Chapter 1: How long do people live?
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# Summary of Outcomes

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<td>77.6 years</td>
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<td>0.68¹</td>
<td>0.73¹</td>
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¹ Quality of Life is measured as between 0-1; with 0 is the worst imaginable health state and 1 being the best imaginable health state

² Calculated as X/Y where X is the sum of scores of all respondents and Y is the total number of respondents
Life Expectancy in Wolverhampton
Life Expectancy at birth has been defined as
"...the average number of years a person would expect to live based on contemporary mortality rate"

For a particular area and time period, it is an estimate of the average number of years a new-born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.

Life Expectancy in Wolverhampton is improving

Wolverhampton 2012/14 (years) | England 2012/14 (years)
---|---
77.6 | 79.5
81.8 | 83.2

Life Expectancy trend in males and females in Wolverhampton 1991/93 to 2012/14

- Forecasts Period
- Men: England & Wales
- Men: Wolverhampton
- Men: Centres with Industry
- Women: England & Wales

1991/93 to 2012/14:
- Men: 5.4 yrs
- Women: 3.2 yrs
- 2011/13:
- Men: 0.1 yrs
- Women: 0.2 yrs
- 2012/14:
- Men: 0.2 yrs
- Women: 0.4 yrs
Life expectancy at birth in females has been consistently higher compared to males in Wolverhampton and England & Wales.

However, the gap in life expectancy between females and males has reduced since 1991-93 from 9% (6.4 years) to 5% (4.2 years) in Wolverhampton since 1991-93 from 9% (6.4 years) to 5% (4.2 years) in Wolverhampton.
Life Expectancy in Wolverhampton compared to CIPFA nearest neighbours

Life expectancy at birth in males in Wolverhampton is better compared to 9 of 15 CIPFA\textsuperscript{3} nearest neighbours but significantly lower compared to West Midlands and England.

Life expectancy at birth in females in Wolverhampton is better compared to 12 of 15 CIPFA nearest neighbours but significantly lower compared to West Midlands and England.

\textsuperscript{3}CIPFA – Chartered Institute of Public Finance Accounts: Provides data for statistical comparison of areas similar to Wolverhampton
Life Expectancy in Wolverhampton Wards

- Life expectancy in females in Wolverhampton in 2010-14 is worst in Bushbury South and Low Hill (78.4 years), Health Town (78.8 years) and Park (79.1 years)

- Life expectancy at birth in females in Wolverhampton in 2010-14 is higher than the Wolverhampton average of 81.83 years in 9 wards and lower than Wolverhampton average in 11 wards

- Life expectancy in males in Wolverhampton in 2010-14 is worst in Bushbury South and Low Hill (72.8 years), Ettingshall (73.7 years) and Graisley (74.7 years)

- Life expectancy at birth in males in Wolverhampton in 2010-14 is higher than the Wolverhampton average of 77.5 years in 10 wards and lower than Wolverhampton average in 10 wards
Ten wards in Wolverhampton have shown strong improvement since 2001.

Nine wards in Wolverhampton have shown poor improvement since 2001 and are below national average.

Seven wards in Wolverhampton have shown strong improvement since 2001.

Ten wards in Wolverhampton have shown poor improvement since 2001 and are below national average.
Life expectancy in males and females in 2012-14 is worst in most deprived areas of Wolverhampton.

- **Most Deprived**: Males: 74.9 years, Females: 79.2 years
- **Least Deprived**: Males: 86.6 years, Females: 87.4 years

**Life Expectancy in Wolverhampton by Deprivation Quintiles**

- **Most Deprived Quintile**: Males increased by 2.8 years, Females increased by 0.4 years.
- **2nd Most Deprived Quintile**: Males increased by 3.8 years, Females increased by 2.5 years.

**Life Expectancy (males) by deprivation quintiles in Wolverhampton 2001-03 to 2012-14**

**Life Expectancy (females) by deprivation quintiles in Wolverhampton 2001-03 to 2012-14**
What does this information tell me?

- This indicator gives context to healthy life expectancy figures by providing information on the estimated length of life. These two indicators are extremely important summary measures of mortality and morbidity. They show the overall trends in major population health measures, set the context for assessing the other indicators.

- Wolverhampton's life expectancy (LE) is improving and the gap between LE in local males and females is also improving. However, there are a number of wards within Wolverhampton where LE is still below the national average and there has not been much improvement since 2001. Also, the gap between wards with the highest LE and wards with the lowest LE is increasing for both males and females. Overall, the gap between Wolverhampton and the national average is not improving.

