

## Living Well

### Life Expectancy and Mortality

Revised: 30/07/2017

#### Introduction

Life expectancy is dependent on social, economic and environmental conditions that can determine the quality of life and access to services. Targeting inequalities is a way of improving life expectancy for those more socially excluded and vulnerable in society. Where you are born, and the circumstances you are born in, the life that you will lead and how you grow old, are all important factors in contributing to how long you will live. In addition, whether you have any conditions at birth or as you grow older will influence your longevity. Lifestyle factors such as drinking alcohol, smoking, maintaining a healthy weight and eating a healthy diet and being physically active, all contribute to life expectancy.

#### What do we know?

A European wide health [report](#) in 2015 produced by the World Health Organisation (WHO) highlighted that although progress is being made, Europe has the highest levels of alcohol consumption and tobacco smoking. Obesity levels are second to those of America and that such lifestyle factors are amongst the major public health problems that exist.

An analysis of the report [NHS Choices states](#):

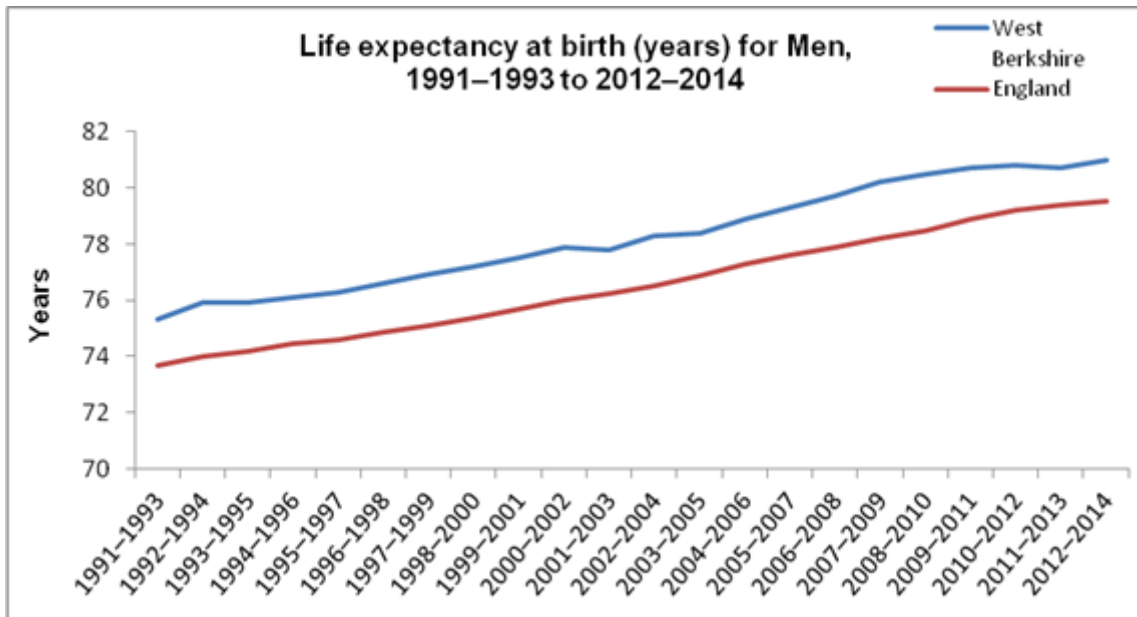
"Looking at country-specific figures, the report says that people in the UK are much less likely to smoke (estimates are around 20%, compared to a European average of 30%). People in the UK drink, on average, 9-12 litres of pure alcohol a year (equivalent to around 100-130 bottles of wine), in line with the European average of 11 litres."

Rates of obesity and overweight are among the highest in Europe, with only Turkey and Andorra reporting more obese people.

