Causes of Early Death in Wolverhampton
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<td>2012/14</td>
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<td>Causes of early death</td>
<td>Excess mortality rate in adults with serious mental illness</td>
<td>2012/14</td>
</tr>
<tr>
<td>Causes of early death</td>
<td>Suicide (and injury of undetermined intent)</td>
<td>2012/14</td>
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<tr>
<td>Causes of early death</td>
<td>Deaths attributable to smoking</td>
<td>2012/14</td>
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\(^1\) Live Births implies birth following pregnancy where the fetus shows evidence of life such as breathing

\(^2\) DSR: Directly Standardised Rate is a method of standardisation used to account for the differences in populations for example, age and sex and to allow for comparisons between different areas.

\(^3\) ISR: Indirectly standardised Ratio is a method of standardisation used to account for differences in populations
Infant Mortality in Wolverhampton
Infant Mortality

Infant Mortality rate (IMR) is defined as number of deaths under the age of one year, per 1000 live births. It consists of 2 components:

- Neonatal mortality rate: rate of neonatal deaths (those occurring during the first 28 days of life) per 1000 live births
- Post-neonatal mortality rate: rate of infants death occurring between 28 days and less than one year per 1000 live births

Neonatal mortality is considered to reflect the health and care needs of both mother and new-born.

Infant Mortality in Wolverhampton is reducing

![Graph showing trends in infant mortality rates]

Wolverhampton 2013/15 (per 1000 live births) | England 2013/15 (per 1000 live births)
---|---
5.6 | 3.9

Neonatal Deaths

Number of neonatal deaths in Wolverhampton

- 2004: 12
- 2014: [Graph showing trends in neonatal deaths]

Deaths in Infants before 28 days in Wolverhampton 2004-2014

- [Graph showing number of deaths by year]

2001/03 | 2013/15
---|---
2.3 (per 1000 live births) |
Infant mortality in Wolverhampton is 10th highest compared to other local authorities and is significantly higher compared to England.

Infant Mortality in Wolverhampton compared to other local authorities

Infant Mortality in Wolverhampton compared to CIPFA nearest neighbours

Infant Mortality in Wolverhampton is worse compared to 11 of the 15 CIPFA nearest neighbours.
Infant Mortality

In 2005-14, infant mortality is worse in 3 wards of Wolverhampton: Bushbury North, St Peters and Heath Town.

In 2005-14, infant mortality is lowest in Graiseley followed by Tettenhall Wightwick and East Park.

In 2005-14, rate of still births is worse in 3 wards of Wolverhampton: Wednesfield South, Graiseley and Ettingshall.

In 2005-14, rate of still births is lowest in 4 wards of Wolverhampton: Bushbury North, Fallings Park, Penn and Blakenhall.
Risks factors for Infant Mortality in Wolverhampton 2004-2014

7 out of 10 infant deaths in Wolverhampton are in the most deprived areas

- 57% of infant deaths are in low birth weight babies
- 63% of infant deaths are in babies born prematurely at 34 weeks
- 10% of infant deaths are in babies with congenital abnormalities

1 in 3 mothers smoke at time of delivery
22% mothers are obese
6% mothers are under 18
14% mothers are booked late for antenatal care
What does this information tell me?

- Infant mortality in Wolverhampton has remained fairly static, despite a recent downward trend, and is worse than most local authorities in England.
- Infant Mortality is influenced by a range of risk factors including smoking during pregnancy and early access to healthcare.

Indicative Commissioning Needs

- Improving the risk factors through various commissioned services including
  - promoting early booking and attendance for antenatal care
  - preventing poor lifestyle choices including smoking during pregnancy, obesity and teenage conceptions
  - improving outcomes for premature births, low birth weight babies and babies from deprived areas of the City
Mortality in persons aged under 75 from All causes
Mortality rates in Under 75s from all causes

Premature mortality i.e. deaths occurring before a person reaches the age of 75 is a major public health concern.

