Mortality

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Mortality is a measure of the number of deaths for people resident within a particular geography. A mortality rate (in this case per 100,000 population) is calculated to allow comparison between areas of different population sizes and with different gender and age make ups.

Comparison with similar local authorities is useful as it can trigger discussion about why there are different levels of outcomes locally. Therefore, local authorities have been grouped into geographically similar categories based on the Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbour model methodology which compares areas with the most similar statistical characteristics in terms of social and economic features. Figures 1 to 3 include CIPFA statistical neighbourhood averages to add context to the trend in Blackpool's mortality rate. The local authorities with similar characteristics to Blackpool can be found on the Public Health Outcomes Framework.

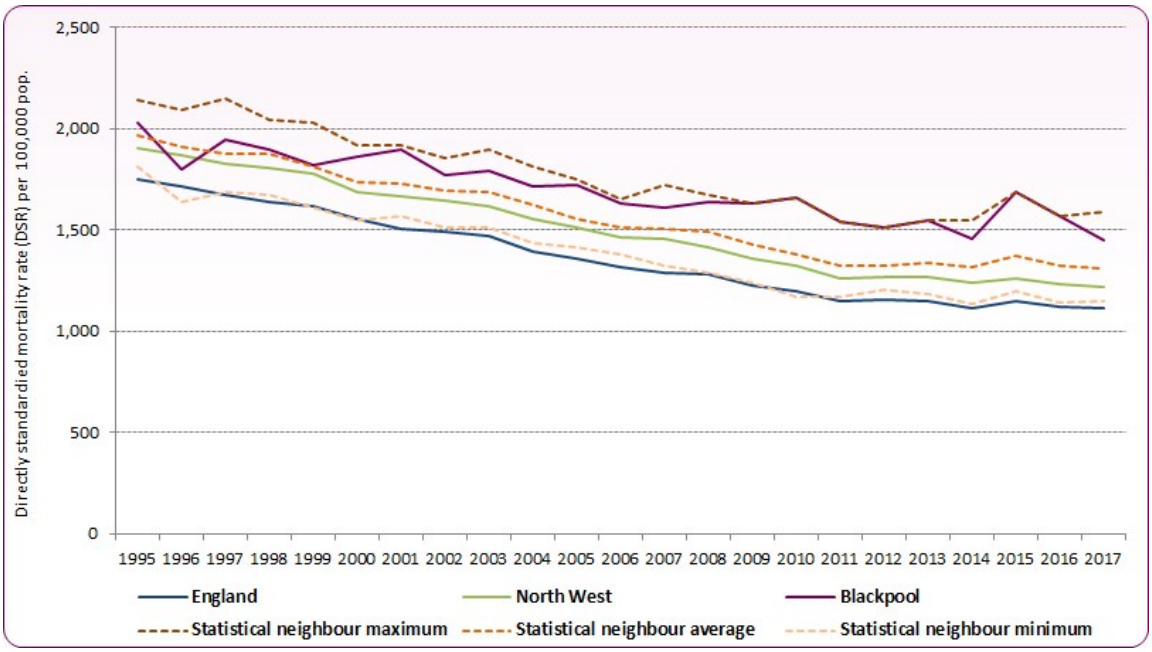
Infant mortality is also an indicator of the general health of an entire population. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.

All Age All-Cause Mortality (AAACM)

All age all-cause mortality is a measure of mortality that includes deaths from any cause for people of all ages.

Figure 1 shows the mortality rate for males in Blackpool has been falling consistently over a 20 year period. While the trend is generally downward, Blackpool's male AAACM rate has not fallen as quickly as either the rate for the North West or England as a whole. In the late 1990s Blackpool's male AAACM rate was similar to a number of its statistical neighbours, but Figure 1 shows that Blackpool's rate has not kept pace with the average reduction in mortality seen elsewhere and Blackpool has generally had the highest male mortality rate of those statistical neighbours since 2009.

