



# Mortality

## Key findings for Lancashire-14

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## 1. Overview

This report presents analysis of mortality in the Lancashire-14 area. The report also covers the causes of deaths in the residents of the Lancashire-12 area.

### 1.1 Key findings for the Lancashire-14 area

- The all age all-cause mortality is significantly higher than the England rate.
- Premature mortality (ages under 75 years) from all causes is significantly higher than the England rate.
- Between the 1995 and 2014 there has been a decline in the premature mortality rate, which is in line with the England picture.
- Male and female mortality from causes considered preventable is significantly higher than the England rate.
- Male and female mortality from causes amenable to health care is significantly higher than the England rate.
- Over the last decade, in the Lancashire-12 area, overall, the six main causes of death have remained the same and are: cancers, circulatory diseases, respiratory diseases, mental and behavioural disorders, diseases of the nervous system and diseases of the digestive system.
- Cancers and circulatory diseases are the leading causes of death in the Lancashire-12 area, accounting for just over half of all deaths and nearly two thirds of all premature deaths.
- In the Lancashire-12 area, cancers account for 39% of all premature deaths and circulatory diseases account for 23% of all premature deaths.
- Circulatory diseases (29%) and cancers (21%) account for just under half of all deaths in Lancashire-12 area residents over the age of 75 years; diseases of the respiratory system account for 17% of the deaths in this age group.

## 2. All age all-cause mortality

Based on the 2012-2014 three year aggregated rates:

- In the Lancashire-12 area, overall, and in Blackburn with Darwen and Blackpool, the all age all-cause mortality rate is significantly higher than the England rate.
- Across the Lancashire-12 area districts, Ribble Valley's all age all-cause mortality rate is significantly lower than the England rate and Fylde and South Ribble's rates are similar to the England rate.
- In nine of the Lancashire-12 area districts the age all-cause mortality rate is significantly higher than the England rate.