Indicative Commissioning Needs

- Life expectancy is an overarching measure of health and wellbeing within the City and all commissioning activity should be aligned to identifying services with an ultimate aim of improving this measure.
References

2. Public Health Mortality Database
3. Picture Credits
   a. Male created by Kelly Turgeon from The Noun project
   b. Female created by Nicolas Morand from The Noun project
Healthy Life Expectancy in Wolverhampton
The Public Health Outcomes Framework for England 2013-16 sets out two overarching aims, one of which is

‘Increased healthy life expectancy i.e. considering how healthily or how well we live in addition to how long we live’

Healthy life expectancy at birth is the number of years that a new-born baby would live in a 'healthy' state if they experienced the death rates and levels of general health of the local population at the time of their birth, throughout their life.

Healthy Life Expectancy in Wolverhampton is worsening for males and slightly improving for females.

<table>
<thead>
<tr>
<th>Year</th>
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<th>Female (Wolverhampton)</th>
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<th>Female (England)</th>
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<td>2009-11</td>
<td>56.9</td>
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<td>2012-14</td>
<td>57.8</td>
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<td>64.0</td>
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</table>
Gap between Healthy Life Expectancy and Life Expectancy in Wolverhampton is increasing for males and very slightly decreasing for females.

In 2012-14, males in Wolverhampton lived 21 years of life in an 'unhealthy' state compared to 17 years in West Midlands and 16 years in England.

In 2012-14, females in Wolverhampton lived 23.5 years in an 'unhealthy state' compared to 20.4 years in West Midlands and 19.2 years in England.
Healthy life expectancy at birth for males in 2012/14 in Wolverhampton is the worst amongst CIPFA nearest neighbours and is significantly lower compared to West Midlands and England.

Healthy life expectancy at birth for females in 2012/14 in Wolverhampton is worse compared to most of the CIPFA nearest neighbours and is significantly lower compared to West Midlands and England.
What does this information tell me?

- Wolverhampton is performing poorly on healthy life expectancy at birth for both males and females. The trend for healthy life expectancy is not improving and the gap between healthy life expectancy and life expectancy is increasing for males and very slightly decreasing for females.
- Over a quarter of males (26.6%) and females (28.7%) life expectancy is characterised by increasing disability

Indicative Commissioning Needs

- Healthy Life expectancy is key summary measure of population health and all commissioning activity should be aligned to identifying services with an ultimate aim of improving this measure.
References

2. Office of national statistics accessed at www.ons.gov.uk
3. Picture Credits
   a. Male created by Kelly Turgeon from The Noun project
   b. Female created by Nicolas Morand from The Noun project
Self Reported Wellbeing
Self Reported Wellbeing

Promoting 'Wellbeing' of our population is a major public health and social care agenda in the UK. People with higher wellbeing are more likely to have lower rates of illness and enjoy better physical and mental health.

“Wellbeing” is a broad concept, and it is described as relating to the following areas in particular:
- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal;
- suitability of living accommodation;
- the individual’s contribution to society.

The Annual Population Survey conducted by the ONS incorporates questions on four dimensions of wellbeing:
- life satisfaction,
- worthwhile,
- happiness and
- high anxiety.
The response to each question is measured on a scale of 1-10 which is then analysed to provide a health score.

Self Reported Wellbeing in Wolverhampton is improving

Since 2011/12, 5%-9% more people in Wolverhampton have reported their wellbeing as very high across the four dimensions of wellbeing in 2014/15.

During the same period, the percentage of people with low life satisfaction score and low happiness score in Wolverhampton have decreased, whereas percentage of people with low worthwhile and high anxiety scores has increased.
Percentage of people with low self satisfaction score in Wolverhampton 2011/12 - 2014/15

Percentage of people with low Worthwhile score in Wolverhampton 2011/12 - 2014/15

Percentage of people with low Happiness score in Wolverhampton 2011/12 - 2014/15

Percentage of people with high anxiety score in Wolverhampton 2011/12 - 2014/15
Change in percentage of people self reporting their wellbeing:

- **Life satisfaction since 2011/12**
- **Worthwhile since 2011/12**
- **Happiness since 2011/12**
- **Anxiety since 2011/12**

Average mean rating score:

- **Life satisfaction**
  - 2011/12: 6.67 → 2014/15: 7.07
- **Worthwhile**
  - 2011/12: 7.2 → 2014/15: 7.4
- **Happiness**
  - 2011/12: 6.71 → 2014/15: 7.08
- **Anxiety**
  - 2011/12: 2.42 → 2014/15: 2.47
Low Satisfaction Score 2014/15 compared to CIPFA nearest neighbours

Low Satisfaction Score 2014/15: Wolverhampton scores the worst compared to CIPFA nearest neighbours and is significantly worse compared to England and West Midlands.

