OP- JSNA Factsheet 3: Mortality

Summary
The death rate in Southwark has been reducing for the last seventeen years. The gap between Southwark and London and England has also narrowed greatly. In the last ten years Southwark’s death rate has fallen from 786.5 per 100,000 in 2000 to 523.4 per 100,000 in 2009, bringing it broadly in line with the rate for London (523.1) and England (547.3). This is due to

- The population becoming less deprived in Southwark due to economic regeneration
- Better living standards
- Better access to preventive interventions (such as reduced smoking) and health care and interventions

This borough figure hides widespread inequalities between wards within the borough.

Definitions
Excess winter deaths are deaths that occur during the winter months (December – March) that are over and above the number of deaths expected if the death rate from
the preceding four months (August – November) and following four (April – July) were applied to the winter months.

Deaths from causes amenable to healthcare are deaths that could be prevented (prevention or treatment)

**The local picture**

Numbers of deaths per year are reducing in Southwark. In 2000 there were 1904 deaths and in 2009 there were 1402, a reduction of more than 25%. As figure 3.2 shows,

Between 2007–9 there were approximately 1500 deaths per year. Of these, on average 506 were male deaths over 65, and 554 were female deaths over 65. More detail is provided in figures 3.2 and 3.3. For males, around a third of deaths were from Cancer (34%), a third from cardiovascular disease (33%), and 16% were from respiratory disease. For females around a third of deaths were from cardiovascular causes (34%), a quarter were from cancer (26%) and 14% were from respiratory causes.

**Figure 2: Deaths among males aged 65 and over registered with Southwark PCT**

![Figure 2: Deaths among males aged 65 and over registered with Southwark PCT](image)

Source: ONS Annual District death extracts, 2007-2009
The majority of deaths among older people in Southwark are due to circulatory disease, cancer or respiratory disease. Trends are shown below. Across London and England and Southwark there has been a gradual reduction in the rate of death due to cancer.

Source: NCHOD 2011

Across Southwark, London and England there has been a steady reduction in the rate of death due to circulatory disease. Between 2000 and 2009 the decline was steeper in Southwark compared to London and England.
Southwark has high mortality rates from respiratory disease. Rates in London, England and Southwark have declined, though with more variation in Southwark. There were 116 deaths due to respiratory disease in 2000 and 88 in 2009.

Excess winter deaths

There were on average 68 excess winter deaths in Southwark across the three year period from 2005-2008. This is an excess rate of 14.2%, lower than the national excess rate (15.6%). During the period 2004-7 there were 72 excess winter deaths in Southwark, a 14.8% excess, compared to a 17.0% excess rate nationally.

What we know works

The Annual Public Health Report 2010 details the eight interventions to reduce deaths, which concern the reduction of risk factors for the major diseases.
**Local Action**

Health Checks for those aged 40-74 years are being implemented across Southwark in 2011/12. This will identify those with risk factors for the major killers and will channel them into services to change their lifestyle /reduce risk factors. This will reduce deaths from cardiovascular disease. Screening programmes for cancer (breast, colon) are reducing cancer mortality.

Smoking cessation services have targets to reach in terms of the numbers of people provided with brief interventions on stopping smoking. There are registers in primary care for the detection and management of people with respiratory and cardiovascular disease.

Vaccine preventable mortality includes deaths from pneumococcal pneumonia and influenza. Please see Preventing Ill health factsheet.

The Annual Public Health Report 2010 details further activity in primary and community care to reduce mortality.