

STOCKPORT METROPOLITAN BOROUGH COUNCIL

healthwatch Stockport

NHS Stockport Clinical Commissioning Group

Stockport JSNA

joint strategic needs assessment

2015 JSNA

Mortality & Healthy Life Expectancy trends

April 2016

CONTENTS

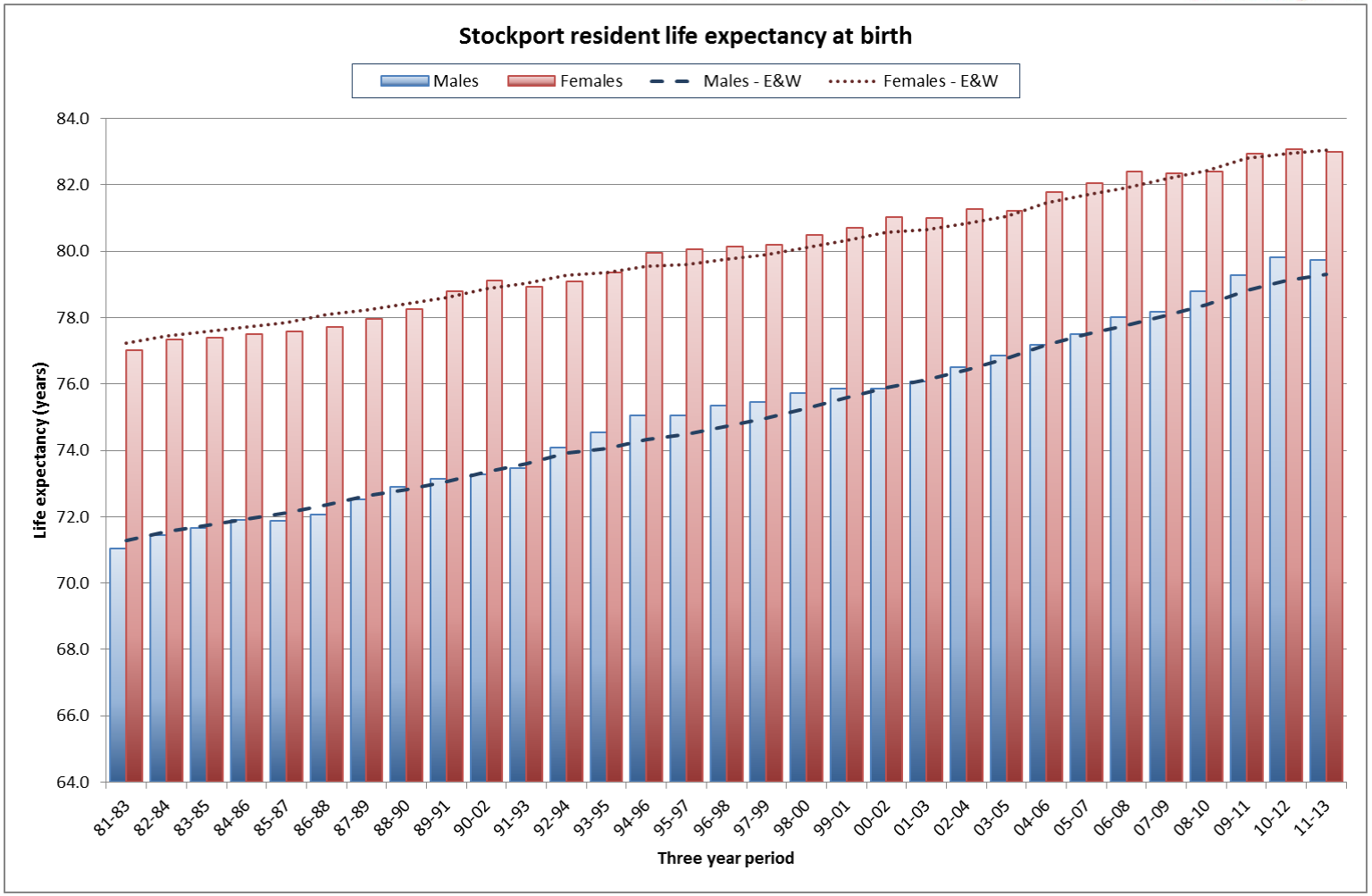
3	Introduction
4	Life expectancy
12	Healthy life expectancy
18	All cause mortality
20	Major causes of death
30	Preventable causes of death
39	Infant and childhood mortality
42	Excess winter deaths
43	Palliative care
44	Key summary
46	Appendix

Introduction

- Preservation of life and avoiding unnecessary deaths are key objectives for all involved in the health and care of Stockport residents
- Mortality rates give an effective assessment of the overall health of the population
  - giving an insight into whether the population is getting healthier
  - Demonstrating if interventions are having the desired effect
- Mortality rates are easily defined and universal, meaning that comparison with other areas is straightforward
- By standardising for gender and age, rates can be compared across several different elements
- Mortality rates can also be used to compare areas within Stockport to consider if inequalities in health are present
- The main mortality rates will be analysed in this document looking at overall rates, how they are influenced by gender and age and finally whether there are inequalities in outcomes within Stockport

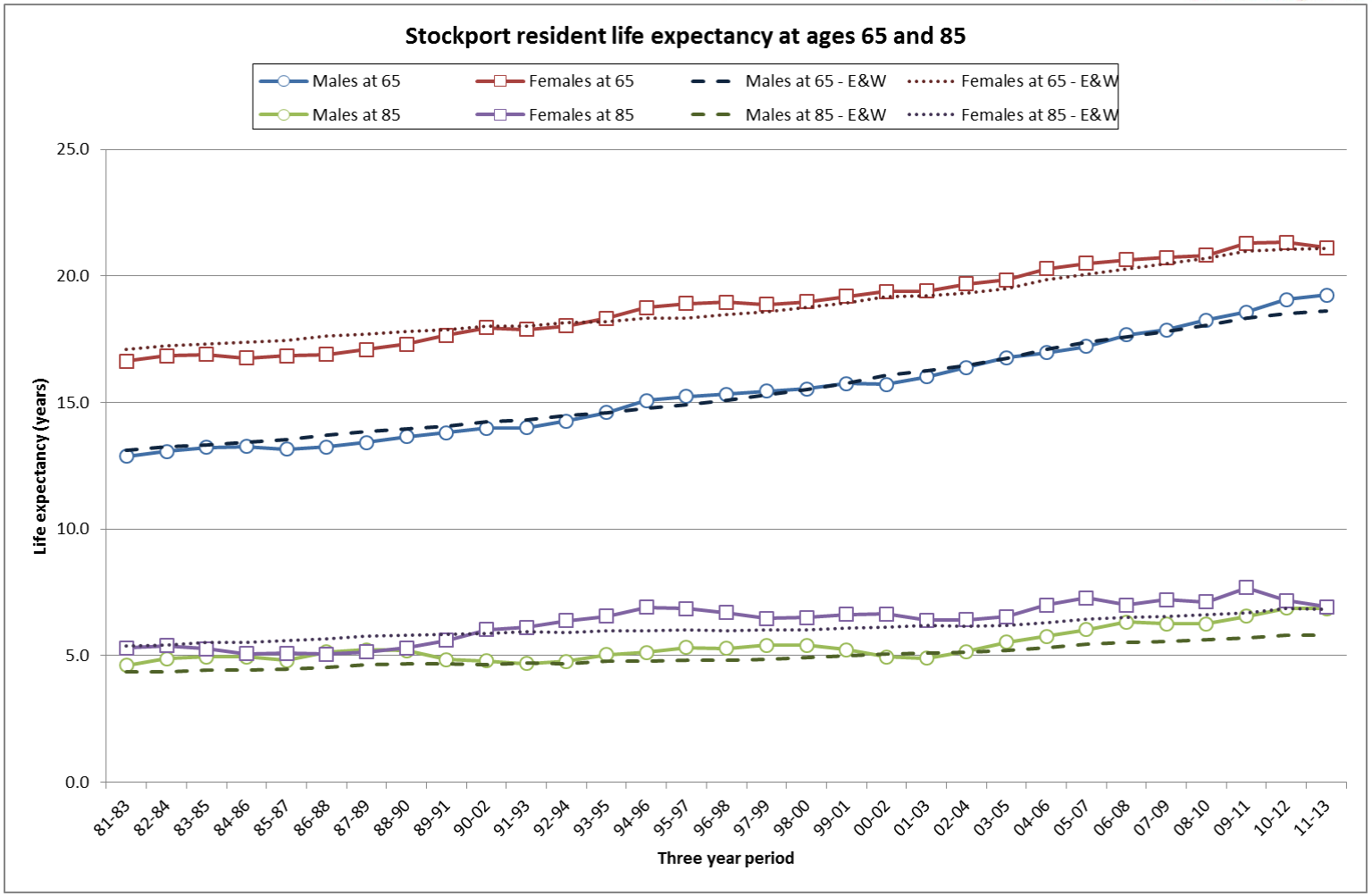
Life expectancy at birth

Stockport JSNA
joint strategic needs assessment



- Life expectancy has risen from 71.0 to 79.7 years and 77.0 to 83.0 years for males and females respectively since the early 80's
- The gap between male and female life expectancy has narrowed to 3.3 years, as life expectancy has risen faster in males (12%) than females (8%)
- Stockport residents have experienced similar levels and similar changes in life expectancy as the England and Wales average

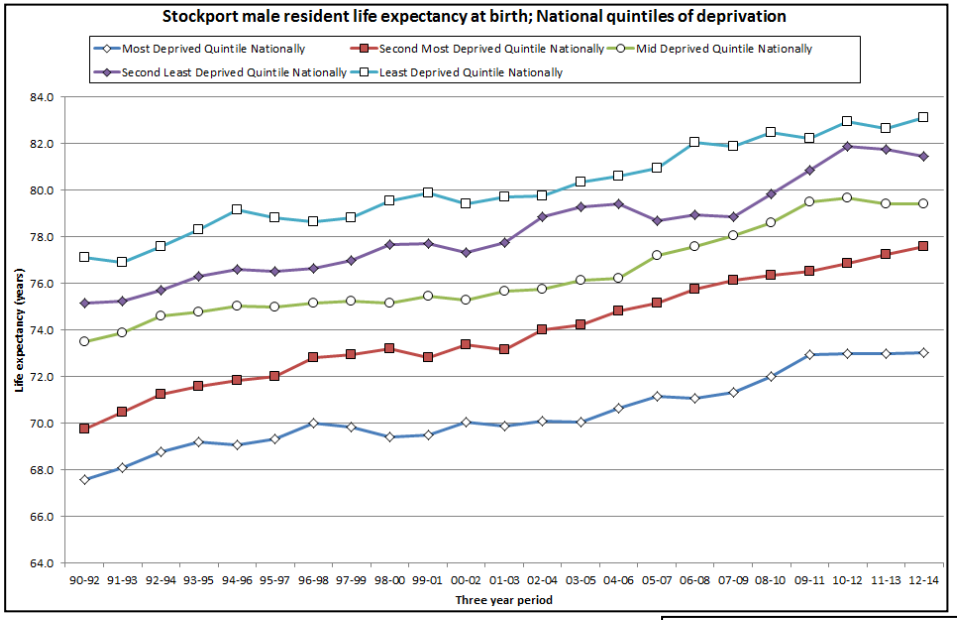
Life expectancy at ages 65 & 85



- At age 65 Stockport males are now expected to live 50% longer than they would have in 1981-83 whereas females are expected to live 27% longer
- At age 85 the increase in life expectancy has been 50% and 31% for male and female residents respectively
- Stockport residents at 65 and 85 have experienced the same trends as the England and Wales average
- Male life expectancy at age 65 and 85 is higher than the England and Wales average, for females rates are similar

Life expectancy by deprivation

Stockport JSNA
joint strategic needs assessment

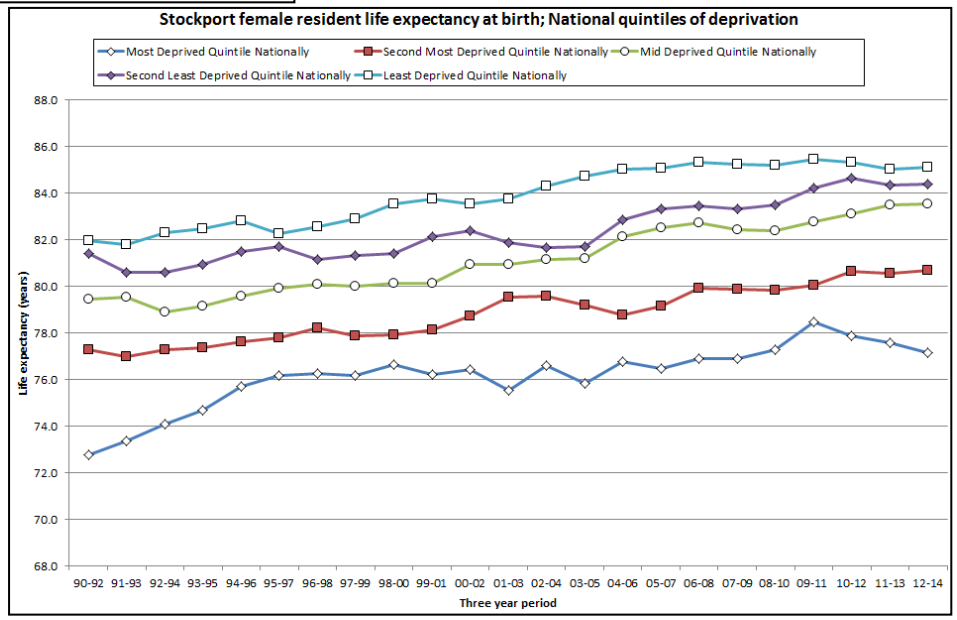


Males

- All areas of Stockport have seen around a 10% rise in life expectancy since 1990-92
- The gap between the **most and least** deprived quintile areas is roughly 10 years
- The gap between the **most deprived and Stockport average** has increased from 5.8 years in 1990-92 to 6.7 years
- Males in the least deprived areas are expected to live three years longer than the Stockport average
- Similar trends are present in age 65+ males. Rates have risen in all areas at a similar pace so the gap (6 years) has remained constant.

Females

- Female life expectancy has risen but at a slower rate than male life expectancy
- The gap between the **most and least** deprived areas has narrowed to 8.0 from 9.2 years
- The gap has also narrowed between the **most deprived area** and the Stockport average from 6.3 to 5.8 years
- Females in the least deprived areas are expected to live 2 years longer than the Stockport average
- Age 65+ females have seen rates in all areas increase evenly, albeit slower than males. A gap of almost 5 years between the most and least deprived areas has remained constant



Life Expectancy by Ward

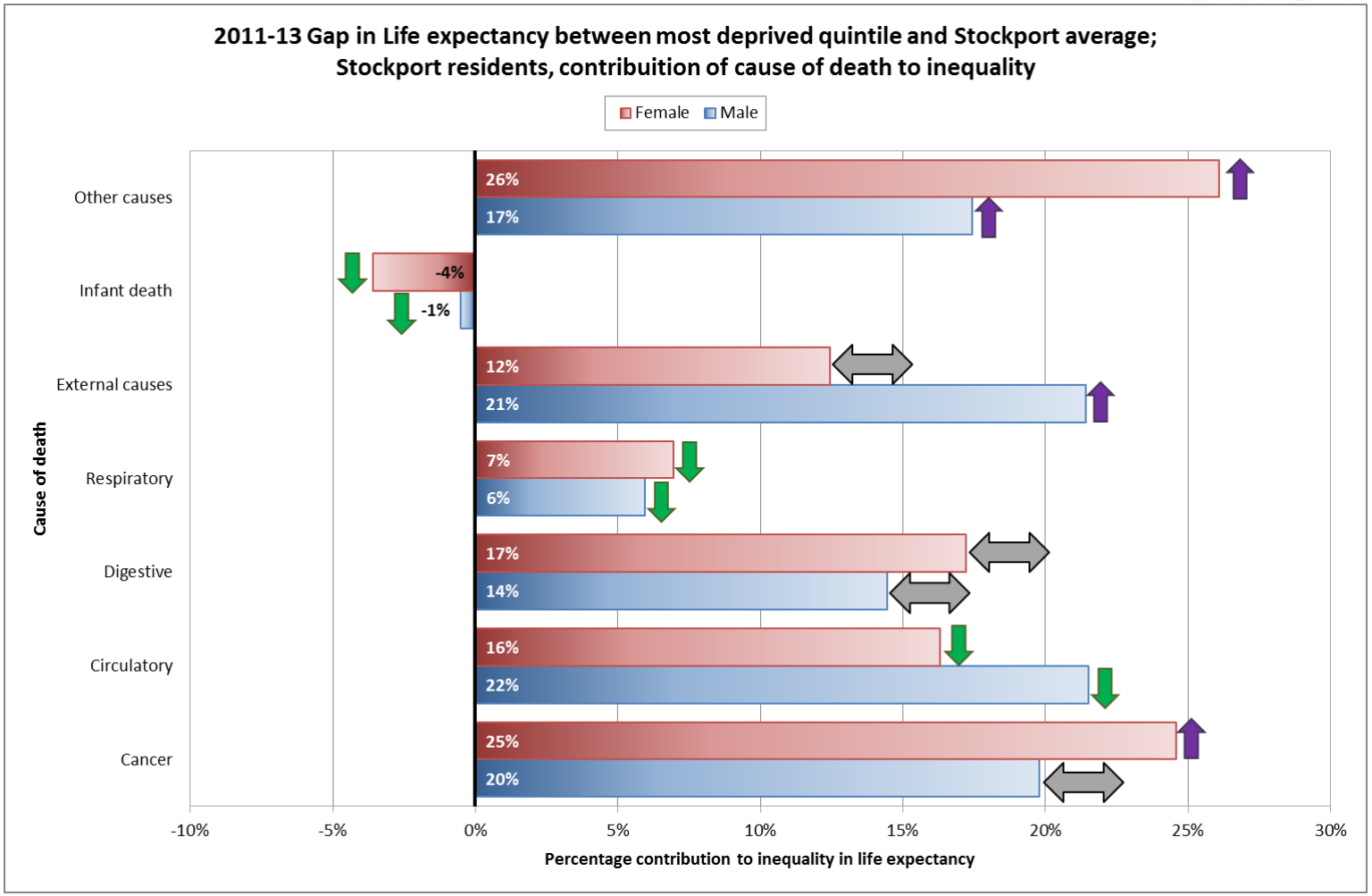
Stockport JSNA
joint strategic needs assessment

Wards	Male Life Expectancy at birth (2011-2013)	Female Life Expectancy at birth (2011-2013)
Bramhall North	84.5	85.0
Bramhall South & Woodford	84.9	86.6
Bredbury & Woodley	78.4	82.0
Bredbury Green & Romiley	79.8	81.9
Brinnington & Central	72.1	76.9
Cheadle & Gatley	81.2	84.8
Cheadle Hulme North	80.3	83.9
Cheadle Hulme South	82.1	86.2
Davenport & Cale Green	76.7	77.4
Edgeley & Cheadle Heath	75.7	81.7
Hazel Grove	81.4	86.5
Heald Green	81.8	86.6
Heatons North	79.4	83.0
Heatons South	81.5	83.8
Manor	79.3	82.0
Marple North	79.2	83.2
Marple South	79.5	84.0
Offerton	79.8	83.5
Reddish North	78.8	82.5
Reddish South	78.6	83.6
Stepping Hill	81.1	82.9
STOCKPORT	**79.7**	**83.0**
Gap between highest and lowest	12.8	9.8

- Life expectancy has risen in all wards, and in 2007 reached 70 for males in Brinnington for the first time.
- Inequality gaps persist however:
  - around 13 years for males between highest and lowest wards
  - around 10 years for females between highest and lowest wards

Causes of death driving inequalities in life expectancy

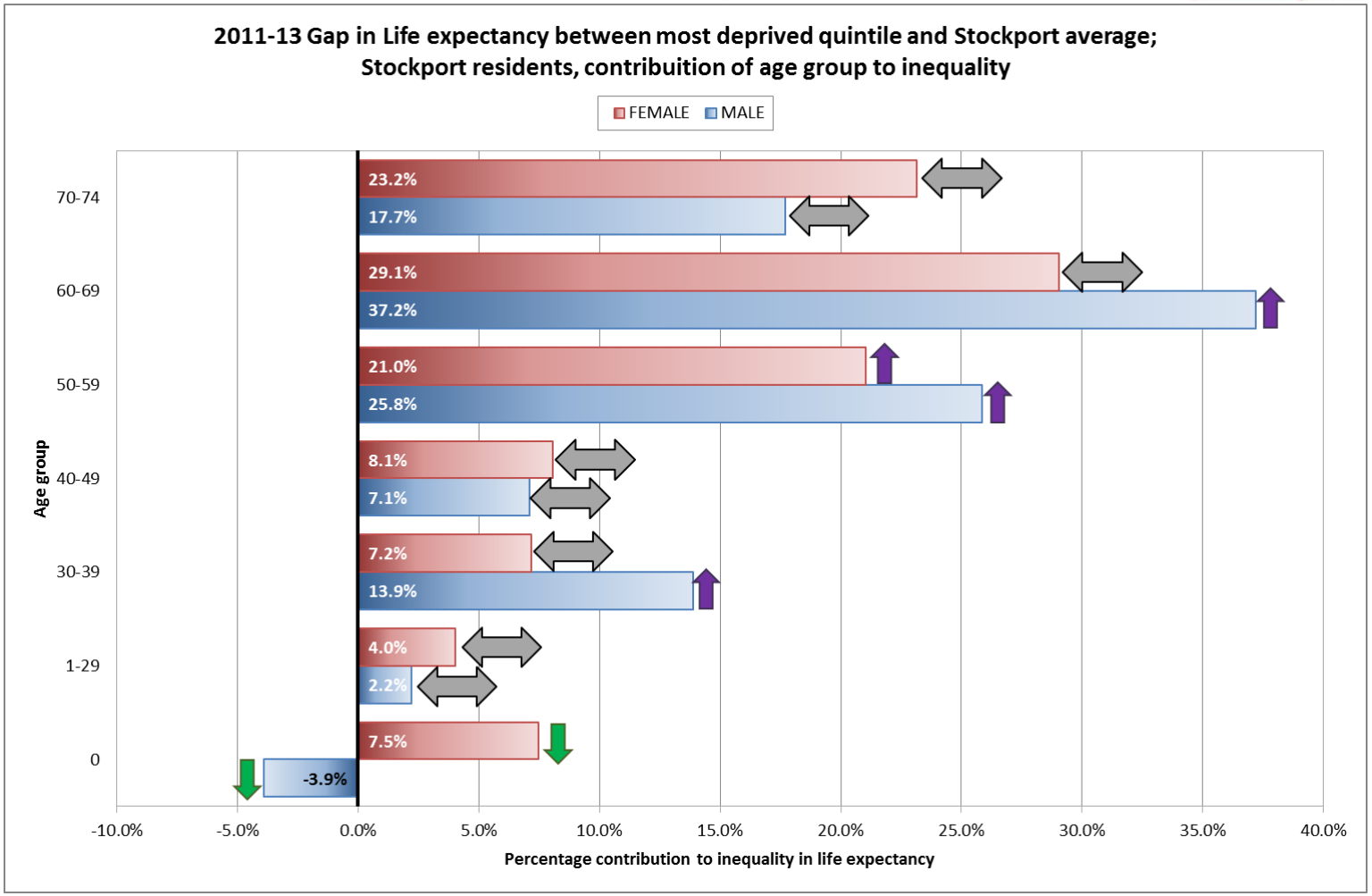
Stockport JSNA
joint strategic needs assessment



- In 2011-13 the main drivers of male life expectancy inequality were **cancer, circulatory disease and external causes (e.g. accidents, self harm)**. Of those leading causes only external causes is currently showing an upward trend
- For females it was primarily **cancer and other causes** contributing to life expectancy inequalities.
- Circulatory and respiratory causes along with infant death currently show a downward trend for both males and females

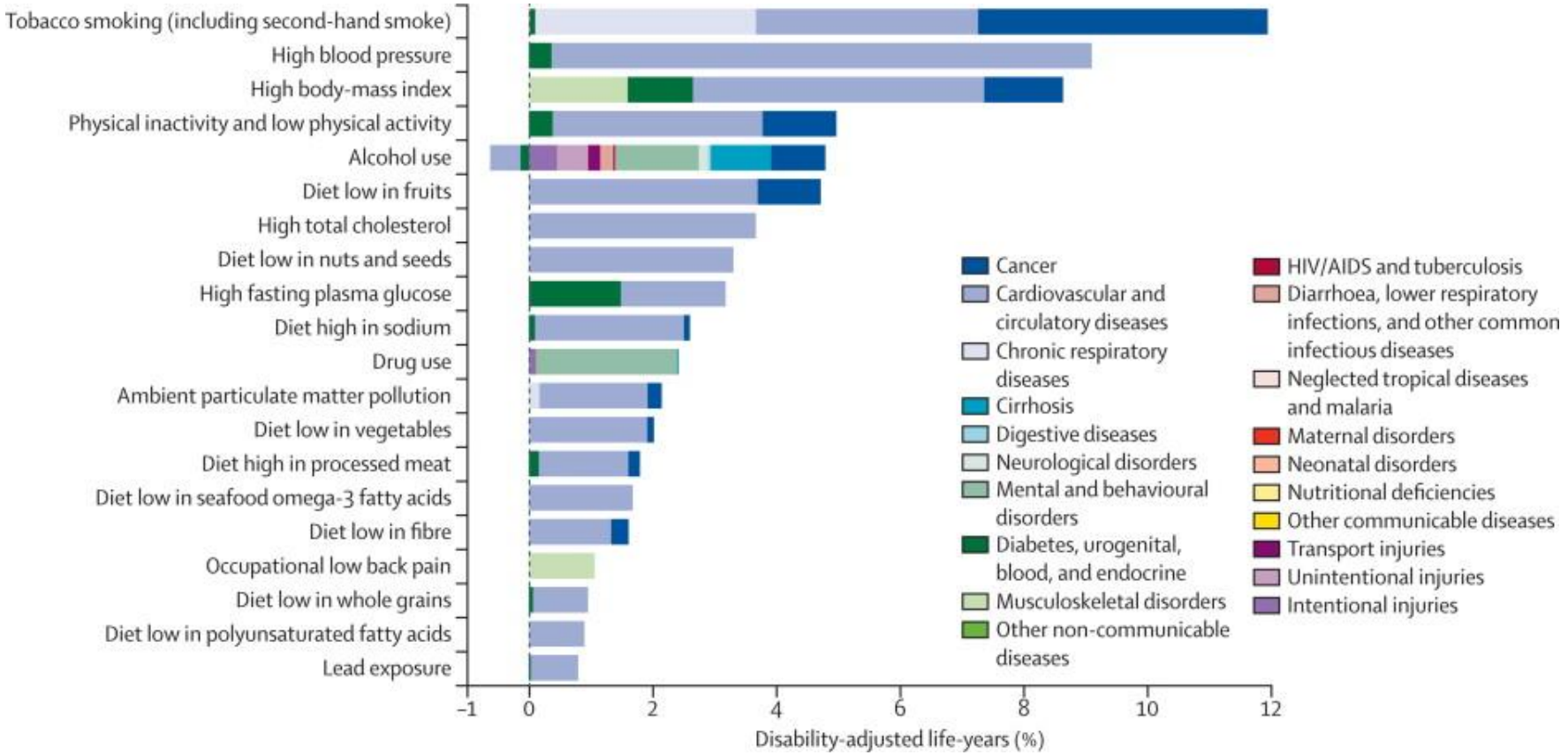
Age groups driving inequalities in life expectancy

