

Health Inequalities and life expectancy

Health Inequality and health inequity

Health inequalities are defined as differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between older people and younger populations or differences in mortality rates between people from different social classes. Health inequalities can be attributed to biological variations, free choice, the external environment e.g. education, housing, transport, poverty, and other conditions mainly outside the control of the individuals concerned.

Health inequity refers to unfair, avoidable differences in access to services, which can then create or worsen health inequalities. The ability to benefit from health services is subject to factors such as individual decision making, socio-economic circumstances and social networks. To maximise health equity, resources are needed to assist those who are disadvantaged, to make use of the services provided by health and social care.

Consequences of health inequalities

Health consequences: Lower socioeconomic status is associated with lower incomes and greater healthcare need, in particular the earlier development of multiple chronic morbidities. Ultimately, socioeconomic inequalities result in increased morbidity and decreased life expectancy.

In terms of patterns of access to care, there are many studies, both large and small, and although there are some differences in their findings, there is a clear pattern of more deprived populations tending to make greater use of unplanned (emergency) services than affluent populations, and being slightly more likely to visit the GP, but less likely to visit a medical specialist or to use many types of planned and preventative services.

Economic Consequences: In England, the cost of treating illness and disease arising from health inequalities has been estimated at £5.5 billion per year. In terms of the working-age population, it leads to productivity losses to industry of between £31–33 billion each year. Lost taxes and higher welfare payments resulting from health inequalities cost in the region of £28–32 billion. In respect of the NHS, health inequalities are currently estimated to cost the NHS a total of at least £20 billion each year.

Why do we care about health inequalities?

The key reasons we are concerned about health inequalities include:

- Health inequalities are unfair;
- Health inequalities affect everyone;
- Health inequalities are avoidable;
- There are cost-effective ways to tackle and prevent health inequalities.

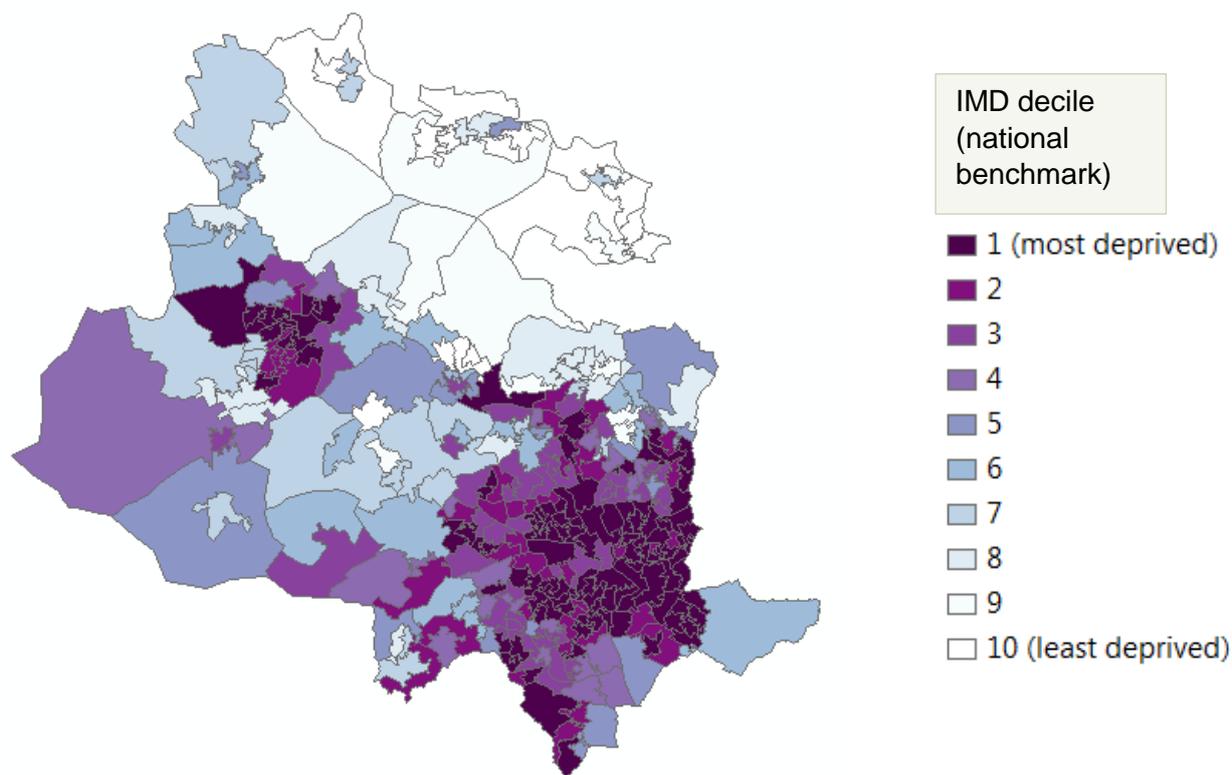
Local authorities are uniquely placed to tackle health inequalities, as many of the social and economic determinants of health, and the services or activities which can make a difference, fall within their remit. The NHS, however, also has an important contribution, as does the voluntary and community sector. The challenge is to reduce the difference in mortality and morbidity rates between rich and poor and to increase the quality of life and sense of wellbeing of the whole local community.