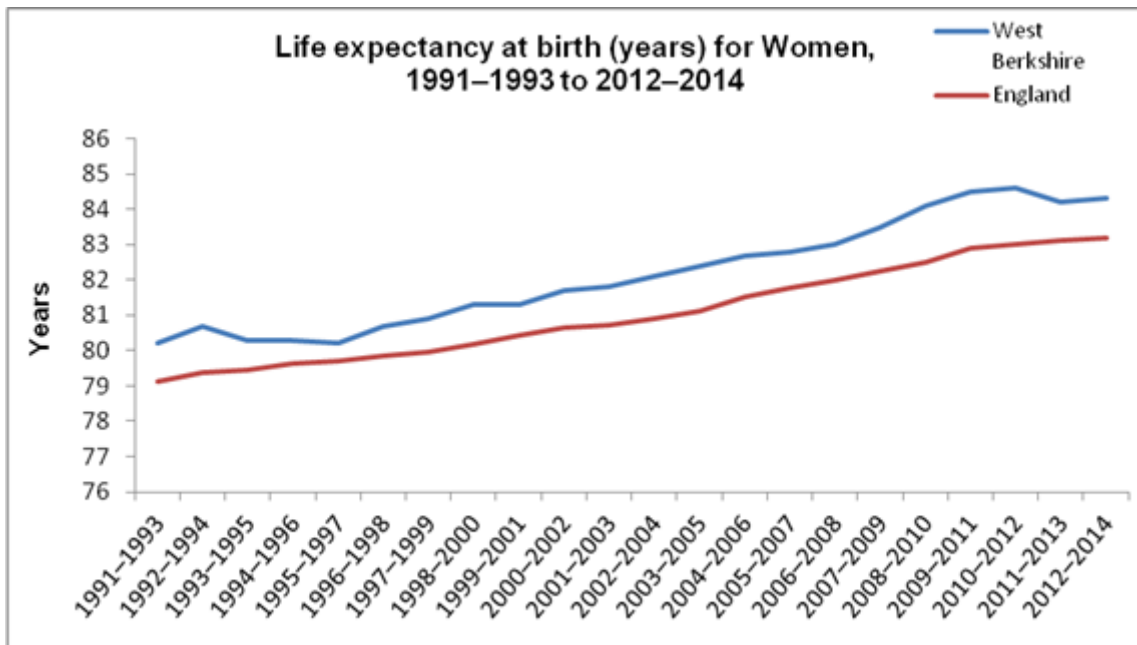
The report showed life expectancy at birth has been rising in Europe since the 1990s and stood at 76.8 years in 2011 (the most recent date for which figures were available). Women live longer than men, with an average life expectancy of 73 for men and 80 for women. In the UK, the figures are 78.8 for men and 82.7 for women. While this is better than the European average, it puts life expectancy for UK women low on a WHO list of 15 benchmark Western European countries. Most of the figures for life expectancy for women on this list cluster around the 83- to 84-year mark, ranging from 82.1 in Denmark to 85.5 in Spain". Unlike the beginning of the century where people died mostly of infections, in modern society, the biggest killers are

cancers, heart disease and stroke, which can either be prevented and or screened for early, before being fatal.

**What is the data telling us?**



Life expectancy at birth has gradually increased in West Berkshire from 75.3 years in 1991- 93 (three year rolling average) up to 81 years in 2012-14. This continues to be above the national average of 79.5 years for 2012-14.



Life expectancy at birth for women has also increased and remains higher than for men and above the national average, from 80.2 years in 1991-93 to 84.3 years in 2012-14.

Life expectancy at age 65 years for men in West Berkshire in 2012-14 was 19.6 years, above the national average.

## West Berkshire Council Joint Strategic Needs Assessment

Life expectancy for women at age 65 in West Berkshire in 2012-14 was 22.1 years, higher than the national average.