Stockport JSNA
joint strategic needs assessment



- People dying between the **ages of 50 and 69 is the main contributor to life expectancy inequalities** in both genders
- In males it is this age range that is showing slight upward trends whereas it is only the 50-59 group for females
- All other age groups have shown relatively flat trends with infant mortality reducing in both genders

Underlying causes driving inequalities in life expectancy



- Analysis from the Global Burden of Disease Study 2010 (published in The Lancet in 2012) shows that the underlying drivers of **early disease and disability are largely preventable**
- Smoking, poor diets, low activity, and alcohol are a major underlying cause

Summary - life expectancy

Stockport JSNA
joint strategic needs assessment

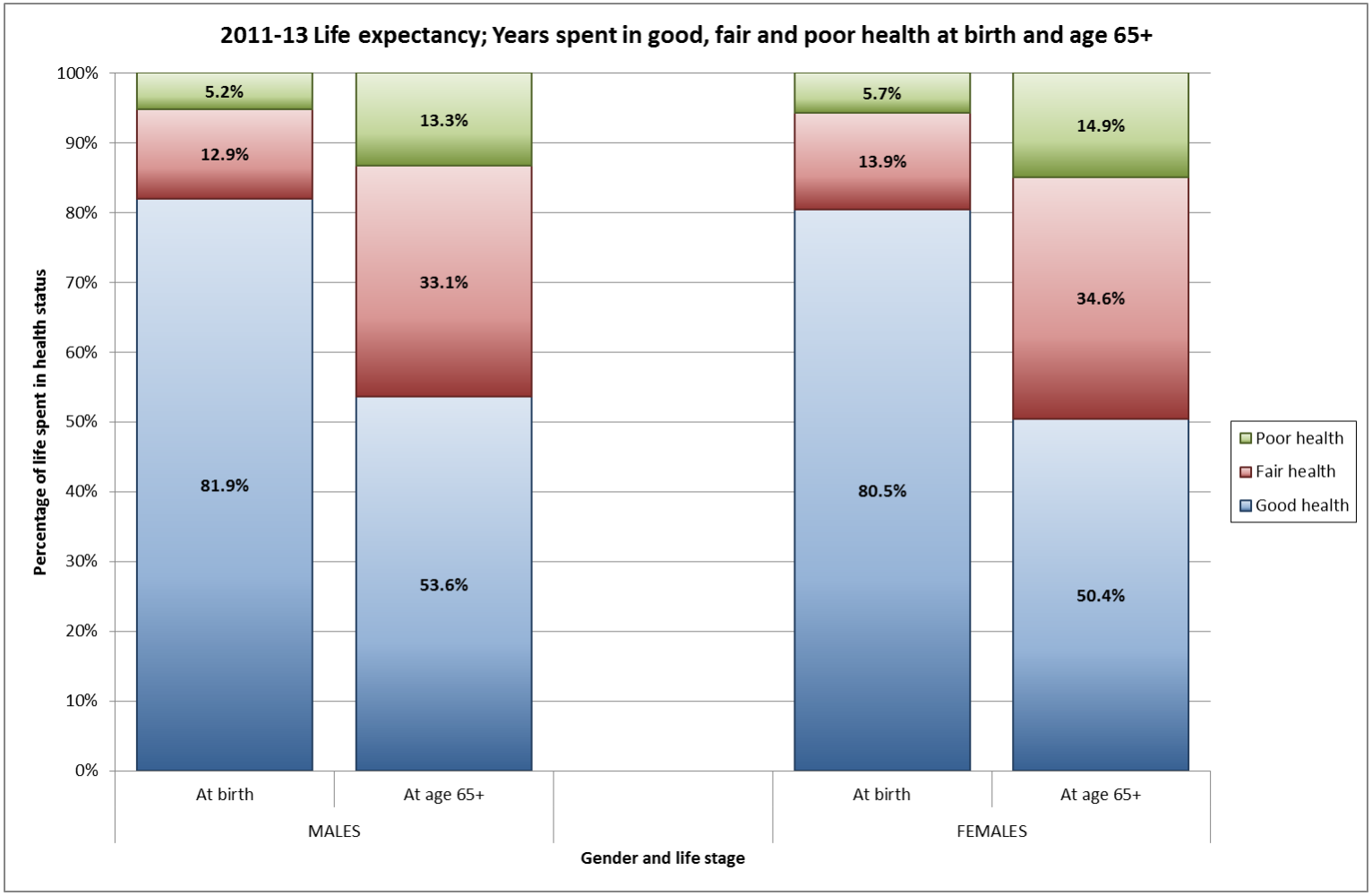
- Life expectancy at birth, age 65 and 85 has increased between the periods 1981-83 and 2011-13
- **Males in Stockport are now expected to live to 79.7 and females to 83.0 years.**
- The gap between the genders has narrowed as male life expectancy has grown more quickly than female life expectancy
- Male life expectancies at age 65 and 85 are higher than the national average; all other gender and age breakdowns are similar to the national average

- There are **clear deprivation profiles in life expectancy** with males in the least deprived areas expected to live 9.7 years longer, and females 7.4 years longer, than their counterparts in the most deprived areas
- The inequality gap in male life expectancy has not narrowed between 1990-92 and 2011-13. The inequality gap in female life expectancy has slightly narrowed by around a year – however trends fluctuate

- The main causes of death responsible for the inequality in life expectancy are currently cancer, circulatory disease and respiratory disease for males and cancer for females
- The main contributing age group to life expectancy inequality is those dying between the ages of 50 and 69
- Early mortality is **largely preventable**

Healthy Life Expectancy: Proportion of life spent in good, fair and poor health; 2011-13 at birth and age 65+

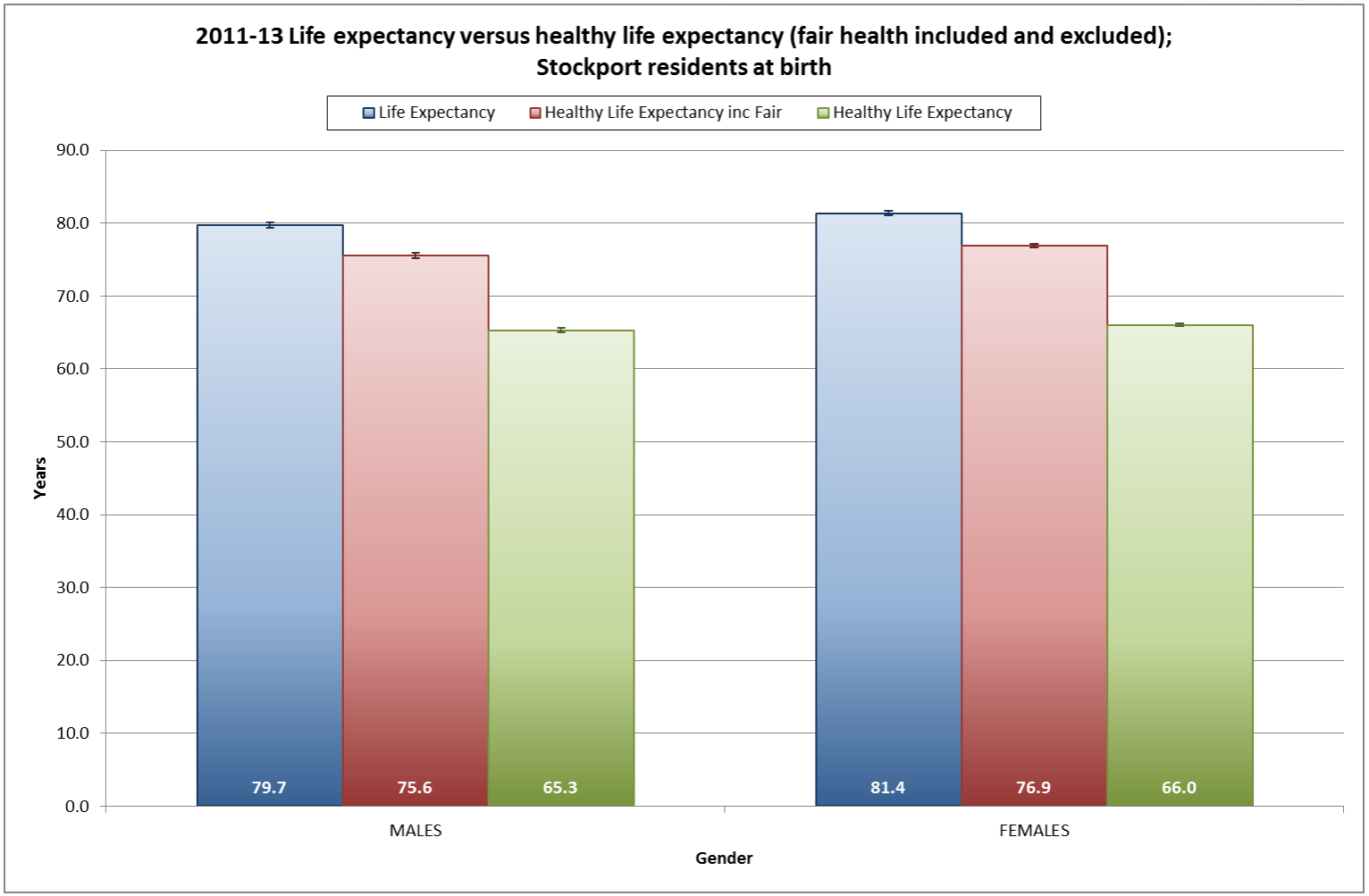
Stockport JSNA
joint strategic needs assessment



- Males and females typically spend around **81-82% of their life in good health from birth**
- At age 65 males have over 53% of their remaining life in good health whilst females have just over 50%
- The ratio of remaining years spent in fair and poor health alters very little between birth and age 65 in both males and females. Around every 2.5 years of remaining life spent in fair health is equal to one year of poor health

Life expectancy versus healthy life expectancy at birth, 2011-13

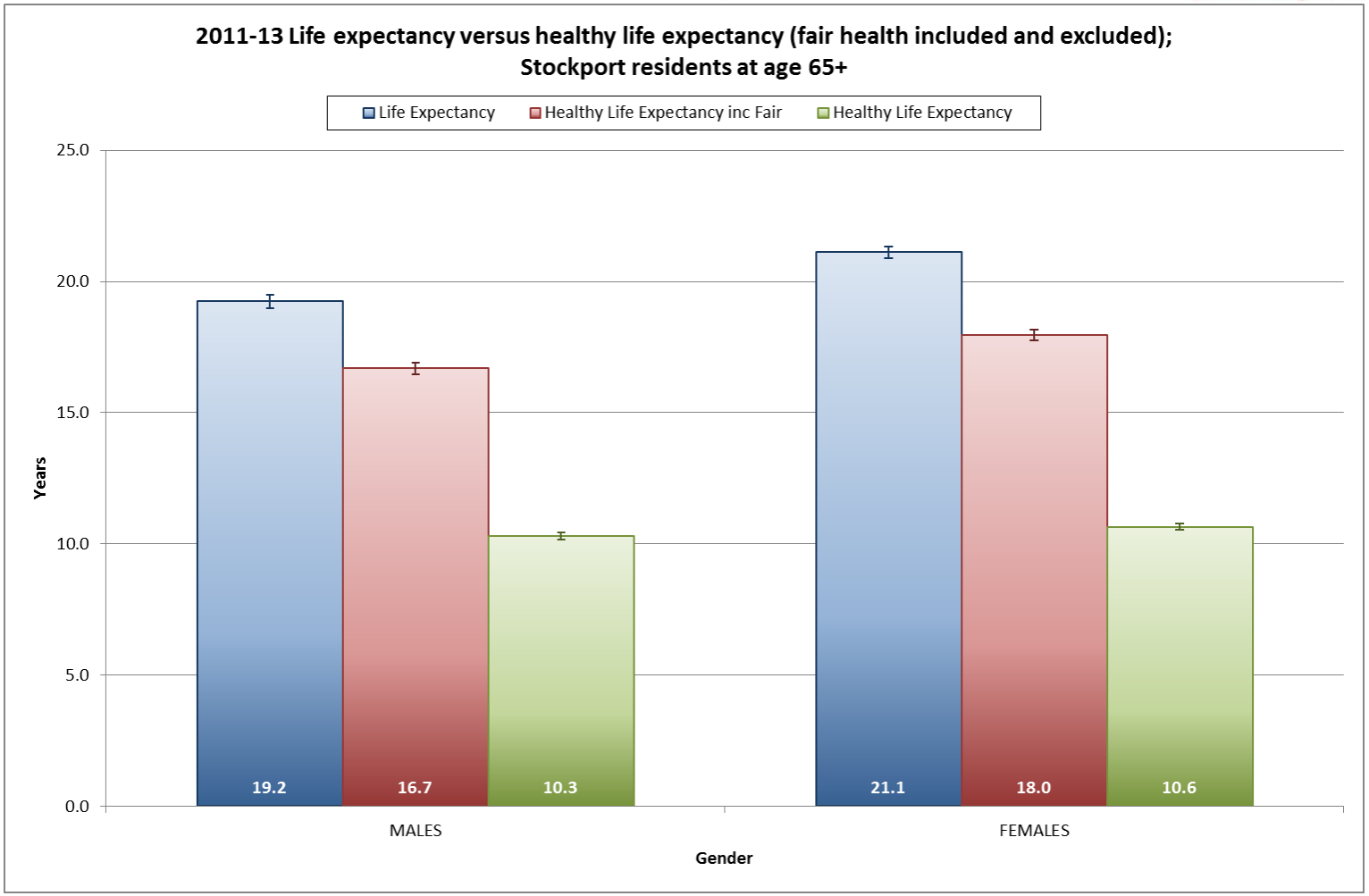
Stockport JSNA
joint strategic needs assessment



- A lack of available robust data makes calculating healthy life expectancy earlier than the last three years difficult and therefore analysing trends is not possible
- Stockport male residents can expect to live around **10 years in fair health and 4 years in poor health** whereas females can expect to live around **11 years in fair health and 4.5 years in poor health**

Life expectancy versus healthy life expectancy at age 65+, 2011-13

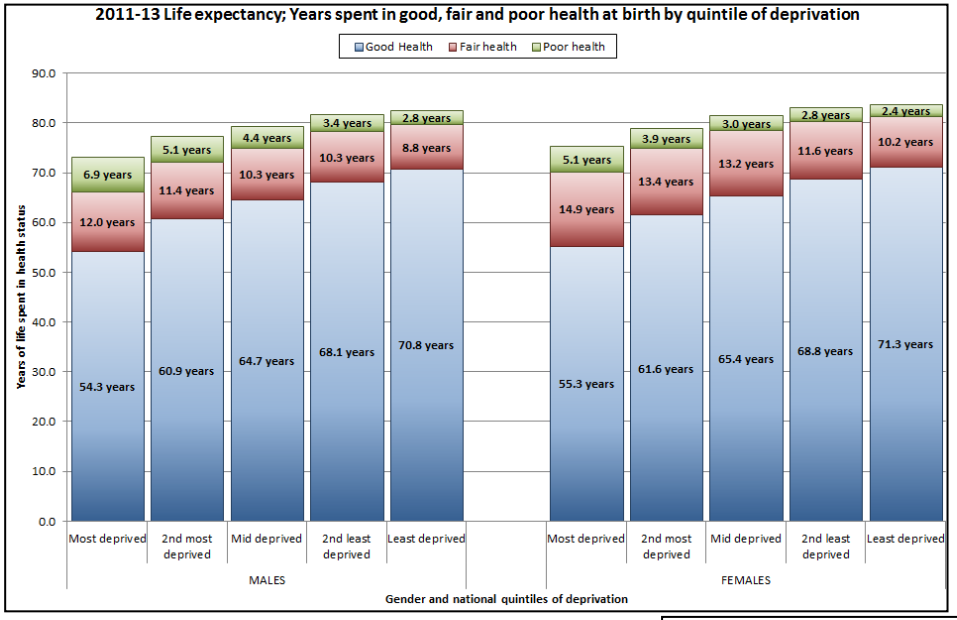
Stockport JSNA
joint strategic needs assessment



- At age 65 Stockport residents will live a similar amount of their remaining life in good health as they do in not good health
- Males and females will typically spend just over 10 of their remaining years of life in good health
- Males will then spend around 6.5 and 2.5 years and females around 7.5 and 3 years in fair then poor health

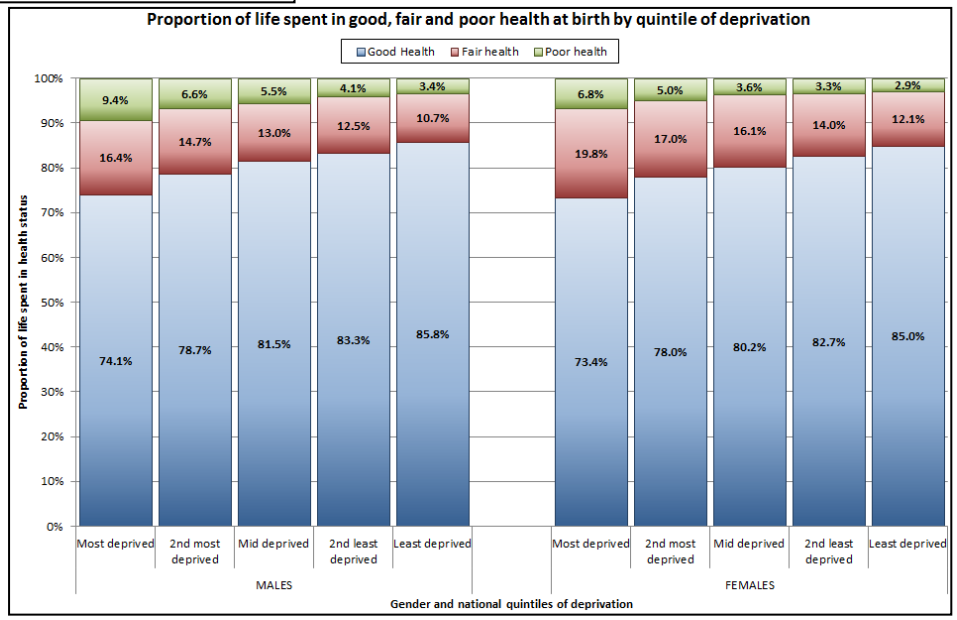
Healthy life expectancy by deprivation

Stockport JSNA
joint strategic needs assessment



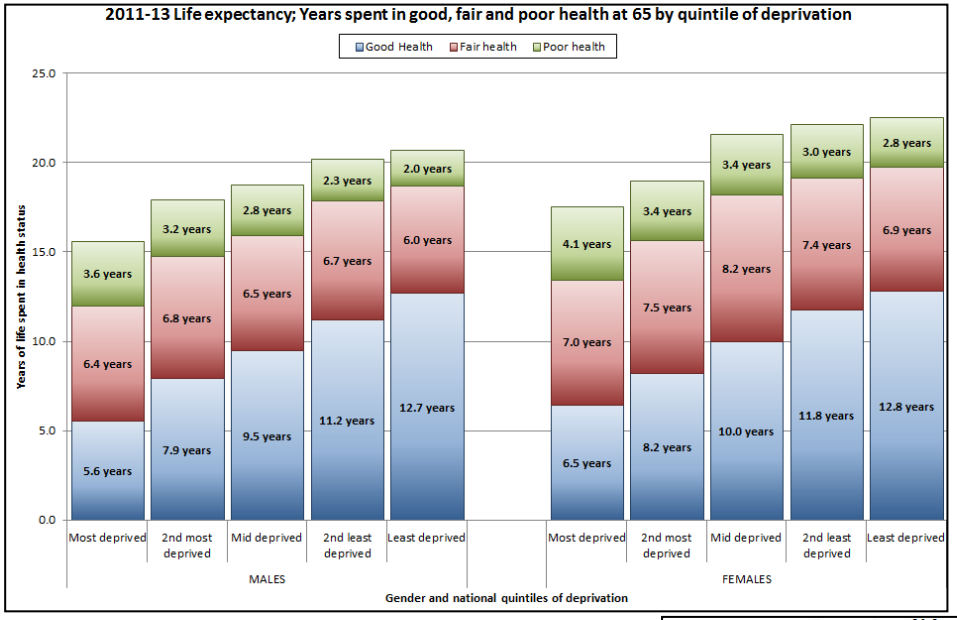
- Males in the most deprived areas live in good health 16.5 years less than those in the least deprived but those in the most deprived areas live 19 years in fair and not good health compared to 12 years in the least deprived
- Females in the least deprived areas will spend around 15 years longer in good health than those in the most deprived as well as 7.5 years less in fair and poor health
- Females in all areas of Stockport will live longer in good and fair health than males. Males will live longer in poor health than females in all areas.

