Health Profile for Lambeth 2022

Section 2 – Life Expectancy and Mortality

Contents

Findings – life expectancy

Life expectancy in Lambeth has decreased

There was a decrease of 2-3 years in the life expectancy

83 Years ♀ 77 Years ♂

Six years difference between life expectancy

Lower than England or London

Lambeth male life expectancy is 1-2 years lower

Where you live in determines how long you live

Life expectancy is higher for people in lower deprivation

Gap between most and least deprived

4-6 years difference in life expectancy due to deprivation

Gap lower than England or London

70% of Lambeth's population in an area of high deprivation

COVID-19 contributed to gap in females

Biggest contributor to female life expectancy gap

Circulatory disease in males causes gap

Biggest contributor to male life expectancy gap

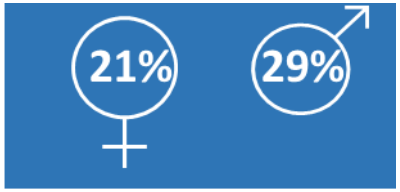
Gap in life expectancy due to deprivation

Biggest gap between 60 – 79 year olds

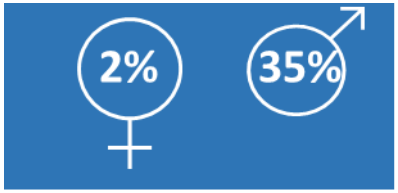
Findings – Mortality

Mortality rates in Lambeth increased

Rates increased more than the national increase



Similar all cause mortality rates for males and females



Under 75 males much higher all cause mortality rates

Leading cause of death depends on age of death

COVID-19 was the major cause of death in 2020

Older and middle aged deaths are preventable

Cardiovascular, cancer, COPD cause most deaths

Younger persons deaths are avoidable

Accidents and acts of violence cause most deaths

Female mortality rates worse than London

Cardiovascular mortality rate better than London or England

Male rates worse than England or London

Liver disease mortality rate better than London or England

Deprivation affects what you die from

Higher deprivation = higher rates of preventable deaths

2.1 Life expectancy

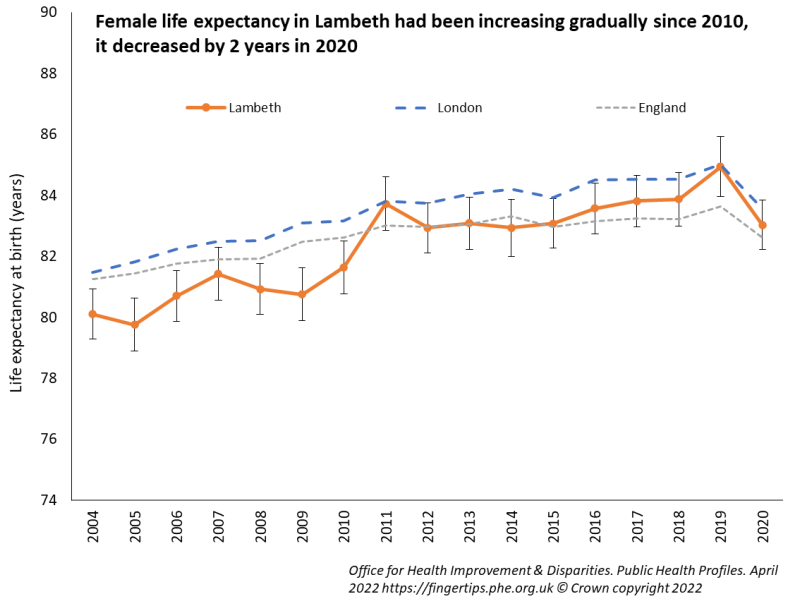
Life expectancy at birth is the average number of years a newborn can expect to live if current death rates do not change. The death rate of any birth cohort cannot be known in advance and calculations are based only on current death rates. If death rates fall in the future, actual life spans will be higher. Between 2004 and 2018 life expectancy for females and males in Lambeth improved because of reduced deaths from cardiovascular diseases, cancers, infant deaths, and other causes. This section presents the single year measure of life expectancy as they are more sensitive to short term changes in mortality rates.

Life expectancy was generally improving year on year from 2010 for both males and females in Lambeth. The COVID-19 pandemic appears to have drastically affected life expectancy in Lambeth; life expectancy at birth is now at its lowest level for 10 years in both males and females.

Female single year life expectancy in 2020 in Lambeth is 83 years; in 2019 female single year life expectancy was 85 years. [1]

Male single year life expectancy in 2020 is 77 years[2]; in 2019 male single year life expectancy was 80 years. This trend is reflected regionally and nationally.

Figure 1.01: Life expectancy for females at birth (1 year period), 2004 to 2020



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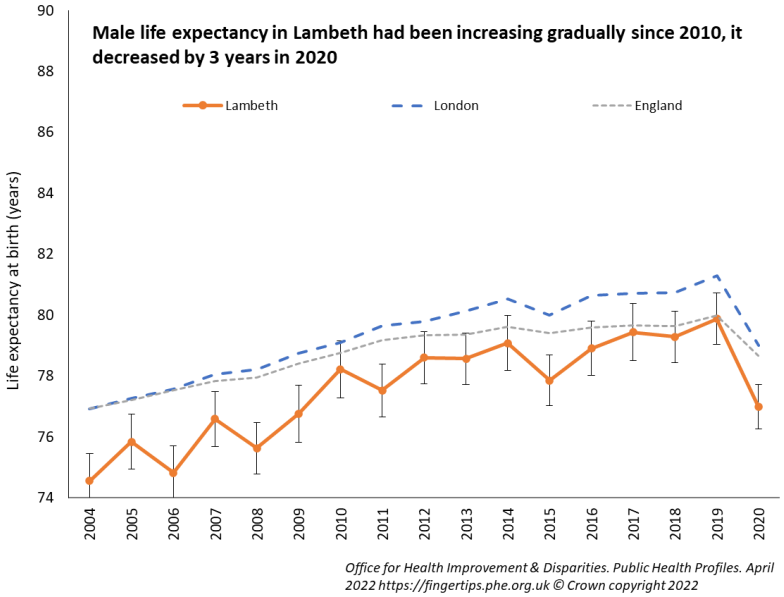
[1] Life expectancy at birth (Female, 1 year range) OHID

[2] Life expectancy at birth (Male, 1 year range) OHID

Figure 1.02: Life expectancy for males at birth (1 year period), 2004 to 2020



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2.2 Inequalities in life expectancy between males and females

Life expectancy may be calculated for a single year (**figures 1.01 and 1.02**) or for several years. The analysis presented in this section uses pooled 3-year life expectancies as this smooths any annual variation in this measurement.

For those born in the pooled period, 2018 to 2020, **table 1.01**; average life expectancy is estimated at approximately 79 years for males and 84 years for females in Lambeth – this is like the value for England males and females but lower than the value for London males and females.[3],[4]

In Lambeth the gap between female and male life expectancies is wider than the gap across London or England. Females in Lambeth are expected to live 5.3 years longer than males, compared to 4.1 years in London or 3.7 years across England

Table 1.01: Life expectancy of males and females: Lambeth, London, England

Gender	Lambeth	London	England
Female	83.9	84.3	83.1
Male	78.6	80.2	79.4
Gap	5.3	4.1	3.7

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Table 1.02: Life expectancy of males and females in Lambeth IMD deciles 2018 – 2020

IMD	Female	Male	Gap
1	83.2	75.1	8.1
2	81.3	75.9	5.4
3	83.5	76.6	6.9
4	83.7	79.5	4.2
5	85.3	78.9	6.4
6	85.1	80.8	4.3
7	83.5	79.3	4.2
8	84.2	79.5	4.7
9	84.1	79.8	4.3
10	87.2	80.9	6.3

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Most deprived

Least deprived

[3] Life expectancy at birth (Male, 3 year range) OHID

[4] Life expectancy at birth (Female, 3 year range) OHID

2.3 Inequalities in life expectancy because of deprivation

The difference between male and female life expectancy is seen regionally, nationally, and internationally. There is a difference between male and female life expectancy within Lambeth; this section shows how life expectancy for males and females varies by decile of deprivation (table 1.02), The general trend for life expectancy in males and females in Lambeth is decreasing life expectancy with increasing deprivation. Life expectancy for people living in the least deprived decile is greater than those living in all other deciles.

