**Topic summary: Life and death in Brighton & Hove**

What does this topic summary cover?
- How long do people in Brighton & Hove live and how does this compare?
- Is the situation the same for men and women? What about different parts of the city?
- What are the main causes of death locally?

**Current picture in Brighton & Hove**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life expectancy at birth</strong></td>
<td>79.5</td>
<td>83.4</td>
</tr>
<tr>
<td><strong>Healthy life expectancy at birth</strong></td>
<td>61.6</td>
<td>62.2</td>
</tr>
<tr>
<td><strong>Life expectancy at 65</strong></td>
<td>18.8</td>
<td>21.3</td>
</tr>
<tr>
<td><strong>Healthy life expectancy at 65</strong></td>
<td>10.7</td>
<td>10.9</td>
</tr>
</tbody>
</table>

**Life expectancy** is the average number of years a person can be expected to live. **Life expectancy at age 65** tells us the average number of years that a man or woman currently aged 65 can be expected to live.

**Healthy life expectancy** relates to the number of years people can expect to live **in good health**. It is therefore a better indicator than life expectancy of quality of life than life expectancy.

**Gender inequalities in life expectancy**

Gender has a big role to play in life expectancy: women live longer than men. In Brighton & Hove, they can expect to live an average **4 years longer**. There is less of a gender gap for healthy life expectancy. In Brighton & Hove, women spend about 7 extra months in good health compared to men.

The above refers to life expectancy at birth. The picture is similar for life expectancy at age 65. The gap between the sexes for life expectancy at 65 is around 3 years, but for healthy life expectancy at 65 is only 2 months.

**Percentage of life spent in poor health**

<table>
<thead>
<tr>
<th></th>
<th>Men:</th>
<th>Women:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22%</strong></td>
<td><strong>25%</strong></td>
<td></td>
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</tbody>
</table>
Geographic inequalities in life expectancy

Life expectancy also differs between and within geographical areas. In Brighton & Hove, as elsewhere, those from the most deprived areas live shorter lives and spend more time in ill health.

The wards with the highest levels of deprivation and lowest life expectancies in the city are Queen’s Park, Moulsecoomb & Bevendean, and East Brighton.

For life expectancy age 65, there is a difference in life expectancy of 4.9 years between the most and least deprived men aged 65, and 3.3 years for the most and least deprived women.

Since 2010-12, the difference in life expectancy between the most and least deprived has risen steadily for women, and sharply for men, although this gap started to reduce around 2013-15. Since 2010-12 the gap for men has increased by 1.4 years. Brighton & Hove also has the biggest inequality for men in the whole of the South East. For women the gap has increased by 7 months since 2010-12.

Differences in life expectancy between the most and least deprived groups are also widening nationally. However in contrast to the local trend, this difference is more noticeable for women.
How does life expectancy in Brighton & Hove compare?

For men, life expectancy (at both birth and age 65) is the same as for England; for women life expectancy is just above the national figures.

Healthy life expectancy at birth is lower for local men and women compared to England. This means that people in the city are spending a longer proportion of life in ill health than the average. At age 65, the gap is narrower for both men and women.

For both men and women, life expectancy and healthy life expectancy at birth and at 65 in the South East are consistently higher than in Brighton & Hove.

Life in good health is around 4 years shorter for women and 5 years shorter for men in Brighton & Hove compared to the South East.
Causes of death

Each year there are around 2,000 deaths in the city. Roughly one third of deaths are premature (before age 75).

Years of life

In recent decades local and national life expectancy at birth has risen steadily, particularly for men. For women, the rate of increase has slowed recently. This means that the gap in life expectancy between the sexes is narrowing. Since 2001-03, the gap has decreased by two years to the current value of four years.

Over the last five years both men and women have seen a decline in healthy life expectancy of around two years. The combined rise of life expectancy and decline of healthy life expectancy means a larger proportion of life is now spent in ill health.