Premature mortality from all causes in Wolverhampton is improving

Wolverhampton 2012/14 (DSR per 100,000) 412.4

England 2012/14 (DSR per 100,000) 339.5

Wolverhampton 1995/97 204

Wolverhampton 2012/14 3.9

Wolverhampton 2011/13 2012/14
Mortality rates in Under 75s from all causes

In 2010-2014, premature mortality due to all causes is worse in 3 wards of Wolverhampton: Bushbury South and Low Hill, St Peters and Ettingshall.

In 2010-14, premature mortality due to CHD is lowest in 3 wards: Tettenhall Regis, Tettenhall Wightwick and Wednesfield South.
Mortality in persons aged under 75 from Cancer
Mortality rates in Under 75s from Cancer

Premature mortality i.e. deaths occurring before a person reaches the age of 75 is a major public health concern. Cancer is one of the leading causes of premature mortality.

Premature mortality from Cancer in Wolverhampton is improving

<table>
<thead>
<tr>
<th>Year</th>
<th>Wolverhampton (DSR per 100,000)</th>
<th>England (DSR per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995/97</td>
<td>44.6</td>
<td></td>
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<tr>
<td>2012/14</td>
<td>158.8</td>
<td>141.5</td>
</tr>
</tbody>
</table>

Cancers age standardised mortality rate for persons aged under 75

Wolverhampton 2011/13 (DSR per 100,000) 6.4 2012/14

Wolverhampton 2012/14 (DSR per 100,000)
Mortality rates in Under 75s from Cancer

Premature mortality rate due to all cancers in Wolverhampton in 2012-14 is significantly worse compared to England and West Midlands.

Premature mortality rate due to all cancers in Wolverhampton is better compared to 12 of 15 CIPFA nearest neighbours.

Premature mortality rate from all cancers in Wolverhampton has been consistently higher in males compared to females. However the gap between males and females has reduced from 56.1 per 100,000 to 26.6 per 100,000.
Mortality rates in Under 75s from Cancer

- In 2010-2014, premature mortality due to all cancers is worse in 4 wards of Wolverhampton: Bushbury South and Low Hill, St Peters, Ettingshall and Bilston North.
- In 2010-14, premature mortality due to all cancers is lowest in Penn followed by Tettenhall Wightwick and Park.

Premature mortality rate for all cancers in 2010-14 is worst in most deprived areas of Wolverhampton.

Deprivation quintile (0-19.9 = most deprived to 80.0-100 = least deprived)

<table>
<thead>
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<th>Wolverhampton</th>
<th>Comparator group</th>
<th>England &amp; Wales</th>
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<tr>
<td>0-19.9</td>
<td>186</td>
<td>57.1</td>
<td></td>
</tr>
<tr>
<td>20.0-39.9</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>40.0-59.9</td>
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<td>80.0-100</td>
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Cancers age standardised mortality rate for persons aged under 75 (2010-2014) in Wolverhampton.
Mortality rates in Under 75s from Lung Cancer

Premature mortality from lung cancer is an important public health concern in Wolverhampton.

Premature mortality from Lung Cancer in Wolverhampton is improving

Wolverhampton 2012/14 (DSR per 100,000) 37.2
Wolverhampton 2012/14 (DSR per 100,000) 13.7

Wolverhampton (DSR per 100,000)
1995/97 13.7 2012/14
2011/13 1.7 2012/14

England 2012/14 (DSR per 100,000) 33.8
Mortality rates in Under 75s from Lung Cancer

In 2010-2014, premature mortality due to lung cancer is worse in 4 wards of Wolverhampton: Bushbury South and Low Hill, St Peters, Ettingshall and Graiseley.

In 2010-14, premature mortality due to lung cancer is lowest in wards of south west: Tettenhall Regis, Park, Tettenhall Wightwick and Merry Hill.
Mortality in persons aged under 75 from Cardiovascular diseases
Premature mortality i.e. deaths occurring before a person reaches the age of 75 is a major public health concern. Cardiovascular diseases is one of the leading causes of premature mortality.