Figure 1.03: Life expectancy of females in Lambeth IMD deciles 2018 – 2020

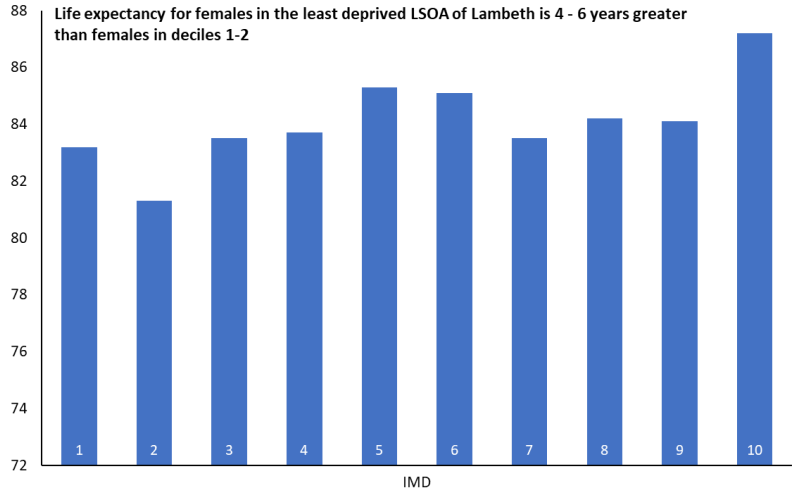

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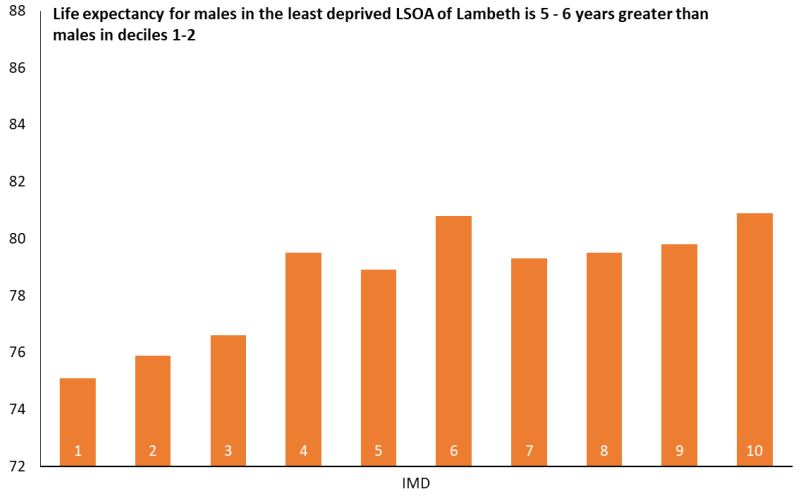
Figure 1.04: Life expectancy of females in Lambeth IMD deciles 2018 - 2020



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2.4 Inequalities in life expectancy - summary

The single year overall life expectancy for males and females in Lambeth has decreased by three years and two years respectively since 2019.

We know the life expectancy for Lambeth females is approximately the same as the life expectancy for females in London and England, but the life expectancy for Lambeth males is lower than the average life expectancy for males in London and England.

The gap between male and female life expectancy, a little over five years, is higher in Lambeth than in London or England.

Life expectancy in adults is lower for people living in areas of higher deprivation, **table 1.02** shows there are nearly 6 years of difference in life expectancy between IMD decile 2 and the least deprived decile for Lambeth females in the pooled period 2018 – 2020. Similarly, the life expectancy of Lambeth males living in IMD decile 1 is approximately 6 years lower than male life expectancy in the least deprived decile of Lambeth.

The difference in life expectancy between males and females within a decile is also affected by deprivation. In each IMD decile life expectancy is at least 4 years lower for Lambeth males than Lambeth females. The difference is greatest in deciles 1, 3, and 5 where the difference is greater than 6 years and as high as 8 years for decile 1.

Using all the information presented in the previous sections the deprivation affecting an area, as measured by the IMD, affects the life expectancy of the population in the area.

We know people who live in less deprived areas have a higher life expectancy than those living in more deprived areas (in some cases nearly six years more), and we know their life expectancy is higher than the average life expectancy in Lambeth (at least three years more).

We know females in Lambeth will live longer than males in Lambeth and this difference is highest in the least deprived and most deprived deciles. Females living in IMD decile 1 have a life expectancy eight years greater than males in IMD decile 1, whereas females in the least deprived decile of Lambeth have a life expectancy six years higher than males in the least deprived decile of Lambeth.

2.5 Life expectancy gaps – differences within gender because of deprivation

The OHID Segment tool[5] provides a useful breakdown of life expectancy gaps by cause of death as well as the differences in life expectancy between the most deprived and least deprived quintiles of Lambeth's population.

A gap in life expectancy is evident for both males and females, it is greater for males than females: 5.7 years compared to 4.8 years, **table 1.03 – 1.05**. In London the absolute gap for males is 6.9 years and for females it is 5.1 years, in England the absolute gap is approximately 8.6 years for males and 7.1 years for females.

While the gap in life expectancy for Lambeth is high, it is lower than the inequality gap for London or England. This is most likely explained by the distribution of deprivation within Lambeth's population, most of Lambeth's population live in areas of high deprivation. As described in the demography section, 20% of Lambeth LSOAs are in the most deprived areas in England (Decile 1 or 2), and nearly 70% of Lambeth's LSOAs are in the 40% most deprived areas in England.

Table 1.04 and table 1.05, as well as **figures 1.05 and 1.06**, show the life expectancy at birth in the most and least deprived quintiles of Lambeth, London, and England for males and females.

Table 1.03: Inequalities in life expectancy within Lambeth 2020 to 2021

Life expectancy at birth:	Female	Male
in the most deprived quintile of Lambeth	80	74.7
in the least deprived quintile of Lambeth	84.9	80.4
Gap in life expectancy between least deprived and most deprived quintile in Lambeth	4.8 years	5.7 years

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Table 1.04: Inequalities in life expectancy within quintiles 2020 to 2021

Life expectancy at birth in the most deprived quintile of:	Female	Male
Lambeth	80	74.7
London	75.9	81
England	73.7	78.4

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[5] OHID segment tool

Table 1.04: Inequalities in life expectancy within quintiles 2020 to 2021

Life expectancy at birth in the least deprived quintile of:	Female	Male
Lambeth	84.9	80.4
London	82.8	86
England	82.2	85.5
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The life expectancy of females in the most deprived quintile of Lambeth is higher than London and England by 4 and 6 years respectively. The life expectancy of males in the most deprived quintile of Lambeth is lower than London and England by 6 and 3 years respectively.

The life expectancy of females in the least deprived quintile of Lambeth is higher than London and England by 3 and 2 years respectively. The life expectancy of males in the least deprived quintile of Lambeth is lower than London and England by 6 and 5 years respectively.

Figure 1.05: Inequalities in life expectancy at birth within the most deprived quintiles of Lambeth, London, and England 2020 – 2021

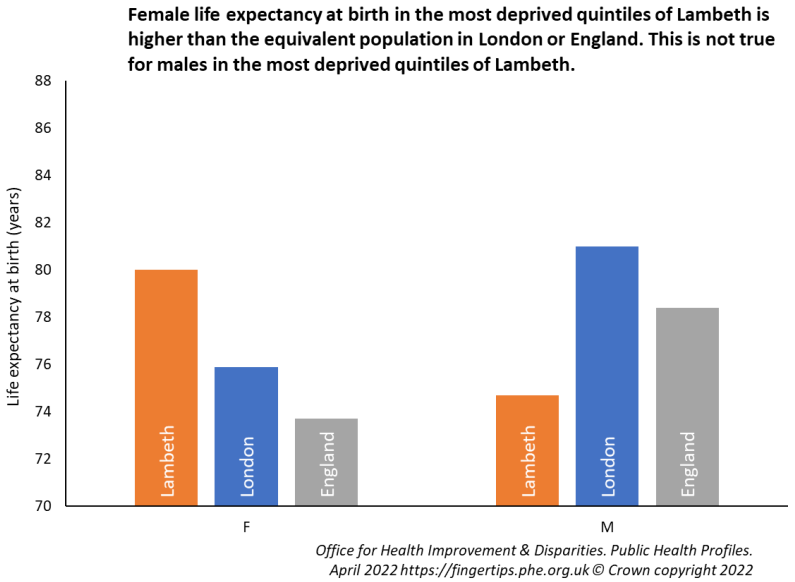
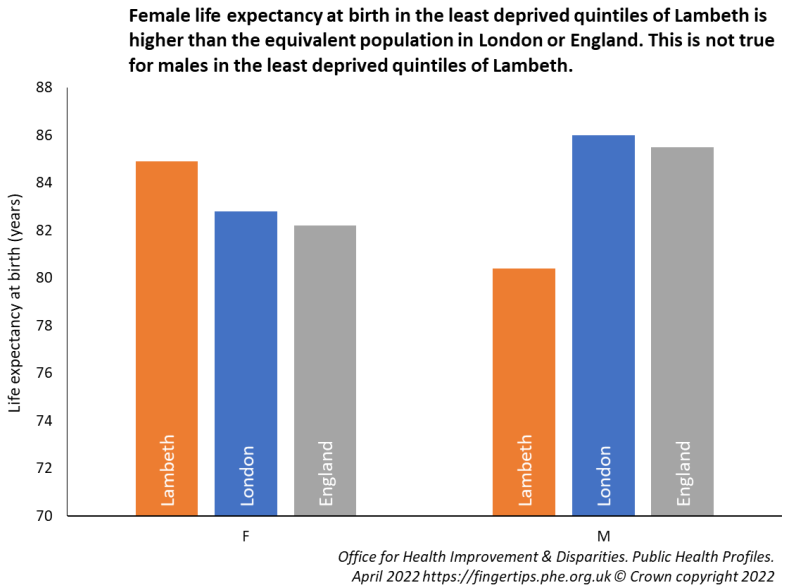


