Herefordshire Mortality Briefing 2023

Herefordshire Council Intelligence Unit

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Main messages

The age at which people die and what causes their death is not pre-determined and can be influenced by a variety of personal, social and environmental factors.

This briefing looks at overall mortality and the impact of an ageing population, and then at causes of death and inequalities due to deprivation. It also considers the factors contributing to avoidable deaths, including deaths by suicide and infant mortality.

Overall deaths:

2,420 deaths registered in 2023. Gradual increase over last decade due to ageing population structure (from 1,900 to 2,000 a year prior to 2014).

Cancer and circulatory disease are the two biggest **causes of death**, accounting for 50% of all deaths.

Since 2001, around one fifth of all deaths have been either **preventable or treatable**. Around two-thirds of preventable deaths have been among males.

The mortality rate is 30% higher in the **most deprived** areas than in the least deprived. These differences are driven by deaths from respiratory and circulatory diseases.

Average of 18 deaths by **suicide** per year (2001 to 2023), ranging from 12 to 27. Suicide mortality rate in line with England's and stable over this period.

Introduction

Monitoring trends in mortality is central to understanding the health of our population. (Department of Health and Social Care (DHSC))

Death, or mortality, is an inevitable part of natural life. Monitoring data related to mortality can give insights as to the health of a population and can inform interventions to improve public health.

Each death in the UK must be registered by law and a death certificate is issued stating important details including the date and cause of death, the deceased's name, address and date of birth. There can sometimes be delays in registration, for example, awaiting a coroner's verdict following an inquest, which means the date of registration can be much later than the date the death occurred. Reporting on mortality is usually based on the date of registration as these figures are fixed, whereas deaths by date of occurrence may increase if more deaths are registered later.

The cause of death given on a death certificate will be assigned an internationally recognised code based on the World Health Organisation's International Classification of Disease (ICD-10). Having a standardised internationally recognised coding system allows for robust analysis and comparisons across time and place. ICD-10 codes are also grouped into 22 broader chapters which means that in addition to analysis of specific causes of death, such as influenza, it is possible to also look at the broader chapter level, such as diseases of the respiratory system. A list of the chapters in the ICD-10 is shown in the table opposite.

An anonymised database of registered deaths, called the Primary Care Mortality Database (PCMD), is available to the council and is used to analyse mortality in Herefordshire. This briefing contains both information based on local analysis of the PCMD and publicly published data. Some of the published data uses England and Wales as the national comparator and others only contain data for England, the document will specify which is used throughout.

ICD-10 Chapter Number	ICD-10 Chapter Name
I	Certain infectious and parasitic diseases
II	Neoplasms (cancer)
III	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
VI	Endocrine, nutritional and metabolic disorders
V	Mental and behavioural disorders
VI	Diseases of the nervous system
VII	Diseases of the eye and adnexa
VIII	Diseases of the ear and mastoid process
IX	Diseases of the circulatory system
X	Diseases of the respiratory system
XI	Diseases of the digestive system

ICD-10 Chapter Number	ICD-10 Chapter Name
XII	Diseases of the skin and subcutaneous tissue
XIII	Diseases of the musculoskeletal system and connective tissue
XIV	Diseases of the genitourinary system
XV	Pregnancy, childbirth and the puerperium
XVI	Certain conditions originating in the perinatal period
XVII	Congenital malformations, deformations and chromosomal abnormalities
XVIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
XIX	Injury, poisoning and certain other consequences of external causes
XX	External causes of morbidity and mortality
XI	Factors influencing health status and contact with health services
XII	Codes for special purposes

Risk factors for mortality

'Smoking, poor diet, physical inactivity and harmful alcohol use are leading risk factors driving the UK's high burden of preventable ill-health and premature mortality. All are socioeconomically patterned and contribute significantly to widening health inequalities. People's ability to adopt healthy behaviours is strongly shaped by the circumstances in which they live.' (The Health Foundation, 2022)

According to the Global Burden of Disease (GBD), high blood pressure (hypertension) and smoking have been the two leading risk factors for mortality in Herefordshire since 1990.