Mortality rates in Under 75s from Cardiovascular Diseases

Premature mortality from Cardiovascular diseases in Wolverhampton is improving

<table>
<thead>
<tr>
<th></th>
<th>Wolverhampton 2012/14 (DSR per 100,000)</th>
<th>England 2012/14 (DSR per 100,000)</th>
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<tbody>
<tr>
<td></td>
<td>97.4</td>
<td>75.7</td>
</tr>
</tbody>
</table>

Wolverhampton (DSR per 100,000)

- 2001/03: 68.3
- 2011/13: 0.5
- 2012/14: 0.5

Under 75 mortality rate from cardiovascular diseases (Persons) in Wolverhampton from 2001-2003 to 2012-2014
Mortality rates in Under 75s from Cardiovascular Diseases

Premature mortality rate due to all cardiovascular diseases in Wolverhampton in 2012-14 is significantly worse compared to England and West Midlands.

Premature mortality rate due to all cardiovascular diseases in Wolverhampton is better compared to 9 of 15 CIPFA nearest neighbours.

Premature mortality rate from cardiovascular diseases in Wolverhampton has been consistently higher in males compared to females.

However the gap between males and females has reduced dramatically from 130.8 per 100,000 to 76.2 per 100,000. This has been primarily due to reduction of mortality rate in males.
Mortality rates in Under 75s from Coronary Heart Disease (CHD)

Premature mortality from CHD in Wolverhampton is improving

Wolverhampton 2012/14 (DSR per 100,000): 104.8

England 2012/14 (DSR per 100,000): 52.7

Wolverhampton 2011/13 (DSR per 100,000): 3

Wolverhampton 2012/14 (DSR per 100,000): 3
Mortality rates in Under 75s from Coronary Heart Disease (CHD)

In 2010-2014, premature mortality due to CHD is worse in 3 wards of Wolverhampton: St Peters, Heath Town and East Park.

In 2010-14, premature mortality due to CHD is lowest in wards of south west: Tettenhall Regis, Tettenhall Wightwick and Penn.
Mortality rates in Under 75s from Stroke

Stroke age standardised mortality rate for persons aged under 75

Premature mortality from Stroke in Wolverhampton is improving

Wolverhampton 2012/14 (DSR per 100,000)
16.6

England 2012/14 (DSR per 100,000)
13.9

Wolverhampton (DSR per 100,000)
1995/97
31.2
2012/14

Wolverhampton (DSR per 100,000)
2011/13
1.5
2012/14
Mortality rates in Under 75s from Stroke

Premature mortality rate for Stroke in 2010-2014 is worst in most deprived areas of Wolverhampton.

- In 2010-2014, premature mortality due to Stroke is worse in 3 wards of Wolverhampton: Bushbury South and Low Hill, Ettingshall and Bilston East.

- In 2010-14, premature mortality due to Stroke is lowest in 2 wards: Tettenhall Wightwick and Wednesfield South.
Mortality rates in Under 75s from Circulatory Diseases

Premature mortality from circulatory diseases in Wolverhampton is improving

- **Wolverhampton**
  - 2012/14 (DSR per 100,000) = 0.3

- **England**
  - 2012/14 (DSR per 100,000) = 76.4

Circulatory disease age standardised mortality rate for persons aged under 75

1995/97: 151.1
2011/13: 151.1
2012/14: 0.3

Wolverhampton 1995-2014 (DSR per 100,000)
In 2010-2014, premature mortality due to Circulatory diseases is worse in 4 wards of Wolverhampton: Bushbury South and Low Hill, Heath Town, Ettingshall and Bilston East.

In 2010-14, premature mortality due to Circulatory diseases is lowest in 3 wards: Tettenhall Regis, Tettenhall Wightwick and Penn.
Mortality in persons aged under 75 from Liver diseases
Mortality rates in Under 75s from Liver diseases

Premature mortality i.e. deaths occurring before a person reaches the age of 75 is a major public health concern. Liver diseases is one of the leading causes of premature mortality.