Figure 1: All Age, All Cause Mortality - Males, 1995-2017 - Blackpool and Statistical Neighbour averages

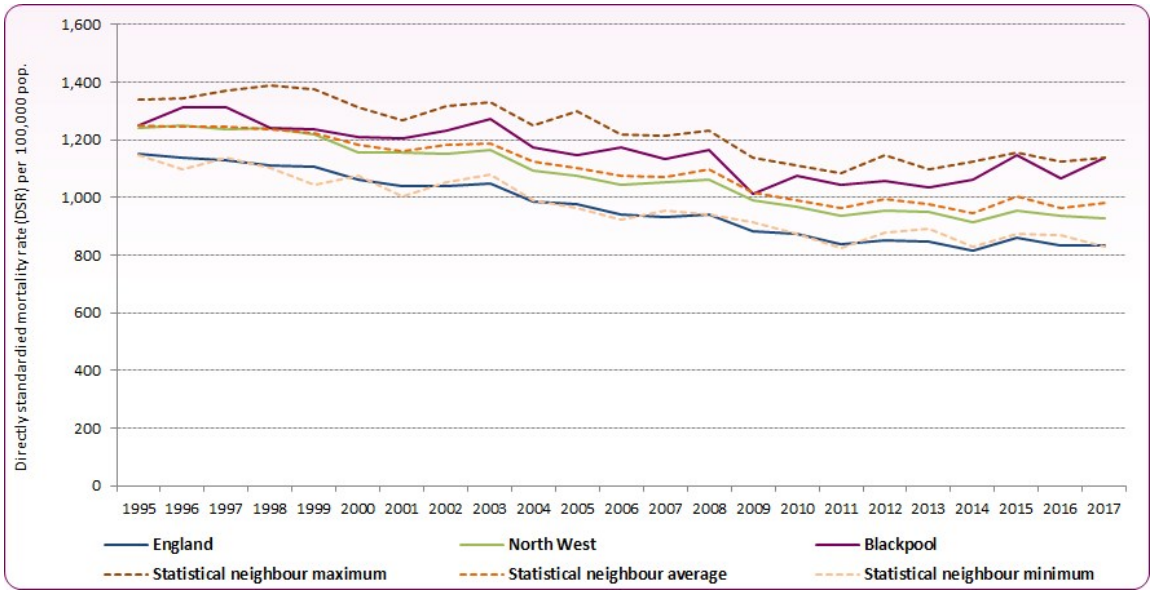


Source: NHS Digital Indicator Portal and ONS Deaths registered by area of usual residence, 2017

Figure 2 shows the mortality rate for females in Blackpool had been falling consistently and at a similar rate to the North West and England since the early 2000s. However, the trend has levelled off in Blackpool while rates continue to fall nationally and

regionally. Blackpool's female mortality rate had also broadly fallen at a similar rate to its statistical neighbour average but has now risen above this and is now the highest of this group.

Figure 2: All Age, All Cause Mortality - Females, 1995-2017 - Blackpool and Statistical Neighbour averages



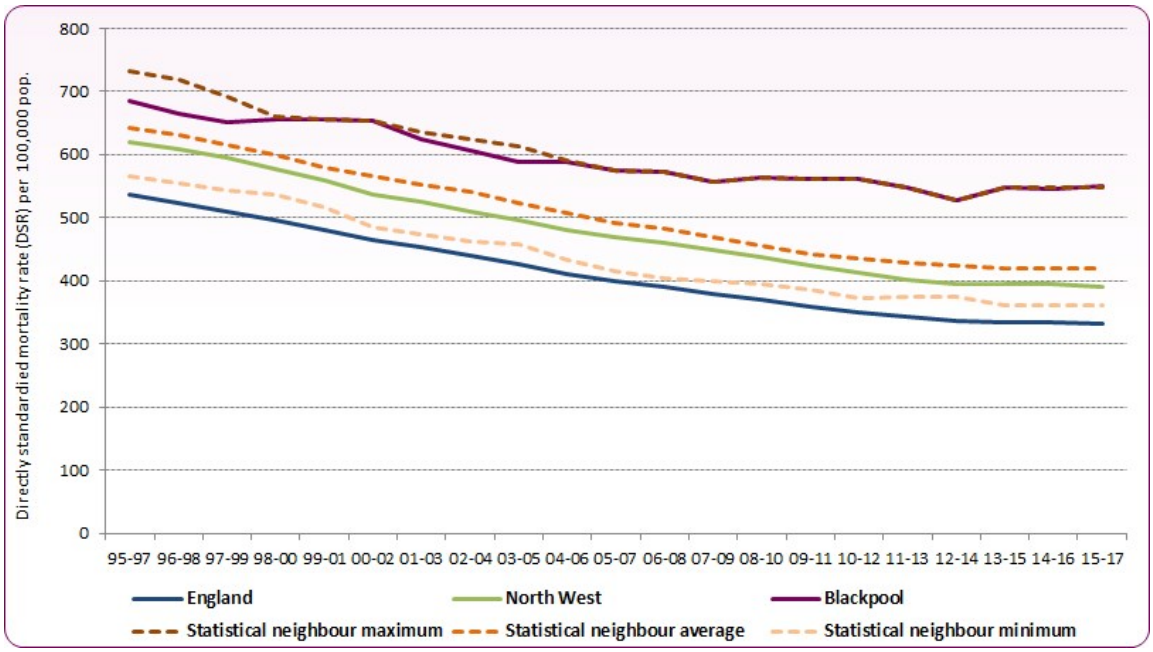
Source: NHS Digital Indicator Portal and ONS Deaths registered by area of usual residence, 2017

