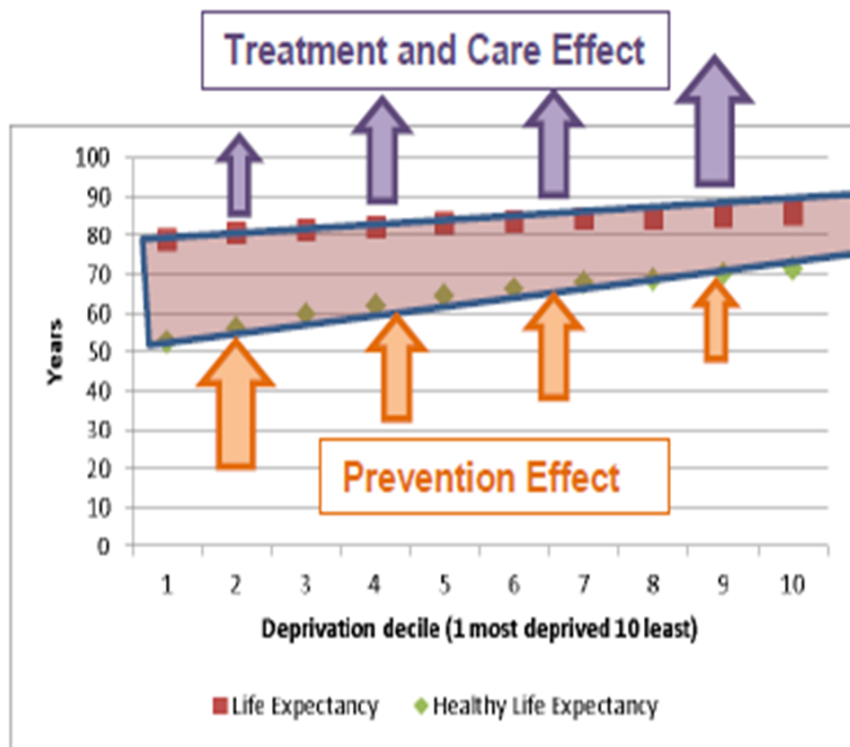


Life Expectancy

A context for assessing successful intervention

Derbyshire County



The graph to the right shows how both life expectancy (the top line of red squares) and health life expectancy (the bottom line of green diamonds) are affected by deprivation.

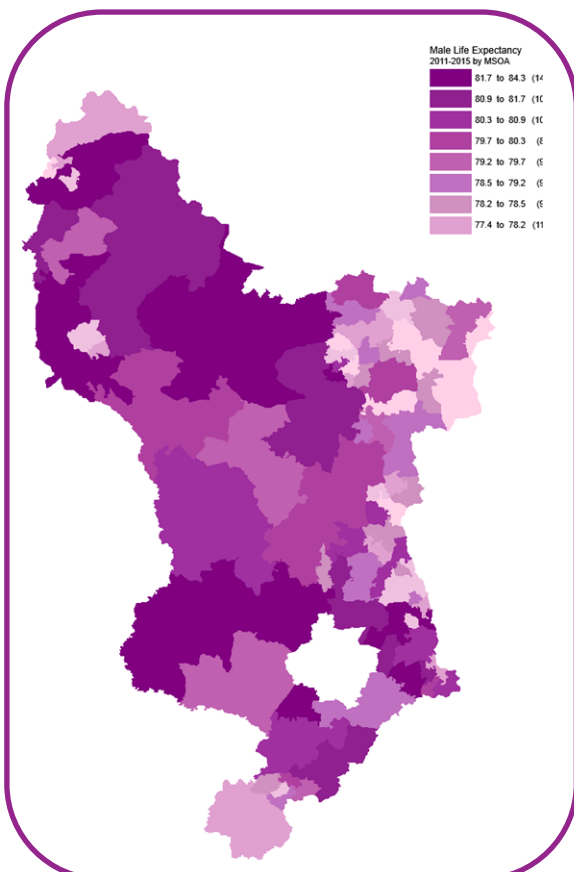
The slope of the healthy life expectancy line is much greater than that of the total life expectancy line, implying that Healthy LE is more strongly influenced by deprivation.

Our aim must be not just to extend life (the 'treatment and care' effect) but also, through primary and secondary prevention, to reduce the time spent in poor health - the 'prevention effect' - and in so doing, reduce the burden on treatment and care services.

Deprived communities have most to gain from prevention and the biggest gain in health can be achieved in addressing it.

The distribution of resources should be rebalanced in favour of prevention in the most deprived communities rather than treatment for the more affluent - i.e. we need to move spend from top right to bottom left.