- Both males and females living in the least deprived areas will spend around 85% of their lives in good health
- This is in contrast to the **most deprived areas where males and females typically spend around 74% of their lives in good health**.
- Although females in all areas spend more years in good health than males it is males who spend a larger proportion of their life in good health.
- However males in all areas also spend a larger proportion of their life in poor health than females



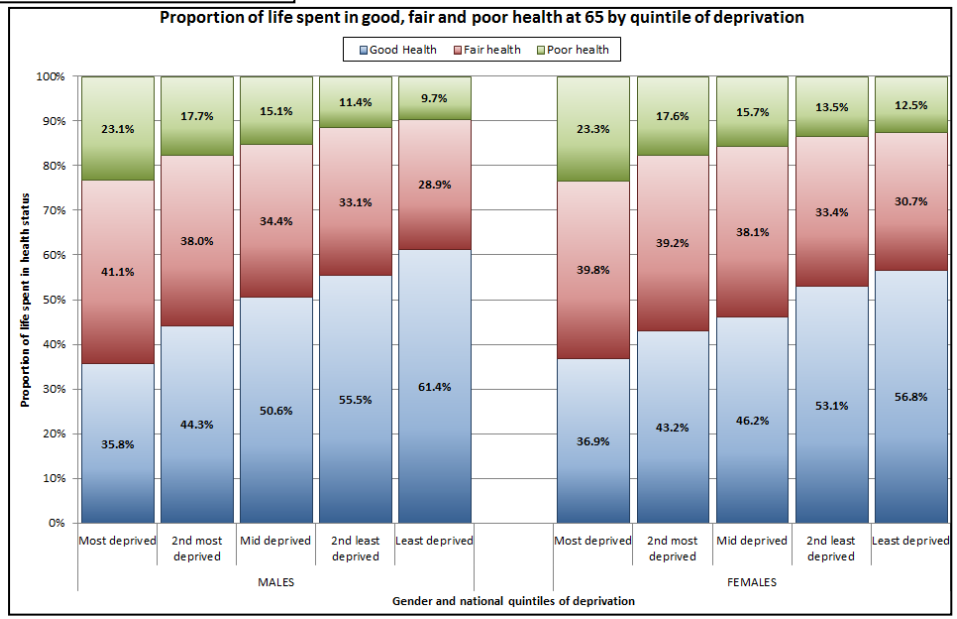
Healthy life expectancy by deprivation at age 65

Stockport JSNA
joint strategic needs assessment



- Males in the least deprived areas typically live longer in good health than those living in good and fair health combined in the most deprived areas from age 65
- Females in the least deprived areas live almost twice the length of time in good health than those in the most deprived from age 65
- Both males and females living in the 60% least deprived areas live longer in good and fair health than the total life expectancy of those in the most deprived areas
- Females live longer in good, fair and poor health than males in all areas of Stockport from age 65

- Males in the 40%, and females in the 60% most deprived areas of Stockport spend less than 50% of their remaining years in good health from age 65
- Males in the second most to least deprived quintiles spend a greater proportion of their life in good health than females
- Males and females in all areas of Stockport will spend almost 10% or more of their remaining years in poor health from age 65 with those in the most deprived areas spending almost a quarter in poor health



Summary – healthy life expectancy

Stockport JSNA

joint strategic needs assessment

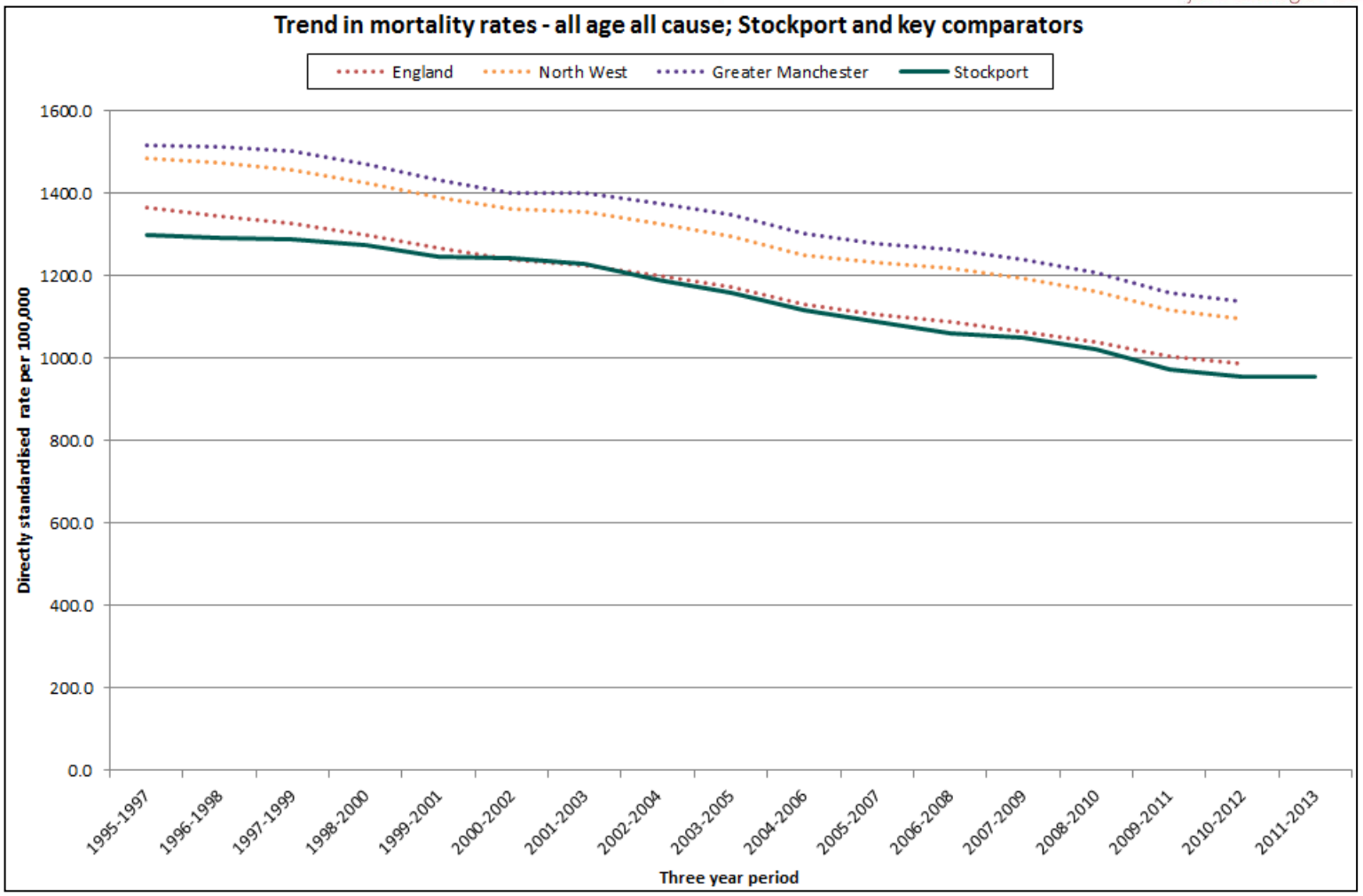
- Healthy life expectancy is a new measure and therefore trend analysis is not possible
- 18% and 20% of a typical male and female Stockport resident's life will be spent in not good health (fair or poor)
- At age 65, 46% and 50% of a typical male and female Stockport resident's remaining life will be spent in not good health

- An inequality gap exists in the healthy life expectancy of both male and females
- Men live 17 years longer in good health and 8 years less in not good health in the least deprived areas compared to the most deprived
- Females live 15 years longer in good health and 7 years less in not good health in the least deprived areas compared to the most deprived

- Stockport females live longer in both good and not good health than males in all areas
- Males and females at age 65 living in the 60% most deprived areas will spend 50% or more of their remaining years in not good health
- At age 65 the inequality gap is in the number of years lived in good health rather than the years lived in not good health

Benchmarking mortality rates

Stockport JSNA
joint strategic needs assessment



- Stockport has similar all age all cause mortality rates to England but better than the North West and Greater Manchester
- Rates have fallen in all areas at around the same pace of roughly a quarter
- Stockport rates are 10% and 15% lower than the North West and Greater Manchester respectively
- Rates for under 75 have shown identical trends but with the rate of reduction and range slightly greater

All cause mortality rates summary

Stockport JSNA
joint strategic needs assessment

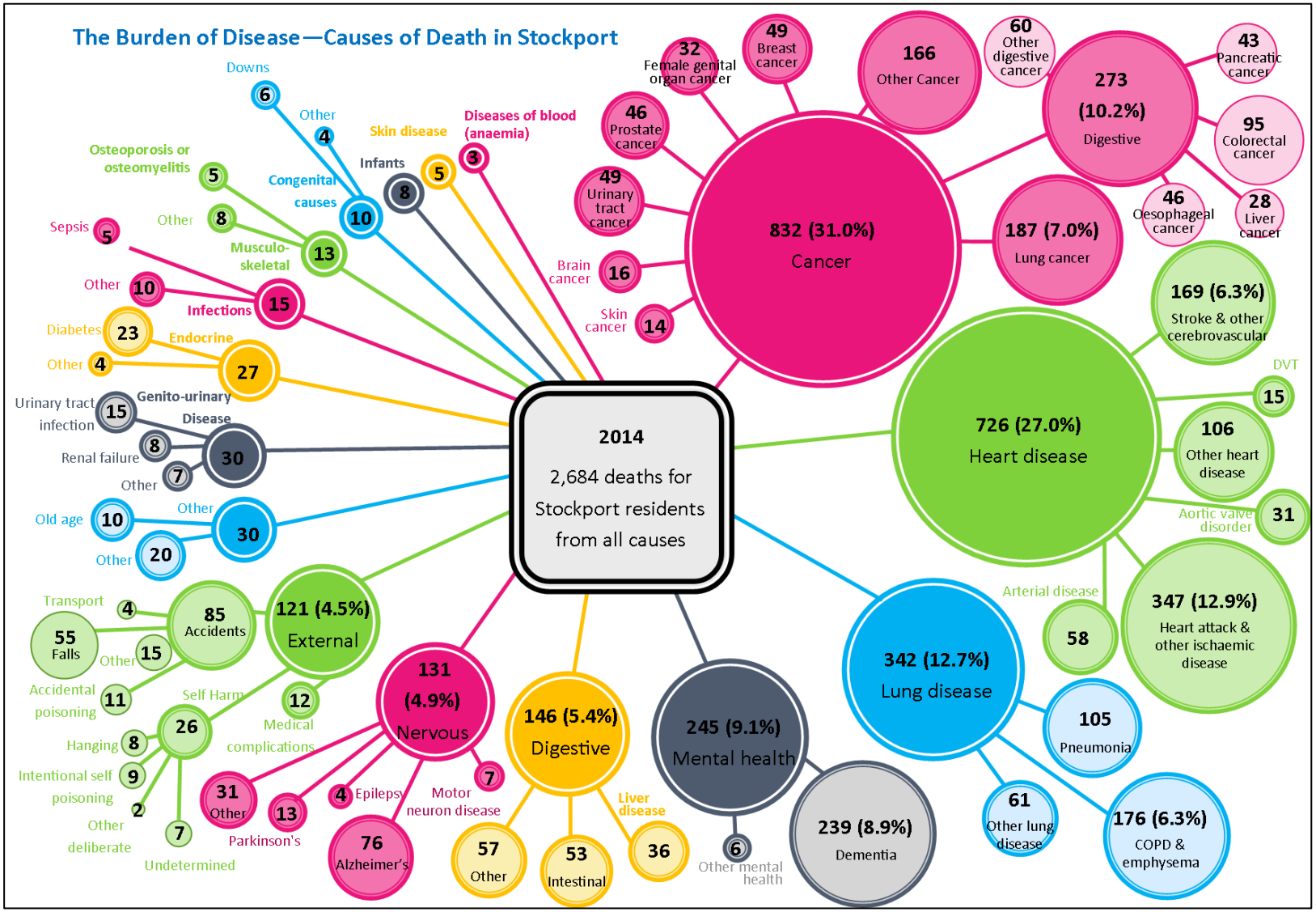
- Like life expectancy, all age all cause mortality rates have fallen steadily and although female rates are lower than male the gap has narrowed with male rates falling faster
- Between 1995 and 2013 male rates fell by more than a third whilst female rates fell by a fifth leading to overall rates falling by a quarter. Deaths fell by 10%

- Mortality rates for those aged under 75 have fallen more sharply and more consistently than those for all ages
- As with for all ages the male pace of reduction in under 75 rates (40%) has exceeded the pace of reduction in female rates (33%)

- In all areas the all age male rate has fallen at generally the same pace and the most deprived rate has remained double the least deprived rate
- The female all age rate has fallen less evenly in all areas and the inequality gap has widened slightly with the least deprived rate being 45% lower than the most deprived
- In under 75 males the rates have fallen disproportionately meaning the inequality gap has widened. The rate in the least deprived area is now two thirds lower than the most deprived
- Under 75 female rates have again fallen at a slower rate than male under 75's in all areas. However the inequality gap has also widened and the least deprived quintile is now 63% lower than the most deprived rate

All age causes of death in Stockport 2014

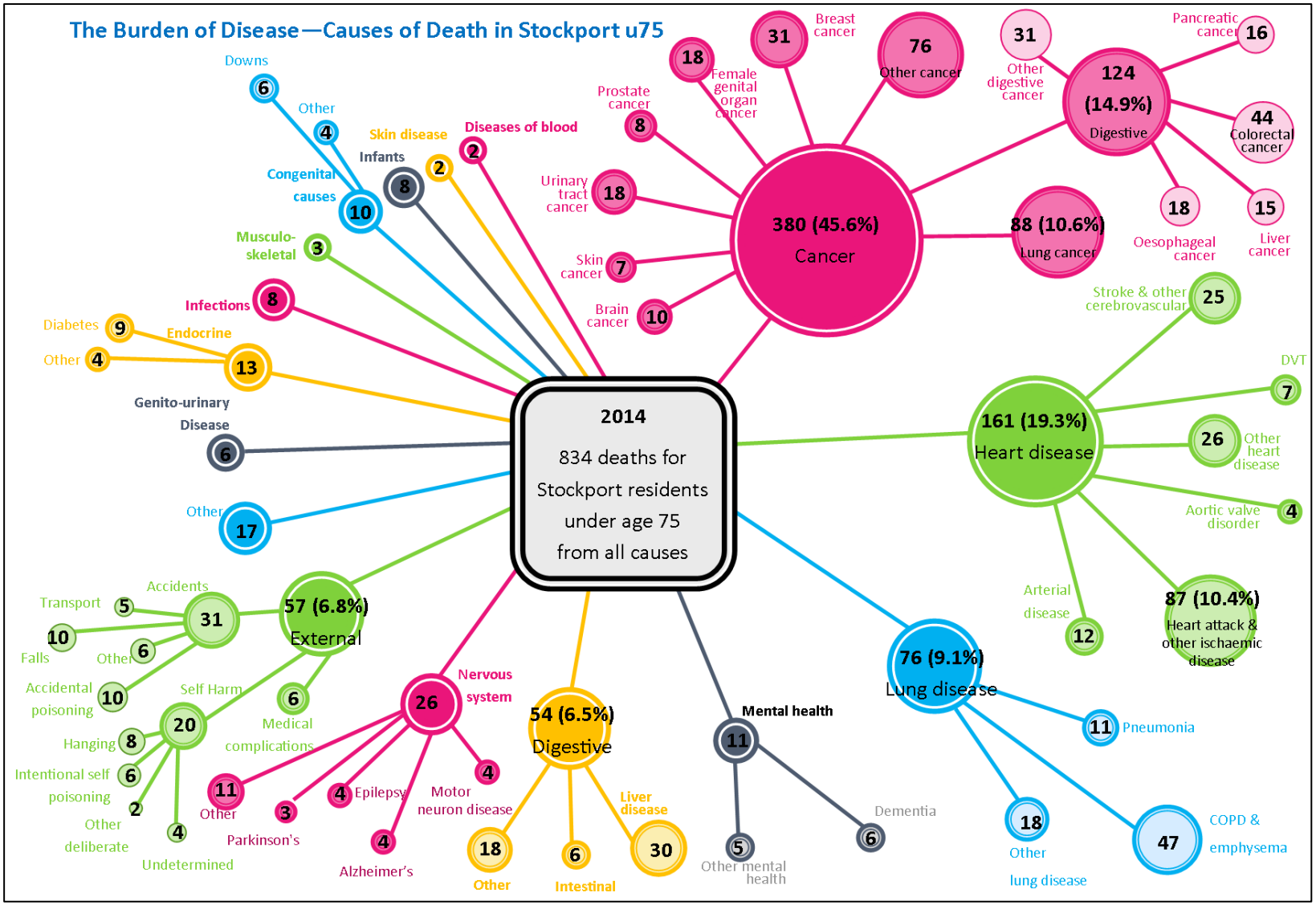
Stockport JSNA
joint strategic needs assessment



- Cancer, heart disease and lung disease are the most significant causes of death in Stockport at all ages

Under 75 causes of death in Stockport 2014

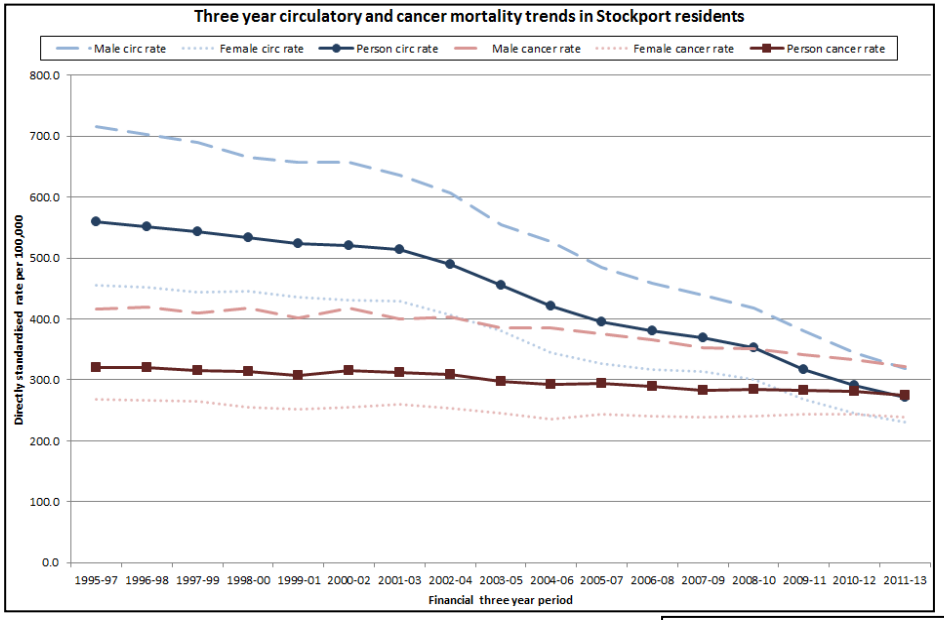
Stockport JSNA
joint strategic needs assessment



- Cancer, heart disease and external causes (accidents or self harm) are the most significant causes of death in Stockport for early deaths.
- Cancer accounts for a far bigger share of early deaths than deaths overall

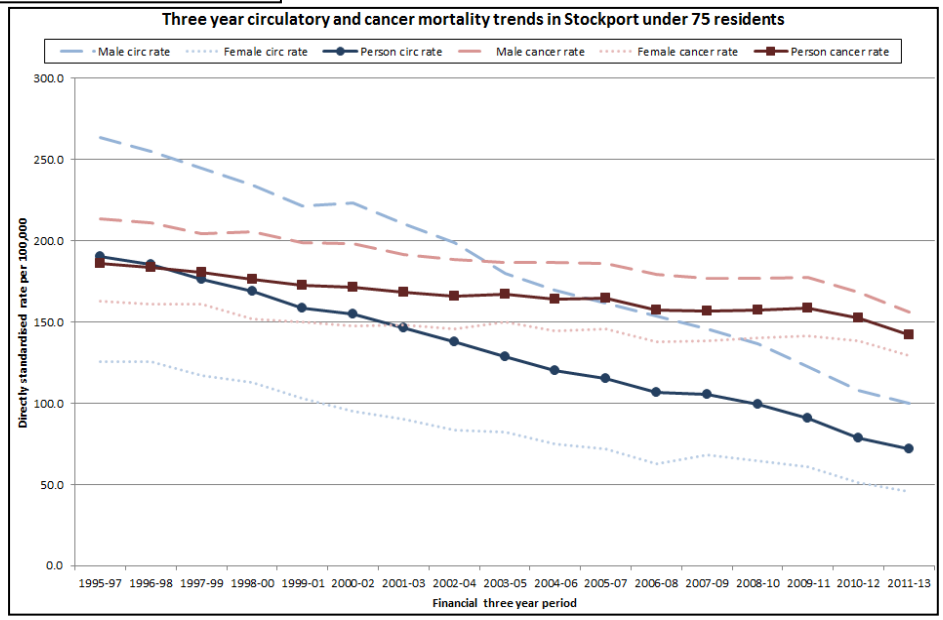
Circulatory and cancer mortality trends

Stockport JSNA
joint strategic needs assessment



All Ages

- Cancer is now the biggest cause of death for all ages in males, females and overall
- Circulatory mortality has decreased rapidly by 50% since 1995, whereas cancer has fallen by 12%
- The gender gap has narrowed in both cancer and circulatory.

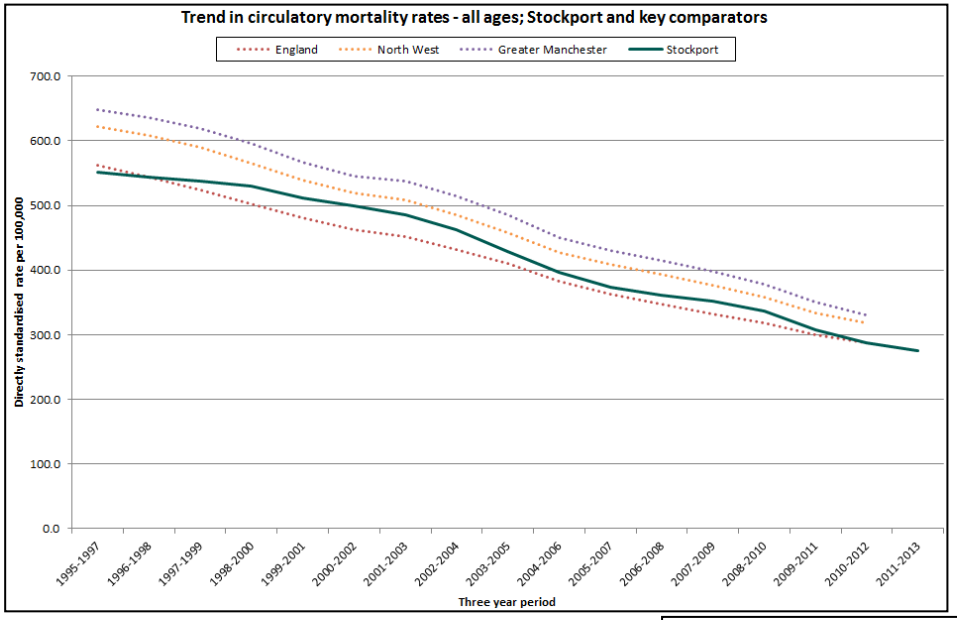


Under 75

- Circulatory mortality has fallen by two thirds and cancer by approximately a quarter since 1995
- The gender gap in circulatory mortality has remained around half that of the male rate
- In cancer the gender gap has narrowed slightly as the male rate has fallen at a faster rate (27%) than the female rate (21%)

Benchmarking circulatory and cancer mortality trends

Stockport JSNA
joint strategic needs assessment

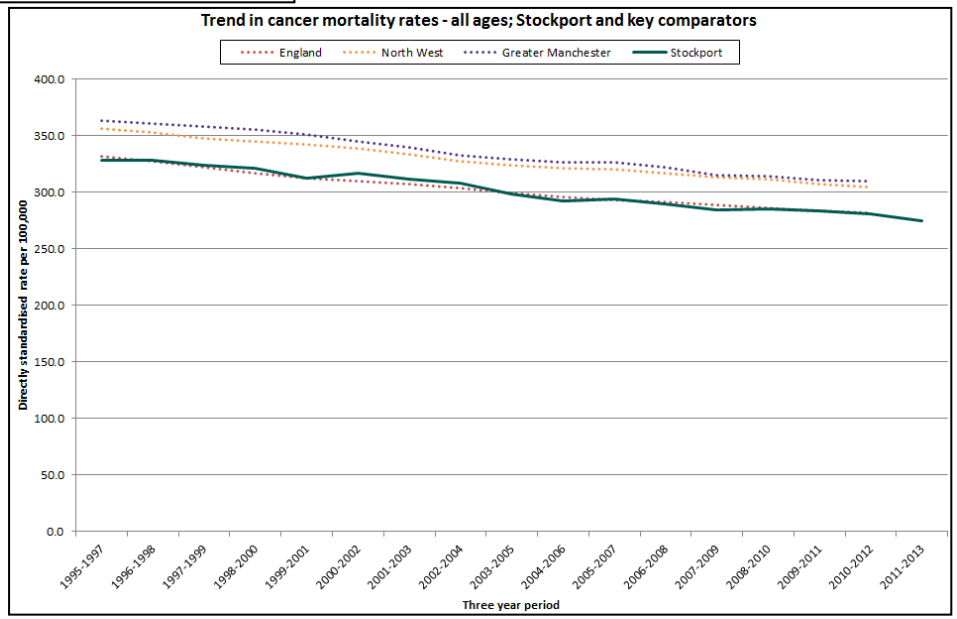


Circulatory

- Stockport has better all age circulatory rates compared to the North West and Greater Manchester but similar to England
- Stockport rates are around 14% and 17% lower than the North West and Greater Manchester respectively
- Rates have fallen by a half in all areas
- Rates in those aged under 75 show identical trends, albeit with a more swift reduction in the rates (60%)

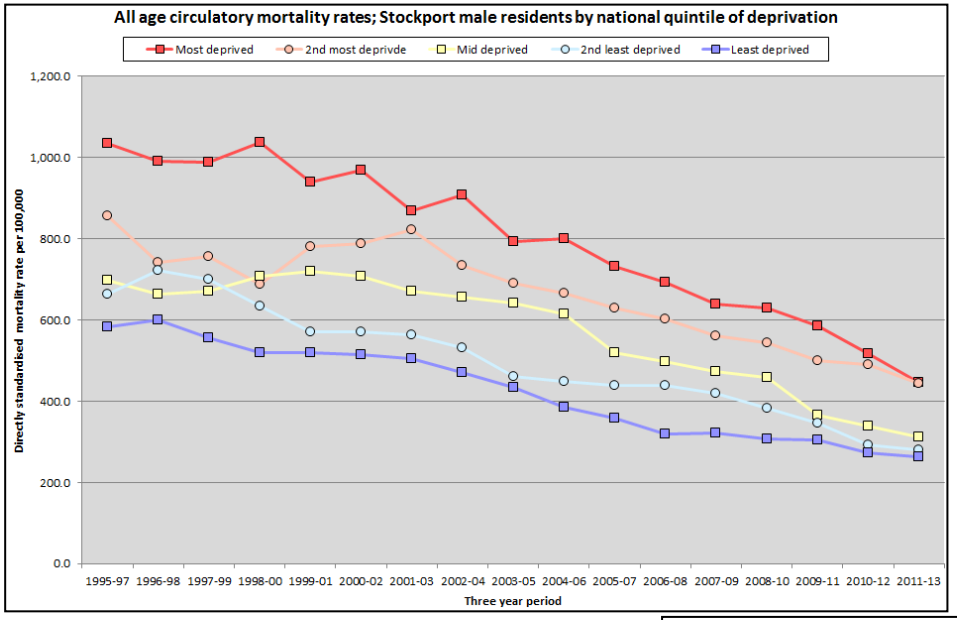
Cancer

- Stockport cancer mortality rates for all ages are similar to England but better than North West and Greater Manchester
- Rates have also fallen at a similar pace across all areas of around 15%
- The gap to the regional comparators is narrower than circulatory as Stockport is 7% and 10% lower than the North West and Greater Manchester respectively
- Cancer mortality rates in the under 75's have shown similar trends to all ages but have fallen faster at around 30%



Circulatory mortality trends by deprivation

Stockport JSNA
joint strategic needs assessment

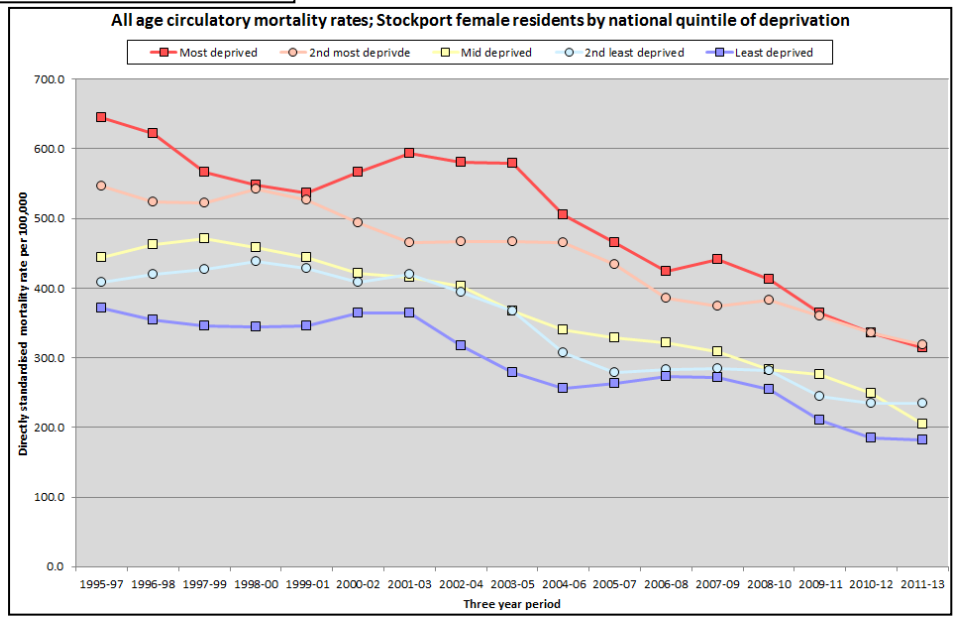


Males

- There is a clear deprivation profile with male circulatory all age mortality rates
- The least deprived rate is 40% lower than the most deprived rate
- Rates have more than halved in all areas of Stockport and, whilst this is good, it means the deprivation profile has not narrowed
- For under 75's the deprivation profile is more stark as the least deprived rate is nearly 70% lower than the most deprived
- The deprivation profile has also widened as the 60% least deprived areas have fallen at a faster rate than the 40% most deprived