Mortality Aged Under 75

Mortality aged under 75 (premature mortality) is a measure of mortality that includes deaths from any cause for people aged under 75. A child born in England today can expect to live a longer, healthier life than ever before, yet, they still have a one in three chance of dying before they reach 75. Of all the factors affecting chances of premature mortality, location is one of the most important. Even in England today, how long we live depends greatly on where we live[1].

Figure 3 clearly demonstrates that in the last 10 years mortality in people aged under 75 in Blackpool has remained at broadly the same rate since the mid 2000's. In contrast, the rate in the North West, England and for Blackpool's statistical neighbour continued to fall during this period. Blackpool's mortality rate in under 75 year olds is now a clear outlier and is the largest contributor to Blackpool's low overall life expectancy.

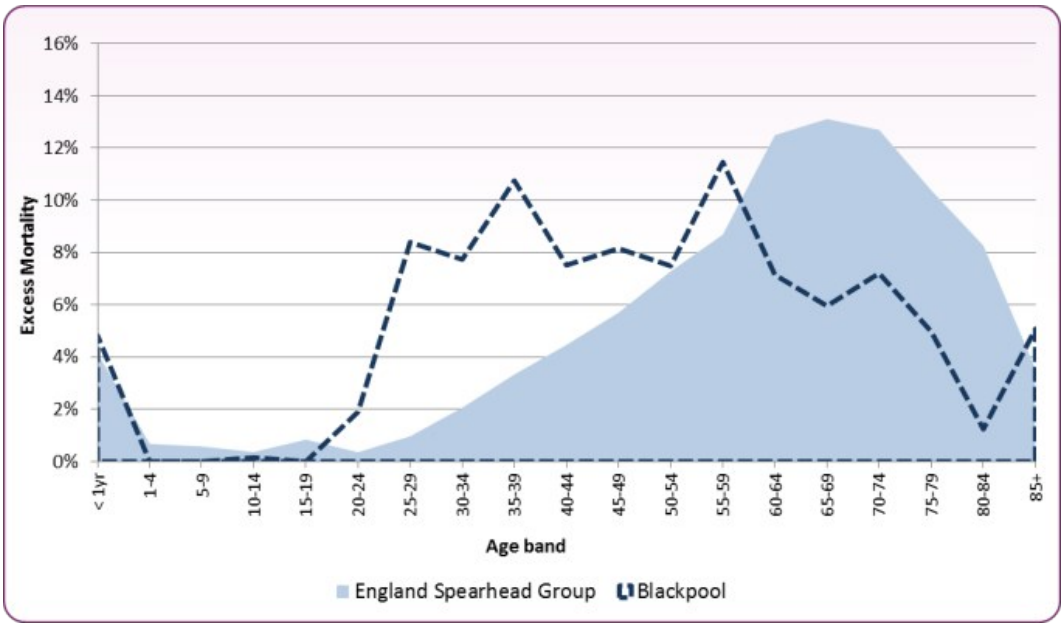
Figure 3: Under 75 Mortality - All persons, 1995-97 to 2015-17, Blackpool and Statistical Neighbour averages