Figure 1.06: Inequalities in life expectancy at birth within the least deprived quintiles of Lambeth, London, and England 2020 – 2021



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2.6 Life expectancy gaps – which diseases contribute to the gap?

The PHE Segment tool can be used to create a breakdown of life expectancy gaps by cause of death during the 2020 to 2021 period. Figure 1.07 and figure 1.08 shows the disease groups driving the differences in life expectancy for males and females in the most deprived decile compared to those in the least deprived decile; in the most deprived decile, a disproportionately larger number of people are dying from the disease, than in the least deprived decile. The life expectancy gap for females is 4.8 years and for males it is 5.7 years.

The greatest contribution to the gap for males is circulatory diseases (27%) followed by cancer (19%). The greatest driver of the gap for females is COVID-19. COVID-19 deaths alone accounted for 2.4 years of the of the lost life expectancy in Lambeth females.

Males living in the most deprived areas of Lambeth are overwhelmingly affected by deaths due to COVID-19, circulatory disease and cancer, whereas females living in the most deprived areas are affected more by deaths due to COVID-19.

Table 1.06 shows which disease groups drive the differences in life expectancy for males and females within Lambeth.

Percentage contribution to gap	Female	Male
Deaths under 28 days	1%	0%
Other	3%	12%
Mental and behavioural	2%	2%
External causes	1%	5%
Digestive	10%	5%
Respiratory	13%	8%
Cancer	11%	19%
Circulatory	10%	27%
COVID-19	50%	23%

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Figure 1.07: The breakdown of the female life expectancy gap between the most deprived quintile and least deprived quintile of Lambeth, by broad cause of death, 2020 to 2021 (provisional)

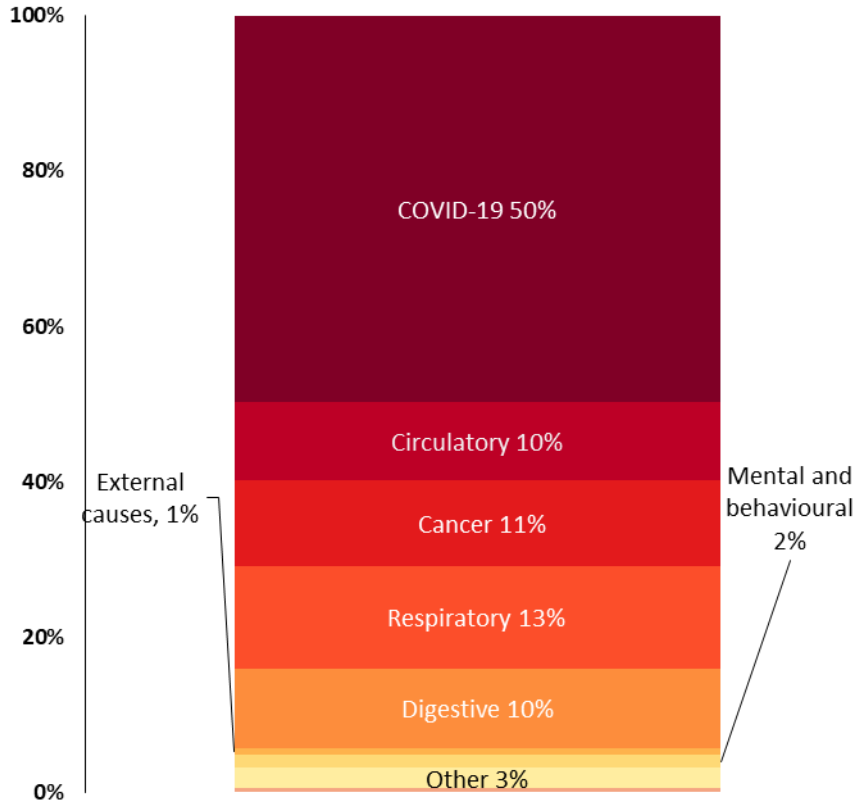

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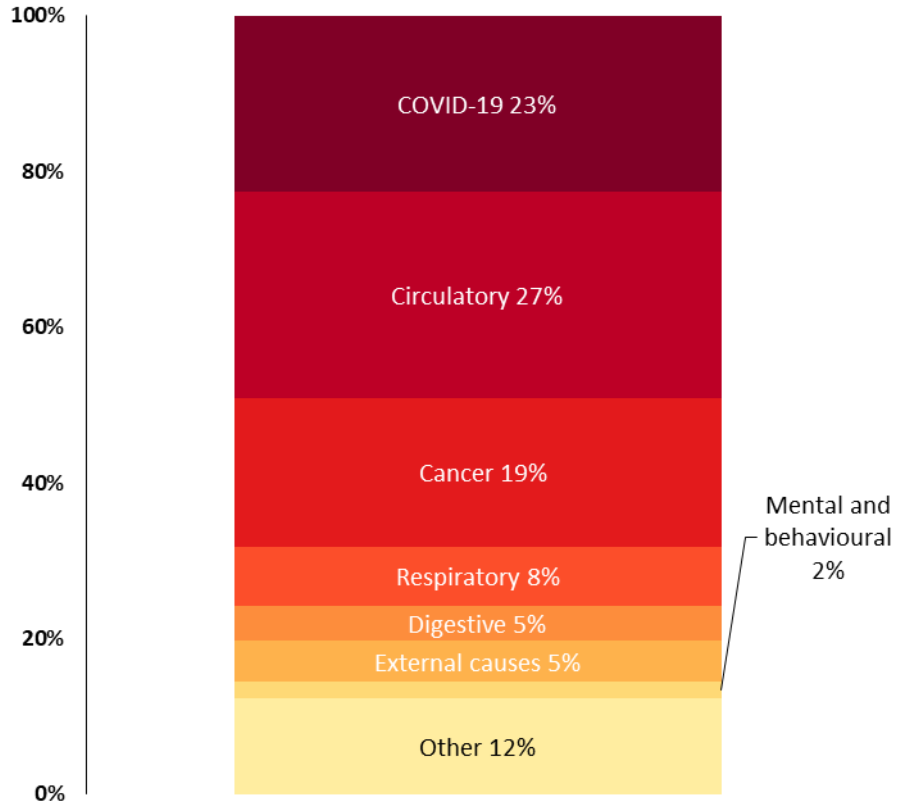
Figure 1.08: The breakdown of the male life expectancy gap between the most deprived quintile and least deprived quintile of Lambeth, by broad cause of death, 2020 to 2021 (provisional)



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2.7 Life expectancy – how does age contribute to the gap?

Figure 1.08 and figure 1.09 shows the discrepancy between life expectancy gap in different age groups between the most and least deprived quintiles within Lambeth. Lambeth females, figure 1.09, have bigger life expectancy gaps in the 60-79 and 40-59 age groups than any other female age groups in Lambeth. These groups contribute 2.8 and 0.92 years to the 4.8 years life expectancy gap between most and least deprived quintiles. Suggesting the life expectancy of Lambeth females in these age groups is much lower if they live in an area of higher deprivation.

Lambeth males, figure 1.10, have bigger life expectancy gaps in the 60-79 and 40-59 age groups than any other age groups. These groups contribute 4.45 and 1.13 years to the 5.7 years life expectancy gap between most and least deprived quintiles. Suggesting the life expectancy of Lambeth males in these age groups is much lower if they live in an area of higher deprivation.