Life expectancy at age 65 is also increasing

Both male and female life expectancies at age 65 have been increasing since 2001-03. Similarly to life expectancy at birth, the rate of change has been quicker for men and therefore the gap between the sexes at age 65 is also closing. In 2001-03, the gap was 3.5 years, and this has now reduced to 2.5 years.

The local trend is similar to the national trend. However, in 2001-03 life expectancy at birth for men was 1 year lower in Brighton & Hove compared to England. This gap has now closed and there is now no difference between the two. Life expectancy for women has been very similar in Brighton & Hove and England during this time.

Since 2001-03, life expectancy at birth has been higher in the South East than in Brighton & Hove for both men and women. However, this gap for men has been closing. In 2001-03, life expectancy at birth was 2 years lower in the city than in the South East but now is only 1 year lower. For women, the rate of increase has been similar to the South East and therefore there has been no real change to this gap.
Causes of death

Each year there are around 2,000 deaths in the city. Roughly one third of deaths are premature (before age 75).

- Cancers & neoplasms: 628 (29%)
- Circulatory diseases: 520 (24%)
- Respiratory diseases: 248 (12%)
- Mental & behaviour disorders: 158 (7%)
- Diseases of the nervous system: 147 (7%)
- Death not caused by disease: 129 (6%)
- Digestive diseases: 127 (6%)
- Other causes: 51
- Endocrine, nutritional & metabolic diseases: 31
- Genitourinary diseases: 29
- Infectious diseases: 27
- Musculoskeletal system: 20
- Infants: 11

2016 data
Compared to the England average, mortality rates for two key areas— all causes considered preventable and the following reductions in under-75 specific rates:

- **Cardiovascular diseases**: 53%
- **Cancer**: 17%
- **Liver disease**: 26%
- **Respiratory disease**: 8%

### Inequalities in mortality rates by deprivation

Mortality rates are falling across the city across the most and least deprived groups. Since 2006, the relative inequality gap has remained the same. This is an improvement as it had been widening previously. Large inequalities in the city remain, with the mortality rate of the most deprived person being nearly twice that of the least deprived.

23% of deaths are attributable to deprivation
That's around 600 deaths a year

### How do Brighton & Hove mortality rates compare?

This image shows how Brighton & Hove compares to England for the selected life expectancy and causes of death indicators.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Brit &amp; Hov</th>
<th>Region England</th>
<th>England</th>
<th>Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (Male)</td>
<td>2014 - 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Life expectancy at birth (Female)</td>
<td>2014 - 16</td>
<td></td>
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<tr>
<td>Infant mortality</td>
<td>2014 - 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Killed and seriously injured on roads</td>
<td>2014 - 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Suicide rate</td>
<td>2014 - 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking related deaths</td>
<td>2014 - 16</td>
<td>1,106</td>
<td>226.2</td>
<td>238.5</td>
<td>272.0</td>
</tr>
<tr>
<td>Under 75 mortality rate: cardiovascular</td>
<td>2014 - 16</td>
<td>391.7</td>
<td>68.4</td>
<td>61.5</td>
<td>73.5</td>
</tr>
<tr>
<td>Under 75 mortality rate: cancer</td>
<td>2014 - 16</td>
<td>777.7</td>
<td>136.6</td>
<td>126.9</td>
<td>136.8</td>
</tr>
<tr>
<td>Excess winter deaths</td>
<td>Aug 2013 -</td>
<td>322.6</td>
<td>16.8</td>
<td>17.4</td>
<td>17.9</td>
</tr>
</tbody>
</table>

Compared to the England average, mortality rates for two key areas— all causes considered preventable and communicable diseases - are worse in Brighton & Hove. Mortality rates for the other major disease-related causes of death are comparable to England.

Around one in twenty deaths in the city (5%) are not caused by disease – these are predominantly accidents or suicide. Brighton & Hove has the fifth highest suicide rate in England.

