.

Are we on track to meet the targets?

Life Expectancy Gap

- The gap in life expectancy between Nottingham and England has increased considerably for men and women since the early 1990s (Fig.1).

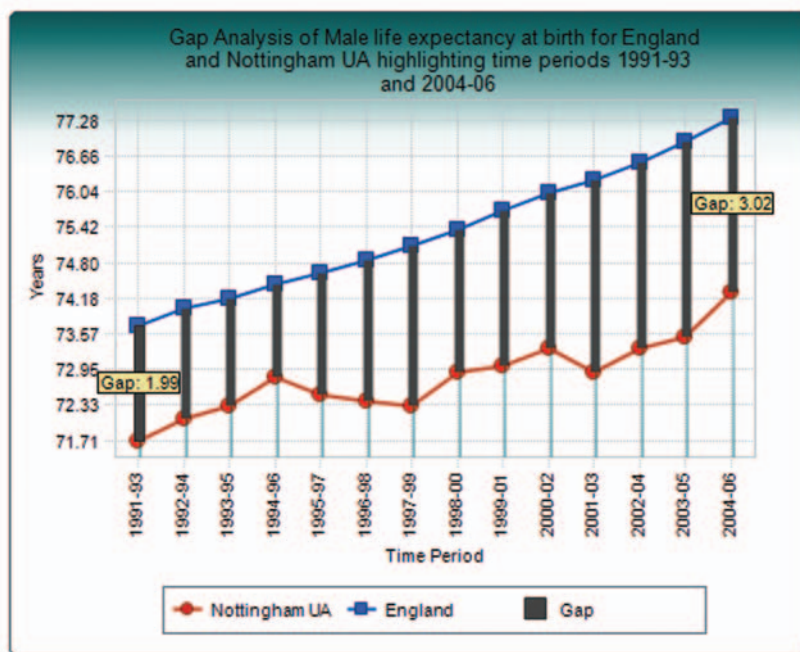


Fig.1

All-age all-cause mortality rate (AAACM)

- This rate is being used as a proxy measure for life expectancy as it is easier to calculate and keep up-dated. The current trend for Nottingham is downward and is expected to hit or exceed the target in 2010.

Reducing the CVD death rate

- Nottingham's overall annual rate of fall in premature (under 75 year olds) CVD death since 1997 is 5%. Encouragingly, there was a 14% fall in 2005, and local figures suggest a further 15% decrease in 2006 (PHMortality Files). We therefore exceeded our PCT Local Delivery Plan (LDP 2005-08) target of a 7% annual reduction. More challenging targets have now been set in the PCT's Local Operating Plan (LOP 2008-11).

Narrowing the CVD inequality gap

- Nottingham's premature CVD death rate is 33% higher than the England average. Encouragingly, there was a 13.5% reduction in the gap from 1997 to 2006. While this is a positive achievement, it falls short of the required reduction of 32%.

Smoking

- The City's smoking prevalence is recorded annually through the City Council's Mori survey. This shows that prevalence has remained static at a very high 34% for 2006 and 2007, which compares to a national prevalence of 22%.
- The New Leaf NHS Stop Smoking service has consistently exceeded its 4 week quit targets since 2003.

“Nottingham’s premature CVD death rate is 33% higher than the England average. Encouragingly, there was a 13.5% reduction in the gap from 1997 to 2006.”

Why is this a priority?