Table 1.07 shows the discrepancy between life expectancy gap in different age groups between the most and least deprived quintiles within Lambeth.

Age group	Female	Male
<1	1%	0%
10 -19	0%	0%
20-39	5%	6%
40-59	19%	19%
60-79	58%	74%
80+	17%	1%

Source: Office for Health Improvement & Disparities. Public Health Profiles. May 2022 https://fingertips.phe.org.uk © Crown copyright 2022

Figure 1.09: The breakdown of the female life expectancy gap between the most deprived quintile and least deprived quintile of Lambeth, by broad age group, 2020-21

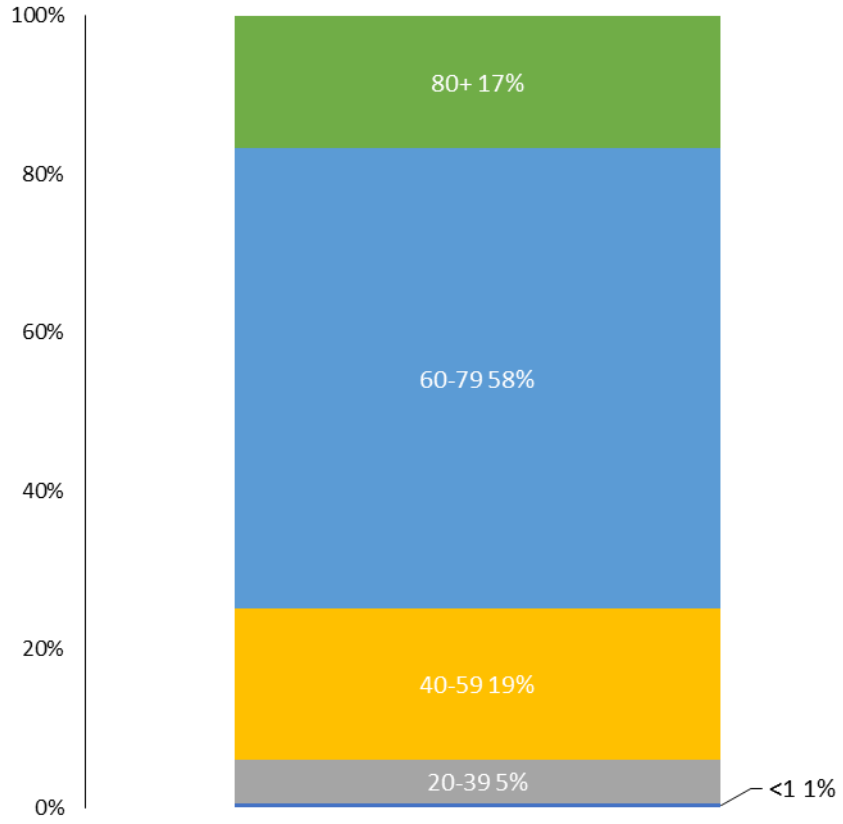

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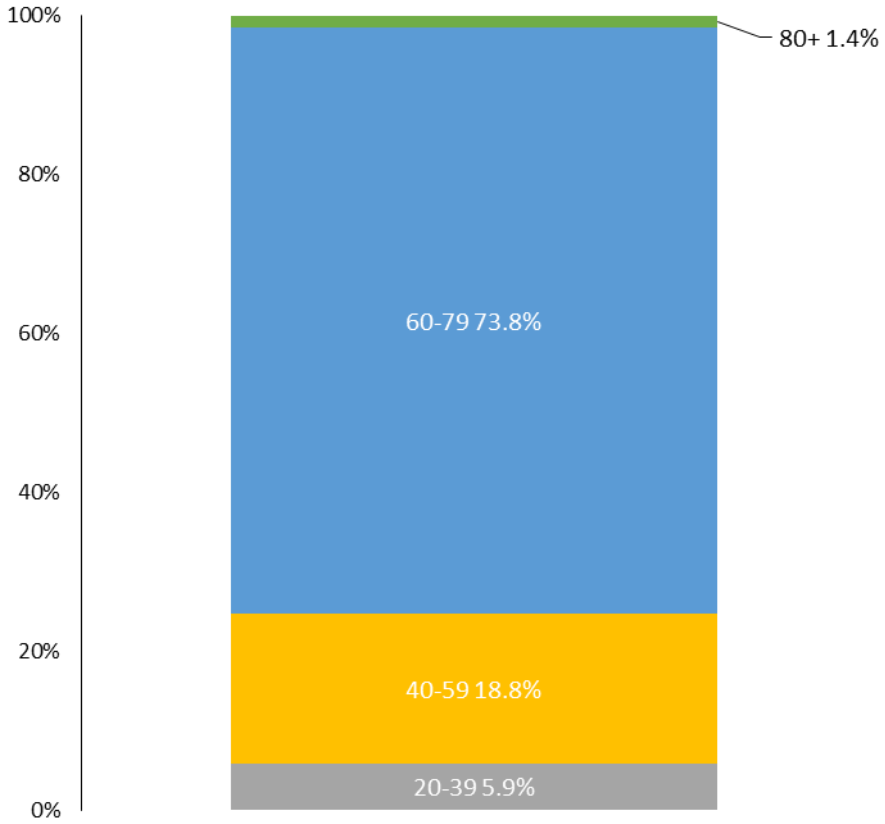
Figure 1.10: The breakdown of the male life expectancy gap between the most deprived quintile and least deprived quintile of Lambeth, by broad age group, 2020-21



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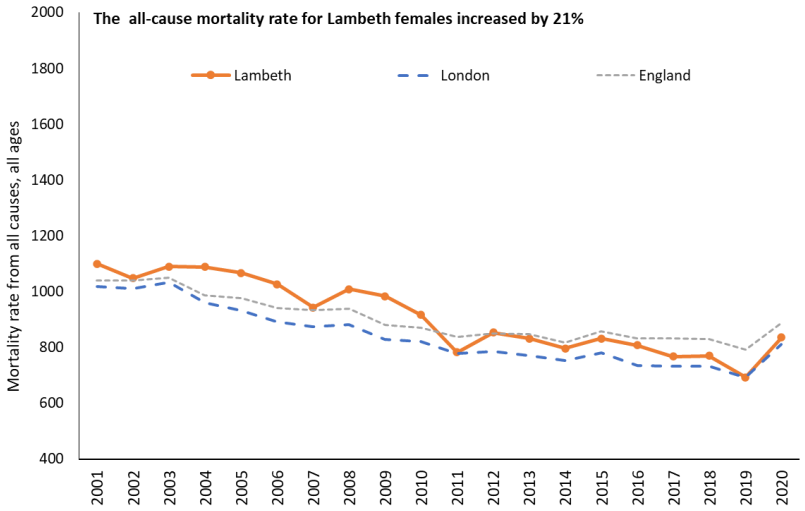
2.8 All-cause mortality – all age in Lambeth, London, and England

Figure 1.11 and figure 1.12 shows the trend in age standardised mortality rates for all ages. Mortality rates for all ages declined from 2001 to 2019. However, there was an increase in the all-cause mortality for males and females between 2019 and 2020 in Lambeth, London and England. In England the increase was 15% for males and 12% for females. In Lambeth the increase was 21% and 29% respectively.[6]

The all-cause mortality rate in Lambeth males and females remains high; and in Lambeth males in 2020 was higher than males in London or England and much higher compared to the mortality rate for females in Lambeth, London, or England.

The change in rate from 2019 to 2020 was much higher in males than in females.