In 2023-24, 18% (35,700) of patients registered with Herefordshire GPs had a diagnosis of hypertension, similar to statistical comparator areas but up from 16% in 2020-21 and higher than in most of the preceding decade.

Smoking rates have fallen from around 17% between 2011 and 2015 to 10% in 2023, but this still means an estimated 15,700 people in the county are current smokers.

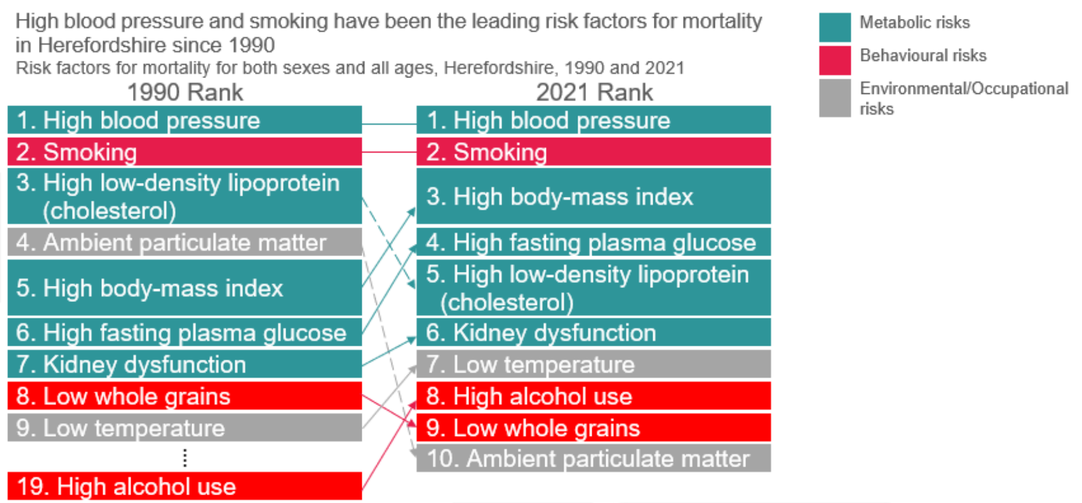
High body-mass index (BMI) is the third leading risk factor for mortality, having risen two places in the past 30 years. Data on excess weight in adults are limited, with the only published indicator suggesting that 67% people aged 18+ were overweight in 2022-23, similar to England.

Whilst the causes of high BMI can be multifaceted, there is a strong link to physical inactivity and poor diet. In 2022-23, 21% of Herefordshire adults were physically inactive (doing less than 30 minutes of moderate physical activity per week) and only 39% were eating the recommended five fruit and vegetables a day. Whilst the proportion of physically inactive adults was similar to England (22.6%) the proportion of adults eating the recommended five fruit and vegetables a day was significantly higher in Herefordshire than nationally (31%).

These risk factors can apply to anyone, but national evidence shows links between increased prevalence and high levels of deprivation, lower levels of education, and lower socioeconomic group. Locally, for example, there are higher rates of obesity among children in the most deprived areas, and people working in routine and manual jobs are twice as likely to smoke.

In 2021, high alcohol use ranked much higher as a risk factor for mortality than it had in 1990 (8th and 19th respectively) and of the current top 10 risk factors is where the largest increase was observed. Latest data (2015-18) estimate that 28% of adults in Herefordshire drink more than the recommended limit of 14 units of alcohol per week.

Conversely, the risk of ambient particulate matter for mortality has fallen during this period, having previously being the 4th highest risk for mortality in 1990 dropping to the 10th highest risk in 2021.



Source: Institute for Health Metrics and Evaluation GBD 2021 © 2024 University of Washington

Total deaths

A total of 2,420 deaths of Herefordshire residents were registered in 2023. This number has increased gradually over the last decade. Before this, between 1996 and 2014, annual deaths averaged between 1,900 and 2,000.