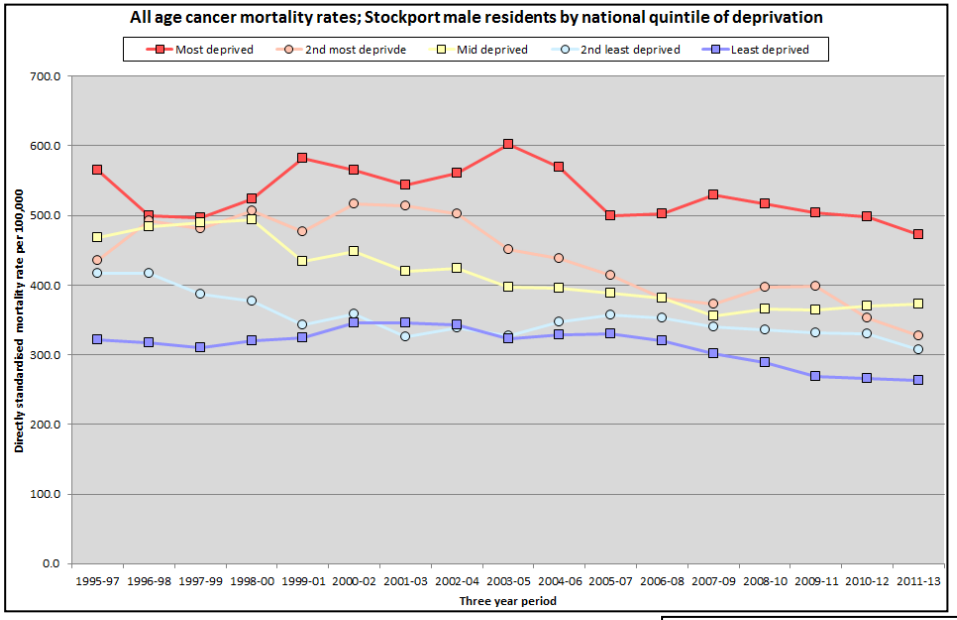
Females

- Stockport female all age circulatory rates are falling at a slightly slower rate than males
- Like males there has been no narrowing of the deprivation profile with the least deprived rate 40% lower than the most deprived
- Under 75 females have an even more stark deprivation profile with the least deprived rate 77% lower than the most deprived
- The under 75 rate is falling faster than the all age rate but the deprivation profile is widening. The 60% least deprived areas have fallen on average of over two thirds compared to the most deprived areas of almost 55%



Cancer mortality trends by deprivation

Stockport JSNA
joint strategic needs assessment

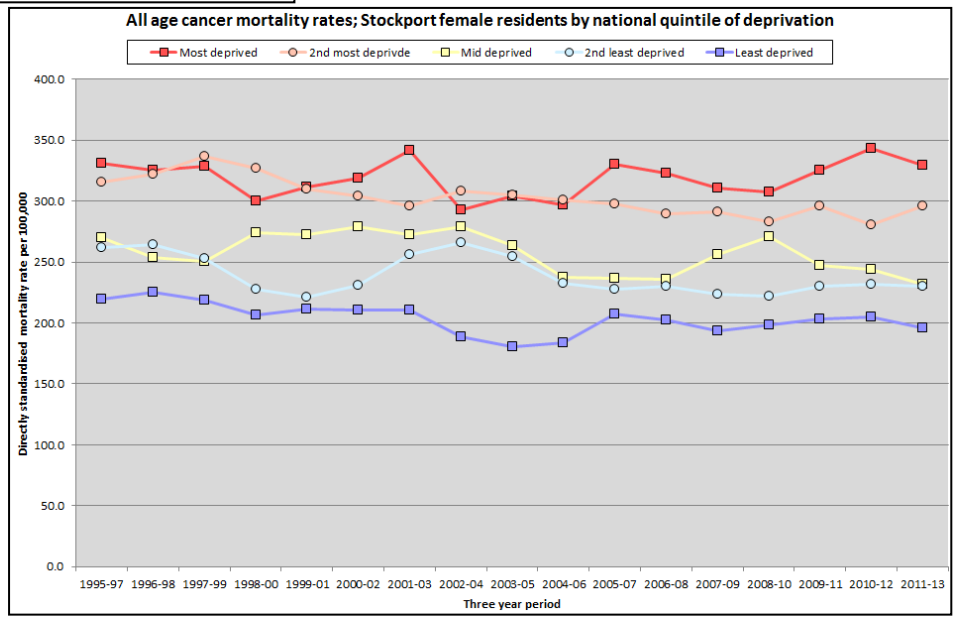


Males

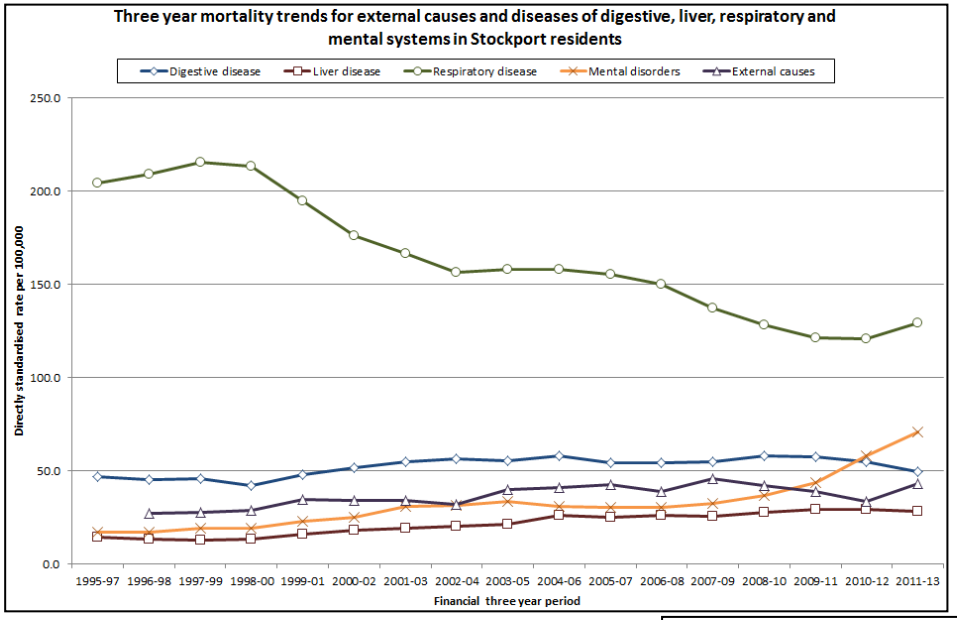
- Male all age cancer mortality rates are experiencing similar declines in all areas
- All areas have decreased by about a fifth
- The least deprived rate has remained at around 44% of the most deprived
- Rates in under 75's have fallen faster than all ages but inequalities are worse and have widened over time
- The under 75 rate in the least deprived areas is 55% lower than the rate in the most deprived areas

Females

- Stockport female all age cancer mortality shows a slower rate of reduction than males
- Rates in the most deprived areas have barely changed in 18 years
- The inequalities have worsened slightly with the least deprived rate being 40% lower than in the most deprived area
- The under 75 rate is falling faster than all ages but inequalities are worse and widening.
- The 60% least deprived areas have fallen on average of 25% compared to the most deprived areas of almost 10%
- The rate in the least deprived areas is 49% lower than the rate in the most deprived areas



Mortality trends of Stockport's other major killers

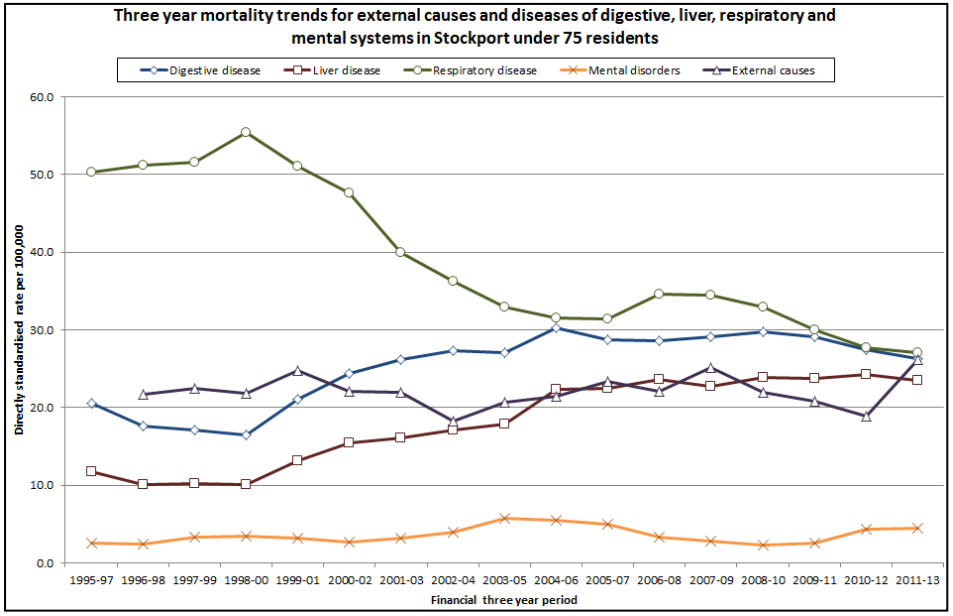


All ages

- Respiratory disease, the third biggest killer of Stockport residents, has fallen by a third since 1995-97
- Mental disorders have seen a dramatic rise as the rate has quadrupled. This is due to a recent change in coding deaths identifying more dementia, the major cause
- Liver disease and external causes have doubled and risen by over 50% respectively
- Death from external causes are predominantly accidental falls and self-harm
- Digestive disease mortality has remained stable over the last 18 years

Under 75

- Respiratory disease in the under 75's has fallen by almost 50%, which is faster than for all ages
- It is still the third biggest killer in the three year period but will soon be overtaken
- Mental disorders are not a major cause of death in under 75's. This is due to dementia typically being a disease of those over 75
- Mortality from liver disease in the under 75's has had an identical trend to that in all ages
- External cause mortality has risen by a fifth which is slower than for all ages
- Digestive disease mortality has however risen in the under 75's by 25%, contrary to the all age trend

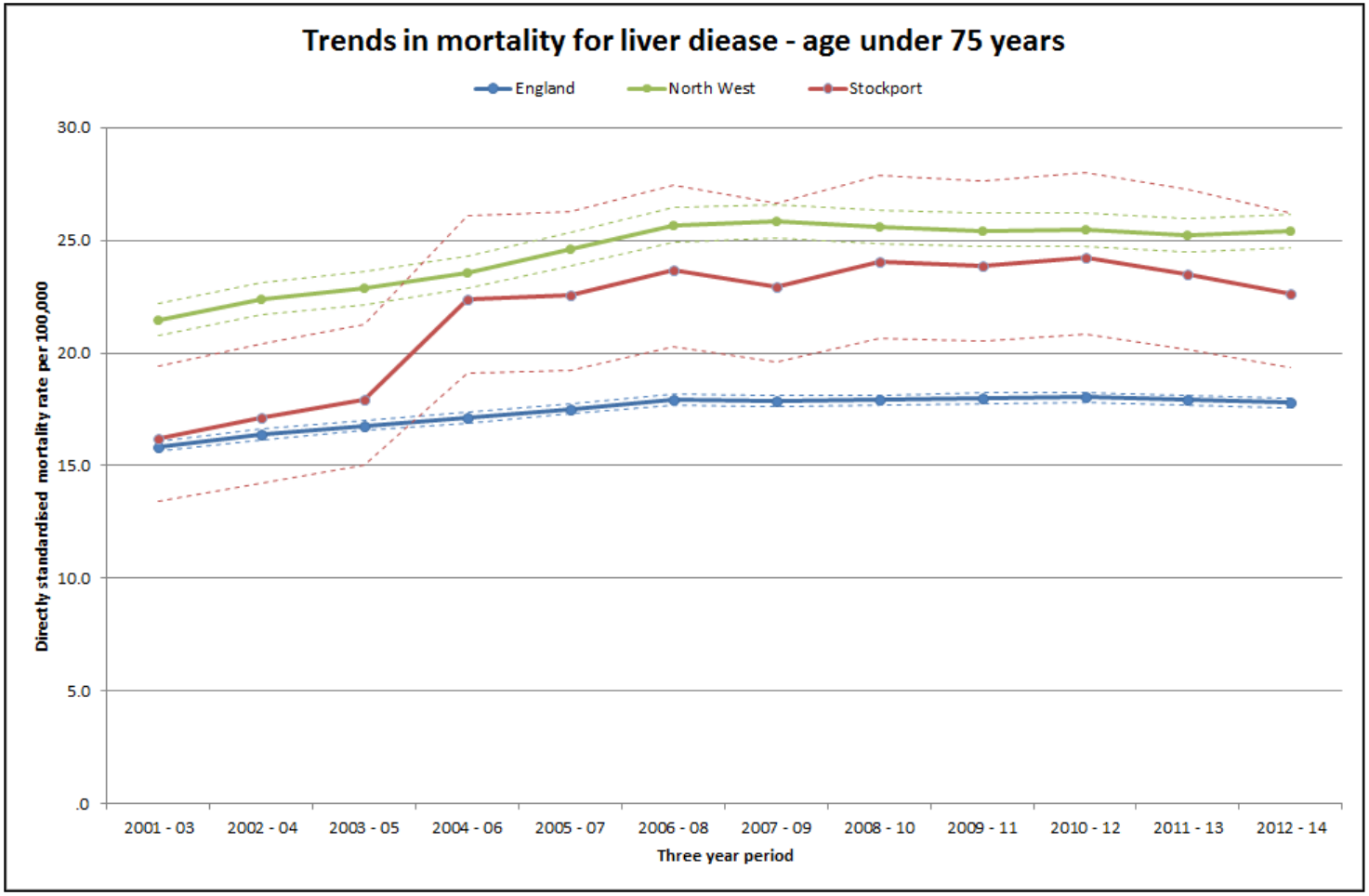


Focus on early liver disease mortality

Liver disease mortality is one of the few causes of death that has risen over the last 20 years and is also one of the few causes where rates in Stockport are significantly higher than the national average.

Trend analysis shows that this rise occurred in the middle of the last decade – when the number of annual deaths increased from 40 up to 60.

Since then rates have levelled out, but have maintained the gap to the national average.



Early indications from 2012-14 suggests that rates may be falling, however Stockport is still well above national average.

The majority of these deaths occur for people aged 40-69 and there is a close link to alcohol.

90% of these deaths are defined as preventable.

Mortality trends of Stockport's other major killers gender and deprivation summary

Stockport JSNA
joint strategic needs assessment

- Mortality rates are higher for men than women for all causes apart from dementia, this is because on average males die earlier than females.
- Females in the all age group have observed a much faster increase in the mortality rate due to external causes than males. Female rates have almost doubled whereas the male rate has increased by just over a third. The male rate is however higher than the female rate. This is likely to be as a result of mortality from falls in older females
- Mortality rates due to mental disorders are higher in females than males in the all age group. This is the only condition where this happens in either age group, and again is likely to be a result of deaths from dementia in older females
- External causes show the greatest inequality between the genders in both all ages and under 75's
- External causes rates fluctuate and occasionally show poor benchmarking against national averages due to the timing of coroner cases meaning deaths can be registered en-masse in a particular period regardless of actual date of death
- Each of the causes of death show a deprivation profile with liver mortality rates being the most inequitable in all ages and digestive mortality in under 75's
- The inequality gap between the most and least deprived areas is widening in digestive and liver mortality
- Inequalities in respiratory and external cause mortality remain stable
- The gap in mental disorder mortality rates is narrowing between the most and least deprived areas. However this is due to the rapid rate rise in the least deprived areas. The rate in the most deprived areas is still almost double that in the least deprived

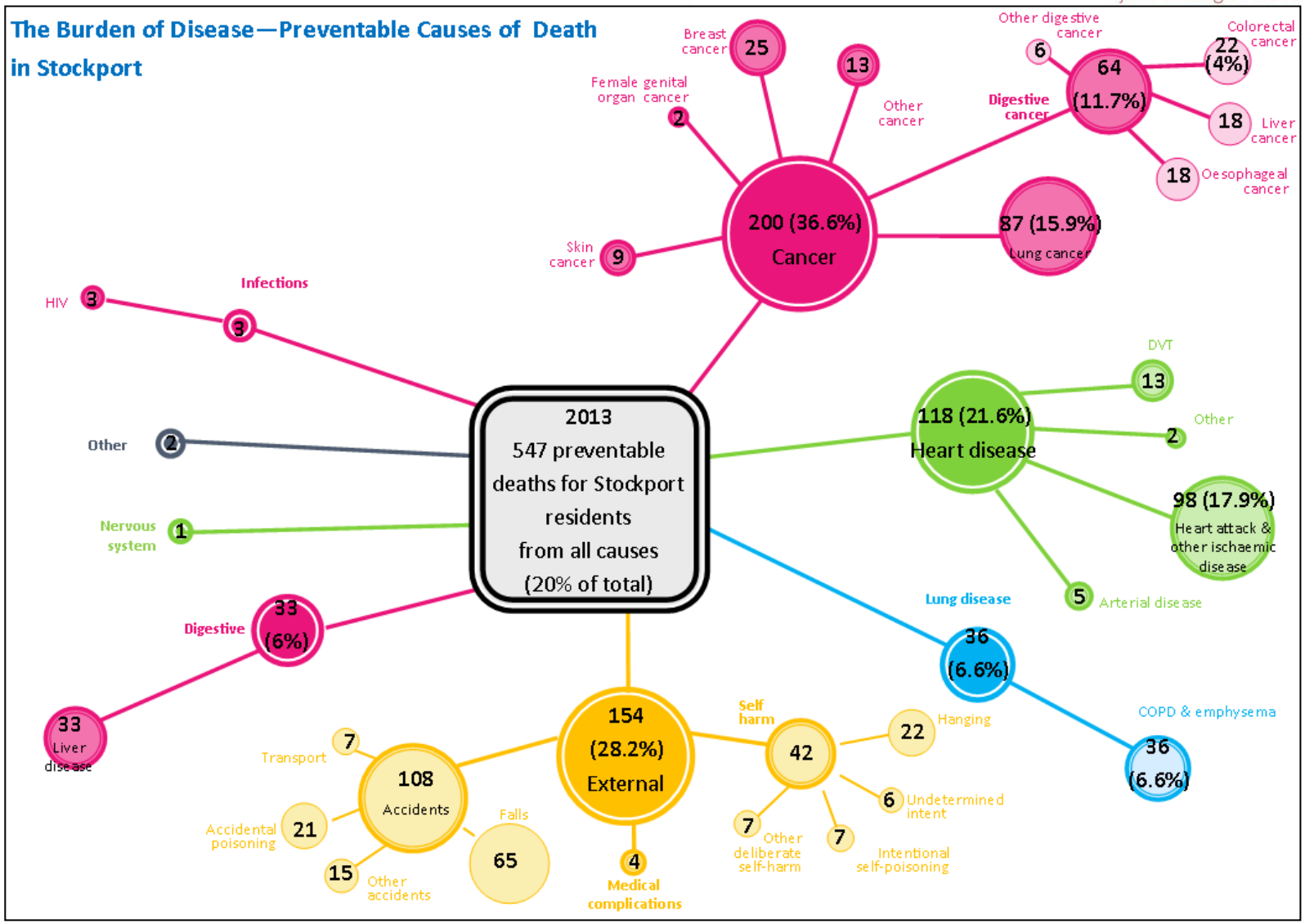
Summary of the major causes of death in Stockport

Stockport JSNA
joint strategic needs assessment

- Cancer and circulatory disease are the biggest causes of death amongst Stockport residents in all ages and under 75's
- Although cancer mortality is falling, circulatory disease is falling more rapidly meaning that cancer is now the biggest killer in Stockport in all ages. In under 75's cancer and circulatory mortality rates were once similar but now cancer is clearly the largest killer
- Dementia is increasingly becoming a major cause of death in all ages. This is in part due to a change in coding leading to better identification of dementia
- In under 75's external causes and digestive disease are a more distinct cause of death. External causes are primarily accidental death and self-harm whilst digestive disease is mainly chronic liver disease
- Respiratory disease is a sizable cause of death in all ages and under 75's. However the rates are falling in both age categorisations
- Stockport tends to have similar mortality rates to the national average but better than those in the North West and Greater Manchester in those causes of death mentioned
- An exception is for under 75 liver diseases where rates are higher than national averages, 90% of these deaths are preventable.
- There are inequalities in all causes of death between the most deprived and least deprived areas. These inequalities are either not changing or widening
- Mental disorders have seen a reduction in inequality. However this is due to the large increase in the mortality rate in the least deprived areas rather than a reduction in the most deprived areas. Dementia, the major cause of mental disorder deaths, is a disease associated with the elderly and, as there is an inequality profile in life expectancy, it is to be expected that more people in the least deprived areas are dying from it

Preventable causes of death

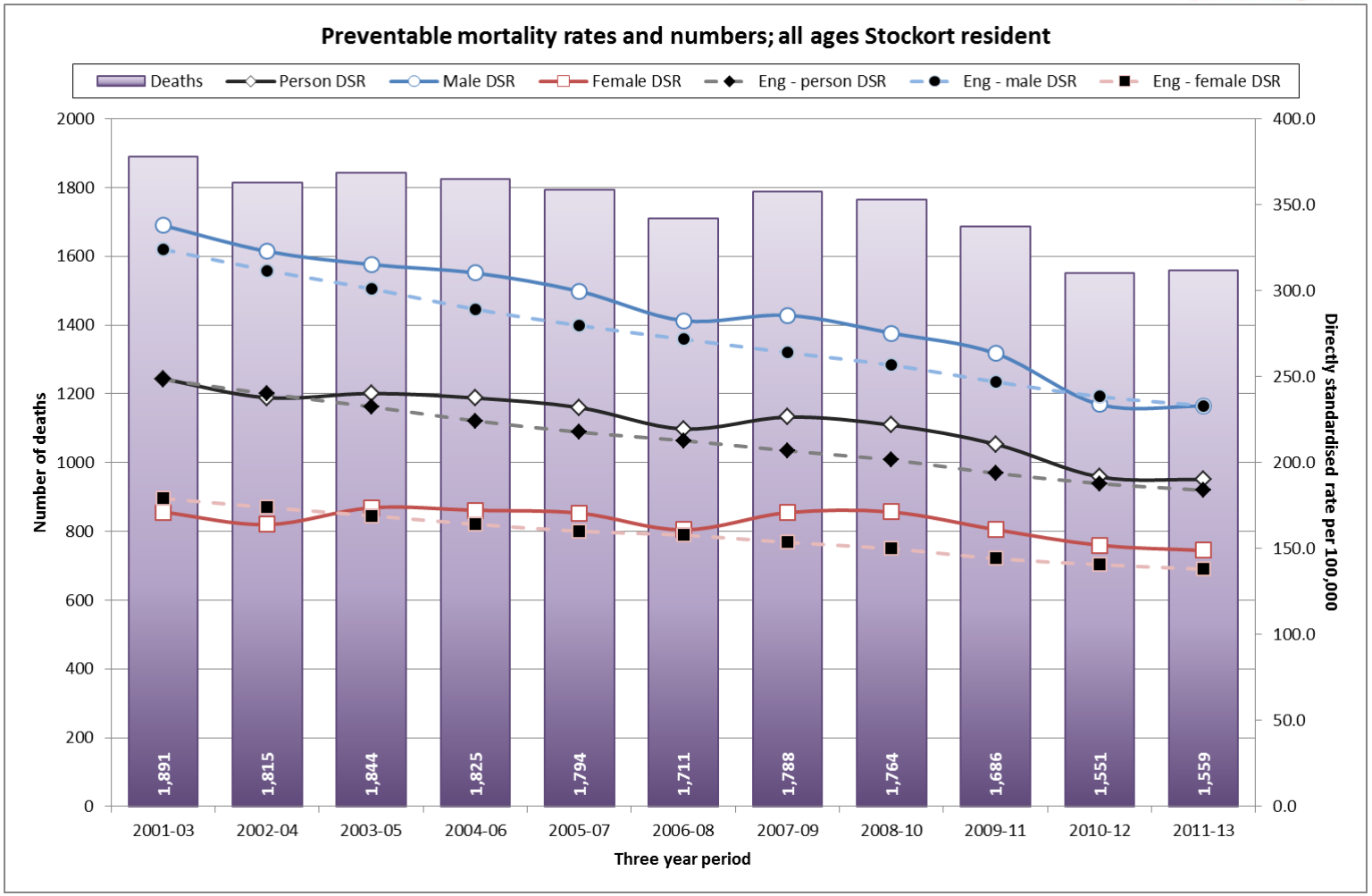
Stockport JSNA
joint strategic needs assessment



A death is preventable if, in the light of understanding of the determinants of health at time of death, all or most deaths from that cause, subject to age limits, could be avoided by health interventions or public health prevention in the broadest sense.