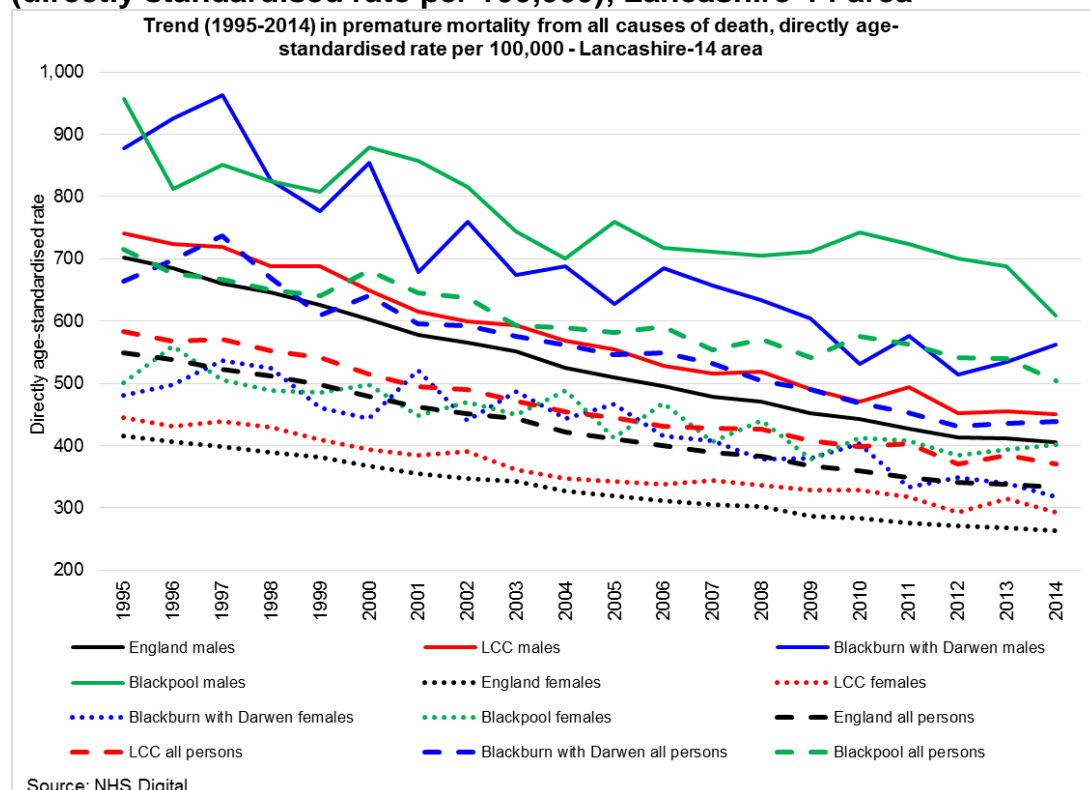
### 3. All cause premature mortality

Premature mortality is defined as mortality in a person under the age of 75 years.

Based on the 2012-2014 three year aggregated rates:

- In males, females and all persons, in the Lancashire-12 area, overall, and in Blackburn with Darwen and Blackpool, the premature mortality rate is significantly higher than the England rate.
- Between 1995 and 2014, the Lancashire-14 area has experienced a general decline in the premature mortality rate and this is in line with the England picture (figure 1).
- Across the Lancashire-12 area districts, Ribble Valley's premature mortality rate is significantly lower than the England rate.
- Chorley, Fylde, South Ribble and West Lancashire's premature mortality rate is similar to the England rate.
- In seven of the Lancashire-12 area districts the premature mortality rate is significantly higher than the England rate.

**Figure 1: Trend (1995-2014) in premature mortality from all causes of death (directly standardised rate per 100,000), Lancashire-14 area**



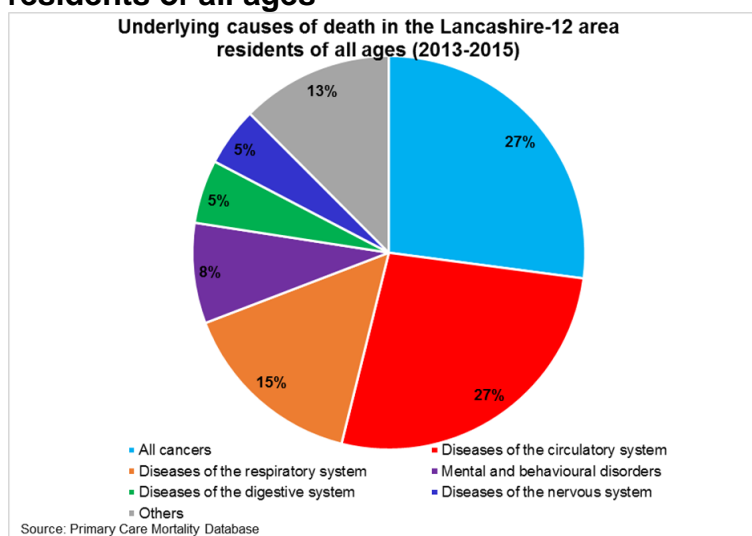
For further details on mortality (all ages and premature) please see the AAACM\_less than 75 mortality\_trend excel file (XLSX 67 KB) in the further analysis section of the [mortality overview](#) webpage.

