

SECTION 6: LIFE EXPECTANCY, MORTALITY AND CAUSES OF DEATH

Introduction

Inequalities in mortality in Britain have persisted over many years and recent government efforts to reduce them are yet to yield significant impact. The gap in health inequalities between and within areas has widened over the past 10 years, reflecting widening inequality in wealth and income.

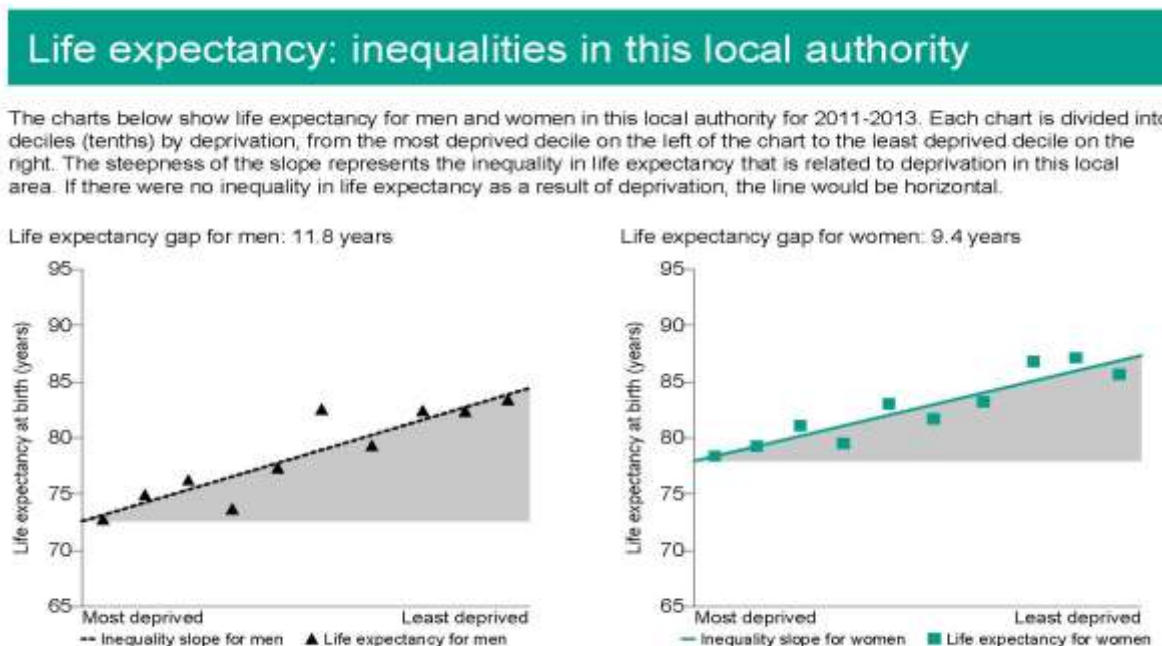
Premature mortality is a direct measure of healthcare need and indicates the burden of ill health on the population, reflecting both the incidence of disease and the ability to treat it. Public health interventions for prevention, early diagnosis, and effective treatment can all reduce the burden of specific disease morbidity and mortality.

Smoking still accounts for between one in six and one in ten of all deaths in England, and accounts for about half of the inequality in death rates between spearhead and non-spearhead areas. It remains the biggest single cause of preventable mortality and morbidity in the world. Nationally and locally there remain sizeable inequalities between and within communities in smoking and in death rates due to smoking.

Life Expectancy

The health of people in Darlington is varied compared with the England average. Deprivation is higher than average, approximately 20.6% (4,100) of children live in poverty. Life expectancy for both men and women is lower than the England average. Life expectancy is 11.8 years lower for men and 9.4 years lower for women in the most deprived areas of Darlington than in the least deprived areas.

Fig 98:



Further information about End of Life Care Profiles is available from the Public Health England Profiles using the following link [END OF LIFE CARE PROFILES](#) [external link]

Levels of need

Darlington experiences greater levels of premature deaths than England for many causes (Standardised Mortality Rates or SMR). Between 2011 and 2013 1,023 people in Darlington died aged less than 75 years – a reduction of 106 on the period 2007-2009.

Fig 99: Indirectly standardised mortality ratio (SMR) 2011-13 pooled, males and females, Darlington. Source: National Clinical Health Outcomes Database.