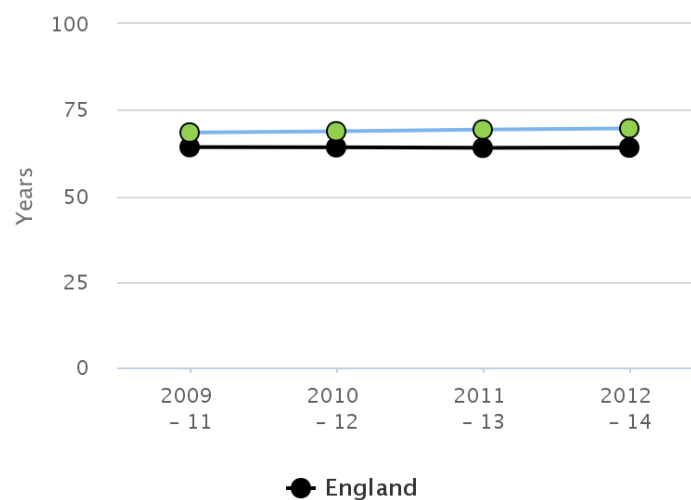
As well as knowing how long people are expected to live we also know how long people are expected to live a healthy life – known as a healthy life expectancy. It is this figure that it is important to try to increase – more years lived without illness or disability.

0.1i – Healthy life expectancy at birth (Male) – West Berkshire



Healthy life expectancy at birth for men in West Berkshire was 69 years (2012-14). This was higher than the national average of 63.4 years

0.1i – Healthy life expectancy at birth (Female) – West Berkshire

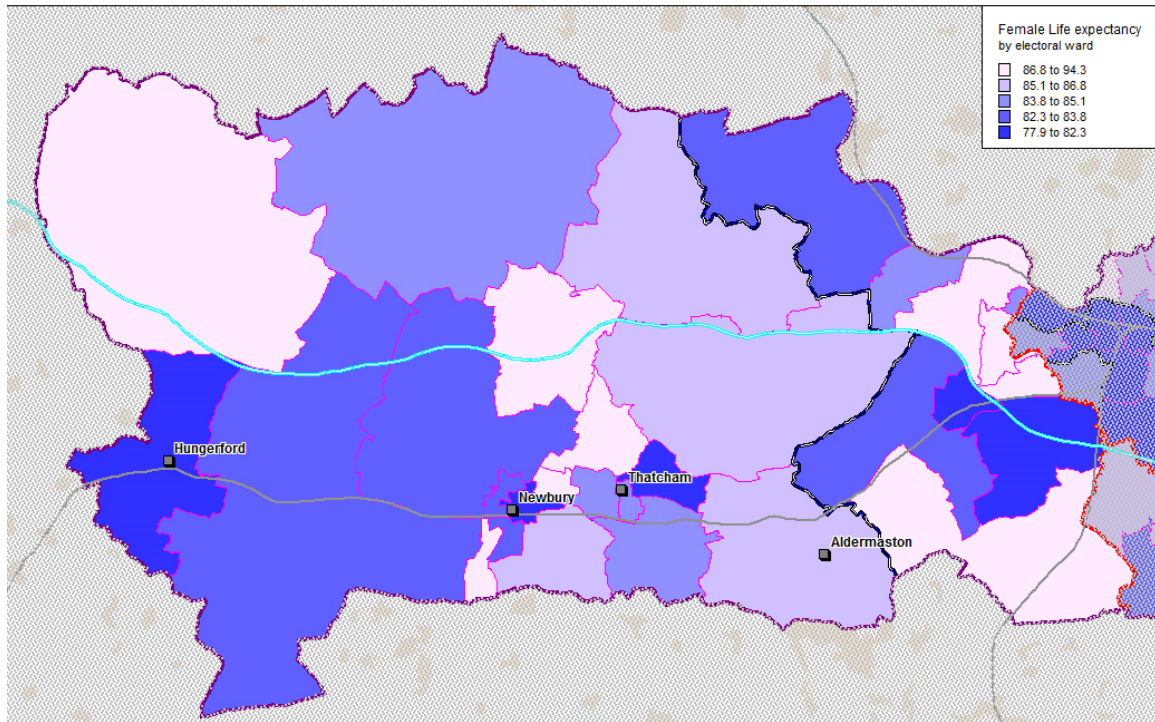


Healthy life expectancy at birth for women was 69.6 years (2012-14). This was higher than the national average of 64 years.