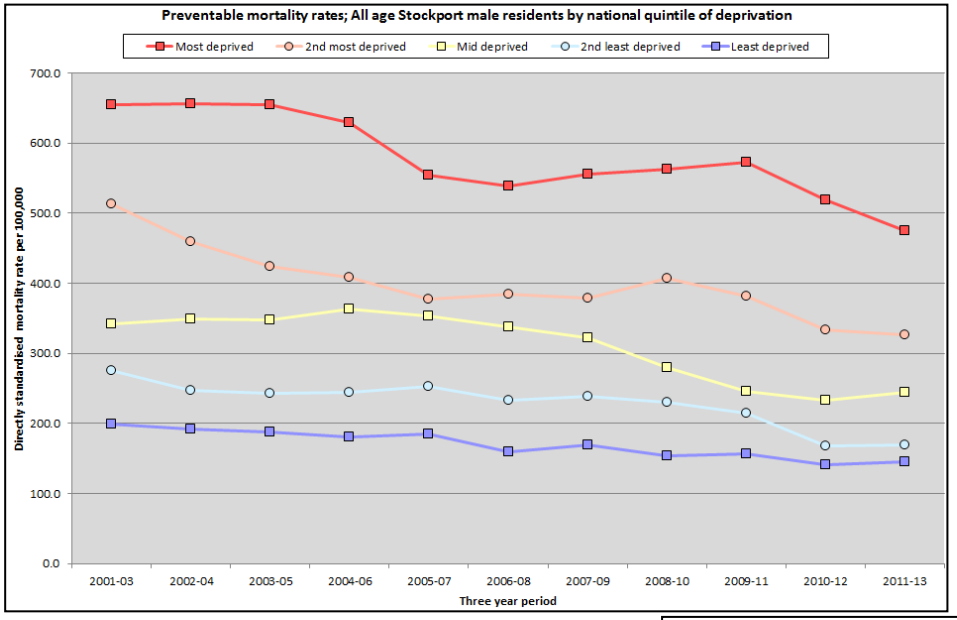
Preventable causes of death benchmarked with England

Stockport JSNA
joint strategic needs assessment



- Stockport has seen a much faster fall in male preventable mortality rates(31%) than female rates (13%) and overall rates have dropped by almost a quarter. Male rates are however 1.5 times the female rate
- Compared to the England rates the Stockport male rate has fallen slightly faster, whereas the female rate has fallen slower. The overall England rate has fallen 26% compared to 23.6% in Stockport
- Stockport rates are now similar to England rates but there have been periods where male, female and overall rates have been significantly worse

Preventable causes of death by deprivation

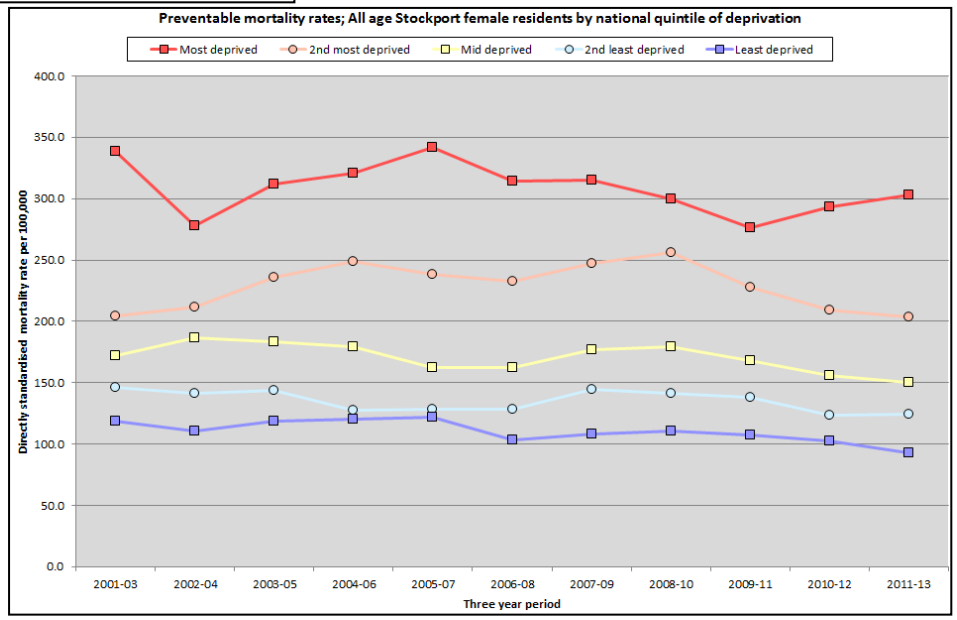


Males

- Preventable mortality rates amongst Stockport males living in the most deprived areas are over three times the rate of those in the least deprived
- All areas have seen a fall in the rates of over a quarter
- The second most and second least deprived areas have fallen by 36% and 39% respectively
- The gap between the most and least deprived areas has remained constant as both have fallen at around 27%

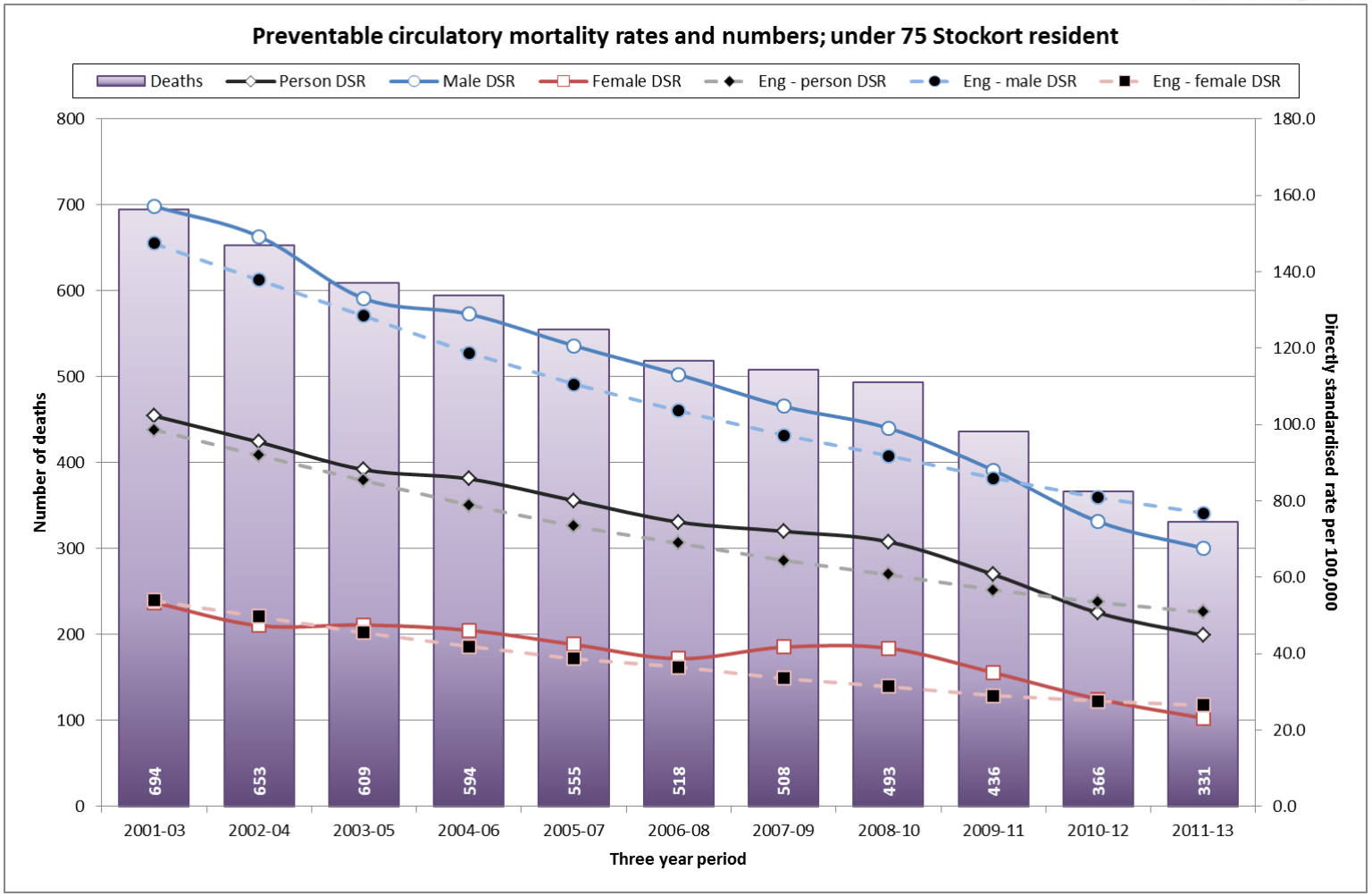
Females

- Female preventable mortality rates have not fallen as fast as male rates yet there is still a similar deprivation profile
- The most deprived females experience rates over three times greater than the least deprived
- Rates in the 20% to 80% quintiles have not really fallen in contrast to their male counterparts
- Rates in the least deprived areas have fallen by a fifth whereas those in the least deprived have fallen by 10% meaning the inequality gap is widening



Preventable circulatory mortality rates

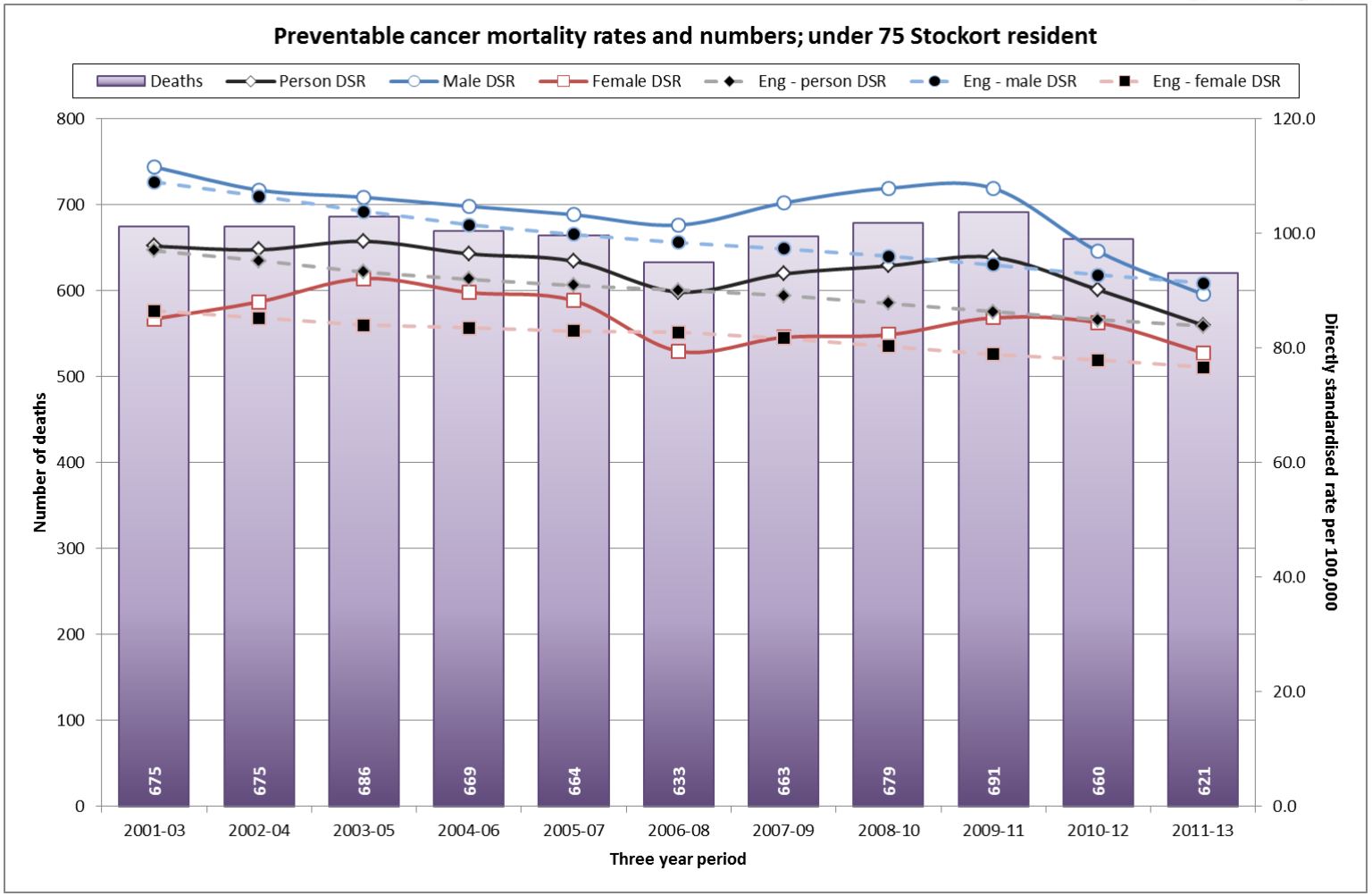
Stockport JSNA
joint strategic needs assessment



- Rates in under 75 preventable circulatory mortality rates have more than halved since 2001-03 in males, females and overall
- Male rates are almost three times higher than those of females and as both genders have fallen at the same pace the gender gap has not narrowed
- Rates in Stockport have fallen slightly faster than in England for both genders and the 2011-13 overall and male rates are significantly better than the England rates. The female rates remain similar

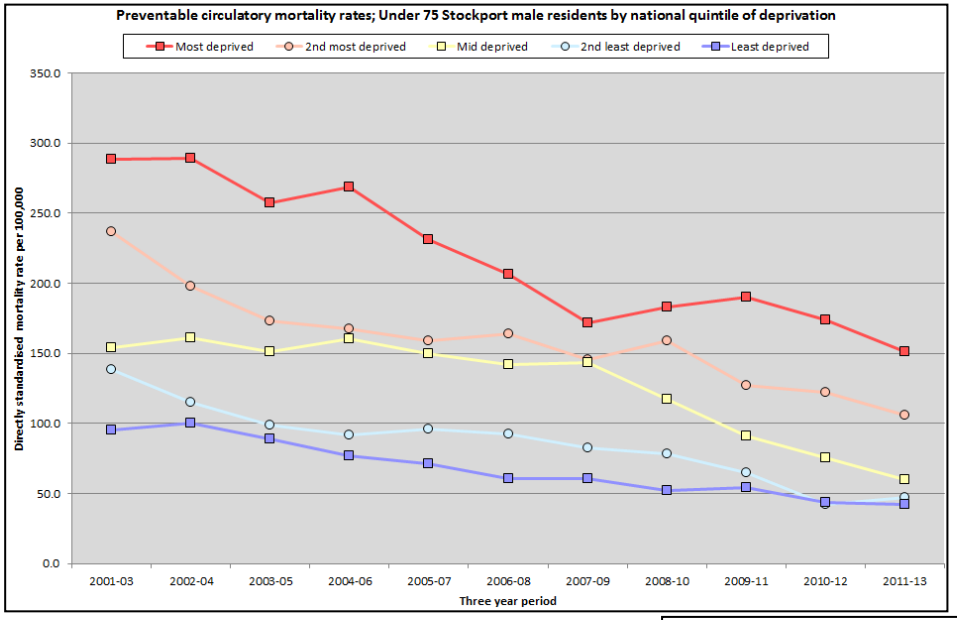
Preventable cancer mortality rates

Stockport JSNA
joint strategic needs assessment



- Rates in under 75 preventable cancer mortality rates have fallen but nowhere near the same level as circulatory
- Overall rates have fallen by 14%, however male rates have fallen by a fifth and females by 7%. Therefore the gender gap has almost narrowed completely, despite the fact that males have been significantly higher
- Overall rates in Stockport have fallen at the same pace as England but this is due to male rates falling faster in Stockport than England and vice versa for females. All rates are similar to the England average although the male rate has been significantly worse in the past generating a significantly worse overall rate at the same time

Preventable circulatory mortality rates by deprivation

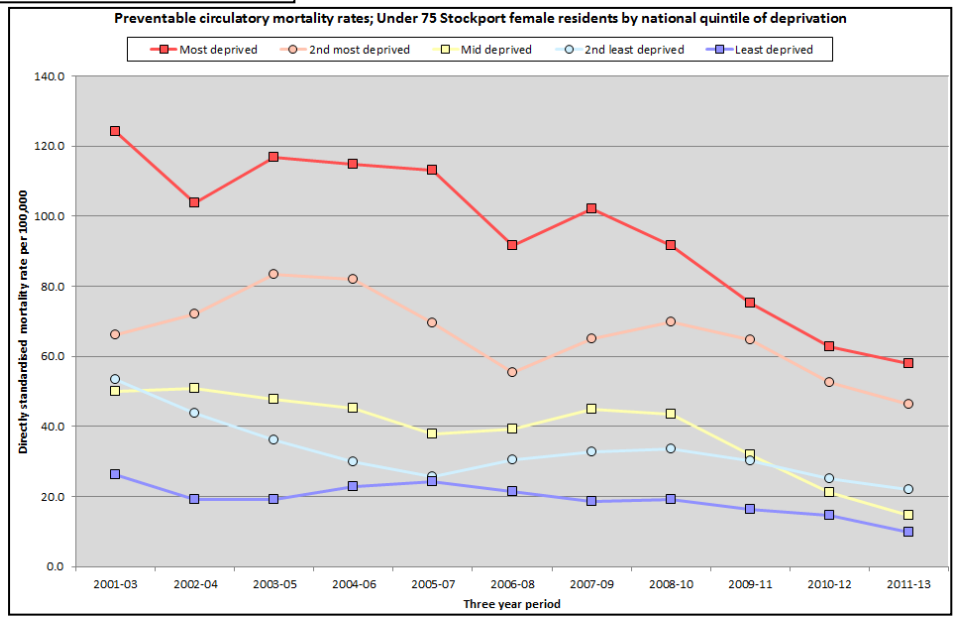


Males

- Preventable circulatory mortality rates amongst under 75 males in Stockport have fallen in all areas
- Those in the 20% most deprived have fallen by just under a half whereas all other areas have fallen by more than half
- Rates in the most deprived areas are over three and a half times those in the least deprived areas and this inequality has been getting steadily worse

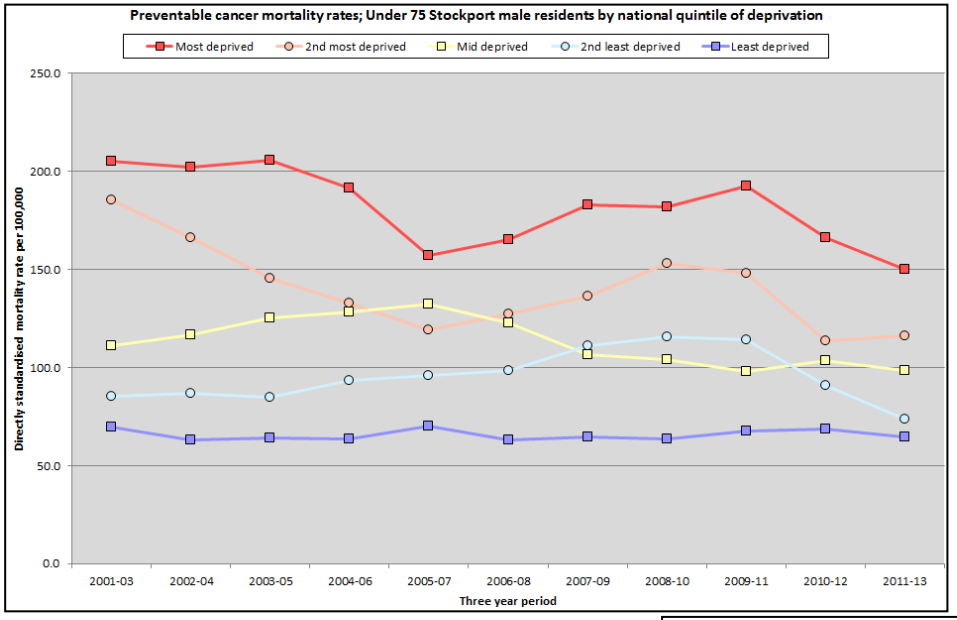
Females

- Under 75 female preventable circulatory mortality rates have a worse deprivation profile than males
- Rates in the most deprived areas are five times those in the least deprived areas
- Although all areas have seen a fall in mortality the pace has been inconsistent across them ranging from 30% in the second most deprived to 70% in the mid deprived areas



Preventable cancer mortality rates by deprivation

Stockport JSNA
joint strategic needs assessment

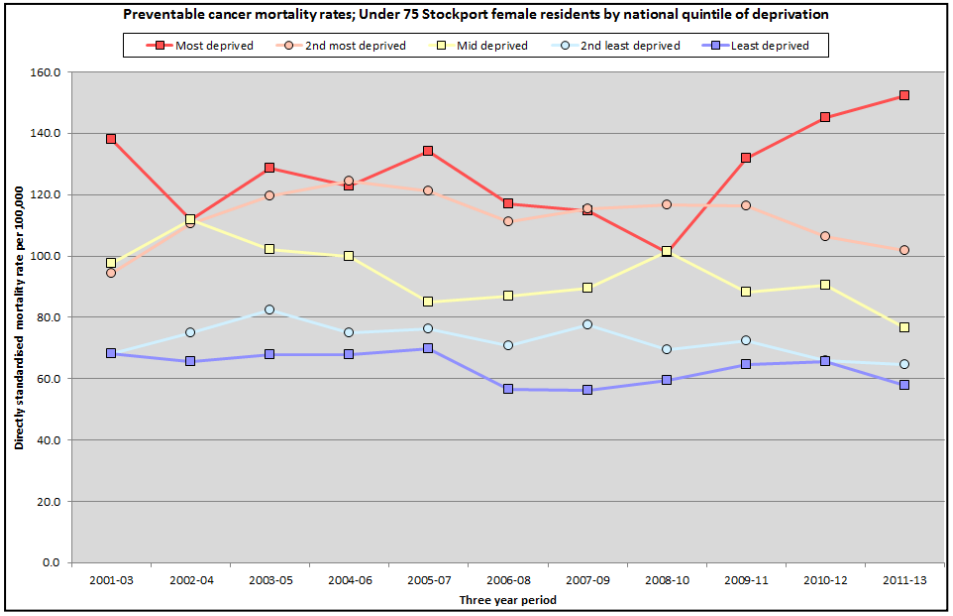


Males

- Preventable cancer mortality rates amongst under 75 males in Stockport has shown a slight narrowing in inequalities
- Those in the 20% most deprived have fallen by over a quarter whereas those in the least deprived have fallen by 7%
- Rates in the second most deprived areas have also fallen by over a third in contrast to the 60% least deprived areas which have fallen by an average 10%
- However rates in the most deprived areas are still more than double those in the least deprived

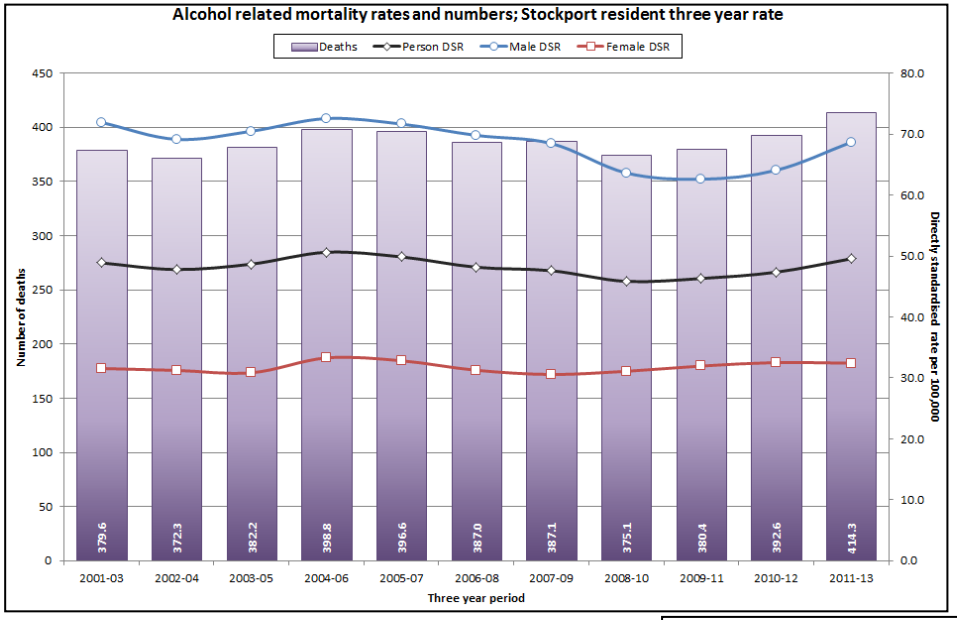
Females

- Female under 75 mortality rates from preventable cancer have shown a widening of the deprivation profile
- Those in the most and second most deprived areas have seen rates increase by around 10%
- Rates in the mid deprived areas have fallen by a fifth whereas those in the second least and least deprived areas have fallen by 5% and 15% respectively
- Rates in the most deprived areas are now over two times the level they are in the least deprived areas