Source: NHS Digital Indicator Portal and PHE, Longer Lives Profile

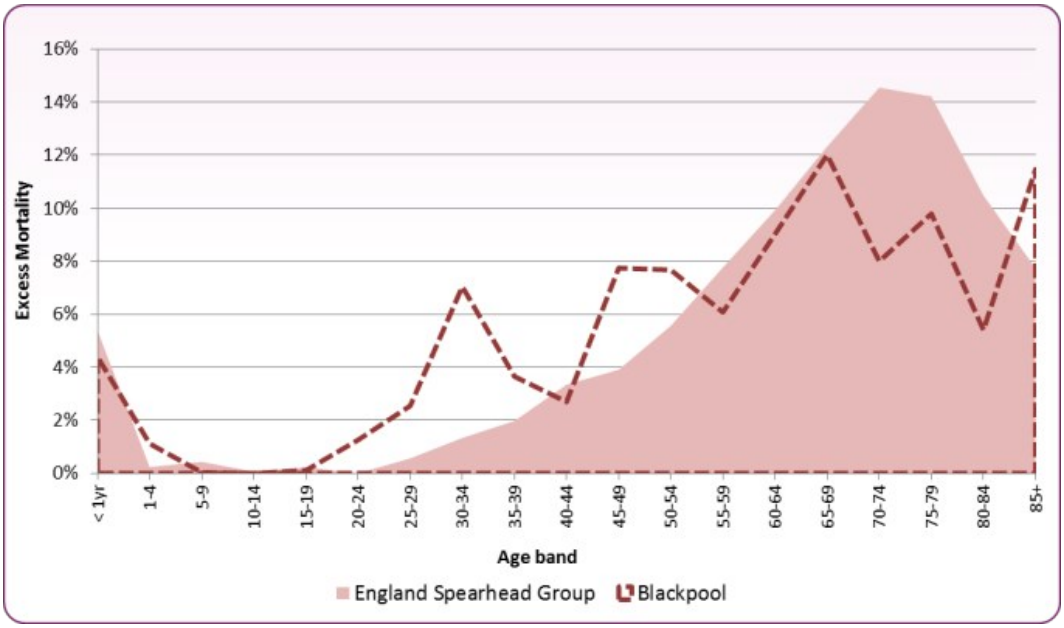
Figure 4 and figure 5 display Blackpool's excess mortality by age band compared to the 62 Primary Care Trusts with the worst life expectancy in the country (commonly referred to as spearhead PCTs). Excess mortality describes those deaths that are above what can be expected when compared to the mortality profile of England. This demonstrates that Blackpool has a much higher proportion of its excess mortality in younger age bands, and this difference is particularly marked in males. This high rate of mortality for males in younger age bands explains the high mortality rate seen in under 75 males in figure 3. These deaths in younger age bands are largely due to suicide and diseases associated with alcohol dependence, drug use and smoking.

Figure 4: Excess male mortality (%) - Blackpool vs. All Spearheads - 2006-08



Source: London Health Observatory

Figure 5: Excess female mortality (%) - Blackpool vs. All Spearheads - 2006-08



Source: London Health Observatory

Overall, death rates (for all ages and all causes) have been falling in recent years. Death rates have also been falling for the two most common causes of death, circulatory diseases and cancer which jointly make up almost 60% of all deaths. Although this shows positive progress, death rates in Blackpool are higher than average and rates have not been falling as quickly as elsewhere. Death rates need to be reduced more quickly than average in Blackpool.

Reducing premature mortality - the impact of evidence-based interventions

Following a visit to Blackpool from the Department of Health National Support Team for Health Inequalities, detailed work has been undertaken to identify evidence-based interventions to reduce premature mortality in the town. This analysis is explored more fully in the Director of Public Health's Annual Public Health Report 2012. The work identified 6 evidence-based interventions for priority action:

- Full implementation of evidence based treatments for patients with cardiovascular disease (CVD) who are currently untreated
- Full implementation of evidence based treatments for patients with CVD who are currently partially treated
- Finding and treating undiagnosed hypertensives
- Moving patients on atrial fibrillation registers from aspirin to warfarin
- Statins to address CVD risk among chronic obstructive pulmonary disease (COPD) patients
- Reducing blood sugar in diabetic patients

The expected outcomes of the actions are:

- Improved management of primary and secondary prevention of CVD
- Postponement of up to 257 deaths from CVD if the interventions are fully implemented, although this would depend on pace of incremental delivery

Achieving 38% of full implementation of all interventions would deliver the all age, all cause mortality target although again this depends on pace of incremental delivery.