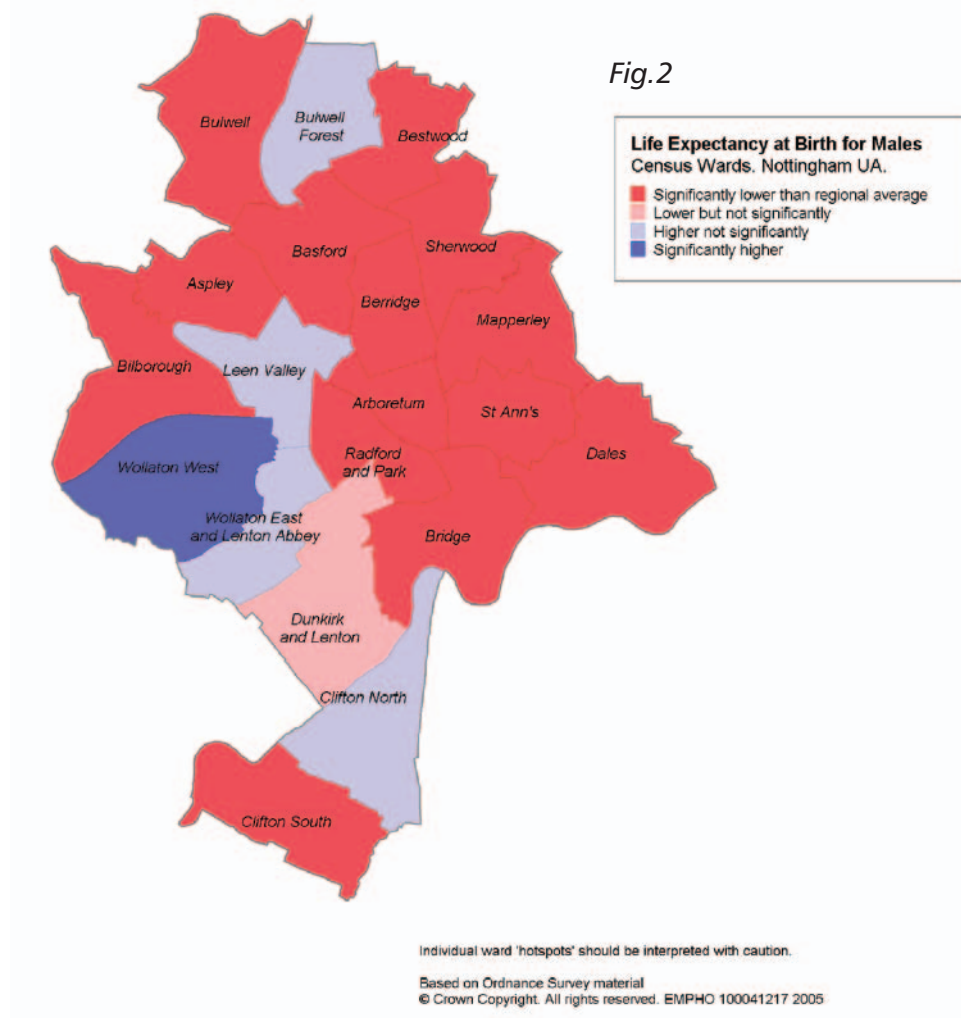
Health inequalities are endemic in our society. Where a person is born still influences how long they will live. This is fundamentally unfair and unacceptable. There is a clear and persisting link between deprivation and social circumstances on the one hand and life expectancy and mortality on the other.

Why is this a priority in Nottingham?

Life expectancy in Nottingham (73 men; 78 women) is lower than the national average (77 men; 81 female). This gap has increased considerably for men and women since the early 1990s (Fig.1). Life expectancy is significantly lower than the regional average in 14 of the City’s 20 wards (Fig.2).

In addition to this large gap in life expectancy between Nottingham and England, there is also a large gap within the city:

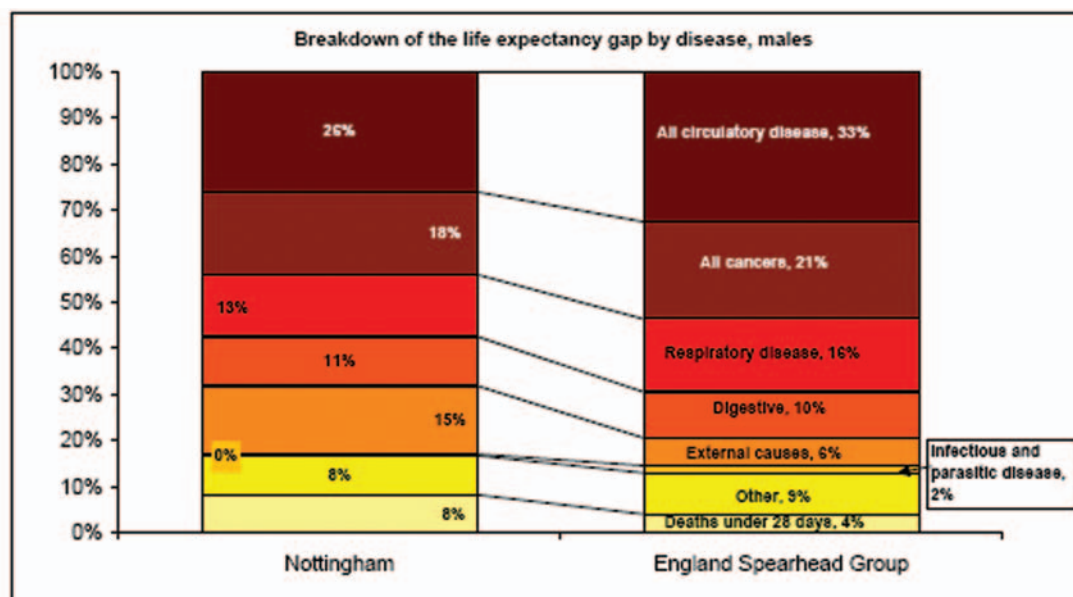
- *The gap in life expectancy for men in Nottingham is 10 years (2001-2005).³ The wards with the worst life expectancy for men are Bilborough, Arboretum and St. Ann’s (70 years). Wollaton West has the best life expectancy at 80 years. The second best ward is Bulwell Forest at 77 - 3 years lower than Wollaton West.*
- *The gap in life expectancy for women is also 10 years (2001-2005). St. Ann’s has the worst life expectancy at 75 and Wollaton West the best at 85.*