Figure 1.11: Age-standardised mortality rate per 100,000 female population, all ages 2001 to 2020



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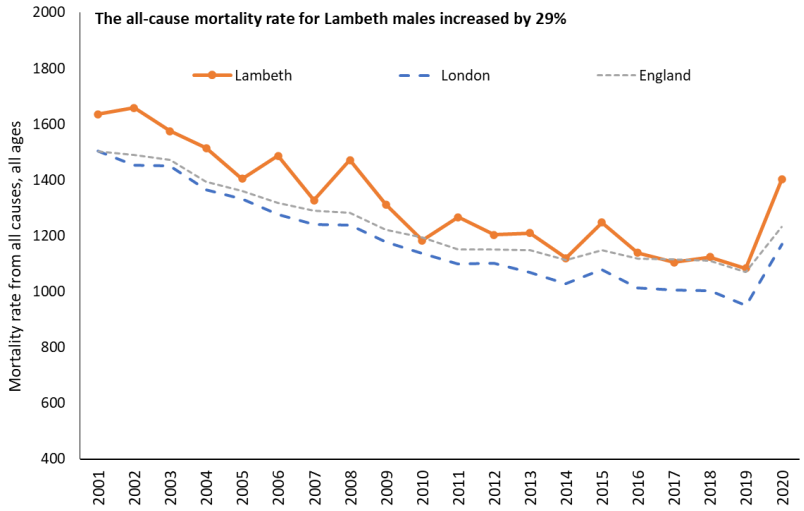
[6] OHID mortality profile

Figure 1.12: Age-standardised mortality rate per 100,000 male population, all ages 2001 to 2020



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2.9 All-cause mortality – under 75 in Lambeth, London, and England

Figure 1.13 and figure 1.14 shows the trend in age standardised mortality rates for those under 75. Mortality rates for under 75 age group generally declined between 2001 and 2019 for females in Lambeth before slightly increasing between 2019 and 2020. For males the rate generally declined between 2001 to 2019 before increasing between 2019 and 2020. In England the increase was 15% for males and 12% for females. In Lambeth the increase was 35% and 2% respectively.[6]

The under 75 all-cause mortality rates in Lambeth males in 2020 was higher than males in London or England and much higher than the mortality rate compared to females in Lambeth, London, or England.

The change in rate from 2019 to 2020 was much higher in males than in females, figure 1.15.

Figure 1.13: Age-standardised mortality rate per 100,000 female population, under 75 2001 to 2020

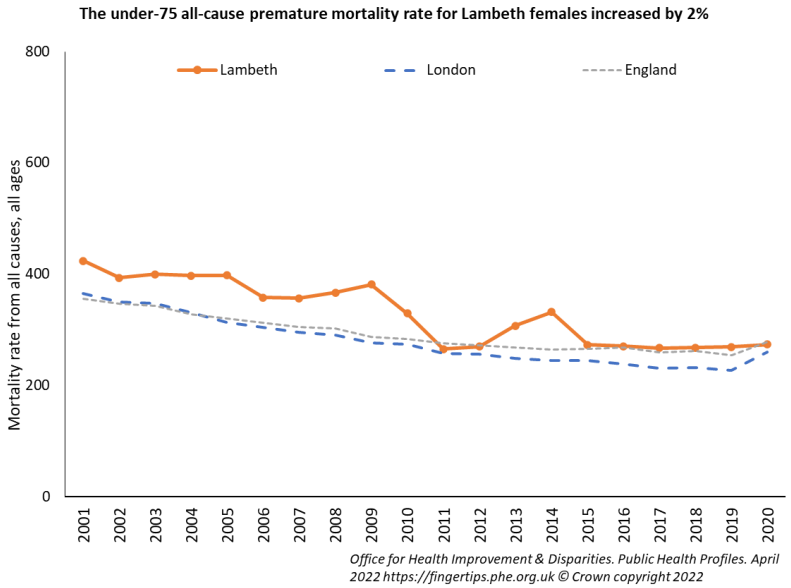


Figure 1.14: Age-standardised mortality rate per 100,000 male population, under 75 2001 to 2020

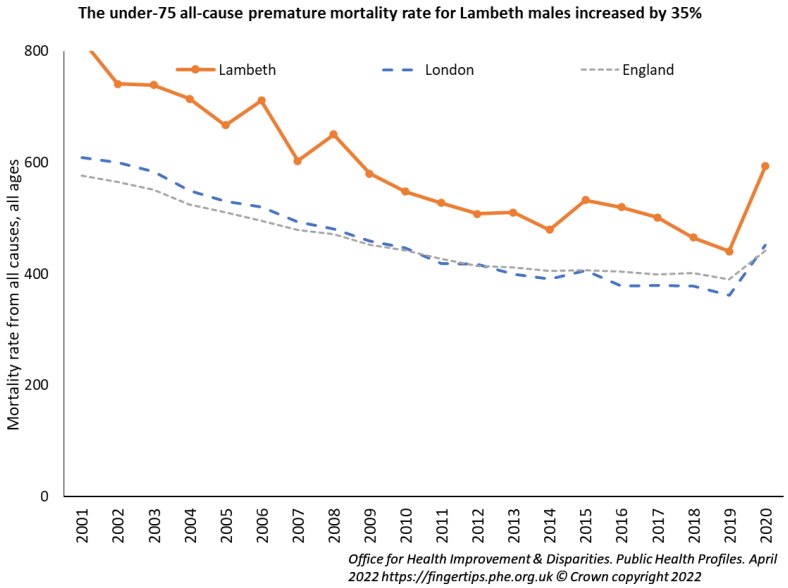
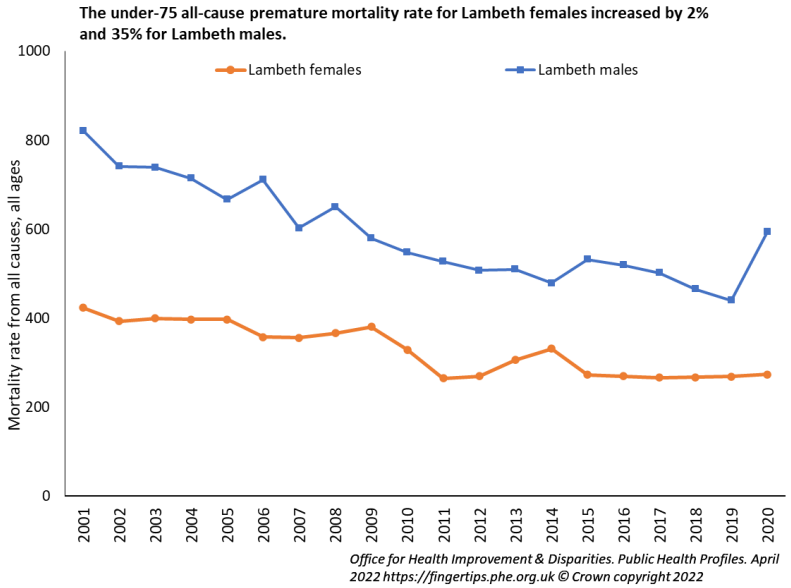


Figure 1.15: Age-standardised mortality rate per 100,000 male population, under 75 2001 to 2020



2.10 Leading causes of death 2020

Figure 1.16 and figure 1.17 shows the five leading causes of death for the single years 2020 and 2021 respectively in Lambeth during the Covid-19 pandemic.[7],[8]

The overall leading cause of death in 2020 in Lambeth was COVID-19 in the all-age group. Other causes varied by age group. For example, the leading cause in the 80+ group was Alzheimer's and Dementia. In 2020 in Lambeth the second leading cause of death for the 20 – 49 age group was suicide or accidental poisoning. Those between 50 – 79 were dying because of Ischaemic heart disease and those over 80 were dying with Alzheimer's and dementia.

Some of the leading causes of deaths can be thought of avoidable (either through prevention or treatment). Reducing the number of deaths which are preventable and treatable remains an important priority.

2.11 Leading causes of death 2021

The leading causes of deaths overall for 2021 in Lambeth for all age groups was COVID-19. Again, there are differences between the age groups in the registered cause of death in 2021.

The leading and second rank cause of death for the 20 – 34 age group was suicide and assault. For the 35-49 group the leading cause was ischaemic heart disease. The second rank cause for those aged 50 – 79 was Ischaemic heart disease and those 80+ was Alzheimer's and dementia.

[7] Primary Care Mortality Database - NHS Digital

[8] SAPE23DT2: Mid-2020 Population Estimates for Lower Layer Super Output Areas in England and Wales by Single Year of Age and Sex: Office for National Statistics licensed under the Open Government Licence.