Mortality rates attributable to lifestyle

Stockport JSNA
joint strategic needs assessment

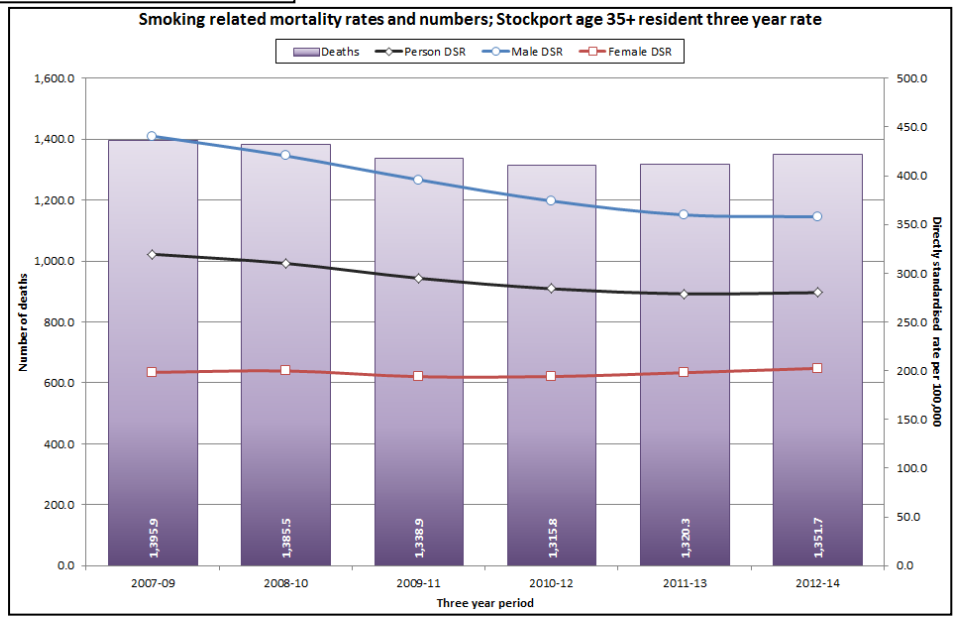


Alcohol

- Mortality rates related to alcohol have remained stable in both genders
- Male rates are more than double female rates
- Under 75 rates show similar trends
- There is a deprivation profile with the male and female least deprived rates being 72% and 62% lower than the most deprived rates respectively
- There is no pattern to any increase or decrease in rates for the quintiles of deprivation in either gender
- The inequality gap has, like the overall rate, remained relatively stable in both genders

Smoking

- Male smoking related mortality rates have fallen by nearly a fifth in the period 2007-09 to 2012-14
- Female mortality rates on the other hand have remained flat. The overall effect has been that person rates have dropped by 12%
- Female rates are 43% lower than the male rate
- There is a clear deprivation profile with the least deprived rate being around 62% lower than the most deprived in both genders
- All areas of Stockport are showing a fall in the male and person mortality rate but the inequality gap is not closing. Female inequality is not narrowing either



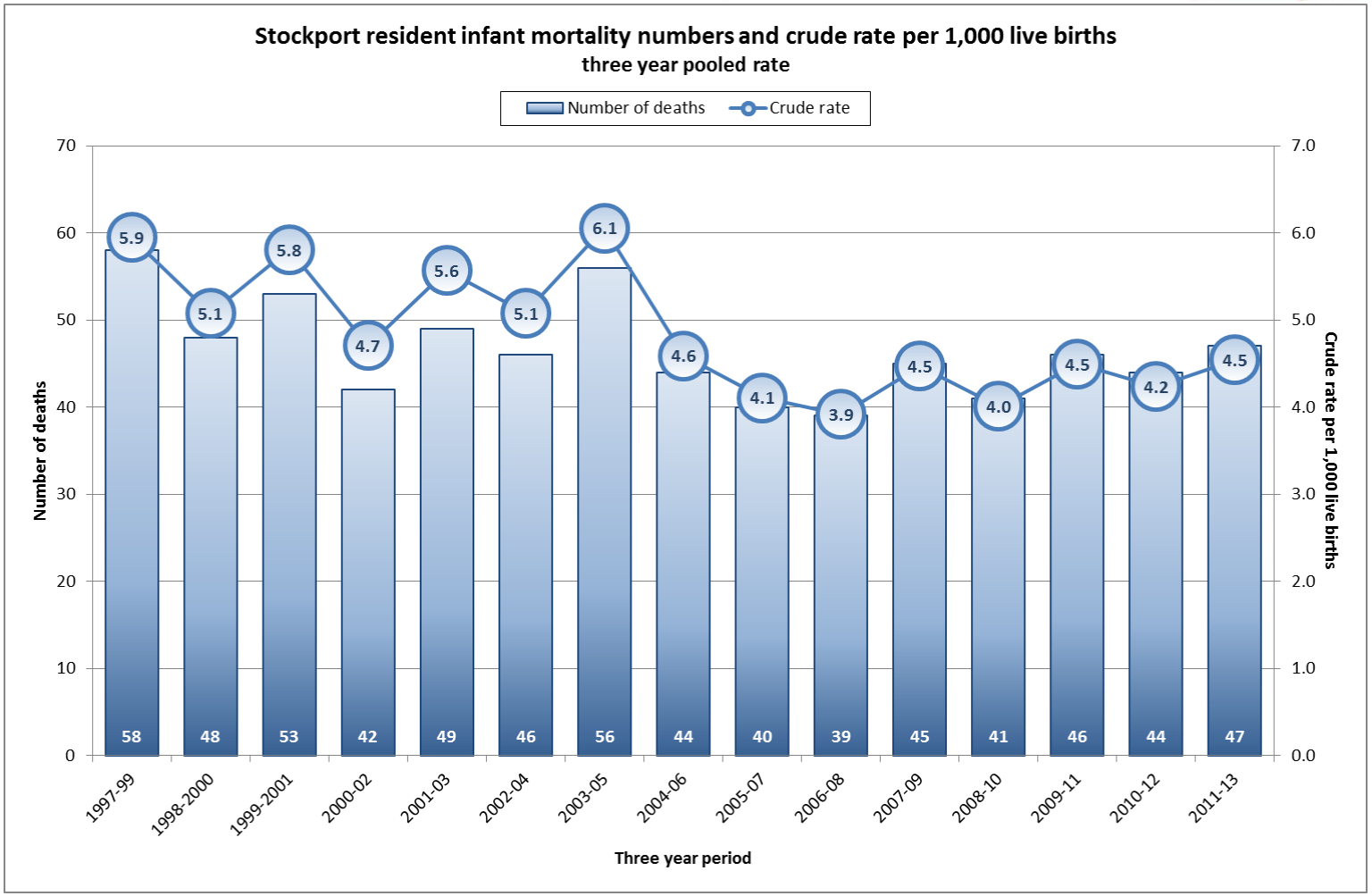
Summary of preventable and lifestyle attributable causes of death

Stockport JSNA
joint strategic needs assessment

- Cancer and external causes are the biggest causes of preventable death in Stockport residents
- When considering all preventable deaths Stockport has similar mortality rates to the England average
- Preventable cancer mortality is falling faster in males than females meaning the gender gap is now almost closed. Mortality rates are similar to England in both genders
- Preventable circulatory mortality has also fallen faster in males than females although male rates are almost three times higher than females. The male rate is however significantly better than the England average and whilst the female rate is similar the overall rate is also better
- Mortality rates attributable to alcohol have remained relatively stable in males and females
- Mortality rates attributable to smoking has fallen in males but not in females. The overall rate has fallen too
- Inequalities are present in preventable and lifestyle attributable mortality and are either widening or remaining stable
- The exception to this is male preventable cancer mortality where the inequality gap has started to narrow between the most and least deprived areas

Infant mortality

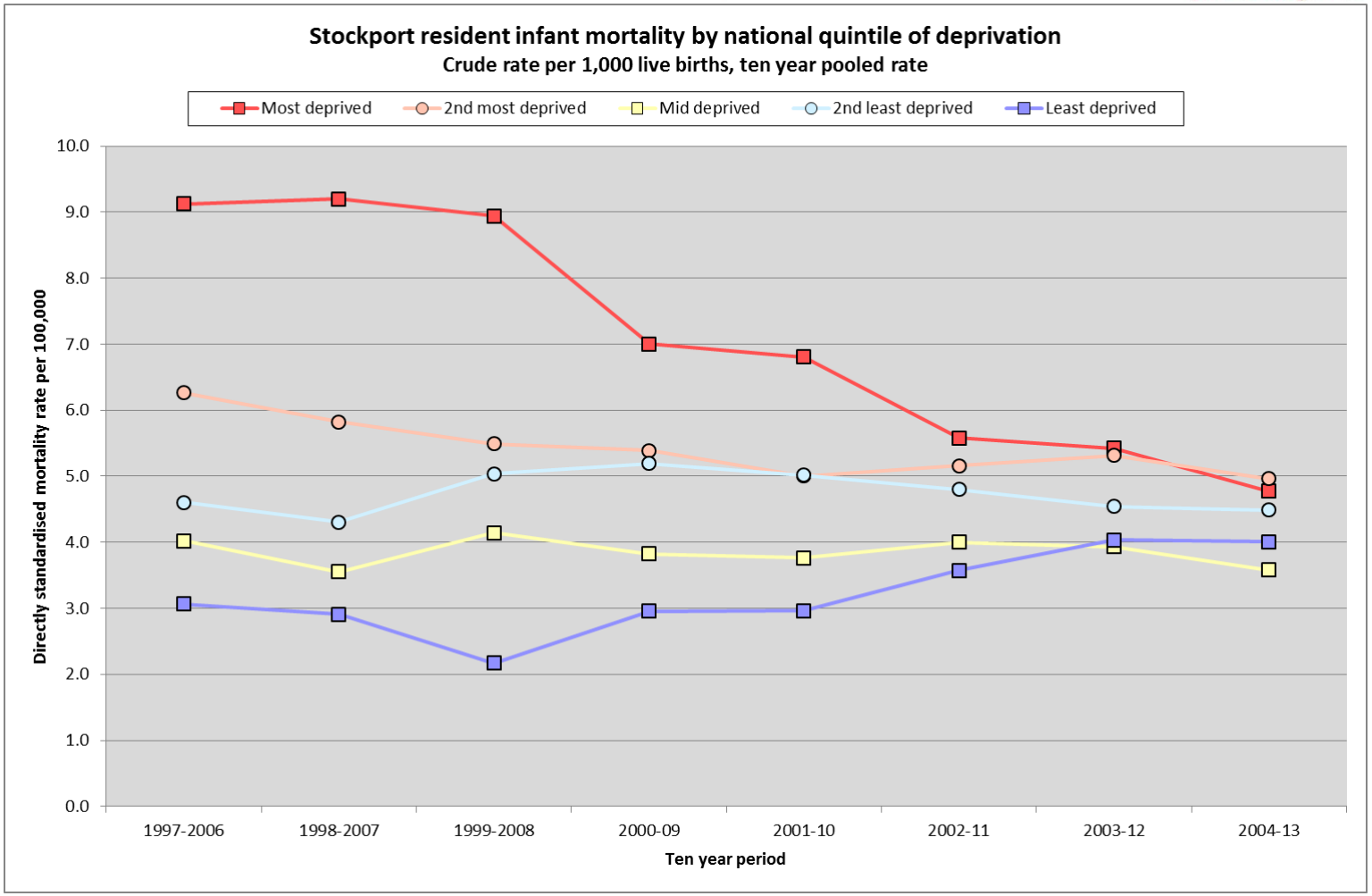
Stockport JSNA
joint strategic needs assessment



- Infant mortality rates have fallen significantly from 5.9 per 1,000 live births in 1997-99 to 4.5 per 1,000 in 2011-13
- However the main fall was from 1997-99 to 2004-06 and since then there have been no significant falls and the rate has remained stable.
- All infant deaths are investigated by the multi-disciplinary Child Overview Death Panel, as part of the safeguarding duties of local areas, to understand how and why children in Stockport die and to identify whether there are any factors which could have been modified to prevent or reduce the chances of a similar death in future.

Infant mortality by deprivation

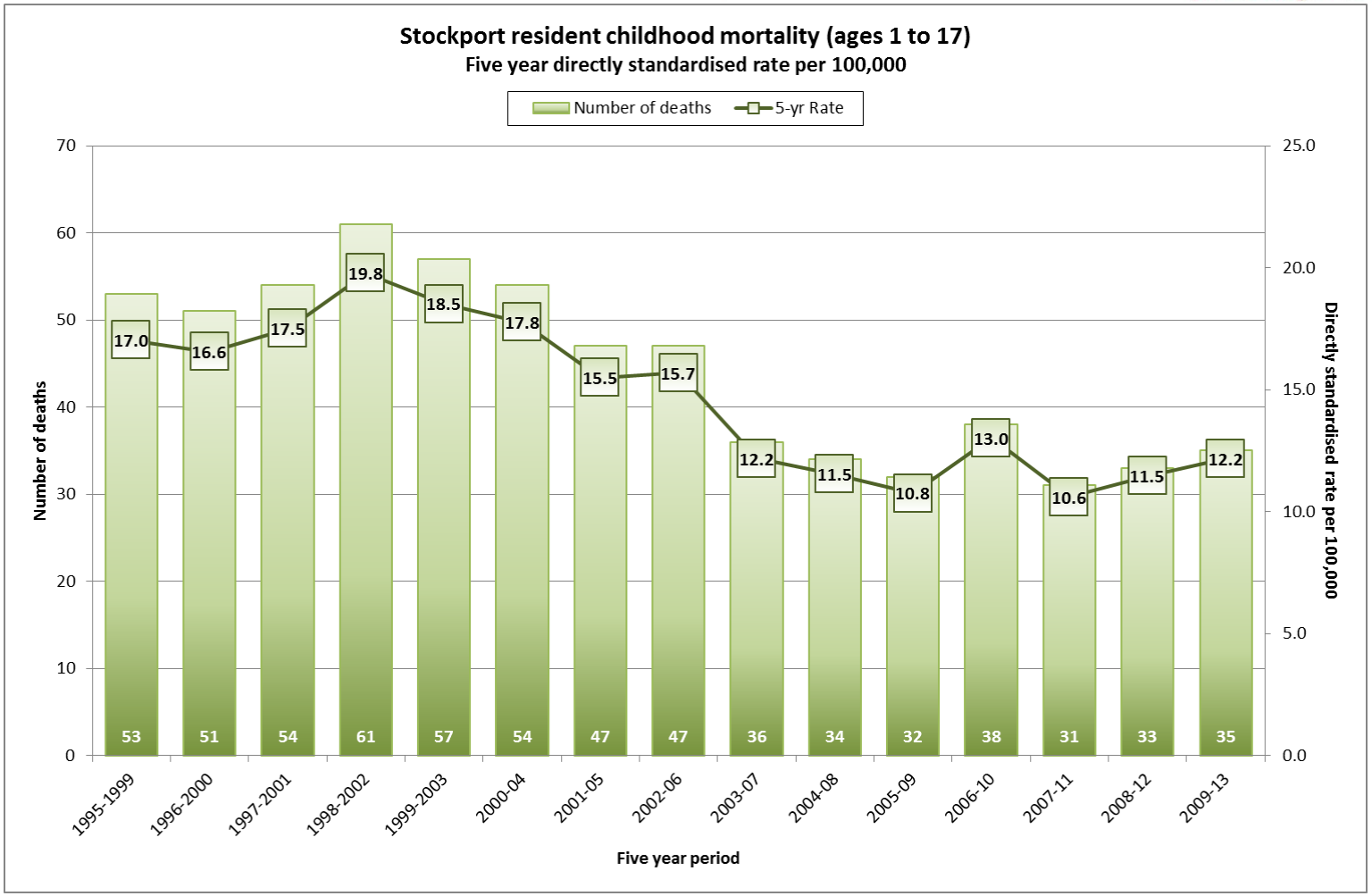
Stockport JSNA
joint strategic needs assessment



- A deprivation profile was clear in the ten year period 1997-2006 when the 40% most deprived areas were significantly higher than all other areas and the least deprived areas were significantly lower than all others
- However due to significantly lower rates in the 40% most deprived, stable rates in the mid and second least deprived areas and higher rates in the least deprived areas the gap has narrowed
- Nevertheless the mid deprived and least deprived areas are still significantly lower than the 40% least deprived areas of Stockport

Childhood mortality

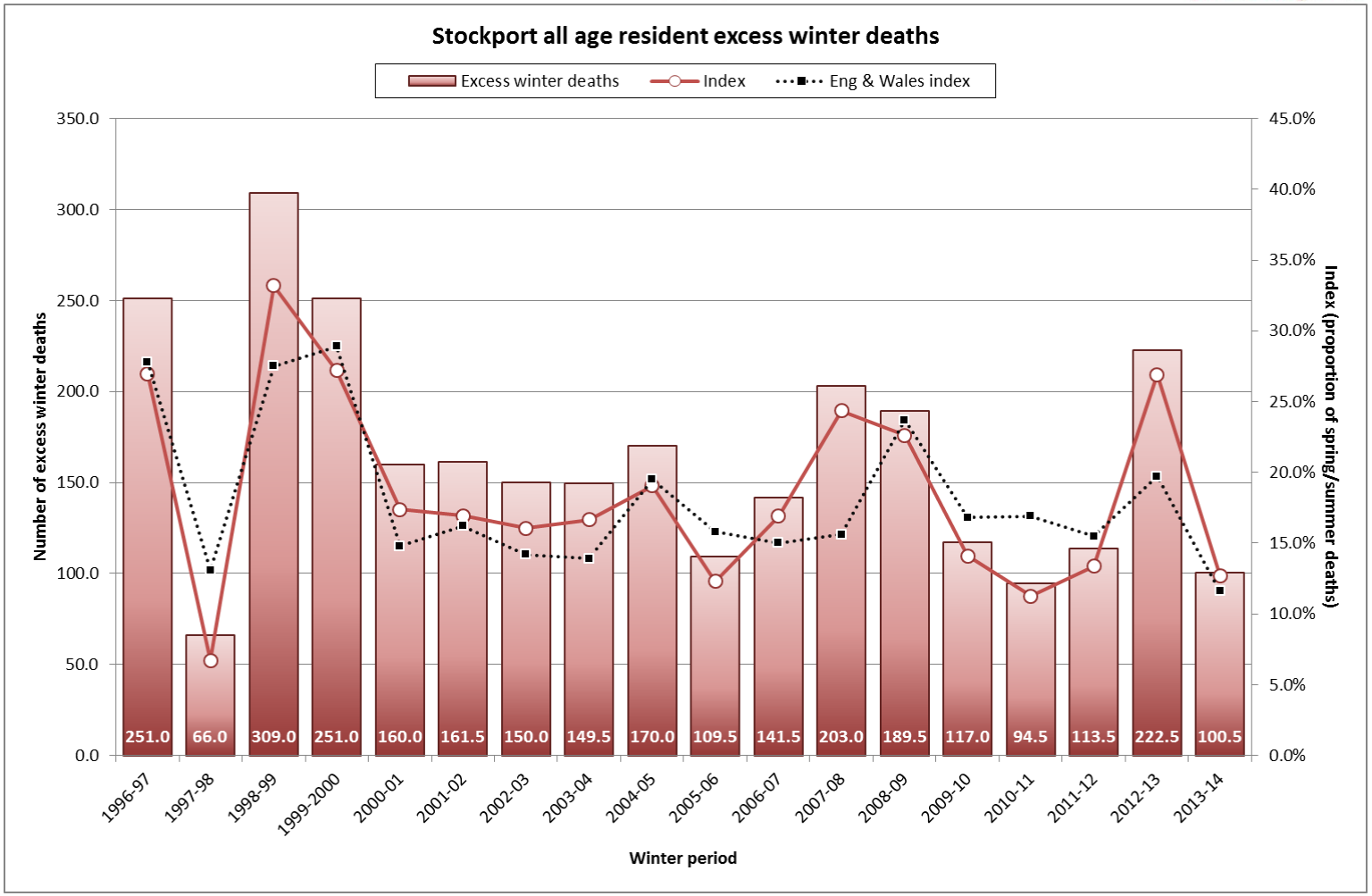
Stockport JSNA
joint strategic needs assessment



- Childhood mortality since 1998-02 has seen a decline in the directly standardised rate per 100,000
- However the last three periods have seen the rate start to rise although the actual number of deaths has remained similar
- As the actual number of deaths is relatively small even when combining 5 and 10 year periods there is little value in doing a sub-Stockport breakdown
- All childhood deaths are investigated by the multi-disciplinary Child Overview Death Panel, as part of the safeguarding duties of local areas, to understand how and why children in Stockport die and to identify whether there are any factors which could have been modified to prevent or reduce the chances of a similar death in future.

Excess winter deaths

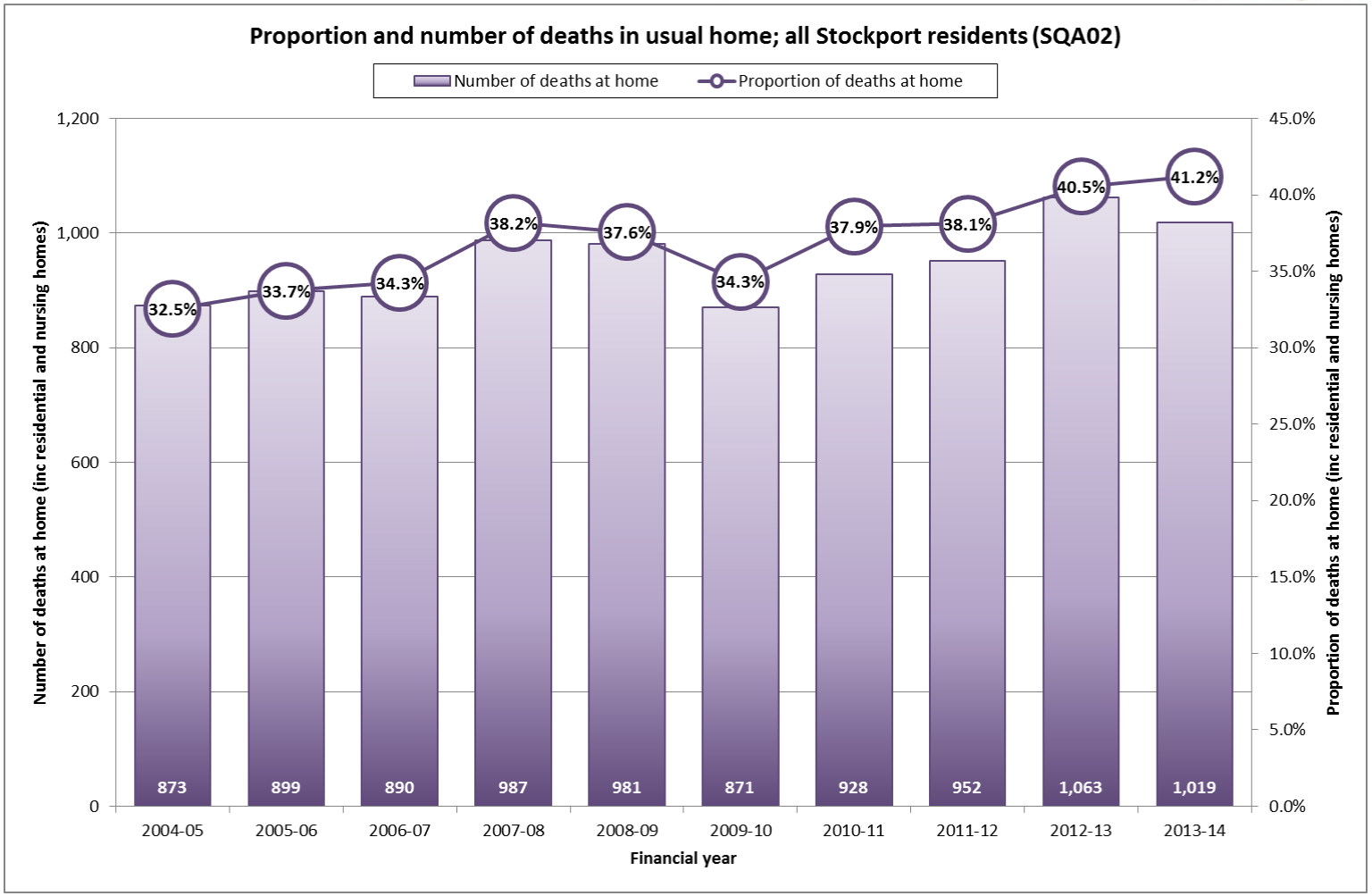
Stockport JSNA
joint strategic needs assessment



- Excess winter deaths have shown a fairly consistent trend since 1996-97
- There is an almost cyclical trend as periods of low numbers are followed by periods of peaks with a regression to the mean
- Stockport follows the England and Wales index relatively closely
- Excess winter deaths do not seem to conform to the deprivation profile that has been present in all other analysis

Palliative care

Stockport JSNA
joint strategic needs assessment



- An aim of palliative and end of life care is that where it is realistically possible people should be allowed to die in their own home
- From 2004-05 there has been an upward trend in people dying in their usual address although there was a slight dip between 2007-08 and 2009-10
- However since then there has been a significant increase of 6.9 percentage points to 2013-14

Key Summary

Stockport JSNA
joint strategic needs assessment

- All age all cause mortality rate has fallen by a quarter in the last 18 years.
- Under 75 all cause mortality rate has fallen by a third in the same time.
- Life expectancy rose by 9 and 6 years for males and females over the last 30 years. Females are expected to live 3 years longer than males.
- Male all age all cause mortality rate in the most deprived area is almost double that in the least deprived area. Female all age all cause mortality rate in the least deprived area is 45% lower than the most deprived.
- All age all cause mortality rates in the most deprived areas, although falling, are still higher today than the Stockport average in 1995-97 and 1990-92 for males and females respectively.
- Males in the least deprived areas are expected to live around 10 years longer, and females 7 years longer, than those in the most deprived areas.
- Cancer is the biggest killer in Stockport for all ages and under 75. Cancer is also the biggest cause of preventable deaths.
- The biggest driver in equalities in life expectancy is cancer, circulatory disease and external causes for males. For females it is cancer and other causes.
- The age group driving inequalities in both male and female life expectancy is the 60-69 age group although 50-59 plays a significant role too especially in males.
- Nearly 20% of a Stockport residents life will be spent in not good health. This varies between 25% in the most deprived areas to 15% in the least deprived areas.

Key Summary

Stockport JSNA
joint strategic needs assessment

- At age 65 healthy life expectancy is around 50% of the remaining years a resident can expect to live. Again this varies so that in the most deprived areas 65% of remaining years are likely to be in not good health, compared to 40% in the least deprived
- Cancer and circulatory disease are responsible for the majority of deaths in Stockport although both are falling
- Circulatory disease has fallen rapidly meaning that cancer is now the biggest cause of death in Stockport
- Mortality rates of mental disorders has increased significantly with dementia being almost entirely responsible for the upturn
- Male mortality rates are significantly higher than female in all major causes of death. Women are dying from the same causes of death as males but just at a later life stage
- Cancer and external causes, mainly accidents and self-harm, are the leading causes of preventable mortality
- Stockport tends to have similar trends to the England average in all areas of mortality but has better rates than North West and Greater Manchester averages
- Liver disease is the exception to this with rates higher than the national average. Rates are also increasing contrary to the norm of the vast majority of causes of death which are decreasing.
- Inequalities exist in all areas of mortality in Stockport and are in the main widening or at best remaining stable.