Mortality from Causes Considered Preventable and Causes Considered Amenable to Healthcare

The Public Health Outcomes Framework contains the outcome measure - 4.3 mortality rate from causes considered preventable. A description of the types of causes of mortality included within the measure and the rationale for the measure's inclusion in the framework is given as:

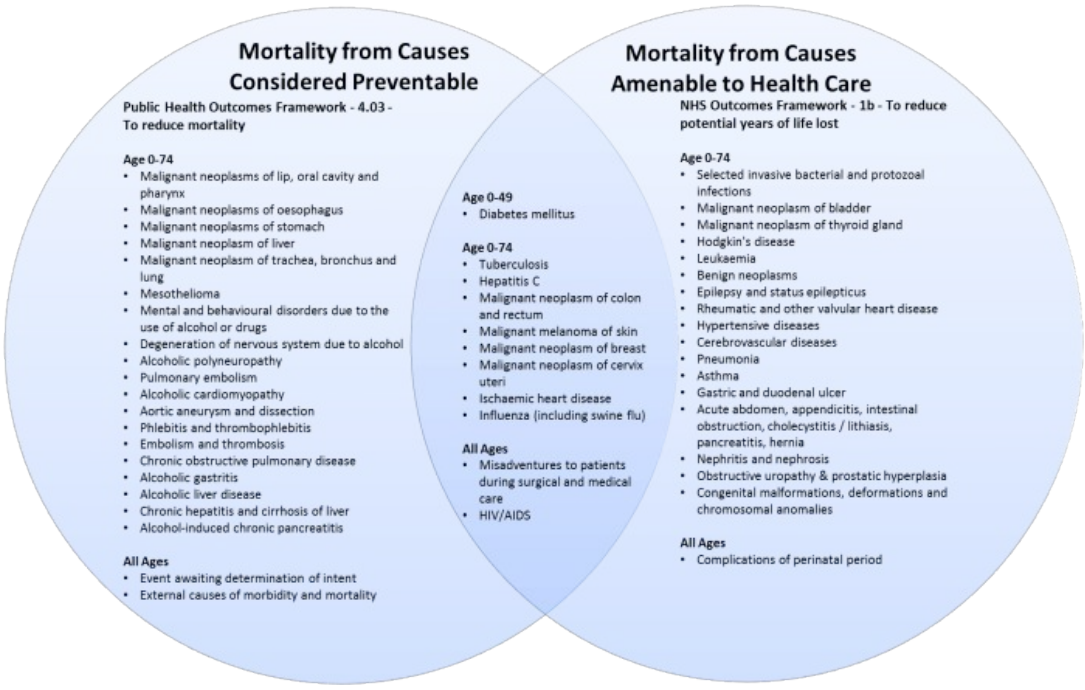
> **"The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense."**

A similar measure is included within the NHS Outcomes Framework - 1b Potential Years of Life Lost from Causes Amenable to Health Care and a description of the measure is stated as:

> **"Causes of death are included if there is evidence that they are amenable to healthcare interventions and - given timely, appropriate, and high quality care - death rates should be low among the age groups specified. Healthcare intervention includes preventing disease onset as well as treating disease. "**

The supporting information within the NHS Outcomes Framework describes how the two measures are interelated and figure 6 shows the causes of mortality within the two measures and where these overlap. Although local authority Public Health may focus on the indicator included within the Public Health Outcomes Framework and the Clinical Commissioning Group (CCG) may focus it's attention on the indicator included within the NHS Outcomes Framework a collaborative approach would be more effective. The causes of mortality within both measures are sensitive to preventative interventions, early diagnosis and high quality health care. For example, hypertensive disease is only included within the causes amenable to healthcare indicator in the NHS Outcomes Framework. However if investment is only focused on early diagnosis and healthcare services a limited impact on the rate of mortality from hypertensive disease related illness will be acheived. Preventative intervention is a vital component in tackling mortality from hypertensive diseases effectively.