## 4. Causes of death (2013-2015) in the Lancashire-12 area residents

### 4.1 Mortality in persons of all ages

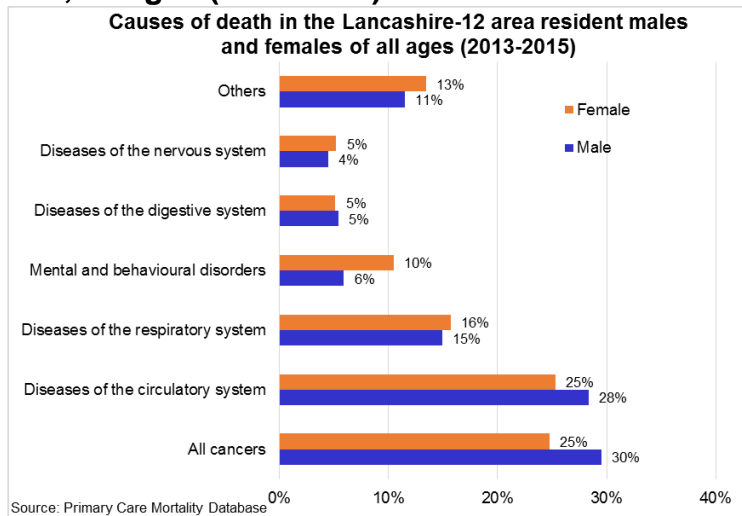
- Cancers and circulatory diseases are the leading causes of death in the Lancashire-12 area, accounting for just over half of all deaths in all ages (figure 2).
- Diseases of the respiratory system are the third highest cause of death and mental and behavioural disorders are the fourth highest cause of death in the Lancashire-12 area.
- The six main<sup>1</sup> causes of death have remained the same over the last decade and are: cancers, circulatory diseases, respiratory diseases, mental and behavioural disorders, diseases of the nervous system and diseases of the digestive system.
- In the Lancashire-12 area, 27% of all deaths in persons of all ages are due to circulatory diseases and another 27% are due to all cancers.
- Almost a third of male deaths are due to all cancers and another 28% are due to circulatory diseases. In the females, the leading causes of death are circulatory diseases and cancers (figure 3).
- Between 2013 and 2015, in deaths due to cancers:
  - (i) cancers of the bronchus or lung formed the highest proportion of deaths in both males and females
  - (ii) in males prostate cancer formed the second highest proportion of deaths and
  - (iii) in females breast cancer formed the second highest proportion of deaths

**Figure 2: Underlying causes of death (2013-15) in the Lancashire-12 area residents of all ages**



<sup>1</sup> Causes of death contributing to more than 5% of all the deaths.