Brighton & Hove also has a high rate of deaths and seriously injured causalities on roads, compared to England and the South East.
Future trends
Nationally, life expectancy is predicted to continue rising. Although recent data suggests the rate of increase will slow down, and life expectancy may begin to plateau. It is more difficult to model healthy life expectancy estimates. However, if recent trends continue, there will be a further decline in healthy life expectancy. This means people in Brighton & Hove will be spending more years in ill health. Furthermore, without a change in current trends, inequalities in all deaths will widen.

How can we reduce inequalities in life expectancy and improve healthy life expectancy for all?
How long we live - and crucially, the proportion of this we spend in good health - depends upon a complex mix of factors. These relate to our childhood (including the genes we inherit and the quality of our early years), how we live (whether we smoke, what we eat, how much alcohol we drink, how active we are), where we live (including the quality of our housing), our work and income, and how we grow old.
The best way to add years of health to life and keep people healthy for longer is through joined up, strategic work, using the best available evidence to tackle those factors that cause ill health and disability. Work needs to take place at both national and local level and encompass:

• civic interventions, through health in all policies approaches, legislation, taxation and campaigns to make healthy choices easier. Includes targeted support and enforcement to extend the impact
• community engagement for those most in need, and
• effective services, delivered with system, scale and sustainability.

Further information on what should be done to tackle inequalities can be found here: https://www.gov.uk/government/publications/reducing-health-inequalities-in-local-areas

**Summary**

In Brighton & Hove, as nationally, the number of years that someone can expect to live (life expectancy) has risen steadily in recent decades. Locally, life expectancy has reached 79.5 years for men and 83.4 years for women. This is similar to the national figures, but below the regional figures for the South East.

Although there is a persistent gender gap between men and women, with men currently living 4 years less than women, this gap has been narrowing and is at its smallest. The gap associated with deprivation however has been widening. Locally, a man in the most deprived area lives an average 10 years less than the least deprived man in the city. For females this gap is around 6 years. This gap has been increasing since 2010, particularly for men, where the inequality gap in Brighton & Hove is the highest in the South East.

The amount of years lived in good health (healthy life expectancy) is similar for men and women (61.6 for men; 62.2 for women). For both men and women, this is lower than nationally, and much lower than for the region. Women in Brighton & Hove enjoy four years fewer in good health, and men five years, compared to the South East as a whole.

Increases in life expectancy have slowed in recent years, and over the last five years, both men and women have seen a decline in healthy life expectancy of around two years.

Each year there are round 2,000 deaths in the city. Nearly a third of all deaths in the city are due to cancer (29% of deaths). Other main causes are circulatory disease (24%) and respiratory diseases (12%). Around 600 deaths a year are attributable to deprivation, representing 23% of all deaths. Mortality rates are falling, however the mortality rates of the most deprived are still twice that of the least deprived. Areas where we compare unfavourably include suicide, communicable diseases and all causes considered preventable as a whole. If Brighton & Hove had the same mortality rates as the South East there would be 383 fewer deaths in a three year period.

Improving life expectancy and healthy life expectancy and tackling inequalities within this requires strategic action at a number of levels, from a range of partners.

**How do I find out more?**

Much of the information in this report has been produced using the Office for National Statistics (ONS) Primary Care Mortality database and vital statistics tables, which are not routinely available. Resources that are routinely available include the ONS annual life expectancy statistical bulletin which includes more information on the national picture. The corresponding data tables are available to download, and contain life expectancy and healthy life expectancy figures at local authority level. These are updated annually in November.
The Public Health Outcomes Framework data tool has a number of life expectancy indicators which are updated annually following the ONS update. This is where you can find information on inequality in life expectancy, and compare Brighton & Hove to other local authorities, and at a regional and national level.

In July 2017 Public Health England published Chapter 1: life expectancy and healthy life expectancy, which gives a national overview of life expectancy including how it has changed over time.

Natalie Johnston and Jenny Hacker, May 2018