Figure 6: Comparison of Mortality from Causes Considered Preventable and Mortality from Causes Amenable to Health Care

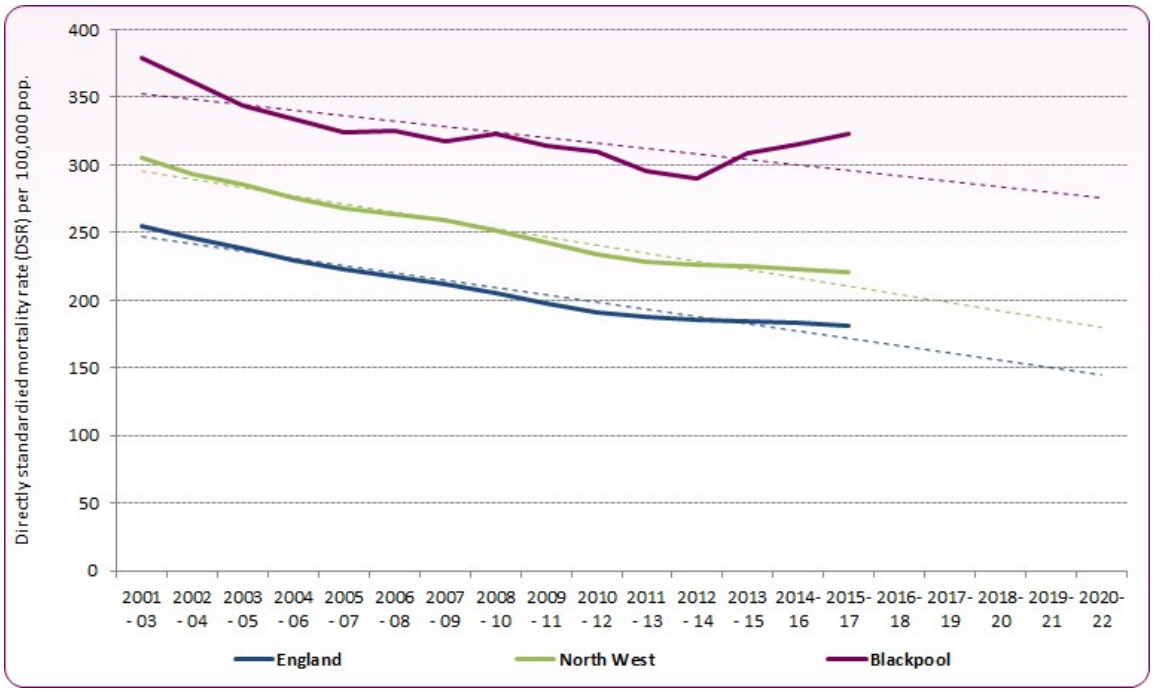


Source: Public Health Outcomes Framework and NHS Outcomes Framework

Figure 7 shows Blackpool's mortality rate from causes considered preventable. This fell in parallel with the North West and England

as a whole until 2012-14 where the rate started to rise in Blackpool. Approximately 450 deaths in Blackpool each year are considered to be preventable. Blackpool's mortality rate from causes considered preventable is the highest of any local authority in England.

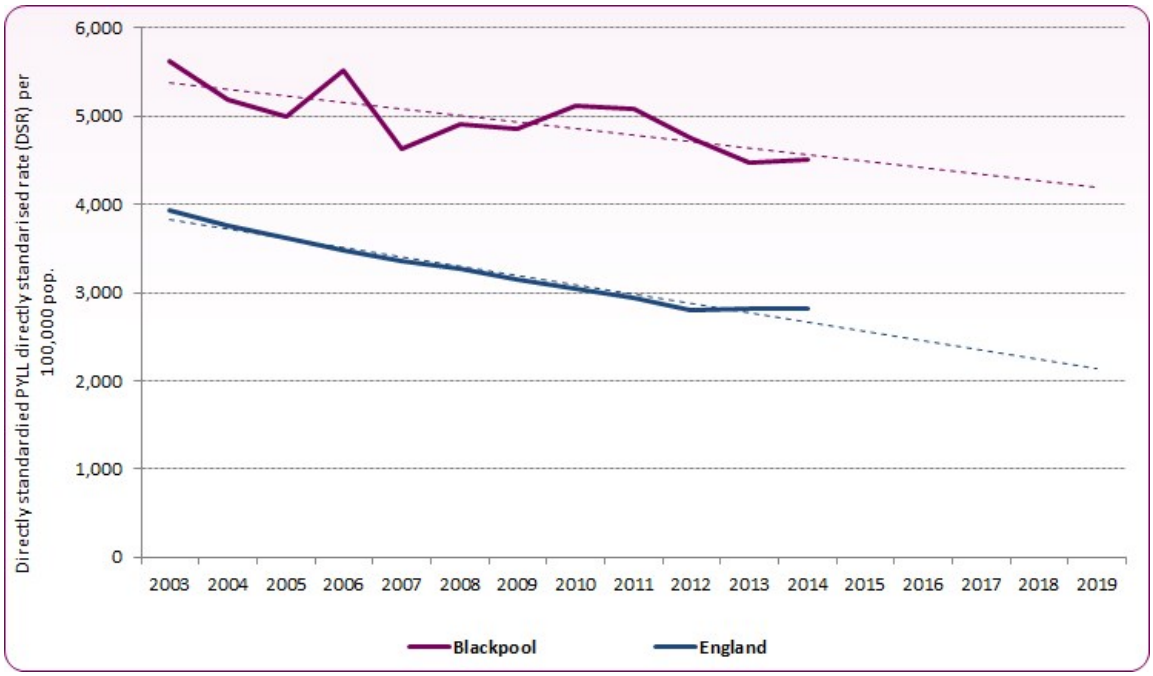
Figure 7: Mortality from Causes Considered Preventable (Persons): 2001-03 to 2015-17