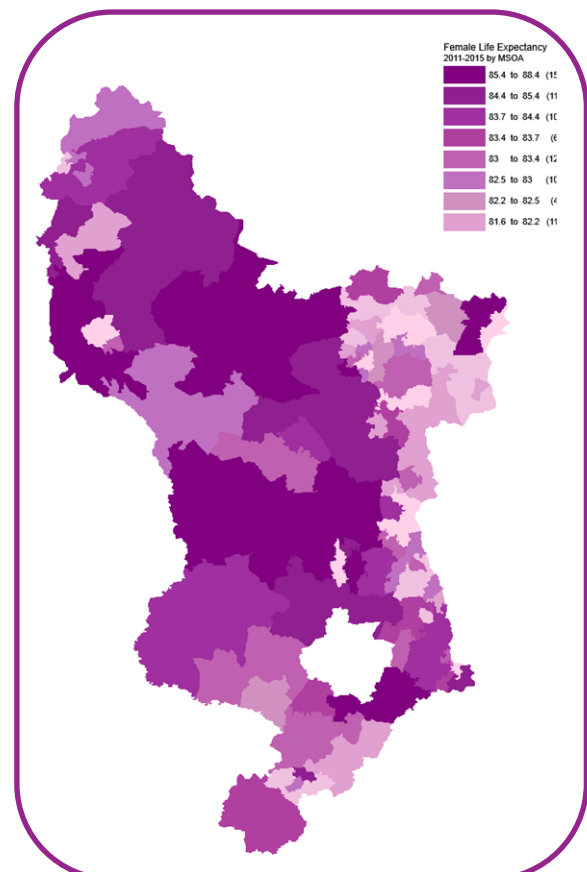
Life expectancy at birth is the average number of years a person would expect to live based on contemporary mortality rates.



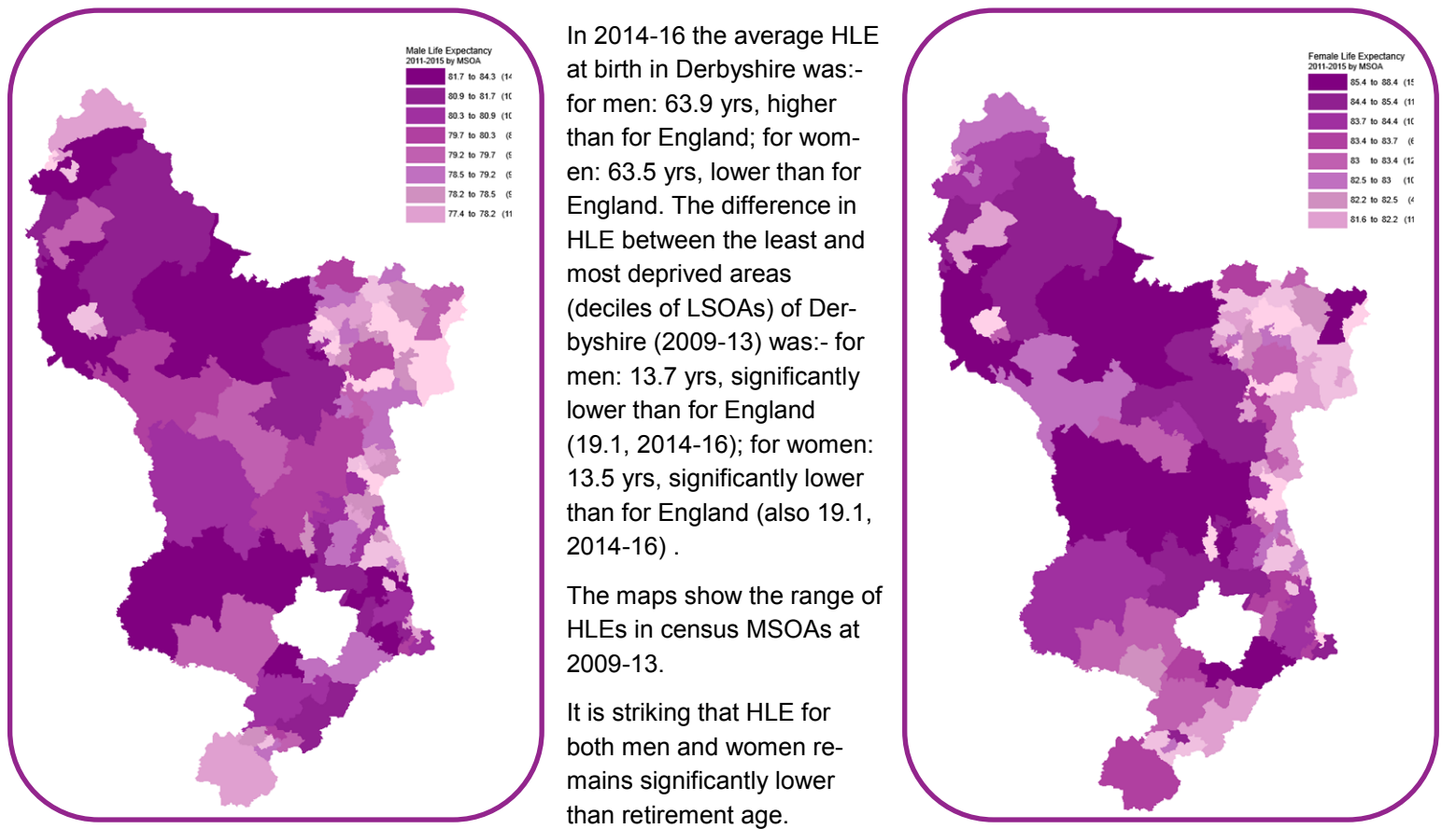
In 2014-16 the average life expectancy at birth in Derbyshire was:-

for men: 79.1 years, significantly lower than for England (79.5); for women: 82.8 years, significantly lower than for England (83.1). The difference in life expectancy between the least and most deprived areas (deciles of LSOAs) of Derbyshire was: for men: 7.9 years, significantly lower than for England (9.3); for women: 6.8 years, lower than for England (7.3).