Figure 1.16: The leading causes of deaths for Lambeth residents in 2020

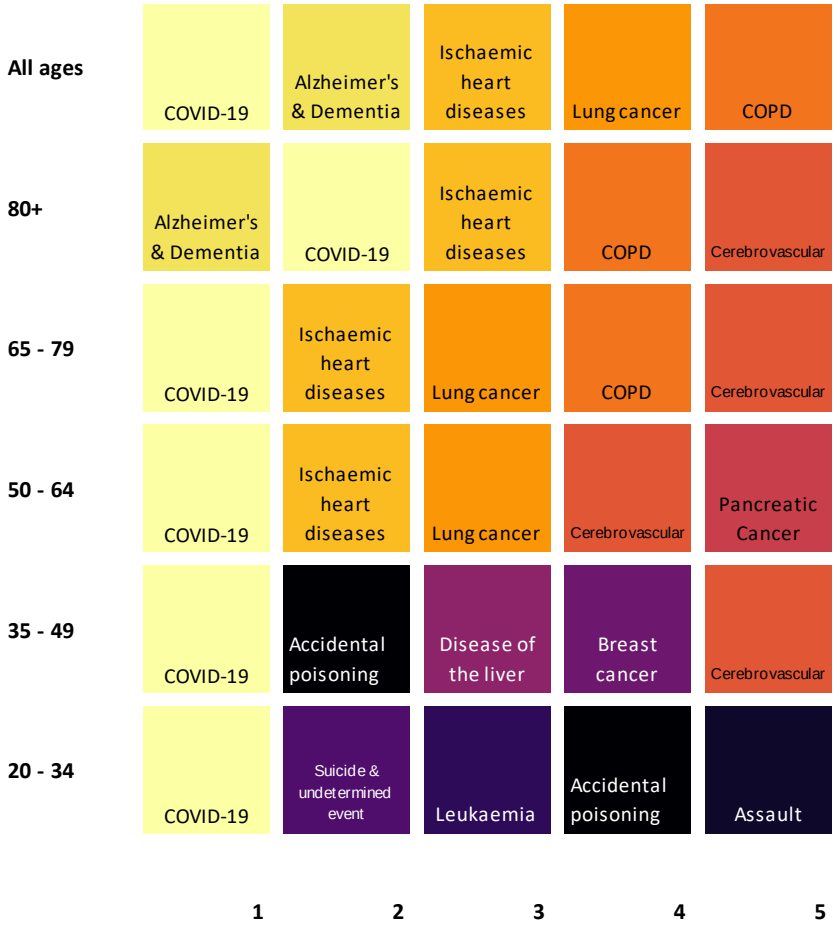


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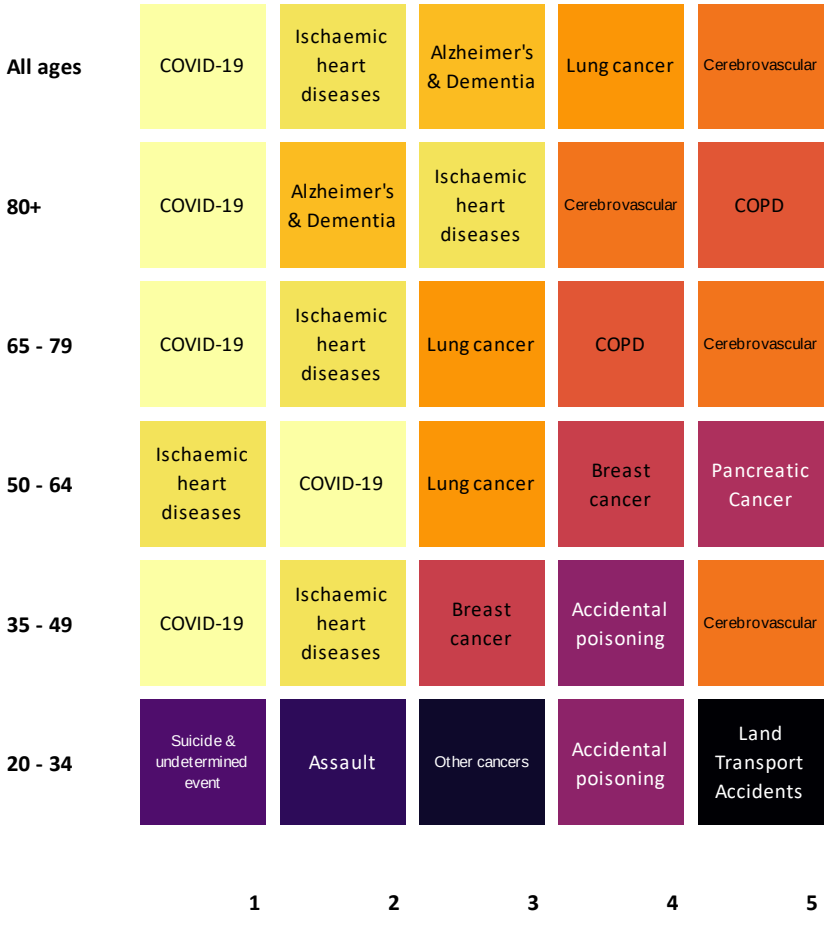
Figure 1.17: The leading causes of deaths for Lambeth residents in 2021



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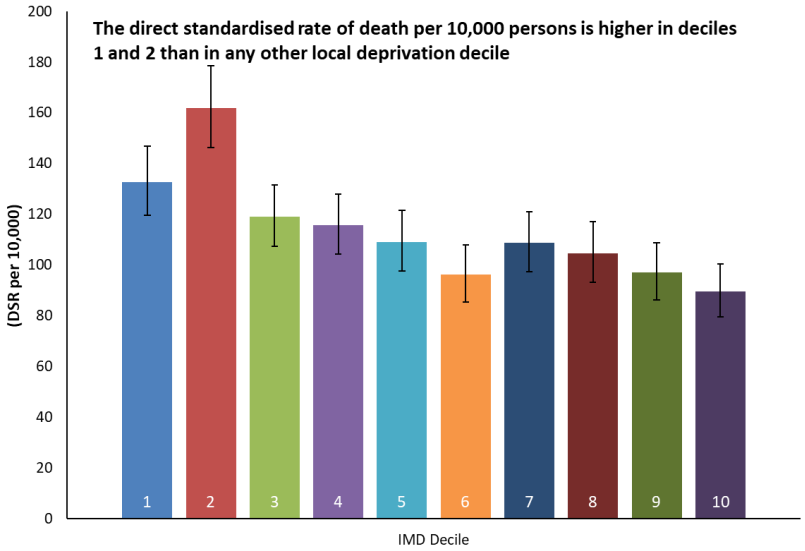
2.12 Leading causes of death - inequalities and local deprivation

Figures 1.18 to 1.24 show how the leading causes of death, as described above in figures 1.16 and 1.17, are distributed geographically in Lambeth by areas of deprivation. We are using the local deciles of deprivation, rather than the national deciles of deprivation, as they are more applicable to this type of analysis. [7]

Figure 1.18 shows deaths in Lambeth in 2020 – 2021 were unevenly distributed, the direct standardised rate of death per 10,000 persons was considerably higher in deciles 1 and 2 than in any other local deprivation decile. This suggests deaths in this period were concentrated within those areas with higher levels of deprivation in Lambeth.

Figure 1.18: All deaths 2020 – 2021 persons by local deprivation decile



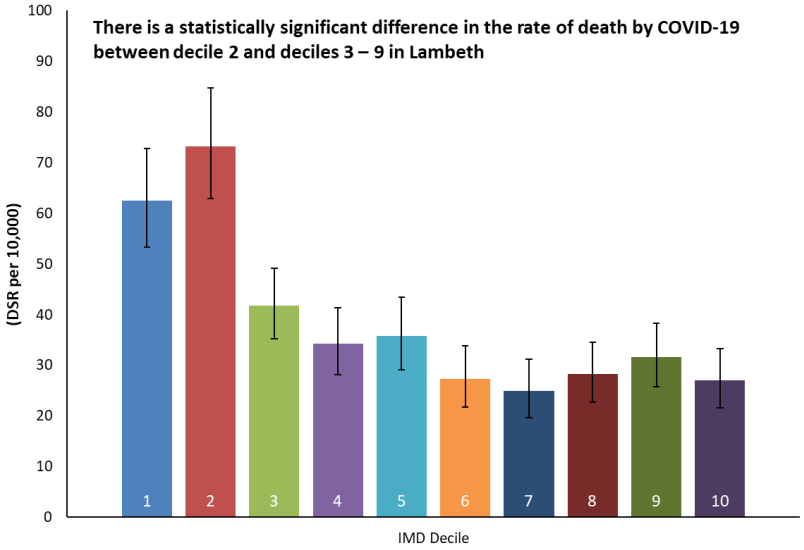
Primary Care Mortality Database - NHS Digital &
SAPE23DT2: Mid-2020 Population Estimates for Lower Layer Super Output Areas in England and Wales by Single Year of Age and Sex: Office

2.13 Inequalities in COVID-19 deaths by local deprivation decile

Deaths attributable to COVID-19 in the 2020 – 2021 period of analysis are greatly concentrated in deciles 1 and 2, figure 1.19. This inequity of distribution of death by COVID-19 is clear. The rate in decile 2 is higher than all the other deciles. It is essentially twice the rate of any other local deprivation decile (apart from decile 1). [7]

As the confidence intervals of the rate in decile 2 do not overlap with those in deciles 3 – 9, for all death and for deaths by COVID, we can say there is a statistically significant difference in the rate of death between decile 2 and deciles 3 – 9 in Lambeth.