Deprivation

Since the 1970s the Department for Communities and Local Government and its predecessors have calculated local measures of deprivation in England. The English Indices of Deprivation 2019 are based on 37 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2019 (IMD 2015). Further information can be found [here](#).

Bradford District is one of the **most deprived local authorities in England** and ranks 21st out of 317 Local Authority Districts. Deprivation varies greatly across the District, with wards generally around central Bradford and central Keighley appearing in the 10% most deprived wards in the country and wards located in the Wharfe Valley appearing in the 10% least deprived wards in the country.

Figure 1: Map of deprivation by Lower Super Output Area



Source: Public Health Intelligence

Measuring health inequality

Effective interventions to improve health and reduce health inequalities (so reducing the social gradient) can be measured by comparing data on mortality with a measure of a person's social position and their health. In this country, the lower someone's social position, the worse their health is likely to be.

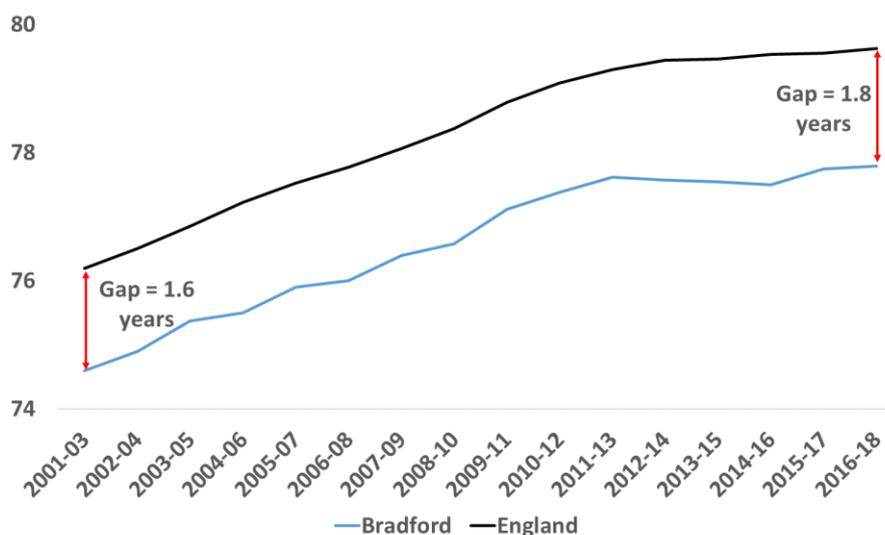
Public Health England uses indicators from the Public Health Outcomes Framework to monitor progress to reduce health inequalities in England. The two overarching indicators which summarise overall trends of the health of a population are:

- Life expectancy at birth
- Healthy life expectancy at birth

Life expectancy at birth

Life expectancy at birth is the average number of years a person would expect to live based on death rates. It is one of the most important summary measures of the health and wellbeing of a population, and provides a measure of health inequalities. For both males and females, although life expectancy at birth has improved over the years, over recent years there has been a **levelling off in how long a person can be expected to live** in Bradford District. In 2016-18 on average a male can expect to live for 77.8 years compared to 79.6 years for England.