It is interesting to note that in West Berkshire although LE for women is higher for females than males by 3.3 years, there is only a difference of 0.6 years for healthy life expectancy showing that women although living longer may also be living those extra years having to cope with illness or disability.

Life expectancy as stated at the beginning of this chapter is also influenced by levels of deprivation and the following data demonstrates how Life Expectancy varies by ward.

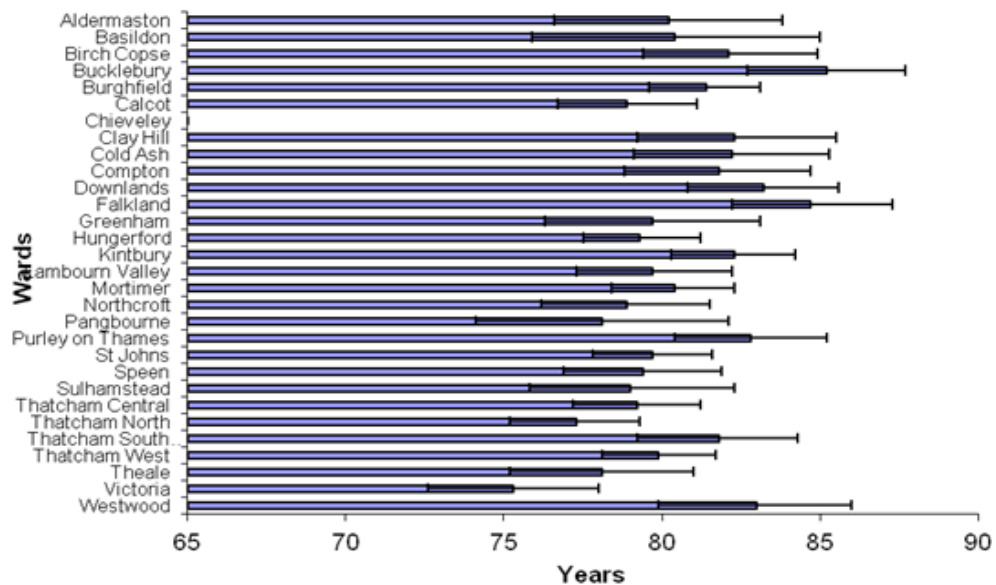
### Life Expectancy at Birth 2008-2012



LocalHealth\_Berks\_Ward\_Jul14.wor 19/02/2015 Sid Beauchant BHFT

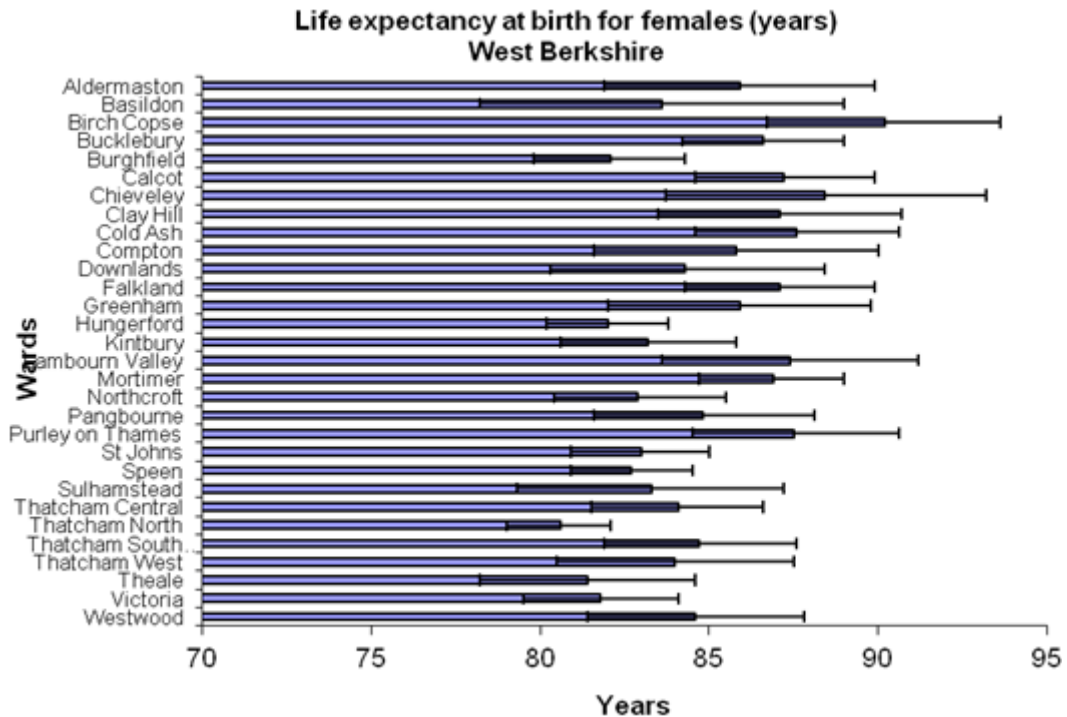
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### Life expectancy at birth for males (years) West Berkshire



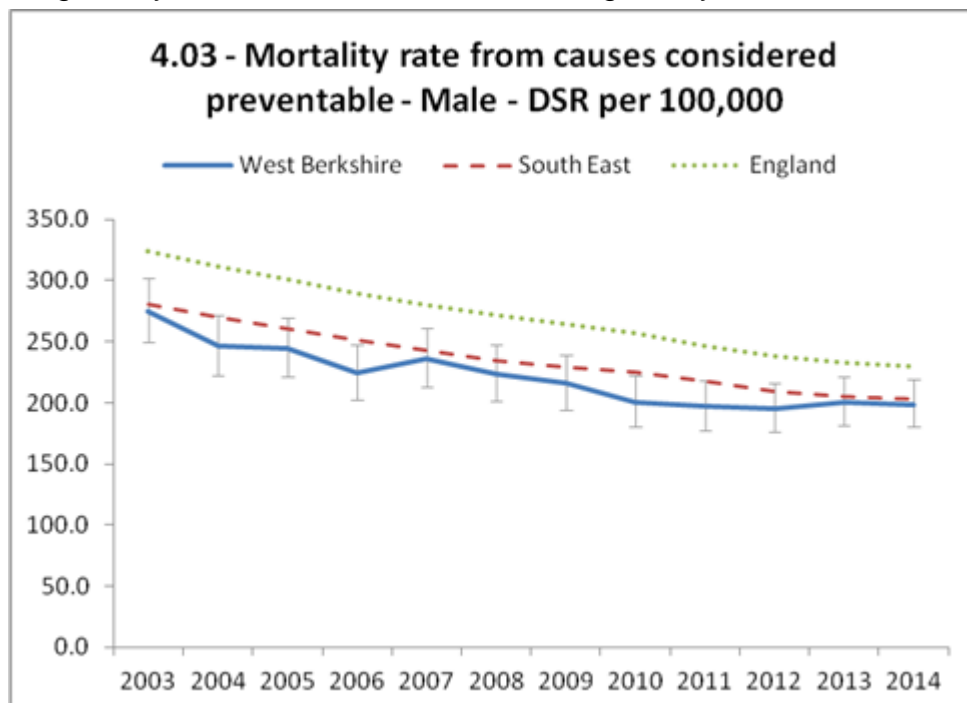
ONS 2014

For males the biggest gap in life expectancy is between Victoria – 75.3 years and Bucklebury at 85.2 years, a gap of approximately 10 years.