**Figure 3: Causes of death in males and females resident in the Lancashire-12 area, all ages (2013-2015)**

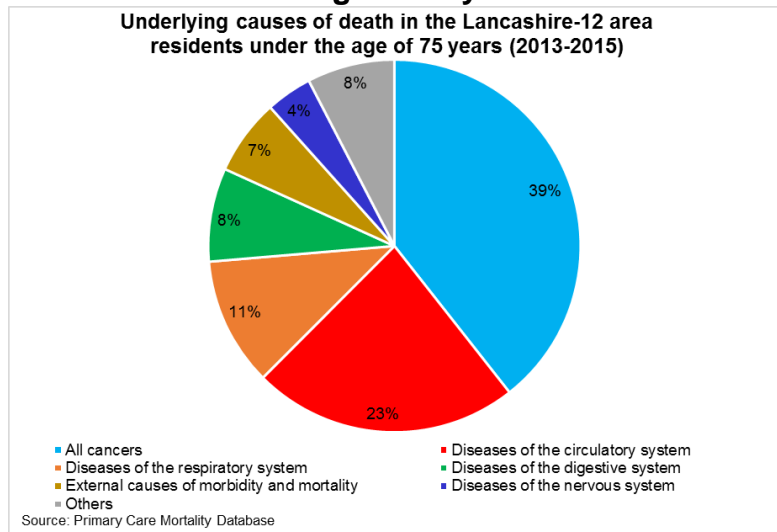


## 4.2 Mortality in persons aged less than 75 years

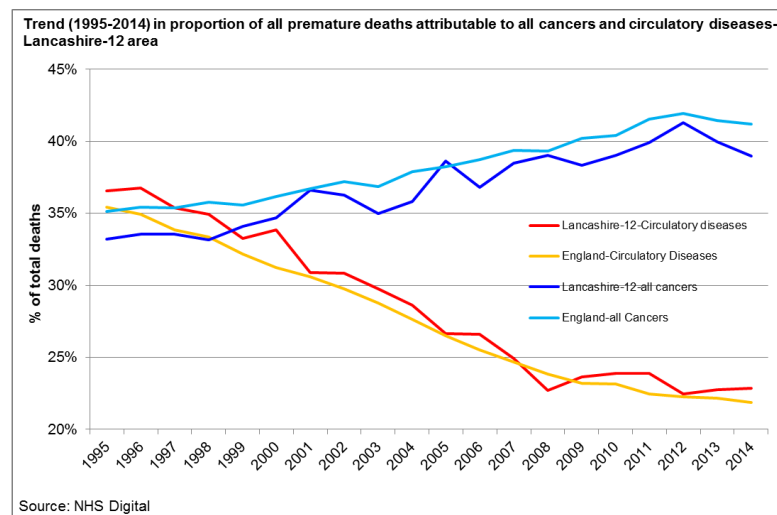
- In line with the national picture, cancer and circulatory diseases are the leading causes of premature deaths in the Lancashire-12 area, accounting for nearly two thirds of all premature deaths.
- In the Lancashire-12 area, 39% of all premature deaths are due to all cancers and 23% of all premature deaths are due to circulatory diseases (figure 4).
- The top<sup>2</sup> five causes of death have remained the same over the last decade and are: cancers, circulatory diseases, respiratory diseases, diseases of the digestive system and external causes of morbidity and mortality.
- Over the years, the fall in the actual number of premature deaths from circulatory diseases has been greater than the fall in the number of deaths from cancers (figure 5), most possibly due to better treatment for cardiovascular diseases and improvements in lifestyle. However, Lancashire-12 area's premature mortality from both cancers and circulatory diseases remains worse than England.

<sup>2</sup> Causes of death contributing to more than 4% of all premature deaths.

**Figure 4: Underlying causes of death (2013-15) in the Lancashire-12 area residents under the age of 75 years**



**Figure 5: Trend (1995-2014) in proportion of all premature deaths attributable to all cancers and circulatory diseases, Lancashire-12 area**



To ensure that there continues to be a reduction in the rate of premature mortality from cancers and CVD, there needs to be concerted action in both prevention and treatment.

### 4.3 Mortality in persons aged over 75 years

- Circulatory diseases and cancers account for just under half of the deaths in Lancashire-12 residents over the age of 75.
- Circulatory disease (29%) is the main cause of death and cancers (21%) the second main cause of death in Lancashire-12 area's residents over the age of 75 years.
- Diseases of the respiratory system and mental and behavioural disorders are the third and fourth main causes of death, respectively.



- The top six causes of death contributing to approximately 89% of all deaths in this age group have remained the same over the last decade and are: circulatory diseases, cancers, respiratory diseases, mental and behavioural disorders, diseases of the digestive system and diseases of the nervous system.

For further details please see the cause of death\_all ages\_under and above 75s\_sex\_2013-2015 excel file (XLSX 373 KB).

## 5. Mortality from causes considered preventable

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.

Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare. Preventable mortality and amenable mortality are the two components of 'avoidable' mortality, as defined by the Office for National Statistics in April 2012.

Based on the 2013-2015 three year aggregated rates:

- In the Lancashire-12 area, overall, and in Blackburn with Darwen and Blackpool, mortality from causes considered preventable is significantly higher than the England rate.
- Across the Lancashire-12 area, in Burnley, Hyndburn, Lancaster, Pendle, Preston, Rossendale and Wyre mortality from causes considered preventable is significantly higher than the England rate.

For further details please see the mortality from causes considered preventable file (XLSX 24 KB).

## 6. Mortality from causes amenable to healthcare

This indicator can give an indication as to the effectiveness of local healthcare interventions. These are the causes of death for which there is evidence that they are amenable to healthcare interventions. 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.

Based on the 2013-2015 three year aggregated rates:

- In the Lancashire-12 area, overall, and in Blackburn with Darwen and Blackpool, mortality from causes amenable to healthcare (all persons) is significantly higher than the England rate.

For further details please see the causes amenable to healthcare file (XLS 57 KB).

## 7. Data and other downloads

The following datasets in the further analysis section of the [mortality overview](#) webpage provide additional information:

1. AAACM\_less than 75 mortality\_trend (XLSX 67 KB)
2. Cause of death\_all ages\_under and above 75s\_sex\_2013-2015 (XLSX 373 KB)
3. Mortality from causes considered preventable (XLSX 24 KB).
4. Mortality from causes amenable to healthcare file (XLS 57 KB)

## 8. Related websites

PHE, Public Health Outcomes Framework <http://www.phoutcomes.info>

NHS Digital Indicator portal <https://indicators.hscic.gov.uk/webview/>