Figure 2: Life expectancy at birth – males, 2001-03 to 2016-18

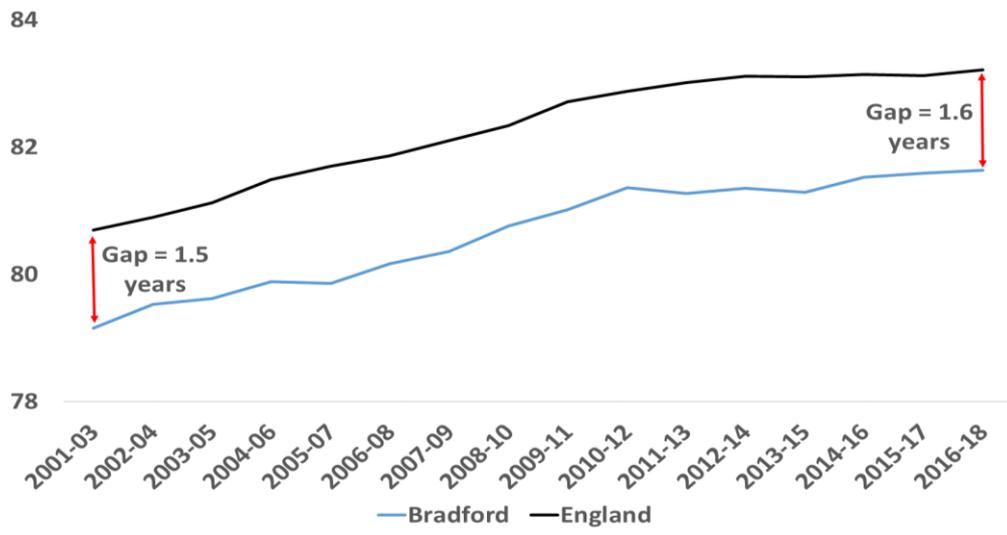


Source: Public Health Outcomes Framework

A female in Bradford District can expect to live for 81.6 years compared to 83.2 years for England. Life expectancy at birth also varies widely across the District, with lower life expectancy seen in the more deprived areas of the District.

Life expectancy varies across the District and is in particular linked to deprivation, with life expectancy being lower in the most deprived areas of the District (**Figure 4**).

Figure 3: Life expectancy at birth – females, 2001-03 to 2016-18



Source: Public Health Outcomes Framework

Figure 4a: Inequality in life expectancy at birth (Male), Bradford and England

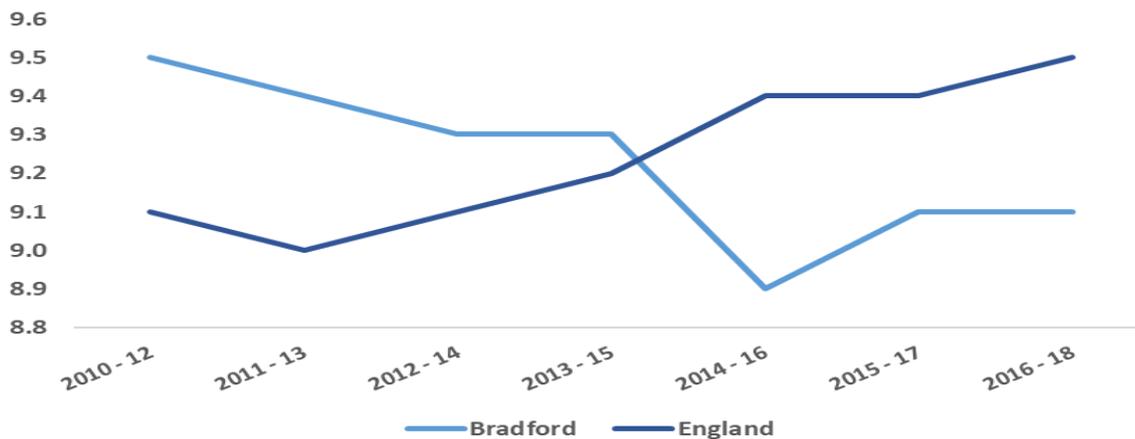
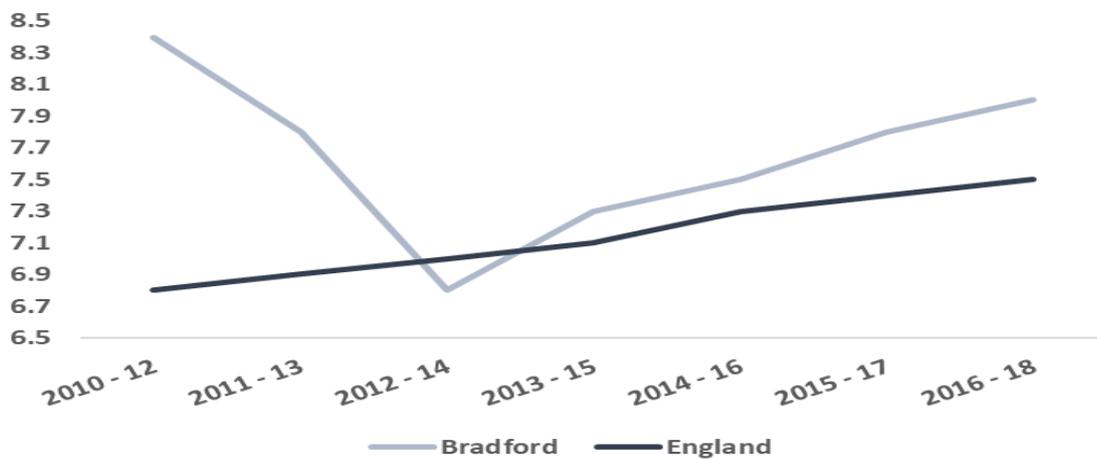