Low Worthwhile Score 2014/15 compared to CIPFA nearest neighbours

Low Worthwhile Score 2014/15: Wolverhampton scores worse compared to most of the CIPFA statistical neighbours and is significantly worse compared to England and West Midlands.

Very High Anxiety Score 2014/15 compared to CIPFA nearest neighbours

Very High Anxiety Score 2014/15: Wolverhampton scores better compared to the CIPFA nearest neighbours except Coventry. Also, Wolverhampton scores better compared to England and West Midlands, however this is not statistically significant.

Low Happiness Score 2014/15 compared to CIPFA nearest neighbours

4. Low Happiness Score 2014/15: Wolverhampton scores better compared to 10 out of 15 CIPFA nearest neighbours and is worse compared to England and West Midlands; however this is not significant.
What does this information tell me?

- Self reported well being is an important aspect of identifying the population's wellbeing which is related to educational attainment, health, population safety, employment and economic productivity.
- In 2014/15, more people in Wolverhampton rated their wellbeing as 'high' or 'very high' compared to 'low' or 'medium' for life satisfaction (67%), worthwhile (72%) and happiness (66%). Almost 70% of people in Wolverhampton reported 'low' or medium levels of anxiety, indicating an overall high level of wellbeing.
- Between 65% -72% of people in Wolverhampton are satisfied with their life, feel they have done things in life that are worthwhile and are happy. This is lower than the England (75% - 83%) and the West Midlands (73% - 2%) average. However more people feel less anxious in Wolverhampton (69%) compared to England (64%) and West Midlands (67%) in 2014/15.
- It should be noted that all these indicators are just an estimate, based on a sample of the population, therefore is not a true representation of all people living in Wolverhampton, but provide a 'snap-shot' of individual well-being.

Indicative Commissioning Needs

- The relationship between personal wellbeing and local circumstances is complex and can influence health and social care outcomes. Commissioned services should consider how the overall wellbeing of the population can be improved through the services provided.
References


2. Department of Health (2010), Confident Communities, Brighter Futures. A framework for developing wellbeing, Department of Health: London


5. Picture Credits
   a. Safety by Gregor Cresnar from the the Noun Project
Health Related Quality of Life (HRQoL)
WHO defines Quality of Life as

‘...individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment.'

There is a broad agreement among the medical fraternity that HRQoL is the functional effect of a medical/surgical condition and/or its consequent therapy on a patient.

In the UK, the Public Health Outcomes Framework and NHS Outcomes Framework incorporate measures of HRQoL to achieve the overarching aims of improving (healthy) life expectancy and enhancing the quality of life.
HRQoL for adults with long term conditions (LTCs)

The annual GP Patient survey collects data on HRQoL utilising the five quality of life (QoL) dimensions of EQ-5D\(^4\) i.e. mobility, self care, usual activities, pain/discomfort and anxiety/depression. Each dimension is scored on 5 levels and the data is then analysed to develop a health score, where 0 is the worst imaginable health state and 1 is the best imaginable health state. It should be noted that, as this is GP survey data, the findings relate to people registered with a GP in Wolverhampton.

HRQoL for adults with LTCs is improving in Wolverhampton

Health related quality of life for people with Long term Conditions

Gap between HRQoL for adults with LTCs and all respondents

%change in Health related Quality of Life for people with Long term conditions 2011/12 - 2014/15

\(^4\)A standardised health questionnaire used to measure health outcome via a single figure.
In 2014/15, HRQoL for people with Long term conditions is higher in Wolverhampton compared to all of its CIPFA nearest neighbours.
HRQoL for persons with mental health conditions (MHCs)

The data is collected via the annual GP Patient survey for the Clinical Commissioning Group (CCG) Outcome Indicators Framework and therefore the findings relate to people registered with a GP in Wolverhampton.