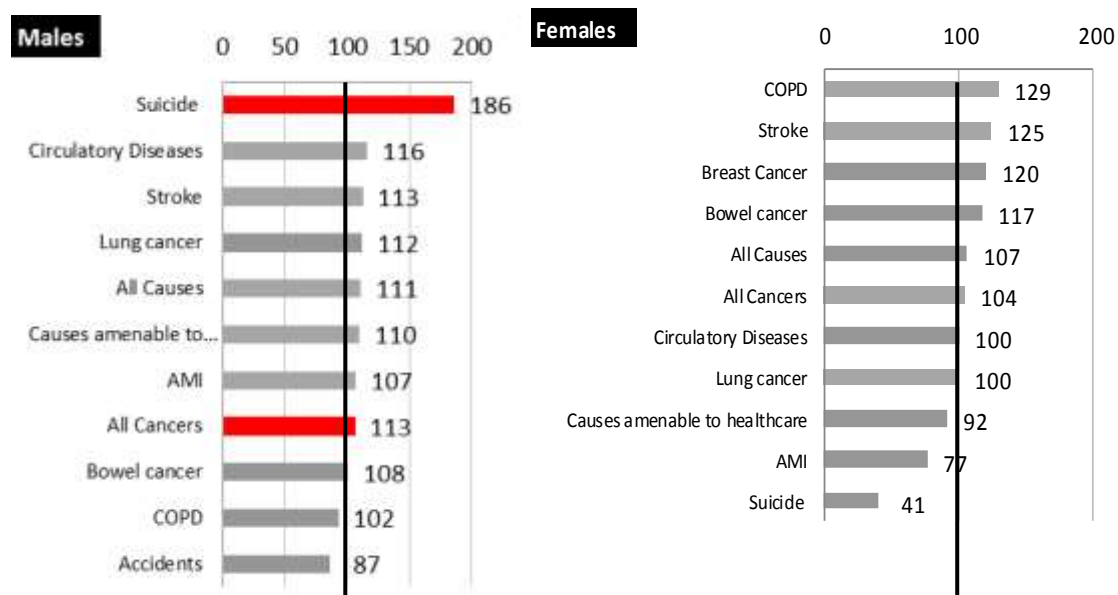
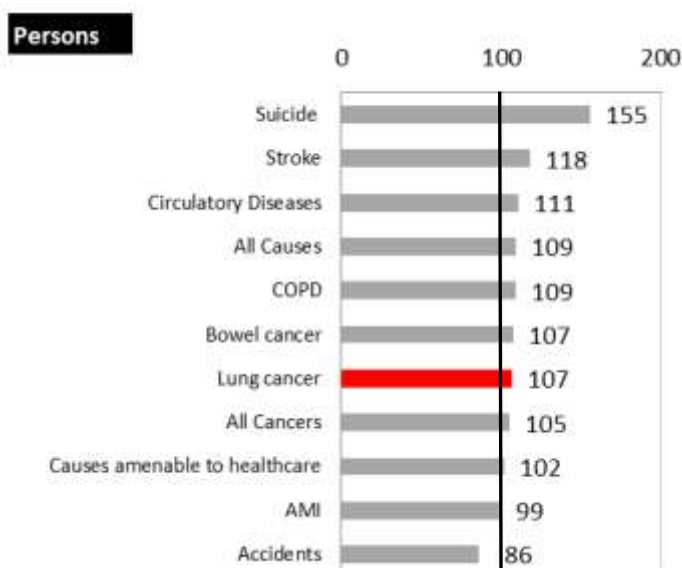
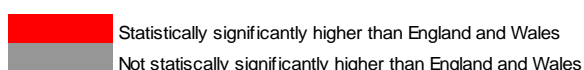


Fig 100: Indirectly standardised mortality ratio (SMR) 2011-13 pooled, persons, Darlington. [Source: National Clinical Health Outcomes Database]



England and Wales average = 100



Of those dying prematurely in Darlington during 2011-13 cancer was the underlying cause of death in 40.4% of cases; and causes considered amenable to healthcare¹ accounted for 31% of cases; both increasing since 2007-09. Circulatory disease was the underlying cause in 22.9% of cases a reduction from the earlier period; and of all premature deaths. During this period 23.9% of all cancer deaths were from lung cancer a reduction from 27.1%.

SMRs which are statistically significantly higher in Darlington than England are:

1. Males and females:

- All causes

2. Males only:

- Suicide
- All causes

3. Females only:

- No causes are significantly higher than England for females alone.