Figure 4b: Inequality in life expectancy at birth (Female), Bradford and England

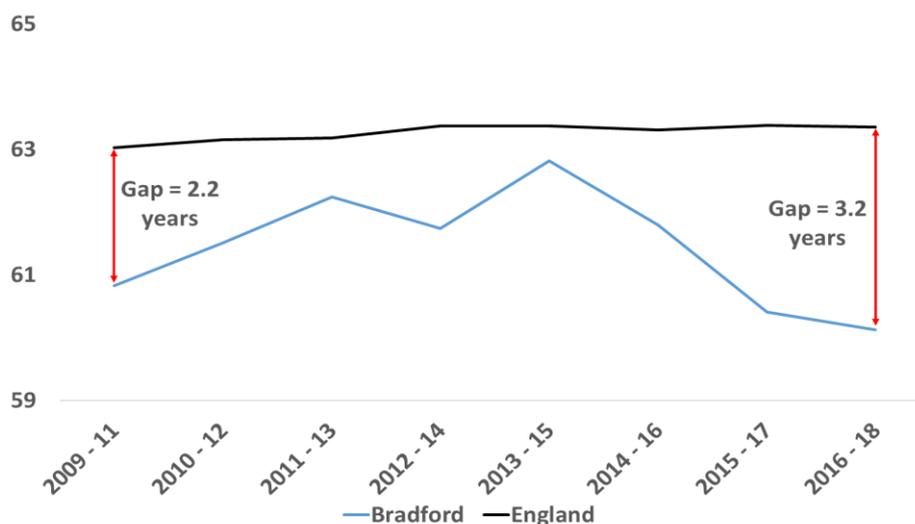


Source: Public Health Outcomes Framework

Healthy Life expectancy at birth

Healthy life expectancy is the average number of years a person would expect to live in good health. It is an important summary measure of the health and wellbeing of a population on its own, and also when combined with other information, for example on life expectancy. Although healthy life expectancy at birth for males in Bradford District has fallen in recent years to 60.1 years and the gap between the district and national average has widened to 3.2 years.

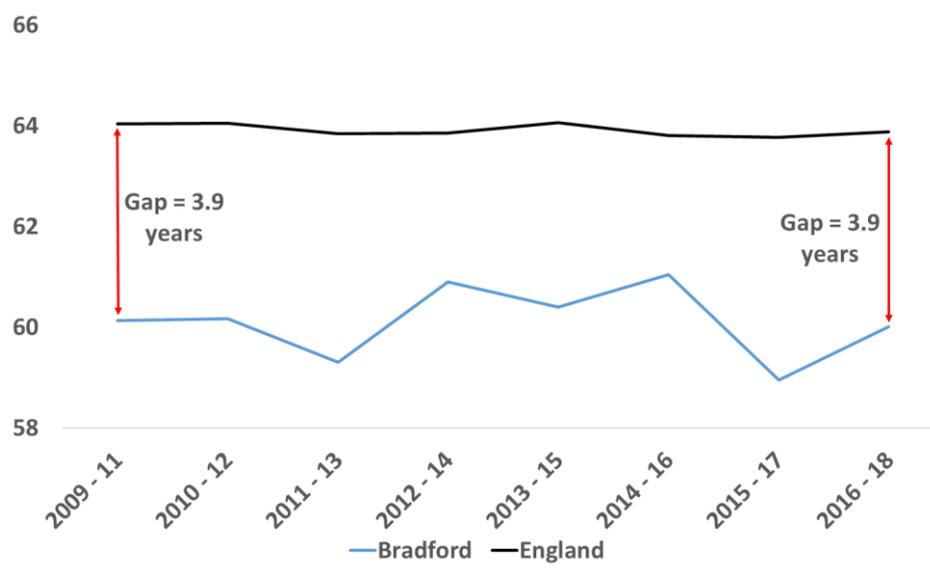
Figure 5: Healthy life expectancy at birth – males, 2009-11 to 2016-18



Source: *Public Health Outcomes Framework*

Healthy life expectancy has generally risen for females in Bradford District and the gap between Bradford District and the average for England has remained static overall. Most recent data shows that a male living in Bradford District can expect 60.1 years of healthy life compared to 63.3 years for England. On average a female living in Bradford District can expect 60.0 years of healthy life compared to 63.9 years for England.