Premature mortality from Liver diseases in Wolverhampton is getting slightly worse compared to 2001/03

Wolverhampton 2012/14 (DSR per 100,000) = 28
England 2012/14 (DSR per 100,000) = 17.8

Premature mortality from Liver diseases in Wolverhampton is getting slightly worse compared to 2001/03

Wolverhampton (DSR per 100,000) 2001/03 = 0.7
Wolverhampton (DSR per 100,000) 2011/13 = 0.9
Wolverhampton (DSR per 100,000) 2012/14 = 0.9
Mortality rates in Under 75s from Liver diseases

Premature mortality rate due to liver disease mortality in Wolverhampton in 2012-14 is significantly worse compared to the England and West Midlands average.

Premature mortality rate due to all liver diseases in Wolverhampton is worse compared to 10 of 15 CIPFA nearest neighbours.

Premature mortality rate from liver diseases in Wolverhampton has been consistently higher in males compared to females. However the gap between males and females has reduced from 21.6 per 100,000 to 16.3 per 100,000
Alcohol related Mortality rates

Alcohol related mortality in Wolverhampton is getting worse

<table>
<thead>
<tr>
<th>Year</th>
<th>Wolverhampton (DSR per 100,000)</th>
<th>England (DSR per 100,000)</th>
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<tbody>
<tr>
<td>1995-97</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>2011-13</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>2012-14</td>
<td>17.4</td>
<td>11.6</td>
</tr>
</tbody>
</table>

Alcohol related age standardised mortality rate for persons all ages
Alcohol related Mortality rates

- In 2010-2014, alcohol related mortality is worse in 3 wards of Wolverhampton: St Peters, Blackenhall and East Park.
- In 2010-14, alcohol related mortality is lowest in 4 wards: Tettenhall Wightwick, Oxley, Bushbury North and Spring Vale

Alcohol related age standardised mortality rate for persons all ages (2010-2014) in Wolverhampton

Alcohol related mortality rate in 2010-14 is worst in most deprived areas of Wolverhampton

Most Deprived

2010-2014

Least Deprived

DSR per 100,000

24.9

4.5

In 2010-2014, alcohol related mortality rate in 2010-14 is worst in most deprived areas of Wolverhampton.
Mortality in persons aged under 75 from Respiratory Diseases
Mortality rates in Under 75s from Respiratory Diseases

Respiratory disease is one of the top causes of death in England in under 75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases.

Premature mortality from respiratory disease in Wolverhampton has worsened since 2001-03 with peaks and troughs throughout.

<table>
<thead>
<tr>
<th>Year</th>
<th>Wolverhampton (DSR per 100,000)</th>
<th>England (DSR per 100,000)</th>
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<tbody>
<tr>
<td>2001/03</td>
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<td>2011/13</td>
<td></td>
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<tr>
<td>2012/14</td>
<td>45.3</td>
<td>32.6</td>
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</table>

Under 75 Mortality rate from respiratory diseases in Wolverhampton 2001-03 to 2012-14

Wolverhampton 2012/14 (DSR per 100,000) 45.3

Wolverhampton 2011/13 (DSR per 100,000) 1.2

Wolverhampton 2012/14 (DSR per 100,000) 1.8
Mortality rates in Under 75s from Respiratory Diseases

Premature mortality rate from respiratory diseases in Wolverhampton in 2012-14 is significantly worse compared to the England and West Midlands average.

Premature mortality rate from respiratory diseases in Wolverhampton is better compared to 10 of 15 CIPFA nearest neighbours.

Premature mortality rate from respiratory diseases in Wolverhampton has been consistently higher in males compared to females. However the gap between males and females has reduced from 29 per 100,000 to 19 per 100,000.
Mortality rates in Under 75s from Respiratory Diseases

In 2010-2014, premature mortality from respiratory diseases is worse in 3 wards of Wolverhampton: St Peters, Blackbury South and Low Hill and Ettingshall.

In 2010-14, premature mortality from respiratory diseases is lowest in 5 wards: Tettenhall Wightwick, Tettenhall Regis, Merry Hill, Penn and Wednesfield South.
Mortality rate from communicable diseases
Prevention of the spread of communicable diseases is an important issue for Public Health. There is evidence that rapid identification, treatment and prevention of spread can reduce mortality.