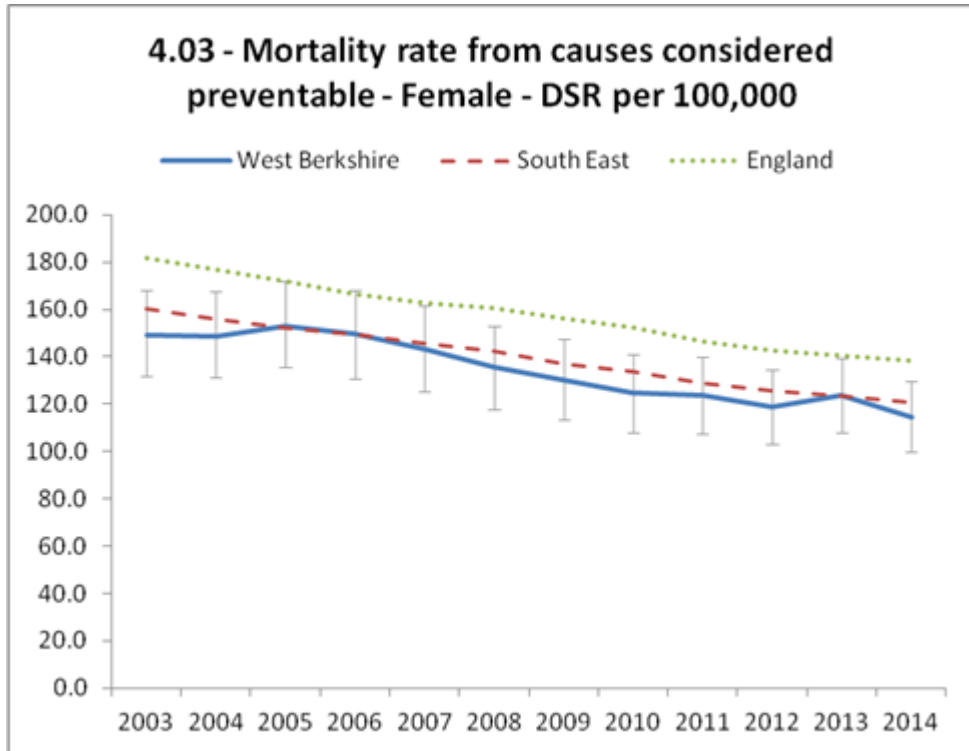
ONS 2014

For females the biggest gap in life expectancy is also around 10 years with Birch Copse being 90.2 years and Thatcham North being 80.6 years.