Figure 1.19: COVID-19 deaths 2020 – 2021 persons by local deprivation decile



Primary Care Mortality Database - NHS Digital &
SAPE23DT2: Mid-2020 Population Estimates for Lower Layer Super Output Areas in England and Wales by Single Year of Age and Sex: Office

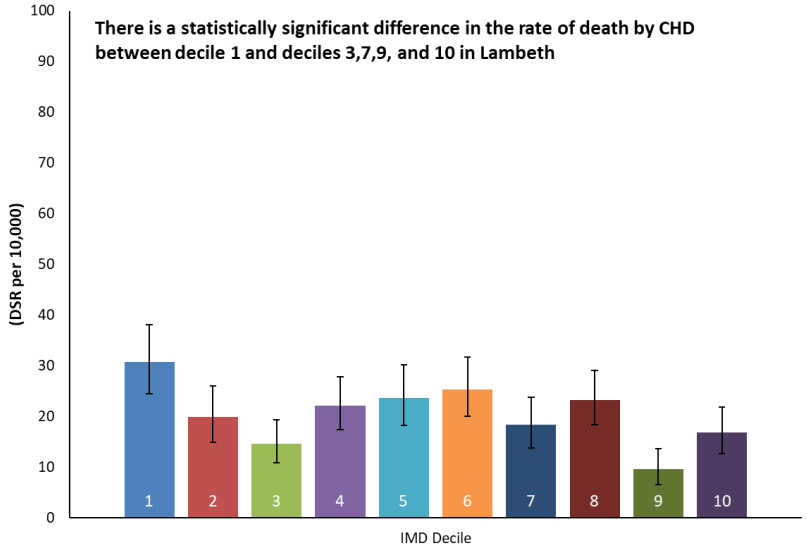
2.14 Inequalities in ischaemic heart disease deaths by local deprivation decile

Ischaemic heart disease, commonly called coronary heart disease (CHD), is a major cause of death in the UK. The main symptoms, chest pain and shortness of breath, are a result of blockages in the coronary arteries restricting the heart's blood supply of oxygenated blood. This process of atherosclerosis can be exacerbated by lifestyle factors like smoking and excessive drinking of alcohol, high cholesterol, blood pressure or diabetes also contribute to the development of coronary heart disease.

During 2020 – 2021 the rate of death in decile 1 was 30.8 per 10,000 and was higher than all other deciles, figure 1.20. [7]

The next highest rates were seen in deciles 5,6, and 8. The confidence intervals for decile 1 do not overlap with deciles 3,7, 9, and 10, which imply there is a statistical difference and deaths by CHD are linked to deprivation in Lambeth.

Figure 1.20: CHD deaths 2020 – 2021 persons by local deprivation



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2.15 Inequalities in cerebrovascular deaths by local deprivation decile

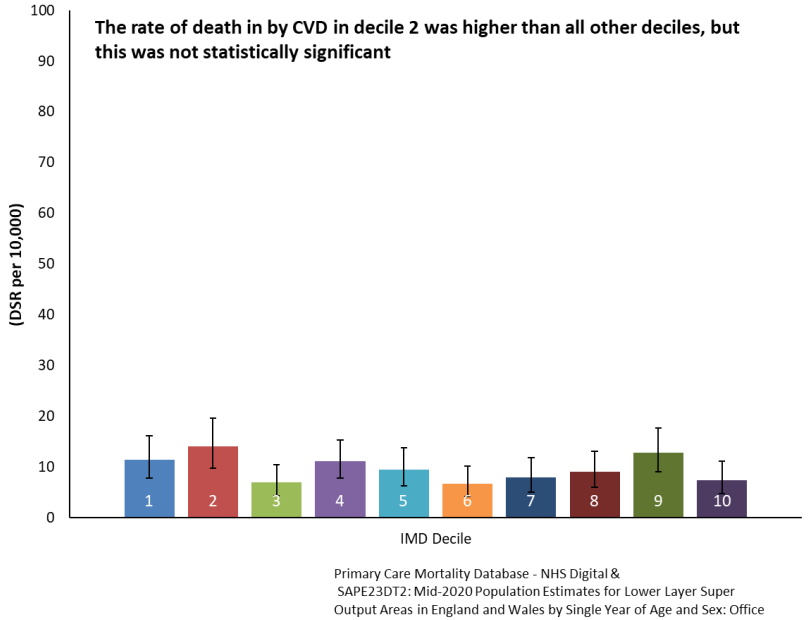
Cerebrovascular disease (CVD) affects and restricts the blood vessels of the brain, usually causing a stroke or mini stroke. The most important risk factors are high blood pressure, smoking and diabetes. As with CHD, lifestyle factors (smoking, drinking, poor diet) affect the development of CVD.

During 2020 – 2021 the rate of death in decile 2 was 11.4 per 10,000 and was higher than all other deciles. [7]

The next highest rate was in decile 9, people living in decile 9 are much less affected by deprivation. The rate of death in deciles 1, 2, and 9 are higher than the rate of deaths in any other deciles

The confidence intervals for decile 2 overlap the confidence intervals of all other deciles, making it harder to imply a statistical significance between the rates in other deciles, **figure 1.21**.

Figure 1.21: CVD deaths 2020 – 2021 persons by local deprivation decile



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SAPE23DT2: Mid-2020 Population Estimates for Lower Layer Super Output Areas in England and Wales by Single Year of Age and Sex: Office

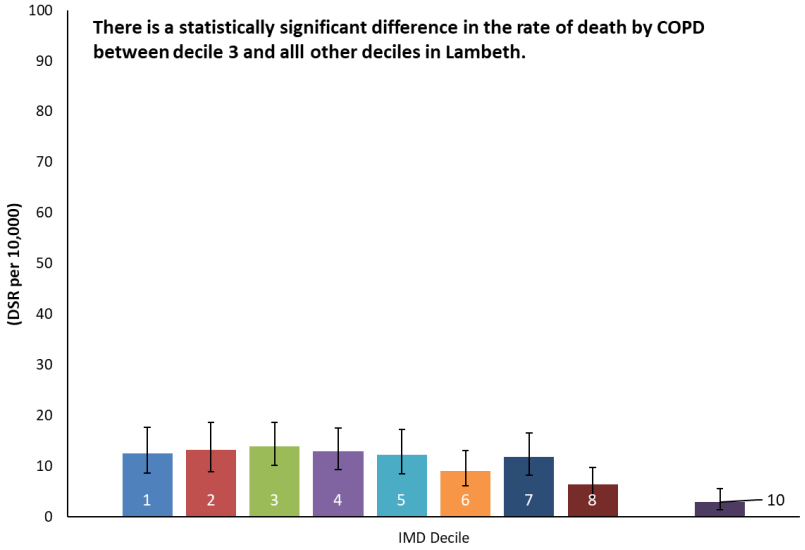
2.16 Inequalities in chronic obstructive pulmonary disease deaths by local deprivation decile

Chronic obstructive pulmonary disease (COPD) includes emphysema and chronic bronchitis and is a common condition affecting adults who smoke. COPD can be caused by long term exposure to harmful fumes or dust; in some rare cases the lungs are more vulnerable to damage because of genetic problems. However, the major cause of COPD in the UK is smoking, the more and longer you smoke the more at risk you are of developing COPD.

During 2020 – 2021 the rate of death in decile 3 was 14.9 per 10,000 and was higher than all other deciles. The rates are similar in all other deciles apart from 6,8, and 10, **figure 1.22**. [7]

The confidence intervals for decile 3 do not overlap with decile 10, implying there is a statistical difference in the rate of deaths by COPD between these two deciles.