STOCKPORT METROPOLITAN BOROUGH COUNCIL

healthwatch Stockport

NHS Stockport Clinical Commissioning Group

Stockport JSNA

joint strategic needs assessment

2015 JSNA

Mortality & Healthy Life Expectancy Appendix (additional analysis)

Indicator	Period	Stockport value	Eng. value	Eng. worst	Range	Eng. best
Healthy life expectancy at birth (male)	2010-12	67.0	63.4	52.5		70.0
Healthy life expectancy at birth (female)	2010-12	65.9	64.1	55.5		71.0
Life expectancy at birth (male)	2011-13	79.7	79.4	74.3		82.6
Life expectancy at birth (female)	2011-13	83.0	83.1	80.0		86.2
Life expectancy at 65 (male)	2011-13	19.2	18.7	16.0		21.1
Life expectancy at 65 (female)	2011-13	21.1	21.1	18.8		24.0
Infant mortality	2010-12	3.8	4.1	7.5		1.1
Mortality rate from causes considered preventable (persons)	2011-13	191.0	183.9	319.7		130.3
Mortality rate from causes considered preventable (male)	2011-13	234.5	233.1	409.1		166.5
Mortality rate from causes considered preventable (female)	2011-13	149.3	138.0	235.2		93.7
Under 75 mortality rate from all cardiovascular diseases (persons)	2011-13	72.2	78.2	137.0		52.1
Under 75 mortality rate from all cardiovascular diseases (male)	2011-13	99.9	109.5	184.9		75.0
Under 75 mortality rate from all cardiovascular diseases (female)	2011-13	46.0	48.6	91.2		29.9

Stockport has very similar mortality rates in infants, preventable causes and under 75 cardiovascular disease to the England average. However healthy life expectancy and life expectancy at 65 for males is better than the national average

Indicator	Period	Stockport value	Eng. value	Eng. worst	Range	Eng. best
Under 75 mortality rate from cardiovascular diseases considered preventable (persons)	2011-13	45.0	50.9	89.0		30.7
Under 75 mortality rate from cardiovascular diseases considered preventable (male)	2011-13	67.6	76.7	130.9		46.2
Under 75 mortality rate from cardiovascular diseases considered preventable (female)	2011-13	23.5	26.5	57.1		14.5
Under 75 mortality rate from cancer (persons)	2011-13	142.0	144.4	198.9		104.0
Under 75 mortality rate from cancer (male)	2011-13	156.0	160.9	230.7		113.8
Under 75 mortality rate from cancer (female)	2011-13	129.2	129.2	182.3		95.5
Under 75 mortality rate from cancer considered preventable (persons)	2011-13	83.6	83.8	126.9		52.7
Under 75 mortality rate from cancer considered preventable (male)	2011-13	88.9	91.3	148.1		46.9
Under 75 mortality rate from cancer considered preventable (female)	2011-13	78.8	76.9	118.2		55.6

Stockport has comparable mortality rates of under 75 cancer and cancers considered preventable with those experienced in England. Under 75 male mortality from cardiovascular disease considered preventable is significantly better than the national average which in turn drives a better person rate.

Indicator	Period	Stockport value	Eng. value	Eng. worst	Range	Eng. best
Under 75 mortality rate from liver disease (persons)	2011-13	23.5	17.9	43.4		11.3
Under 75 mortality rate from liver disease (male)	2011-13	32.7	23.6	58.9		14.3
Under 75 mortality rate from liver disease (female)	2011-13	14.7	12.5	27.7		7.4
Under 75 mortality rate from liver disease considered preventable (persons)	2011-13	21.3	15.7	39.5		9.6
Under 75 mortality rate from liver disease considered preventable (male)	2011-13	29.8	21.1	54.4		12.4
Under 75 mortality rate from liver disease considered preventable (female)	2011-13	13.1	10.5	24.5		6.4
Under 75 mortality rate from respiratory disease (persons)	2011-13	26.9	33.2	78.1		19.5
Under 75 mortality rate from respiratory disease (male)	2011-13	26.8	39.1	94.6		23.0
Under 75 mortality rate from respiratory disease (female)	2011-13	26.9	27.6	67.1		14.2

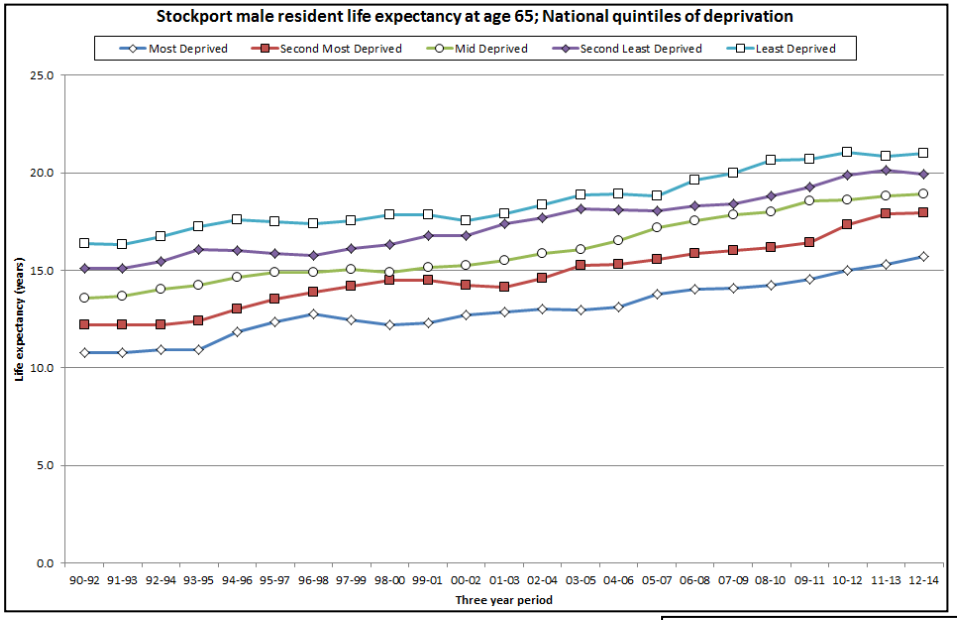
Mortality rates in under 75 Stockport persons is significantly worse than the England average in both liver disease and liver disease considered preventable. This is a result of the male rates being significantly worse whilst the female rates are similar. Under 75 male rates are significantly better than England for respiratory disease which subsequently makes the person rate significantly better too.



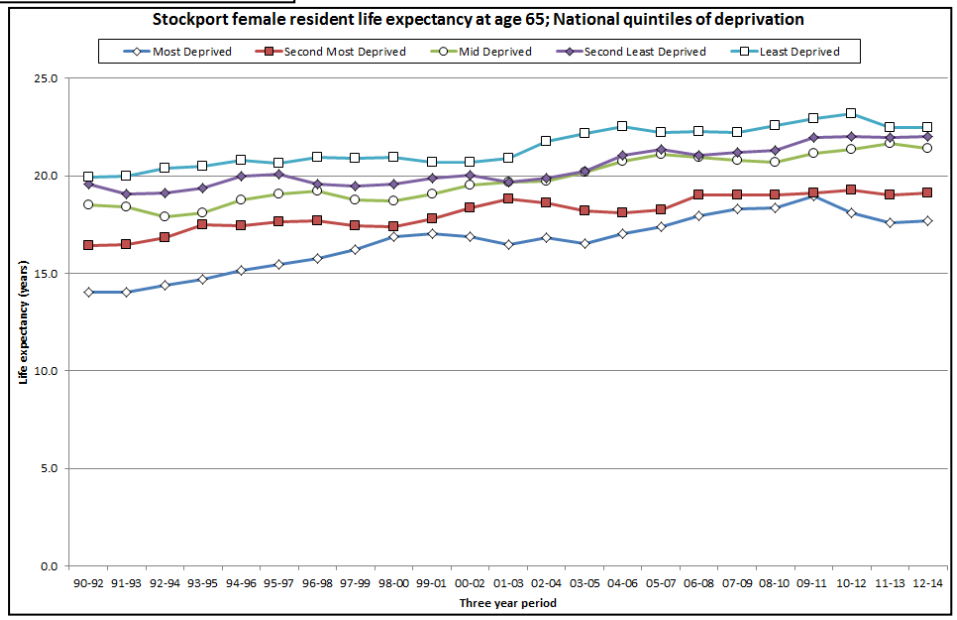
Indicator	Period	Stockport value	Eng. value	Eng. worst	Range	Eng. best
Under 75 mortality rate from respiratory disease considered preventable (persons)	2011-13	15.3	17.9	46.6		7.6
Under 75 mortality rate from respiratory disease considered preventable (male)	2011-13	15.1	20.4	52.9		10.6
Under 75 mortality rate from respiratory disease considered preventable (female)	2011-13	15.4	15.5	41.4		7.6
Suicide rate (persons)	2011-13	11.4	8.8	13.6		4.5
Suicide rate (male)	2011-13	18.4	13.8	21.9		8.0
Suicide rate (female)	2011-13	- x	4.0	6.6		2.2
Excess winter deaths index (single year all ages)	Aug 2012-Jul 2013	27.6	20.1	38.2		-3.3
Excess winter deaths index (single year 85+)	Aug 2012-Jul 2013	38.4	28.2	62.9		2.1
Excess winter deaths index (3 years all ages)	Aug 2012-Jul 2013	17.4	17.4	27.0		4.3
Excess winter deaths index (3 years 85+)	Aug 2012-Jul 2013	23.2	24.1	43.1		8.8

- Significantly better mortality rates from respiratory disease considered preventable in Stockport males compared to England although the overall female and person rate is similar.
- Suicide rates in males and persons is significantly worse than England rate but this is due to the accumulation of coroner cases registering deaths in the period and not a significant increase in suicides

Life expectancy at 65 by deprivation

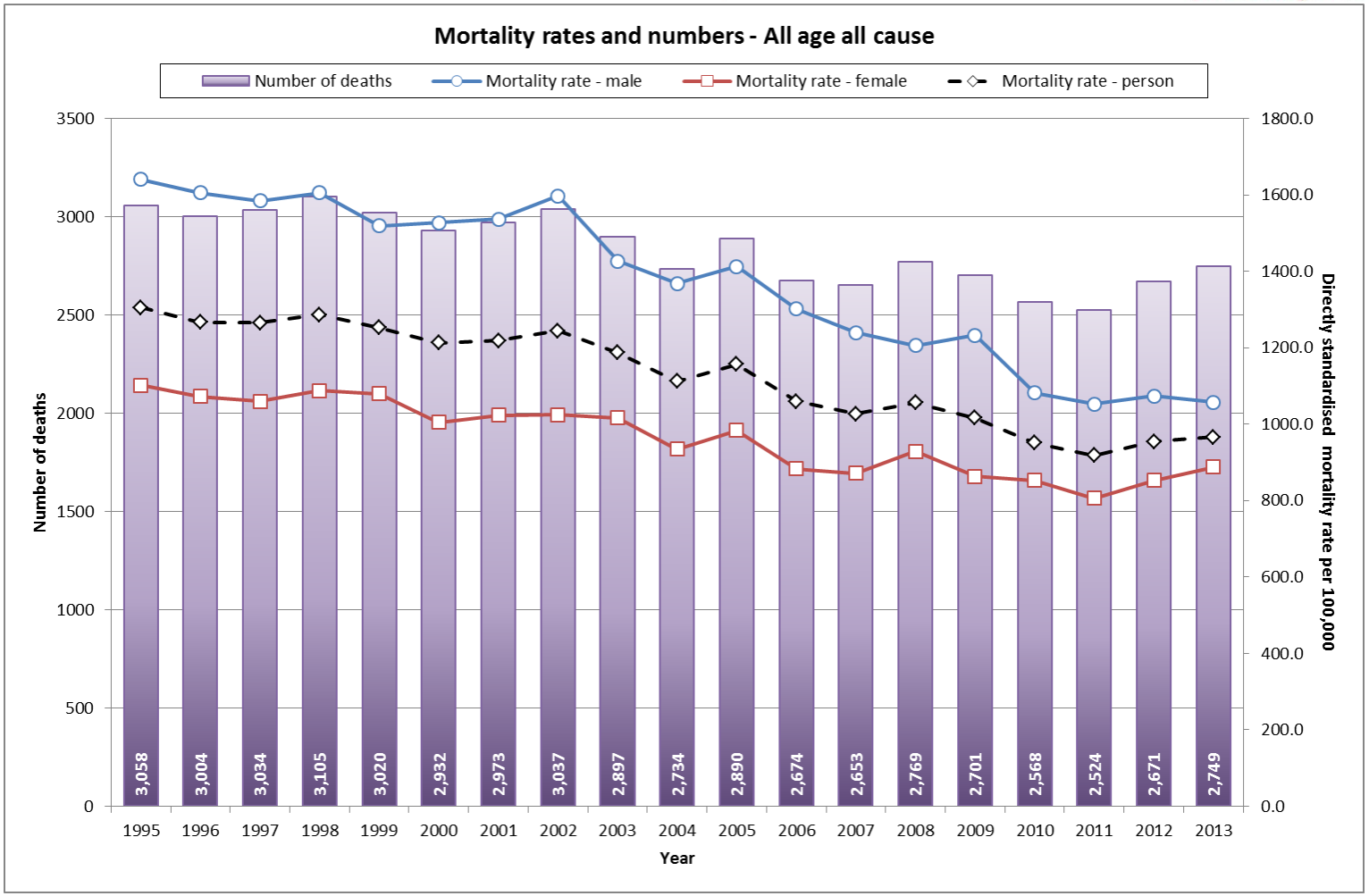


- All areas of Stockport have seen a rise in male life expectancy at age 65+
- The gap between the most and least deprived areas has remained constant at around 6 years
- The gap between the most deprived and the Stockport average has risen slightly to 3.9 from 3.3 years
- Males in the least deprived areas are expected to live just over a year longer than the average



- Females at age 65+ have seen life expectancy increase at a similar pace in all areas
- Females in the least deprived areas are expected to live 4.9 and 1.4 years longer than in the most deprived areas and Stockport respectively
- Those in the most deprived areas are expected to live 3.5 years less than the Stockport average

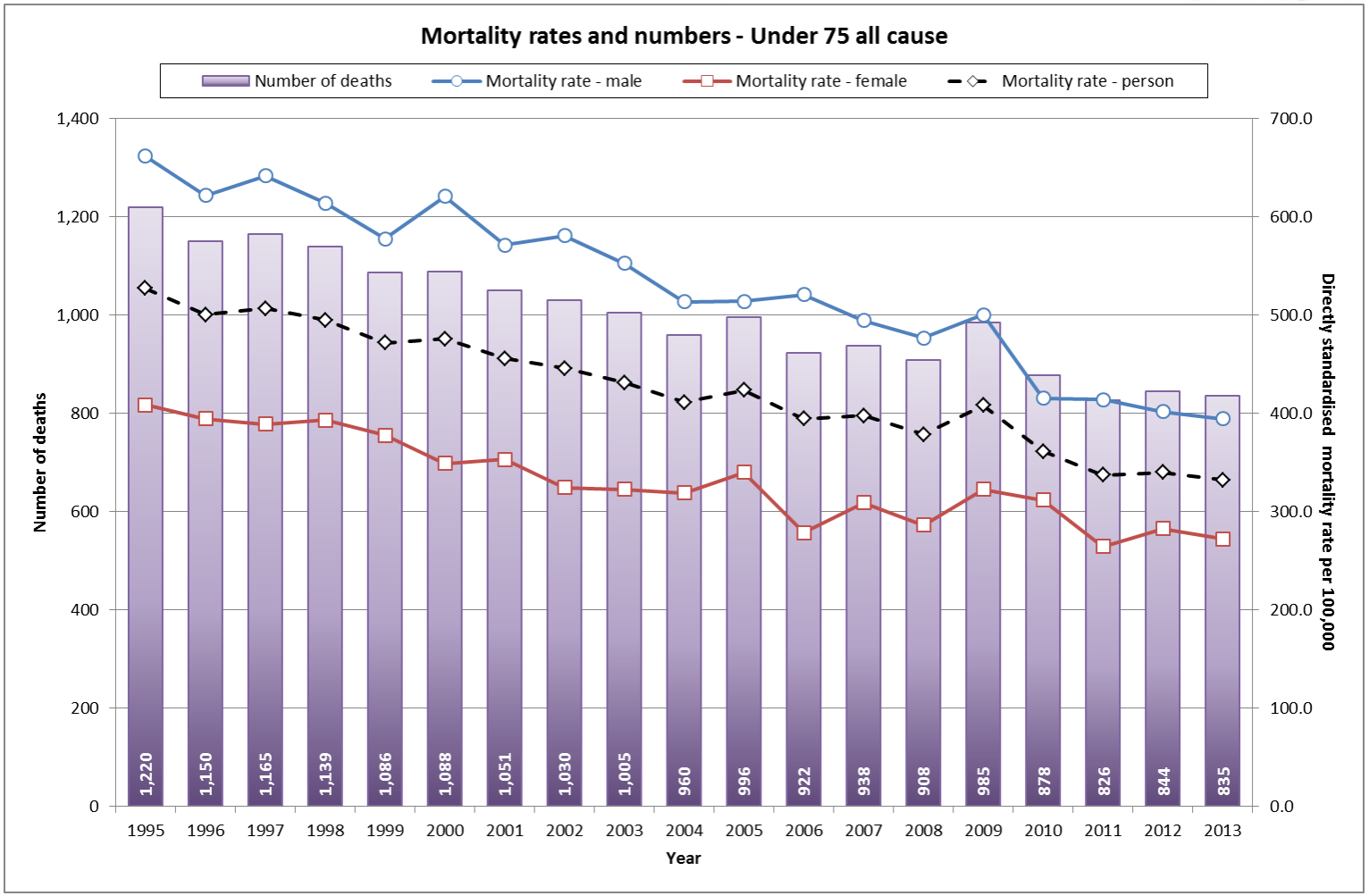
All age all cause mortality



- The number of deaths have decreased by 10% in the period 1995 to 2013
- Person mortality rates have fallen by over a quarter due largely to a fall in the male rate of more than a third
- Female mortality rates have fallen at a slower pace of a fifth

Under 75 all cause mortality

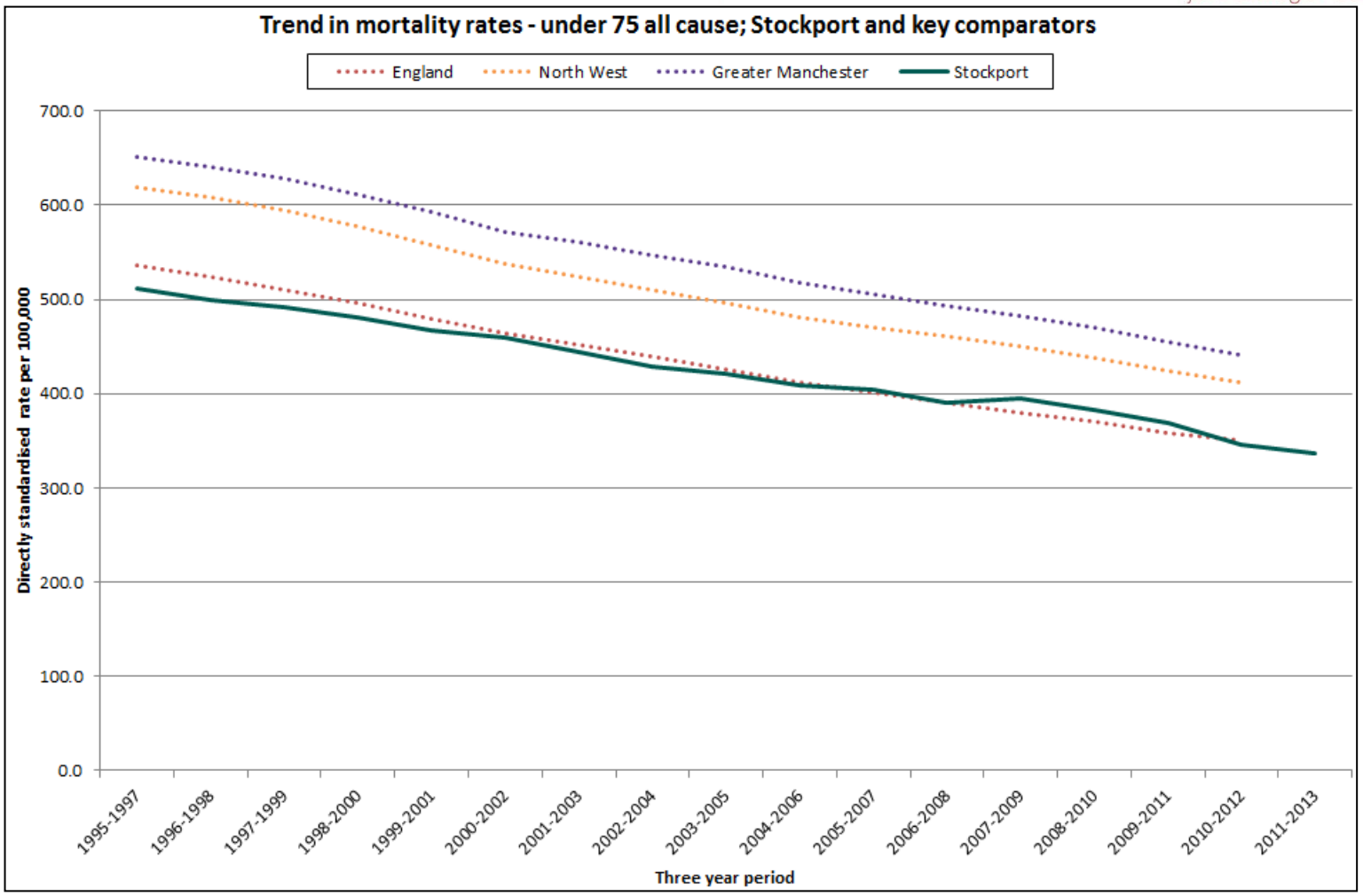
Stockport JSNA
joint strategic needs assessment



- Under 75 deaths and all cause mortality rates have fallen more consistently and sharply over the last 18 years than for all ages
- Deaths have fallen by roughly a third whilst the person mortality rate has fallen by slightly more
- Male rates have dropped by 40% and female by 33% reflecting the overall reduction profile in all ages

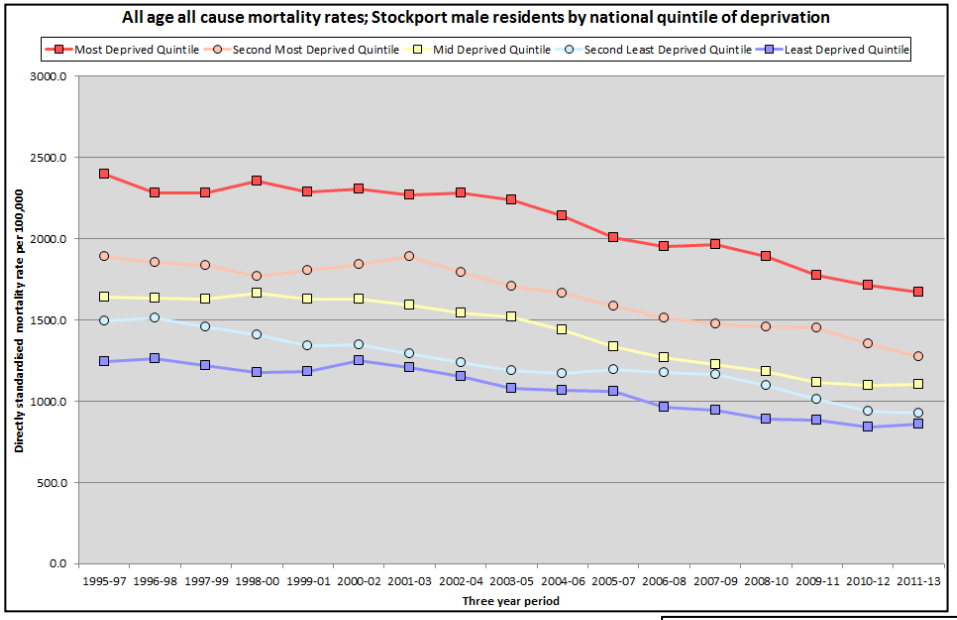
Benchmarking mortality rates

Stockport JSNA
joint strategic needs assessment

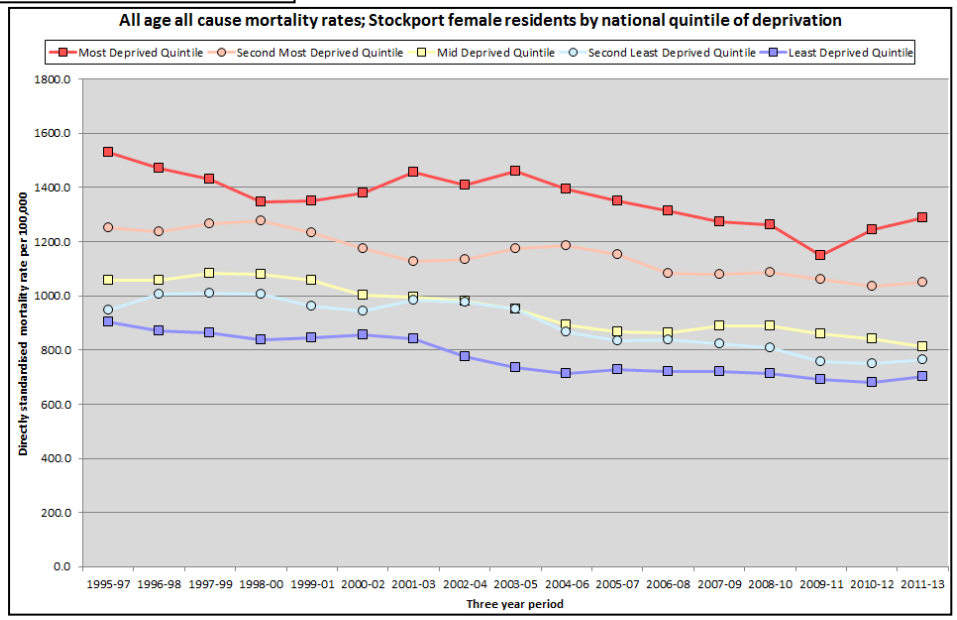


- Trends are similar to all age with Stockport having similar rates to England but better than the North West and Greater Manchester
- Rates in all regions have fallen at a comparable pace of around a third
- Rates in Stockport are around 15% and 20% lower than the North West and Greater Manchester respectively