PHOF 2015

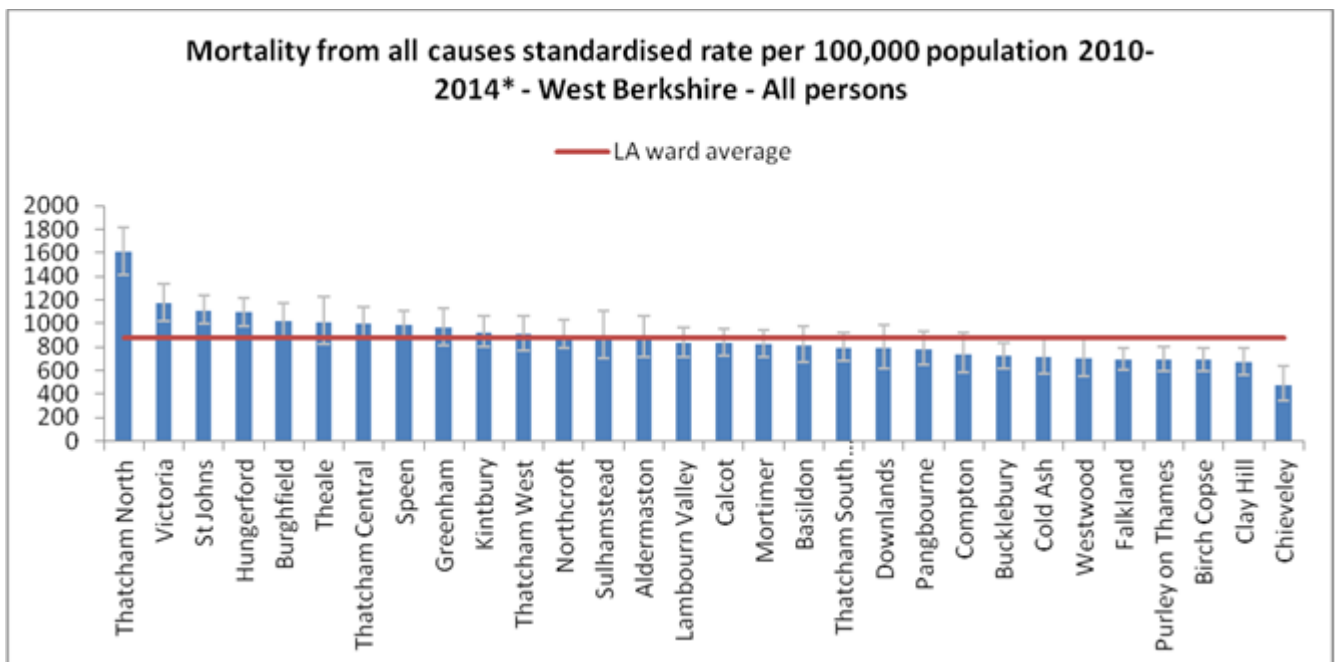
Mortality rate for causes considered preventable for males has remained relatively unchanged from 2010-12 to 2012-14. The rate continues to be lower than national averages. The 2012-14 rate is 198.8 per 100,000.



PHOF 2015

For females the rate has dropped slightly to 114.6 per 100,000, also lower than national averages.

The main causes of death in West Berkshire between 2012 and 2014 were Neoplasms - Malignant (30%), Diseases of the circulatory system (25.6%), and Diseases of the respiratory system (30%).



Mortality from all causes varies considerably between the affluent wards and those more deprived wards. There are multiple factors affecting mortality including access to services, income levels and rurality.

### **Recommendations for consideration**

- There is continued focused work in the deprived areas of West Berkshire where life expectancy may be less than the more affluent wards and mortality rates higher. This includes close working with healthcare (NHS) and GP's in particular to reduce health inequalities.
- The Health and Wellbeing Board has as one of its cross cutting themes tackling inequalities in health and work will continue in areas of deprivation by targeting services and building community resilience to help communities to help themselves.
- Prevention is also a cross cutting theme in the Health and Wellbeing Strategy and we will continue to provide preventative services to help maintain a decreasing rate of mortality due to causes considered preventable.

### **Other services and partner organisations**

[Stop smoking service](#)

[Alcohol and drug services](#)

[Weight management services](#)

[Physical activity opportunities](#) including walking, cycling, leisure centre classes, swimming etc.

[Berkshire West Clinical Commissioning Group](#)

[National Diabetes Prevention Programme](#)

### **National and local strategies**

[Inequalities in Life Expectancy](#)

[Longer Lives](#)

[NHS Choices](#)

### **Other chapters you might be interested in**

Access to Social Care  
Alcohol Misuse (Adults)  
Cancer  
Communicable Diseases  
Diabetes (Adult)  
Drug Misuse (Adults)  
Liver Disease

Long-Term Neurological Conditions

Mental Health (Adults)

Musculoskeletal Conditions

Non- Cancer Screening

Obesity (Adults)

Respiratory Disease (Asthma and Chronic Obstructive Pulmonary Disease)

Sexual Health

Smoking (Adults)

Suicide and Self Harm

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on [publichealthandwellbeing@westberks.gov.uk](mailto:publichealthandwellbeing@westberks.gov.uk) or 01635 503437