


<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>19th September 2023</p>	
<p>Report of: Liam Crosby, Associate Director of Public Health.</p>	<p>Classification: Unrestricted</p>
<p>Report Title: Inequalities in Life Expectancy and Healthy Life Expectancy – insights from the Census.</p>	

Originating Officer(s)	Liam Crosby, Associate Director of Public Health Alex McLellan, Health Intelligence Lead Hannah Choi, Senior Public Health Intelligence Analyst.
Wards affected	All wards

Executive Summary

This report presents the HWB with updated insight into inequalities in Life Expectancy (LE) and Healthy Life Expectancy (HLE) among residents of Tower Hamlets.

Life Expectancy and Healthy Life Expectancy are key measures of overall population health. They are metrics of the overall burden of mortality (LE), and of mortality plus poor health (HLE), and allow comparisons between different groups, to quantify the scale of inequalities in health that groups experience.

The Census, and new mortality data, allows us additional insight into inequalities in these metrics. LBTH's Health Intelligence Team have analysed these data; this HWBB report presents a short summary of some of the results. More analysis has been undertaken to inform a range of health and public health priorities.

Key Findings include:

- Life expectancy in Tower Hamlets overall has improved, but faster in less-deprived areas of TH. The gap between most- and least-deprived groups has grown. Males in the most deprived areas of Tower Hamlets live 8.8 years shorter, and females 6.3 years shorter, than those in the least deprived areas of the borough. This gap is driven by particular clinical conditions.
- Healthy Life Expectancy has improved for males, but for females remains much below regional averages. Females live 7.5 years less, on average than males.

- The sex differential in Healthy Life Expectancy is larger in Asian and Mixed ethnic groups. It is driven primarily by larger numbers of long-term unemployed females in TH than elsewhere.

Potential implications of this analysis include:

- Understanding the reasons behind differences in population metrics can help target our efforts to reduce health inequalities.
- Efforts to reduce inequalities in life expectancy should focus on particular conditions, which affect more deprived residents much more than less deprived and contribute to the deprivation gap. These include cardiovascular diseases, respiratory conditions, and cancers. The CORE20+5 framework is appropriate to tackle inequalities in life expectancy in Tower Hamlets.
- In order to reduce the sex differential in Healthy Life Expectancy, initiatives and policies should enable more women to work, and focus on health improvement for long-term unemployed women in Tower Hamlets..

Recommendations:

The Health and Wellbeing Board is recommended to:

- Note the information about inequalities in Life Expectancy and Healthy Life Expectancy.
- Consider actions required to tackle, and to further understand, inequalities in Life Expectancy and Healthy Life Expectancy between Tower Hamlets residents

Health and Wellbeing Strategy:

1. **Resources to support health and wellbeing should go to those who most need it –**
Detailed analysis of the drivers of health inequalities in Tower Hamlets allows us to target interventions and resources to those with greatest need. Focusing our efforts appropriately can reduce health inequalities. The analysis presented here helps us to understand which population sub-groups are suffering particularly poor health, allowing focus of resources towards those who most need it.
2. **Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme –**
The results of this analysis highlight the importance of employment – an important determinant of connection. It shows that Tower Hamlets' large number of unemployed females – particularly in deprived neighbourhoods and particularly in the Bengali community – is a key factor in shaping health inequalities.

3. Being treated equally, respectfully and without discrimination should be the norm when using services –

N/A.

4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them.

The HWB is invited to consider how information such as that presented here can be made available in clear, simple ways to commissioners, services, and residents.

5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing

Providing information such as this can be important to enable people to have equal power in designing services.

6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.

Focusing our efforts appropriately can reduce health inequalities. The analysis presented here helps us to understand which population sub-groups are suffering particularly poor health, allowing focus of resources towards those who most need it.

1. DETAILS OF THE REPORT

1.1. The slide deck listed in Appendix presents the details of this report.

1.2. The report is based on data from the Census, and from recently updated Mortality data for 2020-2021; it uses these sources to provide information about inequalities in Life Expectancy and Healthy Life Expectancy.

1.3. The Census provides rich data; additional analysis has been undertaken but is not presented here. Please contact the authors of this report for further information.

1.4. Life Expectancy:

- Life expectancy at birth is defined as the average number of years that would be lived by babies born in a given time period, if mortality levels at each age remain constant.
- Life expectancy has improved for both males and females in Tower Hamlets and is now similar to the London and England averages.

- Life expectancy increased faster for least deprived groups in Tower Hamlets, meaning the gap in life expectancy has increased in recent years.
- The conditions that contribute most to the “deprivation gap” in life expectancy are circulatory, respiratory conditions, and in the case of Males: cancer.
- The implication of this is that efforts to reduce inequalities in life expectancy should focus on conditions – including CVD, COPD, Cancers, that contribute most to the ‘deprivation gap’, because they affect more deprived residents more than less deprived. The CORE20+5 framework is appropriate to tackle inequalities in life expectancy in Tower Hamlets.

1.5. Healthy Life Expectancy:

- Tower Hamlets has an unusual sex difference in Healthy Life Expectancy: females can expect to live 7.5 fewer years in good health than males.
- As mortality (LE) is similar between males and females, the sex differential is due not to different death rates, but to differences between the sexes in the burden of poor health.
- In Tower Hamlets:
 - Sex disparities in self-reported health are greater in Asian ethnic groups.
 - Within occupational groups, there are minimal gender differences in self-reported health.
 - Many more females are Long-Term unemployed than males; and the proportion of females in this group is much larger than across London.
- In sum: females who are long-term unemployed are particularly likely to be in poor health, and the fact there are more of long-term unemployed females in TH than elsewhere is what leads to a wide sex gap in Healthy Life Expectancy.

2. EQUALITIES IMPLICATIONS

2.1. This report sets out data on inequalities in health outcomes across TH population.

2.2. Inequalities in outcomes across three protected characteristics (age, sex, race (ethnicity)) have been identified in the report; along with other characteristics (socio-economic classification via employment status). Inequalities in health according to other protected, or other characteristics, can be presented by the Public Health Intelligence Team.

3. OTHER STATUTORY IMPLICATIONS

3.1. The Health and Wellbeing Board has a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA) which sets out the key HWB needs facing our population. The information in this report can be incorporated into the JSNA.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1. Not required.

5. COMMENTS OF LEGAL SERVICES

5.1. Not required.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- **Inequalities in Life Expectancy and Healthy Life Expectancy**

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

- None

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