Figure 1.22: COPD deaths 2020 – 2021 persons by local deprivation decile



Primary Care Mortality Database - NHS Digital &
SAPE23DT2: Mid-2020 Population Estimates for Lower Layer Super Output Areas in England and Wales by Single Year of Age and Sex: Office

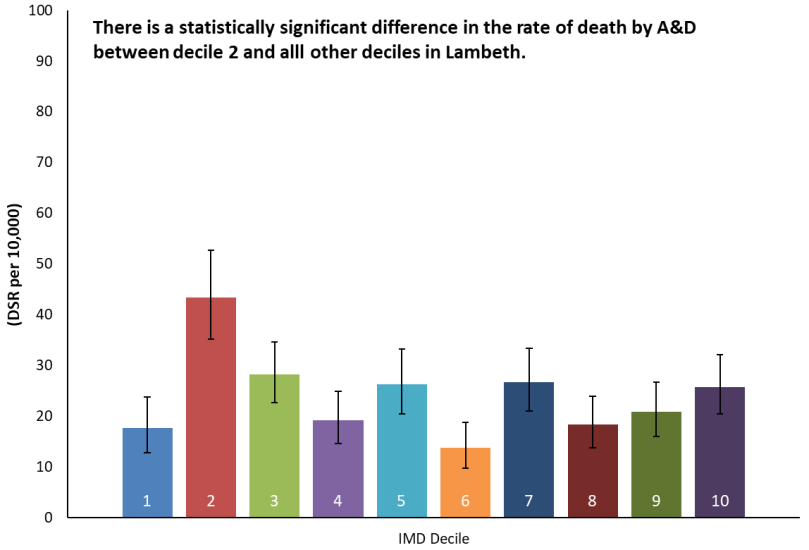
2.17 Inequalities in Alzheimer's disease and dementia by local deprivation decile

Dementia is a group of related symptoms linked to a decrease in brain functioning, it is not a natural part of ageing, Alzheimer's disease is a type of dementia. Maintaining independence is a problem as dementias progress, in the later stages people will not be able to look after themselves.

During 2020 – 2021 the highest rate of death was in decile 2, 43.3 per 10,000, the next highest rates were seen in deciles 3,5,7, and 9. [7]

The confidence intervals for deciles 2 do not overlap with the confidence intervals from other deciles, figure 1.23, implying a statistical difference between the rates of death with A&D in decile 2 and any other decile and deprivation affects the rate of death with A&D in Lambeth.

Figure 1.23: A&D deaths 2020 – 2021 persons by local deprivation decile



Primary Care Mortality Database - NHS Digital &
SAPE23DT2: Mid-2020 Population Estimates for Lower Layer Super Output Areas in England and Wales by Single Year of Age and Sex: Office

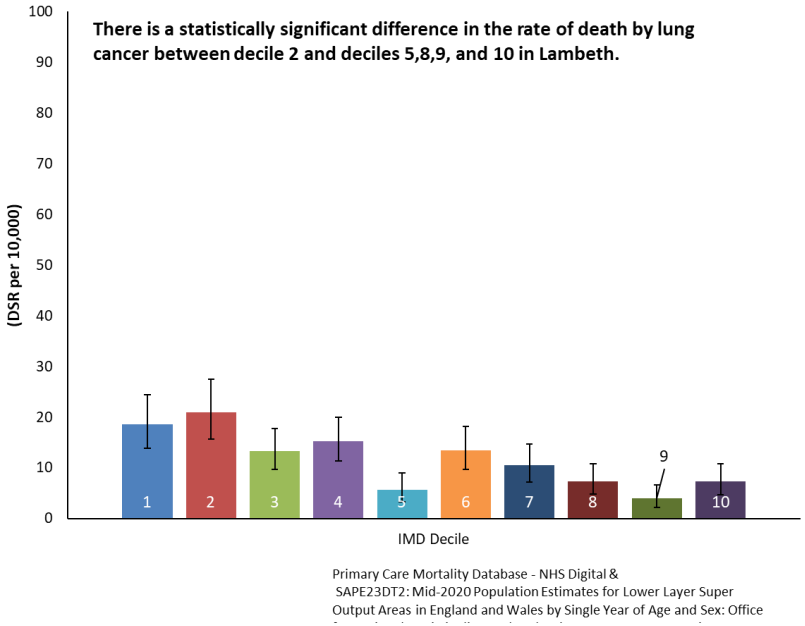
2.18 Inequalities in lung cancer deaths by local deprivation decile

Lung cancer, one of the most common types of cancer (47,000 people are diagnosed each year in the UK), mainly affects older people. More than 4 out of 10 people with lung cancer are over 75. About 72% of cases are due to smoking; 1 in 3 people live with lung cancer for at least 1 year after they're diagnosed and 1 in 20 people live at least 10 years.

During 2020 – 2021 the rate of death in decile 2 was 21.0 per 10,000 and was higher than all other deciles, figure 1.24. [7]

The next highest rates were seen in deciles 1,3, and 4. The confidence intervals for decile 2 do not overlap with deciles 5,8, 9, and 10, implying there is a statistical difference and deaths from lung cancer are linked to deprivation in Lambeth.

Figure 1.24: Lung cancer deaths 2020 – 2021 persons by local deprivation decile



2.19 Inequalities in deaths by local deprivation decile - summary

The comparison of deaths within Lambeth by local deprivation decile show a clear inequality in the distribution of death by preventable causes (CHD, COPD, CVD, Lung cancer) as well as those by COVID and A&D.

1

2.20 Preventable deaths – mortality rates single year 2020

Deaths are considered preventable if deaths from the underlying cause could be avoided through effective public health and primary prevention interventions. This overlaps with but is not the same as 'treatable' mortality. Treatable mortality includes causes of deaths which could be avoided through effective healthcare interventions - including secondary prevention and treatment. Preventable mortality and treatable mortality are the two components of 'avoidable' mortality.

This section presents five directly age-standardised mortality rates for all deaths registered in a single calendar year (2020), in people, females, and males aged under 75.[6] The mortality rates presented are for:

- Under 75 mortality rate from cancer considered preventable (2019 definition)
- Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)
- Under 75 mortality rate from causes considered preventable (2019 definition)
- Under 75 mortality rate from liver disease considered preventable (2019 definition)
- Under 75 mortality rate from respiratory disease considered preventable (2019 definition)

Table 1.08: The five directly age-standardised mortality rates for all deaths registered in a single calendar year 2020 persons

Indicator	Lambeth	London	England
Under 75 mortality rate from causes considered preventable	**152.43**	122.72	140.47
Under 75 mortality rate from cancer considered preventable	**61.67**	45.06	51.49
Under 75 mortality rate from cardiovascular diseases considered preventable	**38.22**	28.37	29.21
Under 75 mortality rate from respiratory disease considered preventable	**20.34**	15.40	17.08
Under 75 mortality rate from liver disease considered preventable	**15.39**	15.73	18.22

Source: Office for Health Improvement & Disparities. Public Health Profiles. May 2022 https://fingertips.phe.org.uk © Crown copyright 2022

Table 1.09: The five directly age-standardised mortality rates for all deaths registered in a single calendar year 2020 females

Indicator	Lambeth	London	England
Under 75 mortality rate from causes considered preventable	**83.97**	77.55	96.1
Under 75 mortality rate from cancer considered preventable	**33.77**	32.27	39.01
Under 75 mortality rate from respiratory disease considered preventable	**16.84**	11.44	14.91
Under 75 mortality rate from cardiovascular diseases considered preventable	**12.43**	15.04	16.38
Under 75 mortality rate from liver disease considered preventable	**9.62**	9.49	12.88

Source: Office for Health Improvement & Disparities. Public Health Profiles. May 2022 https://fingertips.phe.org.uk © Crown copyright 2022

Table 1.10: The five directly age-standardised mortality rates for all deaths registered in a single calendar year 2020 males

Indicator	Lambeth	London	England
Under 75 mortality rate from causes considered preventable	**228.19**	171	186.9
Under 75 mortality rate from cancer considered preventable	**93.69**	59.1	64.8
Under 75 mortality rate from cardiovascular diseases considered preventable	**66.81**	42.8	42.7
Under 75 mortality rate from respiratory disease considered preventable	**24.14**	19.8	19.4
Under 75 mortality rate from liver disease considered preventable	**22.08**	22.4	23.8

Source: Office for Health Improvement & Disparities. Public Health Profiles. May 2022 https://fingertips.phe.org.uk © Crown copyright 2022

2.21 Preventable deaths – mortality rates single year 2020

Overall, the under 75 mortality rates from cancer, cvd, preventable causes, and respiratory disease in Lambeth are worse than both London and England, **table 1.08**.

Looking at these mortality rates by gender, **table 1.09** and **table 1.10**, the under 75 mortality rate from respiratory diseases in females is worse than both England and London. For CVD the under 75 mortality rate for females in Lambeth is better than both London and England. For cancer, causes considered preventable, and liver disease, the under 75 mortality rate for Lambeth females is worse than London but better than England.

Investigating these mortality rates by gender the under 75 mortality rate for everything apart from liver disease in Lambeth males is worse than both England and London. For liver disease the mortality rate is better for Lambeth males than both England and London.