Why is Nottingham’s life expectancy so low?

- There is a strong link between deprivation, CVD and lower life expectancy. Nottingham is the 13th most deprived local authority area in England and the most deprived in the Trent region (IMD2007ⁱⁱⁱ) – its low life expectancy is directly related to its high levels of deprivation. Reducing inequalities in socio-economic circumstances and opportunity, particularly education and income, would reduce mortality and increase life expectancy in poorer areas.
- Smoking is the most important single contributor, being responsible for about 50% of the life expectancy gap. Nottingham has the third highest smoking prevalence of all local authorities in England.
- In Nottingham, CVD is the main disease contributor, responsible for about a quarter of the life expectancy gap. This is followed closely by cancer (about 60% of which is lung cancer) and then respiratory diseases, with smaller contributions from “digestive” diseases – principally alcohol related chronic liver disease – and suicide and violence in men (Fig.3)⁴: There is a similar breakdown for women. Nottingham has premature CVD and cancer death rates that are considerably higher than the England rate average.

Fig.3



- Again, because of deprivation, Nottingham has a poor profile in terms of the key contributory lifestyle factors for increased risk of CVD and cancer and low life expectancy:
 - high levels of smoking (34%), especially among certain groups (60% in those who are unemployed)⁵;
 - low levels of physical activity – only 27% of men and women aged 50-75 years participate in enough physical activity to benefit their health⁶;
 - poor diet and nutrition – only 1 in 5 people in Nottingham are estimated to be eating 5 or more portions of fruit and vegetables each day.⁷
- Analysis by age shows that the over 50 age group contributes an estimated almost 80% of the gap. Infant mortality also makes an important contribution, with deaths under 10 contributing around 10% of the inequality gap, mainly comprised of deaths under 28 days.

ⁱⁱⁱ The Index of Multiple Deprivation 2007 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation.

What are the PCT and partners doing?

Nottingham City PCT is explicitly working towards ‘An end to health inequalities in our city’, with the strategic intent that ‘the PCT will be at the forefront nationally of partnership working to deliver measurable improvement in life expectancy and quality of life.’⁸

Working in partnership

Ending health inequalities requires working in partnership with key stakeholders, a commitment reflected in the Local Area Agreement’s targets, and overseen by the City Health Partnership (CHP), the Health theme group of One Nottingham (the City’s Local Strategic Partnership). City-wide partnership delivery groups develop and implement action plans, linking together relevant services and initiatives within the target areas.

Reducing premature cardiovascular disease (CVD) death

The PCT and partners have developed an excellent CVD Improvement Programme, which includes:

- the New Leaf Smoking Cessation Service;
- a specialist clinical CVD team which includes a Diabetes Specialist Nurse, Heart Failure Nurses and Community Cardiac Rehabilitation Nurses;
- CVD identified as a priority in primary care – through implementation of the Quality and Outcomes Framework (QOF) and within Practice-based Commissioning (PBC) cluster plans, with key actions for practices including the development of a Locally Enhanced Service for Vascular Risk Assessment, promoting referral to New Leaf smoking cessation and identifying ways to improve the management of diabetes;
- a Healthier Communities Collaborative to increase the early recognition of CVD symptoms and improved understanding of the risk factors for CVD within 3 target communities;
- Commissioning of a targeted programme of CVD prevention (Health Trainers, exercise referral, community food work).