Communicable diseases are infectious diseases transmissible (as from person to person) by direct contact with an affected individual or individual's discharges or by indirect means (as from a vector). These include deaths recorded as following ICD 10 codes:
- infectious and parasitic diseases A00-B99
- Influenza J09-J11
- Pneumonia J12-J18

Mortality rate from Communicable diseases in Wolverhampton 2001/03 - 2012/14

Wolverhampton 2012/14 (DSR per 100,000) 28
England 2012/14 (DSR per 100,000) 17.8

Mortality rate from Communicable diseases in Wolverhampton is improving
Mortality rate from Communicable diseases

Mortality rate from communicable diseases in Wolverhampton has been consistently higher in males compared to females. However the gap between males and females has reduced from 26.6 per 100,000 to 19.1 per 100,000.
Mortality rate from causes considered preventable
Mortality rate 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.

Mortality rate from causes considered preventable in Wolverhampton 2001-03 to 2012-14

Mortality rate from causes considered preventable in Wolverhampton is improving

Wolverhampton 2012/14 (DSR per 100,000) 213.3

England 2012/14 (DSR per 100,000) 182.7

Wolverhampton (DSR per 100,000) 2001/03 70.7 2012/14

Wolverhampton (DSR per 100,000) 2011/13 4.1 2012/14
Mortality rate from causes considered preventable

Mortality rate from all causes considered preventable in Wolverhampton in 2012-14 is significantly worse compared to the England and West Midlands average.

Mortality rate from all causes considered preventable in Wolverhampton is better compared to 13 of 15 CIPFA nearest neighbours.

Mortality rate from causes considered preventable in Wolverhampton has been consistently higher in males compared to females. However, the gap between males and females has reduced from 189.8 per 100,000 to 128.4 per 100,000.
Mortality rates from causes considered preventable in Wolverhampton 2001-03 to 2012-14 by specific preventable causes

- Mortality rate from cardiovascular disease considered preventable:
  - 2001/03: 23.4 (DSR per 100,000)
  - 2012/14: 53.2 (DSR per 100,000)

- Mortality rate from cancer considered preventable:
  - 2001/03: 0.1 (DSR per 100,000)
  - 2012/14: 0.1 (DSR per 100,000)

- Mortality rate from liver disease considered preventable:
  - 2001/03: 2.3 (DSR per 100,000)
  - 2012/14: 2.3 (DSR per 100,000)

- Mortality rate from respiratory disease considered preventable:
  - 2001/03: 23.4 (DSR per 100,000)
  - 2012/14: 53.2 (DSR per 100,000)
Excess Mortality rate in adults with serious mental illness
Excess mortality rate in adults with serious mental illness

The Disability Rights Commission has reported on serious inequalities experienced, in terms of reduced life expectancy, by those with severe mental illness. There is extensive published evidence that people with severe mental illness, such as schizophrenia, die between 15 and 25 years earlier than the average for the general population.

The ratio is expressed as a percentage of the observed number of deaths in adults in contact with secondary mental health services to the expected number of deaths in that population based on age-specific mortality rates in the general population of England.

Excess mortality rate in adults with serious mental illness in Wolverhampton is worsening

<table>
<thead>
<tr>
<th>Year</th>
<th>Excess Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>58.7</td>
</tr>
<tr>
<td>2010/11</td>
<td>48.5</td>
</tr>
<tr>
<td>2011/12</td>
<td>58.7</td>
</tr>
<tr>
<td>2012/13</td>
<td>58.7</td>
</tr>
<tr>
<td>2013/14</td>
<td>58.7</td>
</tr>
</tbody>
</table>

Wolverhampton 2013/14 (ISR)

England 2013/14 (ISR)

378.2

351.8
Excess mortality rate in adults with serious mental illness in Wolverhampton in 2013-14 is worse compared to England and West Midlands.

Excess mortality rate in adults with serious mental illness in Wolverhampton is worse compared to 8 of 15 CIPFA nearest neighbours.
Suicides (and injury of undetermined intent)
Suicides (and injury of undetermined intent)

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.