All age all cause mortality rates by deprivation

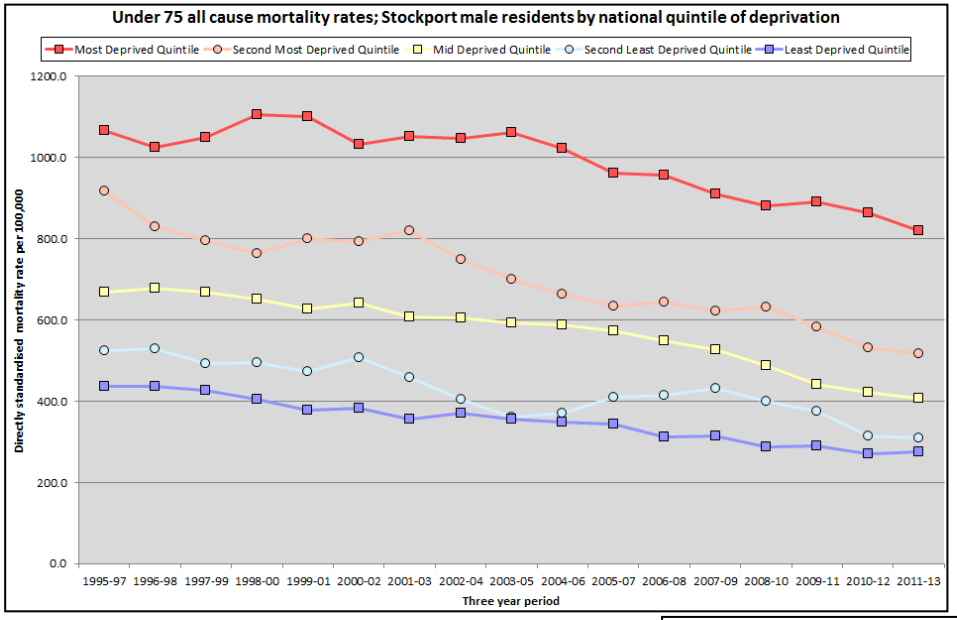


- Male all age all cause mortality rates have fallen at roughly the same rate of a third
- The rate in the most deprived quintile has remained around double that in the least deprived
- The 2011-13 most deprived rate (1,671.6) is worse than the Stockport overall rate was in 1995-97 (1,606.5)



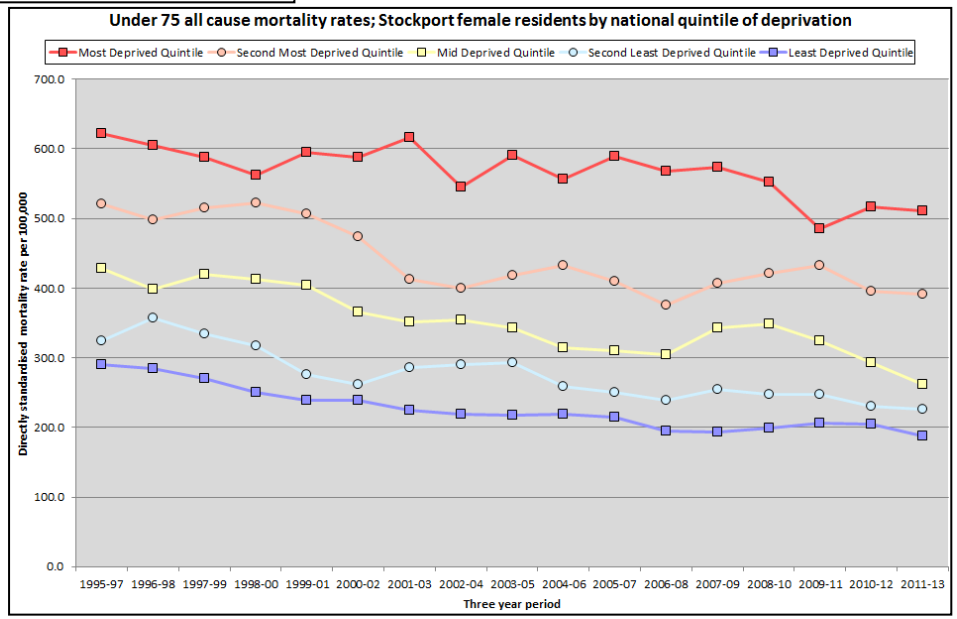
- Female all age all cause mortality rates have fallen less consistently than males in all areas
- Inequalities have widened slightly with the gap between the most and least deprived rising
- The 2011-13 female all age all cause mortality rate in the least deprived areas of 1,671.6 is worse than the all Stockport rate (1,182.4) was in 1990-92

Under 75 all cause mortality rates by deprivation

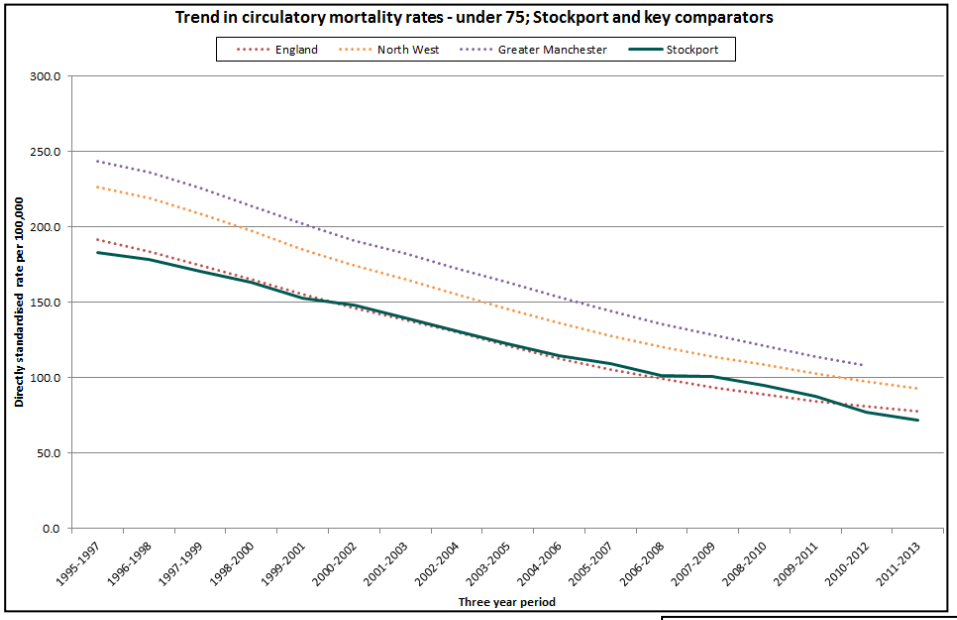


- The inequality gap between the most deprived and all other areas has widened in under 75 all cause mortality rates
- The rate in the most deprived areas fell by 23% whereas all other quintiles fell by around 40%
- Rate in the least deprived areas is now two thirds lower than the most deprived
- The 2011-13 most deprived quintile rate of 820.8 is higher than the all Stockport under 75 rate of 798.4 of 1990-92

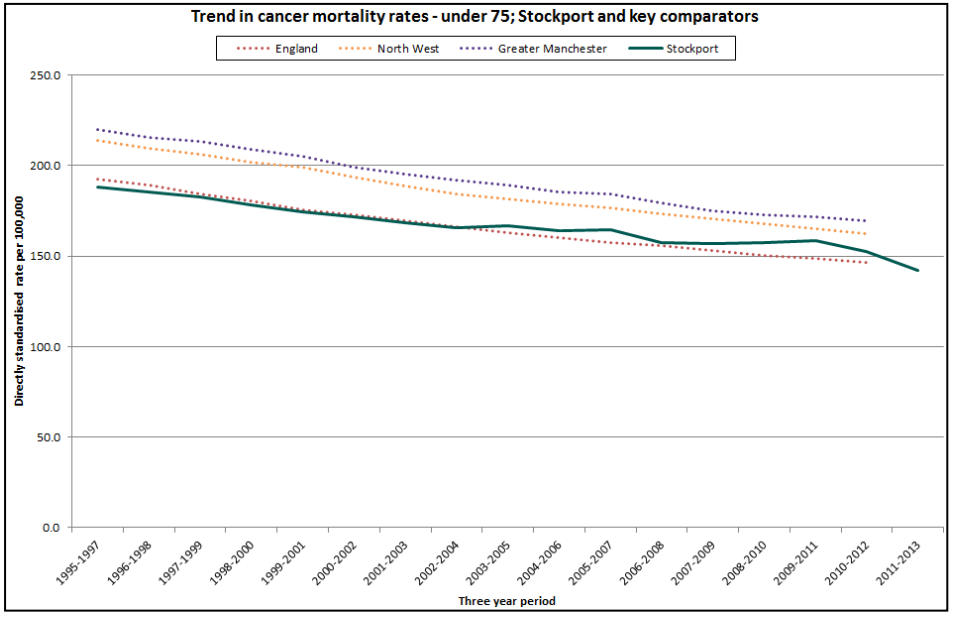
- Rates in under 75 females have fallen slower than males in all areas of Stockport
- The inequality gap has widened as rates in all other quintiles fell faster than the most deprived
- The least deprived quintile is now 63% lower than the most deprived rate
- The 2011-13 most deprived rate of 511.5 is higher than the overall Stockport rate in 1990-92 (428.0)



Benchmarking circulatory and cancer under 75 mortality trends

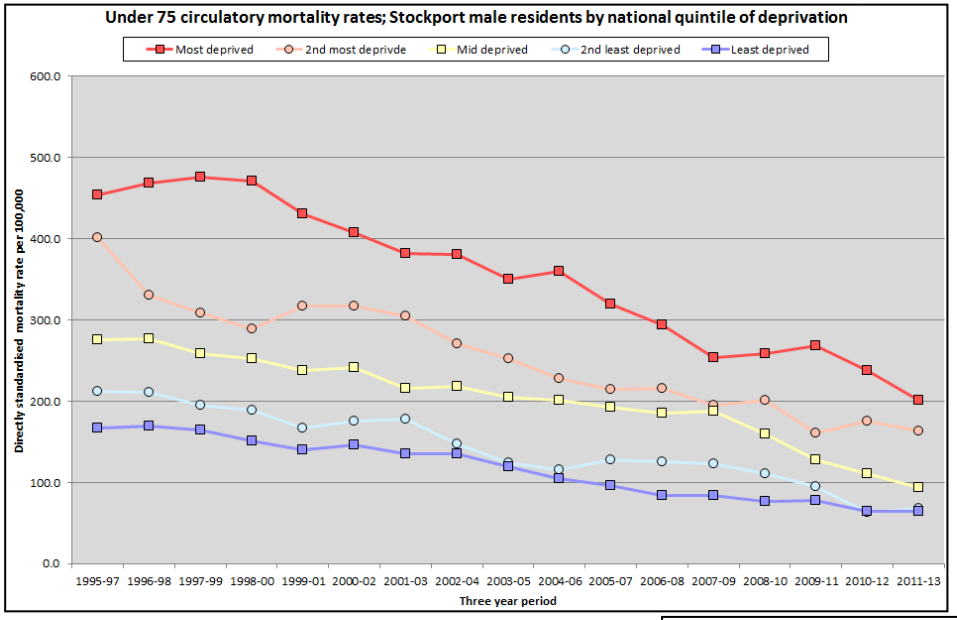


- Rates in under 75 circulatory mortality rates have fallen by over 60% in all four areas
- Stockport has better rates to the North West and Greater Manchester but similar rates to England



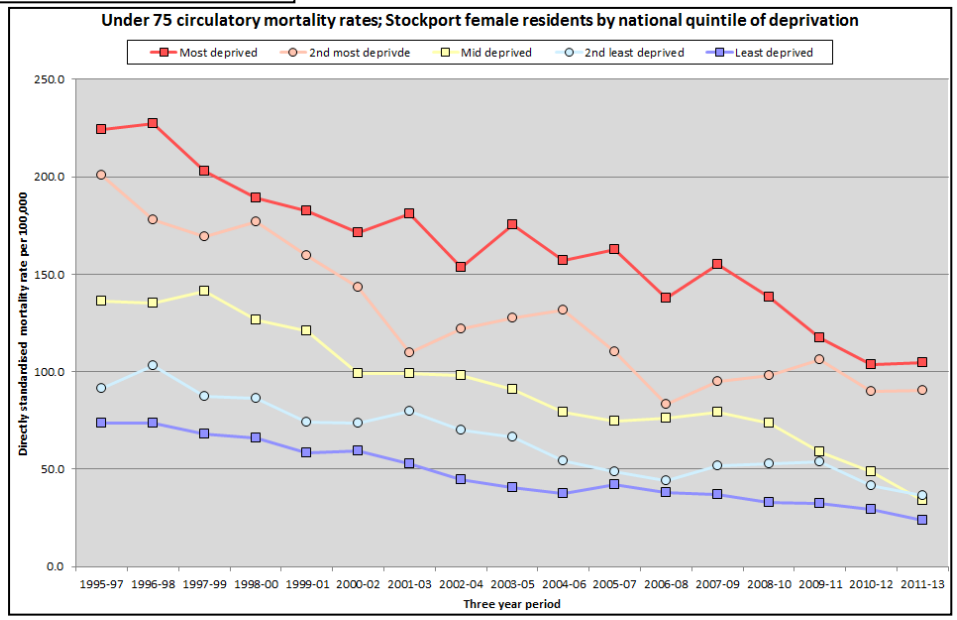
- Rates in under 75 cancer mortality have fallen by roughly 30% in all four areas
- Stockport has better rates to the North West and Greater Manchester but similar rates to England
- Stockport saw a levelling off of rates that was not evident in England or either of Greater Manchester or the North West

Under 75 circulatory mortality trends by deprivation

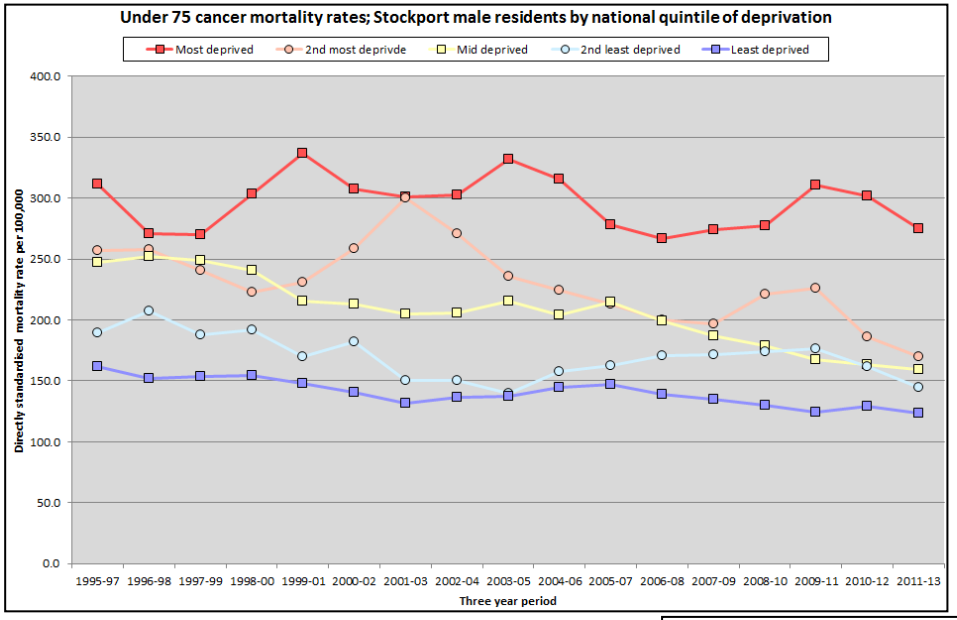


- Male under 75 circulatory mortality has a more stark deprivation profile than all ages.
- The least deprived rate is nearly 70% lower than the most deprived rate
- Rates have fallen in all areas but the profile of deprivation has widened
- Those in the 60% least deprived areas have seen rates fall at an average of 65% whilst those in the 40% most deprived areas have fallen at an average of 57%

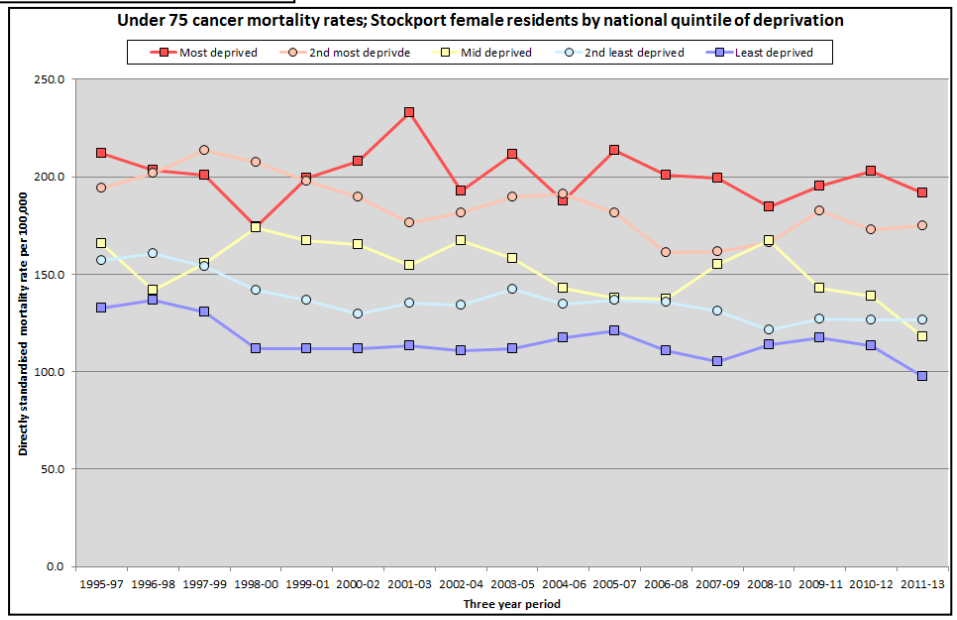
- Under 75 females have the most stark circulatory mortality deprivation profile
- The least deprived rate is 77% lower than the most deprived rate
- The under 75 female rate is falling faster than the all age rate but the deprivation profile is widening.
- The 60% least deprived areas have fallen on average of over two thirds compared to the most deprived areas of almost 55%



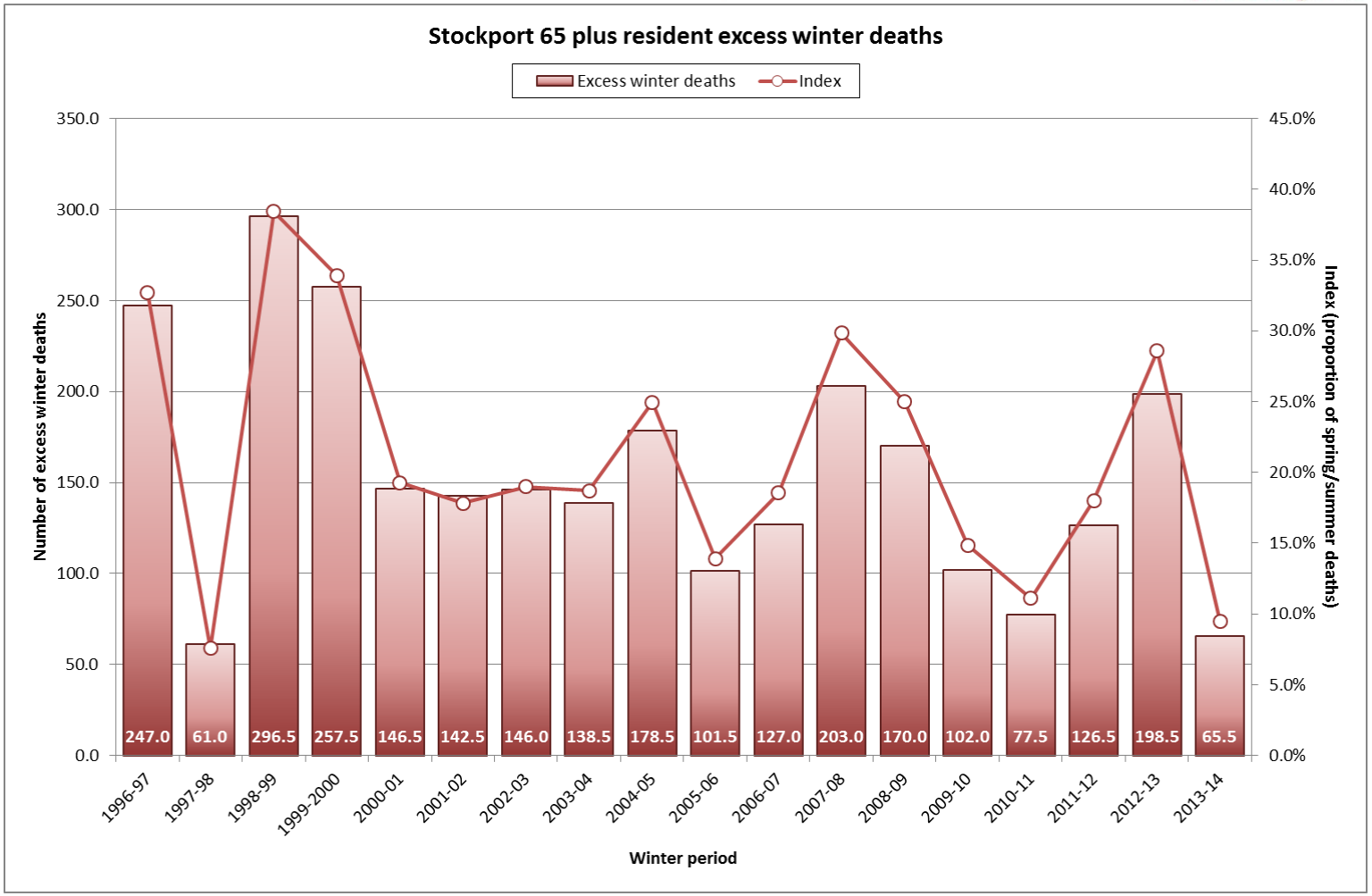
Under 75 cancer mortality trends by deprivation



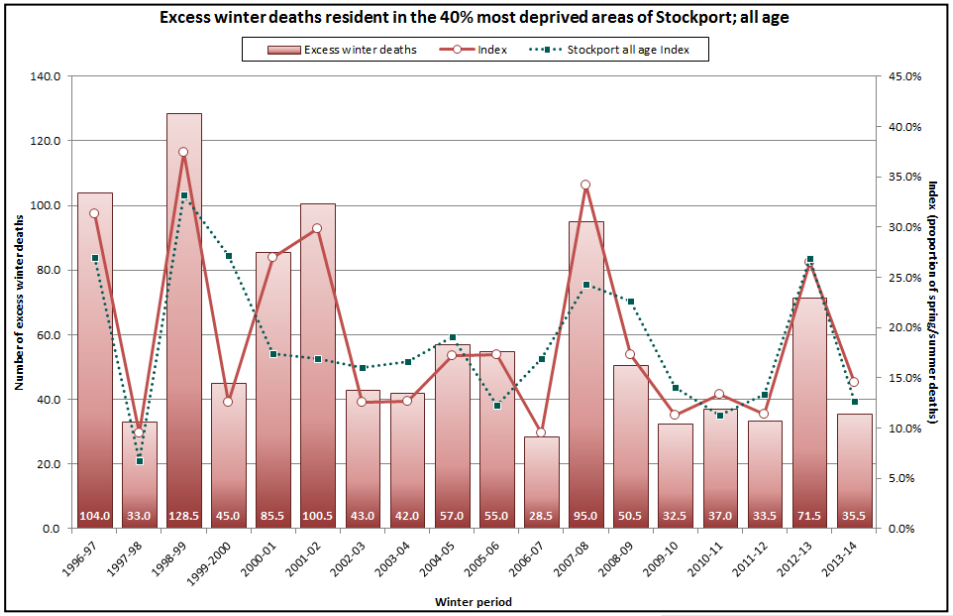
- Male under 75 rates in cancer have fallen faster than all ages but inequalities are worse and have widened over time
- The under 75 rate in the least deprived areas is 55% lower than the rate in the most deprived areas
- Within the second most and the mid deprived areas rates have fallen by a third whereas in the second least and least deprived areas the degree has been around 23%. Rates in the most deprived areas have fallen by 12%



- Stockport female under 75 cancer mortality rates are falling faster than all ages but inequalities are worse and widening.
- The 60% least deprived areas have fallen on an average of 25% compared to the most deprived areas of almost 10%
- The rate in the least deprived areas is 49% lower than the rate in the most deprived areas



- Excess winter deaths for the over 65's has been similar to the all age index in that periods of low numbers of deaths have been followed by a peak in deaths.
- Excess winter deaths are subject to a number of confounding variables and therefore it would be difficult to assess the impact of any intervention



- Excess winter deaths do not seem to follow a deprivation profile as the deaths in the 40% most deprived areas of Stockport follow the pattern of the all Stockport index.
- There are perhaps more severe peaks and troughs but there is little difference between either index.

- The same is true of over 65 excess winter deaths as it is of all age winter deaths in that there is little evidence of a deprivation profile
- Again it could be argued that the index is more volatile but the overall trend is similar to the all Stockport index.