Figure 6: Healthy life expectancy at birth – females, 2009-11 to 2016-18

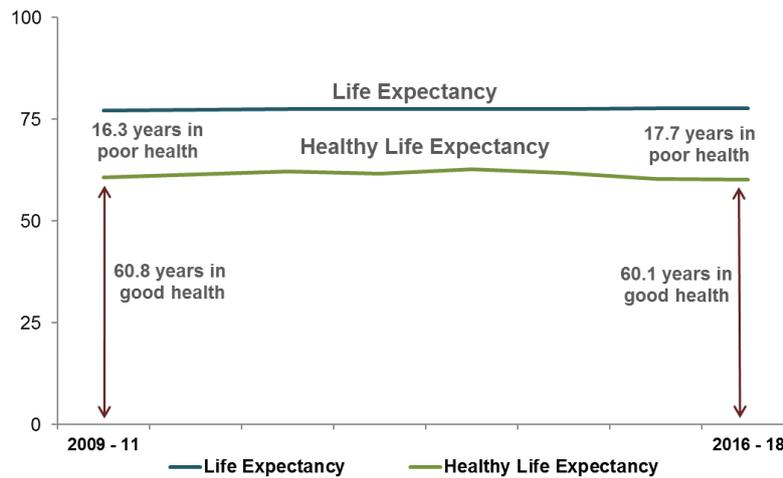


Source: *Public Health Outcomes Framework*

Gap between healthy life expectancy and life expectancy at birth

The gap between life expectancy at birth and healthy life expectancy is a good estimate to show the number of potential years a person will live in poor health. Since 2009-11 the average years of life a male in Bradford District spends in good health has decreased slightly, whilst the average years of life a male spends in poor health has increased. The number of years a male spends living in poor health has decreased from 2009-11 to 2013-15 and since has gradually increased to 17.3 years in 2016-18.

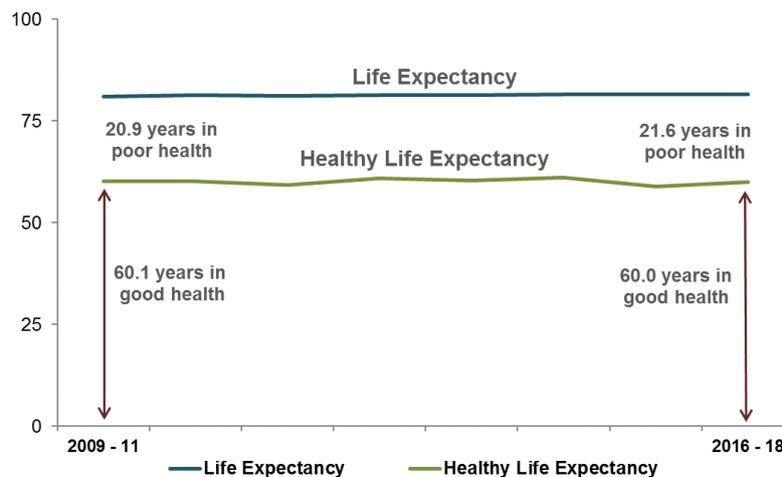
Figure 7: Healthy life expectancy and life expectancy at birth – males



Source: Public Health Intelligence

For females, since 2009-11 the average years of life a female in Bradford District spends in good health has decreased, whilst the average years of life a female spends in poor health has increased. This change has been gradual, with positive changes seen in life expectancy (+0.6 years) and negative changes in healthy life expectancy at birth (-0.1 years).

Figure 8: Healthy life expectancy and life expectancy at birth – females



Source: Public Health Intelligence

In order to improve people's health, there needs to be focus on addressing Health Inequalities within the Local Authority, NHS and other partner organisations. [Connecting People for Health and Place for Better Health and Wellbeing](#) sets out how partners in the District will work together to improve the health and wellbeing of people in the District. As our Health and Wellbeing Strategy, owned by the Health and Wellbeing Board, it sets out the challenge and our ambition. There are four overarching outcomes: our children have a great start in life; people in Bradford District have good mental wellbeing; people in all parts of the District are living and ageing well; Bradford District is a healthy place to live, learn and work. To achieve these outcomes we will create a health promoting place to live, promote wellbeing and prevent ill health, and support people to get help earlier and manage their conditions