**Suicide age standardised rate in Wolverhampton 2001-03 to 2012-14**

Wolverhampton 2012/14 (DSR per 100,000) 8.8

England 2012/14 (DSR per 100,000) 8.9

Wolverhampton (DSR per 100,000)

2001/03 2.5 2012/14

2011/13 0.3 2012/14

**Suicide age standardised mortality rate in Wolverhampton is improving**
Suicides (and injury of undetermined intent)

Suicide rate in Wolverhampton in 2012-14 is better compared to the England and West Midlands average.

Suicide rate in Wolverhampton is better compared to 12 of 15 CIPFA nearest neighbours.

Age standardised rate of suicides in Wolverhampton has been consistently higher in males compared to females.

Gap between rate of suicides in males and females has increased from 3.3 in 1995/97 to 13.7 in 2004/06 and started reducing thereafter to 6.0 in 2009/10. However it has started increasing again and has reached 12.7 in 2012/14.
Suicides (and injury of undetermined intent)

In 2010-2014, suicide age standardised mortality rate is worse in 4 wards of Wolverhampton: Bushbury South and Low Hill, Park, Graiseley and Ettingshall.

In 2010-14, suicide age standardised mortality rate is lowest in 3 wards: Tettenhall Wightwick, Oxley and Bushbury North.

Suicide age standardised rate in 2010-14 is worst in most deprived areas of Wolverhampton.

Deprivation quintile (0-19.9 = most deprived to 80.0-100 = least deprived)

- Quintile
- Wolverhampton
- Comparator group
- England & Wales

Suicide age standardised mortality rate for persons aged 15+ (2010-2014) in Wolverhampton

Rate per 100,000

- 14.7 to 17.8 (4)
- 10.1 to 14.8 (5)
- 5.5 to 10.0 (8)
- 1.7 to 5.4 (3)

Wolverhampton

Comparator group

England & Wales

Most Deprived

Least Deprived

2010-2014
Deaths attributable to smoking
Deaths attributable to Smoking

Smoking remains the biggest single cause of preventable mortality and morbidity in the world. It still accounts for 1 in 6 of all deaths in England, and there exist huge inequalities in smoking related deaths: areas with the highest death rates from smoking are about three times as high than areas with the lowest death rates attributable to smoking.

Smoking attributable mortality rate in Wolverhampton is improving

<table>
<thead>
<tr>
<th>Year</th>
<th>Wolverhampton (DSR per 100,000)</th>
<th>England (DSR per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/09</td>
<td>307.3</td>
<td>274.8</td>
</tr>
<tr>
<td>2012/14</td>
<td>20.7</td>
<td></td>
</tr>
</tbody>
</table>

Wolverhampton

<table>
<thead>
<tr>
<th>Year</th>
<th>Smoking attributable mortality rate (DSR) in Wolverhampton from 2007-09 to 2012 - 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007 - 09</td>
<td>0.6</td>
</tr>
<tr>
<td>2008 - 10</td>
<td>0.6</td>
</tr>
<tr>
<td>2009 - 11</td>
<td>0.6</td>
</tr>
<tr>
<td>2010 - 12</td>
<td>0.6</td>
</tr>
<tr>
<td>2011 - 13</td>
<td>0.6</td>
</tr>
<tr>
<td>2012 - 14</td>
<td>0.6</td>
</tr>
</tbody>
</table>
Deaths attributable to Smoking

Smoking attributable mortality rate from heart disease has reduced from 41.5 per 100,000 in 2007/09 to 37.2 per 100,000 in 2012/14.

Similar pattern has been observed for smoking attributable mortality rate from stroke which has reduced from 14.7 per 100,000 in 2007/09 to 11.8 in 2012/14.

Smoking Attributable mortality rate in Wolverhampton in 2012-14 is significantly worse compared to the England and West Midlands average.

Smoking attributable mortality rate in Wolverhampton is better compared to 13 of 15 CIPFA nearest neighbours.
Excess Winter Deaths
Excess Winter Deaths

Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.