Reducing premature cancer death

Targeting access to health care services and risk factors for CVD will also crucially influence the risk of cancer. The PCT implements breast and cervical, and the newly introduced bowel cancer screening programmes.

Reducing infant mortality

The PCT is working with a range of partners to reduce infant mortality.

- To increase and maintain breastfeeding there have been workshops, peer counsellors established, and targeted work in Children’s Centres in partnership with Midwives and Health Visitors
- To reduce smoking in pregnancy there has been extensive training of Midwives and Health Visitors in smoking awareness and brief interventions as well as training to deliver new leaf smoking cessation programmes

"In Nottingham, CVD is the main disease contributor to the life expectancy gap, being responsible for about a quarter of the gap."

Local examples of good practice

The Nottingham Health Floor Target Action Plan

In 2006, Nottingham City PCT and key stakeholders in the City Health Partnership developed an evidence-based, comprehensive and sustainable programme to tackle the City's inequality in life expectancy.

A Baseline Needs Assessment detailed the need to target cardiovascular disease (CVD) and consequently reviewed services to reduce smoking, increase physical activity and improve diet. Using this evidence, the team developed a two year strategic Floor Target Action Plan (FTAP) to be funded by Neighbourhood Renewal (NRF) and Choosing Health monies. The FTAP is a comprehensive approach to targeting mainstream service delivery and commissioning new interventions to reduce inequalities in CVD.

New NRF-funded interventions were commissioned by competitive tender; successful providers included the PCT, City Council and third sector. The PCT provided capacity building support for new services provided by the voluntary sector. An active contracts and performance management process was established, with project-specific outcomes and a set of core output measures to use across the whole programme.

An 18 month review of the Baseline Needs Assessment confirmed the appropriateness of the focus of the programme. A subsequent commissioning review, with public sector, third sector and public-patient representation, assessed the effectiveness of programme delivery and developed an appropriate forward commissioning strategy.

For more information contact: [Dr. Jeanelle de Gruchy, Consultant in Public Health \(0115\) 845 4545;](#)
[John Wilcox, Health Promotion Coordinator \(0115\) 942 6000](#)

Change of Heart Health Trainers

Twenty-one Health Trainers, who have experience and understanding of what it means to live, or be part of the local community, have been employed in Nottingham. Health Trainers are visible and accessible to local people, proactively engaging individuals through various settings. They act as a crucial link between professionals and communities, translating health messages into actions that take account of individual circumstances. The Health Trainers:

- Identify and engage with people who are vulnerable and at risk of CVD;
- Provide information, support and motivation to people who want to improve their health and well-being;
- Provide practical social support by accompanying people to activities and services;
- Signpost people onto more specialist services such as New Leaf, Physical Activity Advisors, Walking Groups;
- Support individuals in setting realistic, appropriate health improvement goals around CVD health related behaviour (physical activity, smoking, healthy eating).

For more information contact: [Sarah Diggle, Senior Health Promotion Specialist Health Trainers, 0115 942 6000](#)

References

- 1 <http://www.neighbourhood.gov.uk/publications.asp?did=852>
- 2 Available at: <http://www.onenottingham.org.uk/content.asp?MP=92&SP=93>
- 3 DPH Annual Report. Note the 13 year gap previously quoted was based on 2004 figures.
- 4 DH. Health Inequalities Intervention Tool: view your gap. The causes of the gap in life expectancy for Nottingham is shown, compared to those for the spearhead areas of England as a whole.
- 5 Nottingham City Council. Nottingham City Council Residents Survey. December 2006.
- 6 Nottingham City PCT. Nottingham City Over 50s Physical Activity and Lifestyle Survey, 2005.
- 7 Association of Public Health Observatories & Department of Health (2006) Nottingham Health Profile 1 <http://www.communityhealthprofiles.info/profiles/00FY-HP.pdf>
- 8 Nottingham City PCT. Health Investment Strategy 2008-2013.

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