**HRQoL for persons with MHCs is improving in Wolverhampton**

Wolverhampton 2014/15 (score) 0.49

England 2014/15 (score) 0.53

2013/14 0.8%

2014/15

Gap between HRQoL for people with MHCs and all respondents in Wolverhampton since 2013/14 0.3%

The increase in gap between HRQoL for people with MHCs and all respondents in Wolverhampton is in contrast with the national pattern where the gap has decreased by 0.1%.
HRQoL for older people

The data is collected via the annual GP Patient Survey for the Public Health Outcomes Framework, therefore the findings relate to people registered with a GP in Wolverhampton.

HRQoL for older people is improving in Wolverhampton

Wolverhampton 2012/13 (score) 2012/13 (score)

0.69 0.73

2011/12 2012/13

1.1%

A similar HRQoL picture for older people can be seen across the Black Country region, with all areas being significantly lower compared to West Midlands.
In 2014/15, HRQoL for older people in Wolverhampton is higher compared to 10 out of 15 CIPFA nearest neighbours. However it is significantly lower compared to West Midlands and England.
What does this information tell me?

- Although the HRQoL for adults with LTCs, MHCs and older people in Wolverhampton is slightly improving, it is still significantly lower compared to the West Midlands and England average.
- These indicators provide a greater focus on preventing ill health, preserving independence and promoting well-being in these vulnerable groups of adults and older people.
- It should be noted that the data collected from GP Patient survey focusses on the current state of health on the particular day the survey is completed and does not look into the positive or negative impacts of the chronic nature of the illness and/or long term input.

Indicative Commissioning Needs

- HRQoL is a multi-dimensional concept that goes beyond direct measures of population health, such as life expectancy and mortality, and focuses on the impact of health status on the quality of life.
- Commissioned services should aim to assess how the service provided has improved the quality of the life of the service user.
References

5. Picture Credits
   a. Cross by Yegor Shustov, RU from the Noun project
Social Care Related Quality of Life (SCR QoL)
Social Care Related QoL (SCR QoL)

Social care related quality of life measure gives an overarching view of the quality of life of users of social care.

The Adult Social Care Survey collects data on eight domains of social care related quality of life i.e. control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation. This measure is an average score based on responses to the relevant questions on the survey. The scores as calculated as X/Y where X is the sum of scores of all respondents and Y is the total number of respondents.

**SCR QoL is better in Wolverhampton compared to England**

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<th>Year</th>
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<th>England (Score)</th>
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<tr>
<td>2011/12</td>
<td>19.4</td>
<td>19.1</td>
</tr>
<tr>
<td>2014/15</td>
<td>19.3</td>
<td>19.1</td>
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**Social care related Quality of Life in Wolverhampton 2010/11 - 2014/15**

**Social Care related Quality of Life in Wolverhampton 2011/12 - 2014/15 by Gender**

SCR QoL is better in females compared to males in Wolverhampton which is in contrast to England.

**Gap by gender in Wolverhampton**

Since 2011/12
Social Care Related QoL

SCR QoL for 18-64 year olds as well as those aged 65 and over has been consistently higher in Wolverhampton compared to England and West Midlands.

SCR QoL in 18-64 year olds

There was a major fall in SCR QoL in Wolverhampton in 2012/13 and it has consistently improved since then. This is slightly different from England and West Midlands where the SCR QoL has improved since 2011/12.

SCR QoL in those aged 65 and older

SCR QoL for people aged over 65 has been consistent since 2011/12; however it shows a slight fall in the last year of 2014/15 from 19.1 to 19.0. The figures for England has shown a consistent improvement.
What does this information tell me?

- SQR QoL refers to those aspects of people's quality of life that are relevant to, and are the focus of, social care interventions. The scoring indicates the level of unmet need reported by the respondents.
- SCR QoL in Wolverhampton is above the England and West Midlands average, indicating that there is less unmet social care needs within the local population. However the gap between male and female SCR QoL is increasing and there is a fall in SCR QoL overall since 2011/12.
- This indicates that there appears to be more unmet social care needs for men compared to women and since 2011/12, there has been an overall increase in the level of unmet needs within the local population.

Indicative Commissioning Needs

- Commissioned services should aim to assess how the service provided has have met the needs of the service user and how unmet needs can be identified and addressed.
References

1. Adult Social Care Outcomes Framework
2. Personal Social Services Research Unit (PSSRU); Adult Social Care Outcomes Toolkit; accessed at http://www.pssru.ac.uk/ascot/
4. Picture Credits
   a. Social Care by Diego Naïve, BR from the Noun project