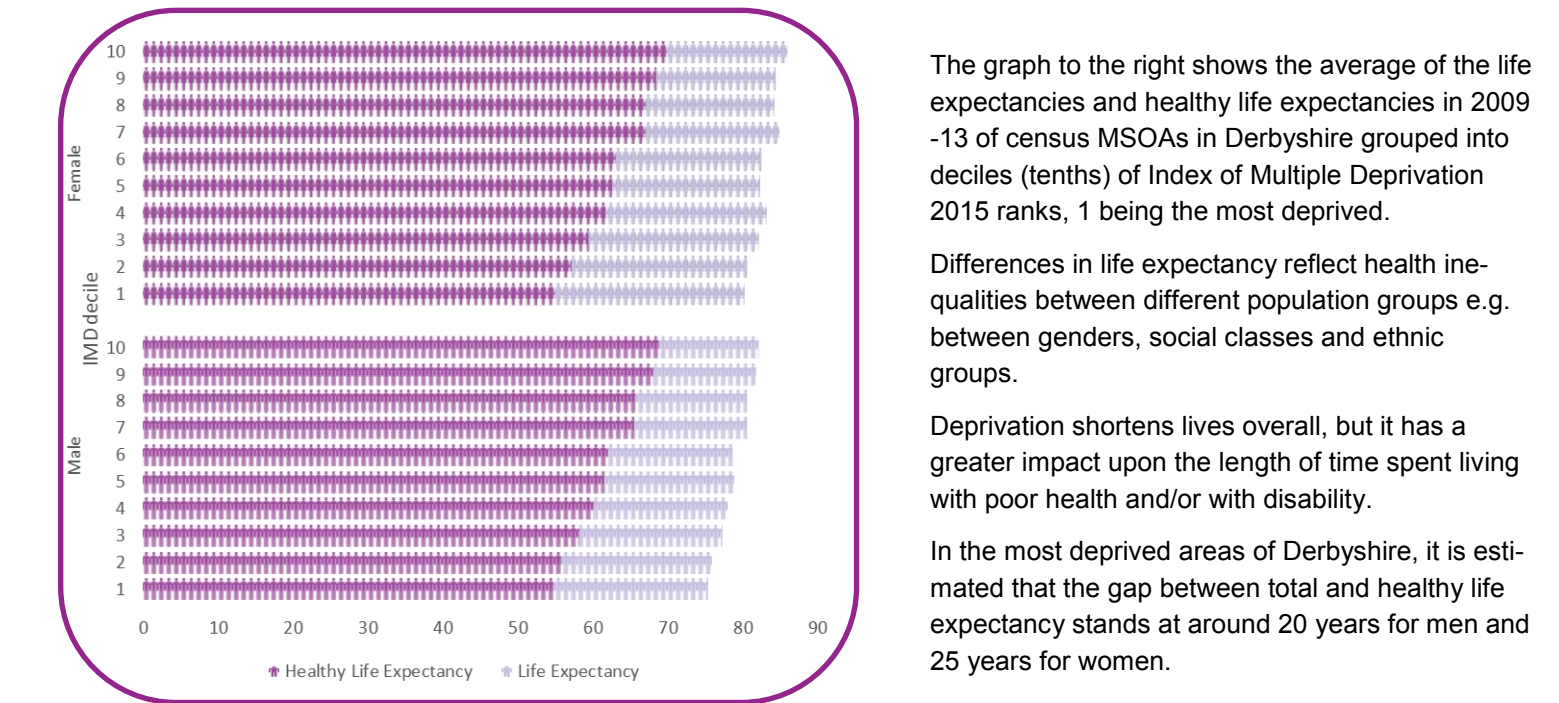
The maps show the range of life expectancies in census MSAs at 2011-15.



Healthy life expectancy at birth is the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.



Life expectancy represents the cumulative effect of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment.



Implications:-

Increasing life expectancy in the 21st century is a sign of successful treatment and care services, as well as behavioural change. Unless it is accompanied by increasing healthy life expectancy it will result in increasing numbers of older people requiring care. Increasing healthy life expectancy can be achieved by primary and secondary prevention.

As the gap between total and healthy life expectancy increases with deprivation, the biggest health gains are to be achieved by targeting resources at the worst off.

Population Knowledge & Intelligence Team