NB: The SMR of the reference population (in this case England) is always 100, a value of lower than 100 means that fewer deaths than expected occurred in the local population after adjusting for differences in age and sex; more than 100 means that there have been more deaths than expected.

Directly age standardised premature mortality rates per 100,000 for all causes since 2010 have remained slightly higher than England with a small increase in 2013. There are downward trends in COPD – all ages, CVD, Cancer and Stroke for those aged under 75.

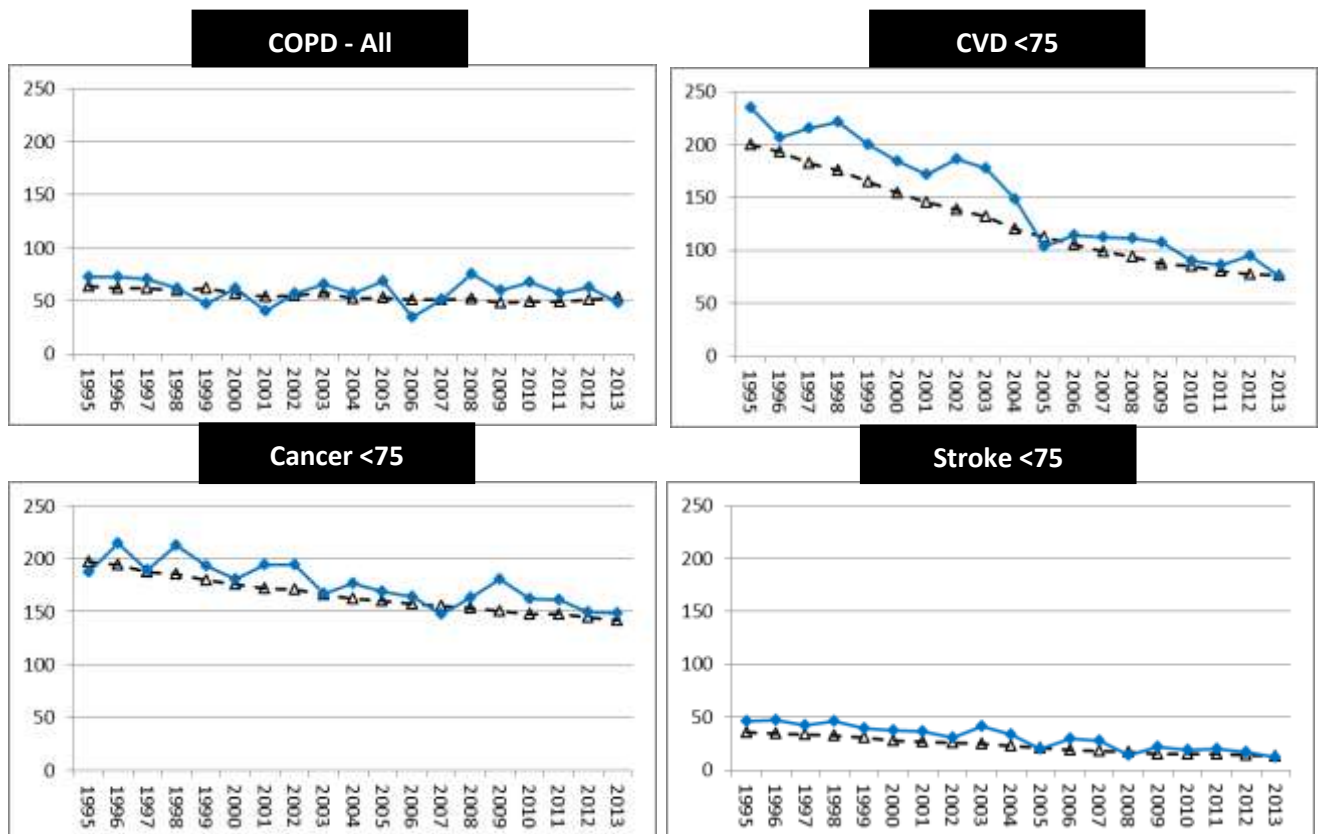
Fig 101: Indirectly standardised mortality ratio (SMR) with 95% confidence intervals and number of deaths for selected causes of death, 2011-13 are shown in the following table.