Excess Winter deaths index (all ages) in Wolverhampton is improving

<table>
<thead>
<tr>
<th>Year</th>
<th>Excess Winter Deaths in Wolverhampton (Ratio)</th>
<th>Excess Winter Deaths in England (Ratio)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001/04</td>
<td>16.2</td>
<td>15.6</td>
</tr>
</tbody>
</table>

Excess winter deaths (all ages) in Wolverhampton 2001/04 to 2011/14

- Wolverhampton 2011/14 (Ratio): 0
- England 2011/14 (Ratio): 4.6

The chart shows the excess winter deaths ratio from 2001/04 to 2011/14 for Wolverhampton, West Midlands, and England.
Excess Winter Deaths

Excess winter deaths index (all ages) in Wolverhampton in 2012-14 is better compared to the England and West Midlands average.

Excess winter deaths index in Wolverhampton is better compared to 12 of 15 CIPFA nearest neighbours.

Excess winter deaths index in Wolverhampton has been consistently higher in females compared to males. However the gap between males and females has reduced from 5.6 in 2001/04 to 2.1 in 2011/14.
Excess Winter Deaths in persons aged 85+

Excess Winter deaths index in persons aged 85+ in Wolverhampton is fluctuating

Wolverhampton 2011/14 (Ratio) 19.5

England 2011/14 (Ratio) 22.3

Wolverhampton (Ratio) 2.1

2001/04  2011/14

Wolverhampton (Ratio) 5.7

2010/13  2011/14
Excess Winter Deaths in persons aged 85+

Excess Winter deaths index (all ages) in Wolverhampton in 2012-14 is better compared to the England and West Midlands average.

Excess winter deaths index in Wolverhampton is better compared to 12 of 15 CIPFA nearest neighbours.

Excess winter deaths index in Wolverhampton has been consistently higher in females compared to males till 2009/12 and since then the trend has reversed.
What does this information tell us?

• Premature mortality from cancer, cardiovascular diseases, communicable diseases, causes considered preventable, suicide and smoking attributable mortality in Wolverhampton is improving.
• Premature mortality from liver diseases has worsened from 2001/03 to 2005/07; however the trend has reversed and is now improving.
• Premature mortality from respiratory diseases has worsened since 2001/03; however it has seen a slight drop in the last year.
• Excess mortality rate in adults with serious mental illness is worsening.
• Excess winter deaths index in persons aged 85+ is worsening.
• Premature mortality is consistently higher in males compared to females with an exception of suicides and excess winter deaths.
• The gap between males and females for all causes of premature mortality is reducing, with the exception of suicides.
• Premature mortality from causes considered preventable is improving; however premature mortality from liver and respiratory diseases considered preventable is increasing.
Indicative Commissioning needs

• Overall, premature mortality rates for the majority of conditions in Wolverhampton is worse than the England average. Lifestyle risk factors such as smoking, obesity and alcohol misuse are major contributors to the rate of premature mortality. Commissioned services need to focus on promoting healthier lifestyles and preventing the development of long term conditions that lead to premature mortality.

• This can be achieved through training service providers to Make Every Contact Count⁵ across health, social care and the voluntary sector.

Important terms

1. **Directly standardised rate (DSR)**: The DSR for an area is the number of deaths, usually expressed per 100,000, that would occur in that area if it had the same age structure as the standard population and the local age-specific rates of the area applied.

   Directly standardised mortality rate is calculated by dividing the number of deaths by the actual local population in a particular age group multiplied by the standard population for that particular age group and summing across the relevant age groups. The rate is usually expressed per 100,000.

2. **Indirectly Standardised rate (ISR) or (Standardised Mortality Ratio (SMR))**

   An SMR is essentially a comparison of the number of the observed deaths in a population with the number of expected deaths if the age-specific death rates were the same as a standard population. It is expressed as a ratio of observed to expected deaths, multiplied by 100.

   SMRs equal to 100 imply that the mortality rate is the same as the standard mortality rate. A number higher than 100 implies an excess mortality rate whereas a number below 100 implies below average mortality.

   A SMR is calculated as the number of deaths observed within an area divided by the expected number of deaths within that area. This ratio is then multiplied by 100. To arrive at the expected number of deaths, for each age group, the standard age-specific death rate is multiplied by the local population in that age group. The number of expected deaths in each age group are then summed across all ages to arrive at the expected number of deaths for the local population.
References

2. Public Health Mortality Database

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