Source: Public Health Outcomes Framework

Potential years of life lost are defined as the difference in the age to which a person who died from one of the 'amenable' causes might be expected to live in the presence of timely and effective health care and the actual age a person lives. Figure 8 shows that, in 2014, approximately 4,500 years of life were lost from causes considered amenable to health care for every 100,000 people living in Blackpool. More recent data for potential years of life lost from causes amenable to healthcare is currently unavailable due to methodological review[2].

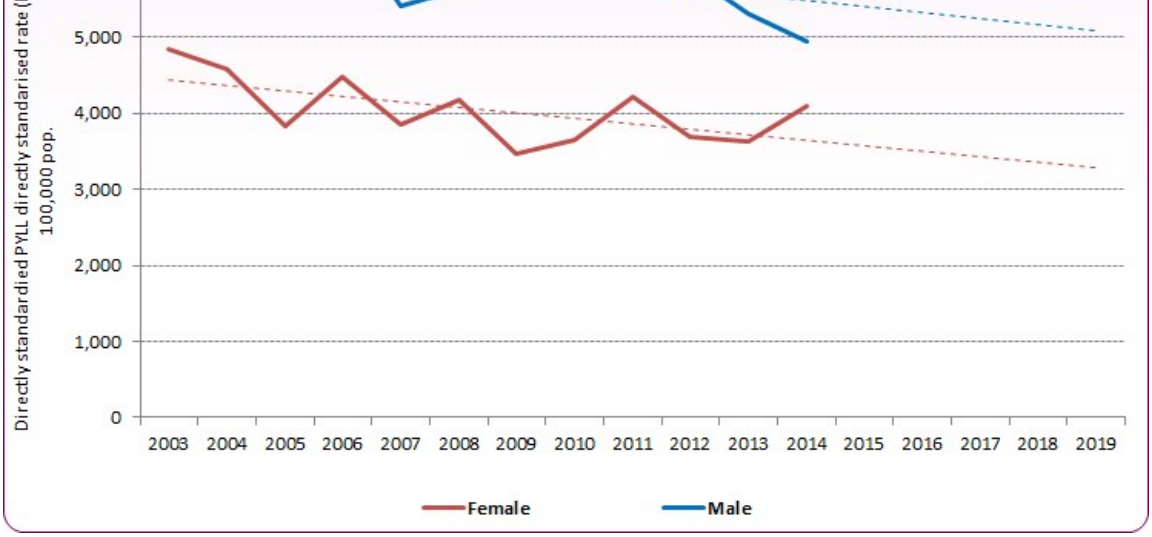
Figure 8: Potential Years of Life Lost from Causes Amenable to Healthcare (Persons): 2003-2014



Source: HSCIC Indicator Portal

Figure 9 shows that there is a significant gap between the potential years of life lost in males and females in Blackpool but years of life lost appears to be falling more quickly for males than females.

Figure 9: Potential Years of Life Lost from Causes Amenable to Healthcare (Males and Females): 2003-2014



Source: HSCIC Indicator Portal

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[1] PHE, Longer Lives, mortality

[2] NHS Digital, CCG Outcomes Indicator Set - March 2017 Indicators 1.1, 2.11a, 2.11b and 2.11c are not being updated at present due to ongoing methodological review. Once the reviews are complete, the indicators will be updated.

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