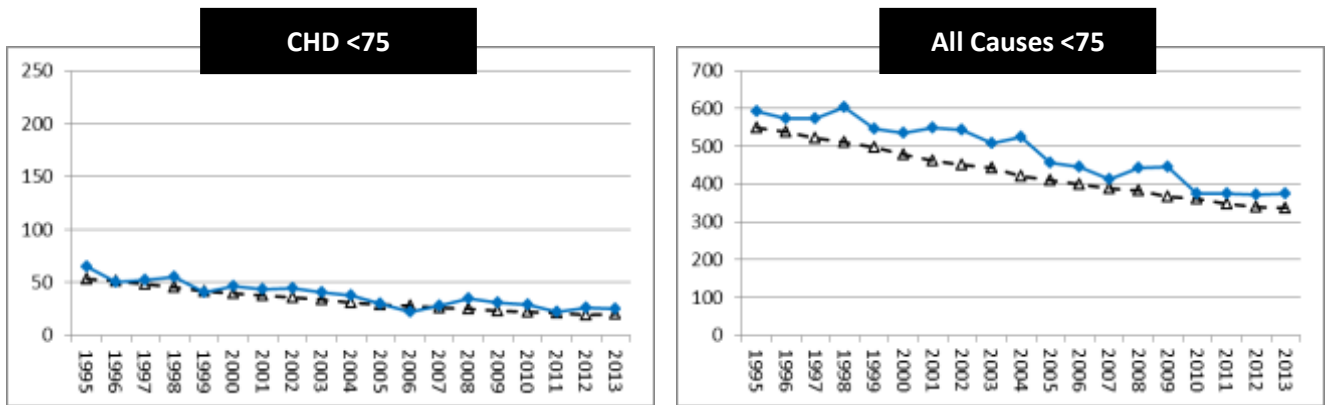
Cause of Death	Age Range	Sex	Obs	SMR	95% Confidence Limits	
					Lower	Upper
Lung cancer	<75	M	59	112	85	144
		F	40	100	71	136
		P	99	107	87	130
COPD	<75	M	24	93	60	138
		F	27	129	85	188
		P	51	109	81	144
Suicide and undetermined injury	15-44	M	17	186	108	298
		F	1	41	1	229
		P	18	155	92	246
Acute Myocardial Infarction (AMI)	<75	M	37	107	75	147
		F	9	77	35	147
		P	46	99	73	133
Stroke	<75	M	24	113	72	167
		F	21	125	77	190
		P	45	118	86	158
All Circulatory Diseases	<75	M	168	116	99	135
		F	67	100	78	127
		P	235	111	97	126

Cause of Death	Age Range	Sex	Obs	SMR	95% Confidence Limits	
					Lower	Upper
All Cancers	<75	M	226	106	93	121
		F	188	104	90	120
		P	414	105	96	116
All Causes	<75	M	619	111	103	120
		F	404	107	96	118
		P	1023	109	103	116
Causes considered amenable to healthcare	Various cause-specific ages	M	199	110	95	126
		F	119	92	76	110
		P	318	102	91	114
Breast Cancer	50-64	F	17	120	70	193
Bowel cancer	<75	M	22	101	63	152
		F	17	117	68	188
		P	39	107	76	147
Accidents	All ages	M	31	86	59	123
		F	25	85	55	126
		P	56	86	65	112

The following charts show the directly aged standardised mortality rates per 100,000 of the population for six key causes of death: COPD, CVD, Cancer, Stroke, All causes and CHD. All but COPD are for deaths under the age of 75 years.

Fig 102: Directly age standardised mortality rates per 100,000 for selected causes of death, 1995-2013, Darlington and England





Infant Mortality and causes of death

Death in childhood represents not only a tragedy for that child’s family but also a loss to wider society in terms of lost years of productive life. After the age of one, the commonest cause of death in young people is injuries. Injury related deaths are potentially avoidable. The need to provide adequate support to those children and families with life-limiting or life-threatening conditions is also recognised.

Darlington has the lowest infant mortality rate in amongst the twelve North East authorities. The directly standardised rate is 3.1 compared to 11.2 in the North East and 11.9 in England.

Further data is available from the Office of National Statistics: www.ons.gov.uk

The [End of Life Care Profile](#) for Darlington 2015 is available from the Public Health England website and provides further information about:

- Place of death
- Death in Usual Place of Residence
- Underlying cause of death
- Mortality
- Dementia (including Alzheimer’s disease)
- Relevant indicators from Other Profiles