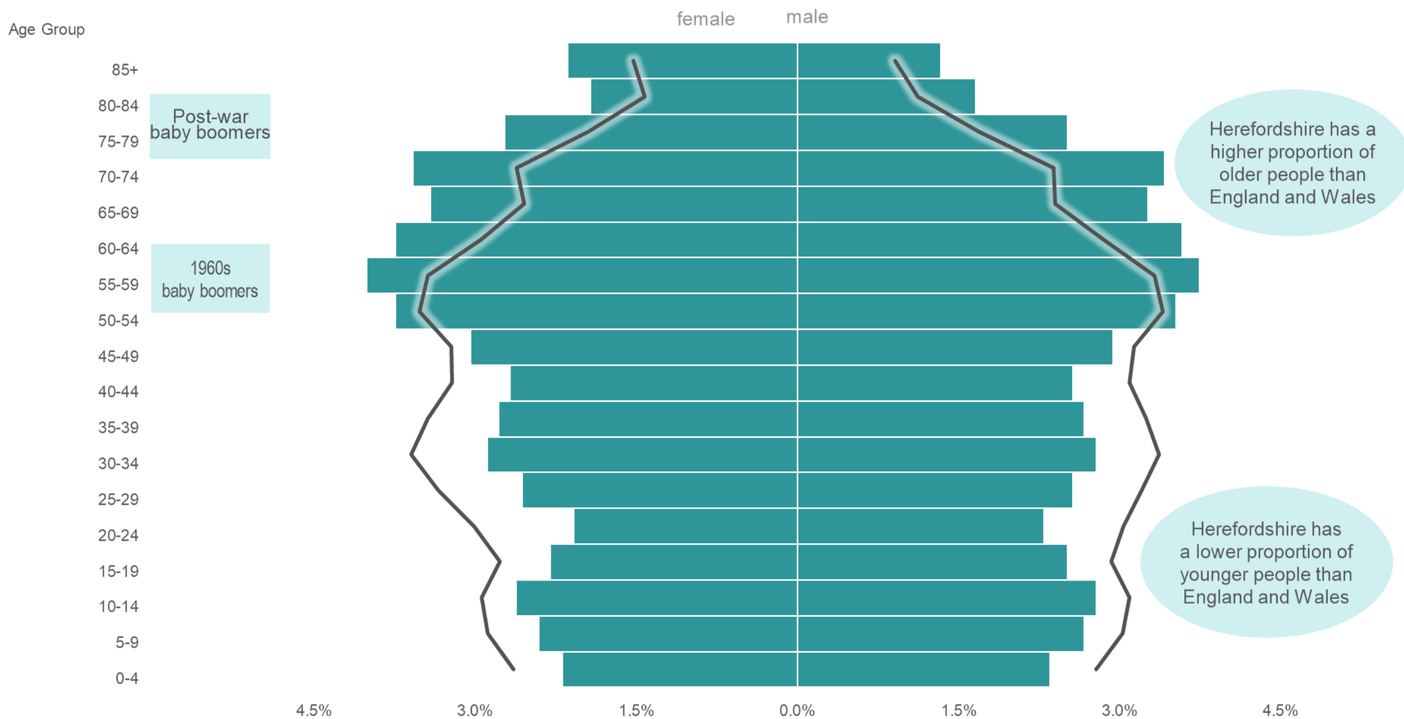
Numbers of deaths are closely linked to the age structure of a population: the more elderly people living in an area, the more naturally occurring deaths would be expected.

The population pyramid opposite shows that Herefordshire has a larger proportion of residents who are aged 50 and above compared to England and Wales. As these generations continue to age and more people reach the stage of life where naturally occurring deaths are expected, it should be anticipated that the total number of deaths will increase accordingly. Between 2013 and 2023, the number of people aged 85+ living in Herefordshire increased by 21%, from 5,700 to 6,900.

Based only on the natural ageing of the current population structure, i.e. not taking account of any future net migration into the county, we could expect to see the number of deaths continue to increase by around twenty a year for at least the next fifteen years.

Herefordshire has higher proportions of residents in their early fifties and above than nationally and generally lower relative proportions of young people

Percentage of the mid-2023 population estimates in age band
Herefordshire (bars) and England & Wales (lines)



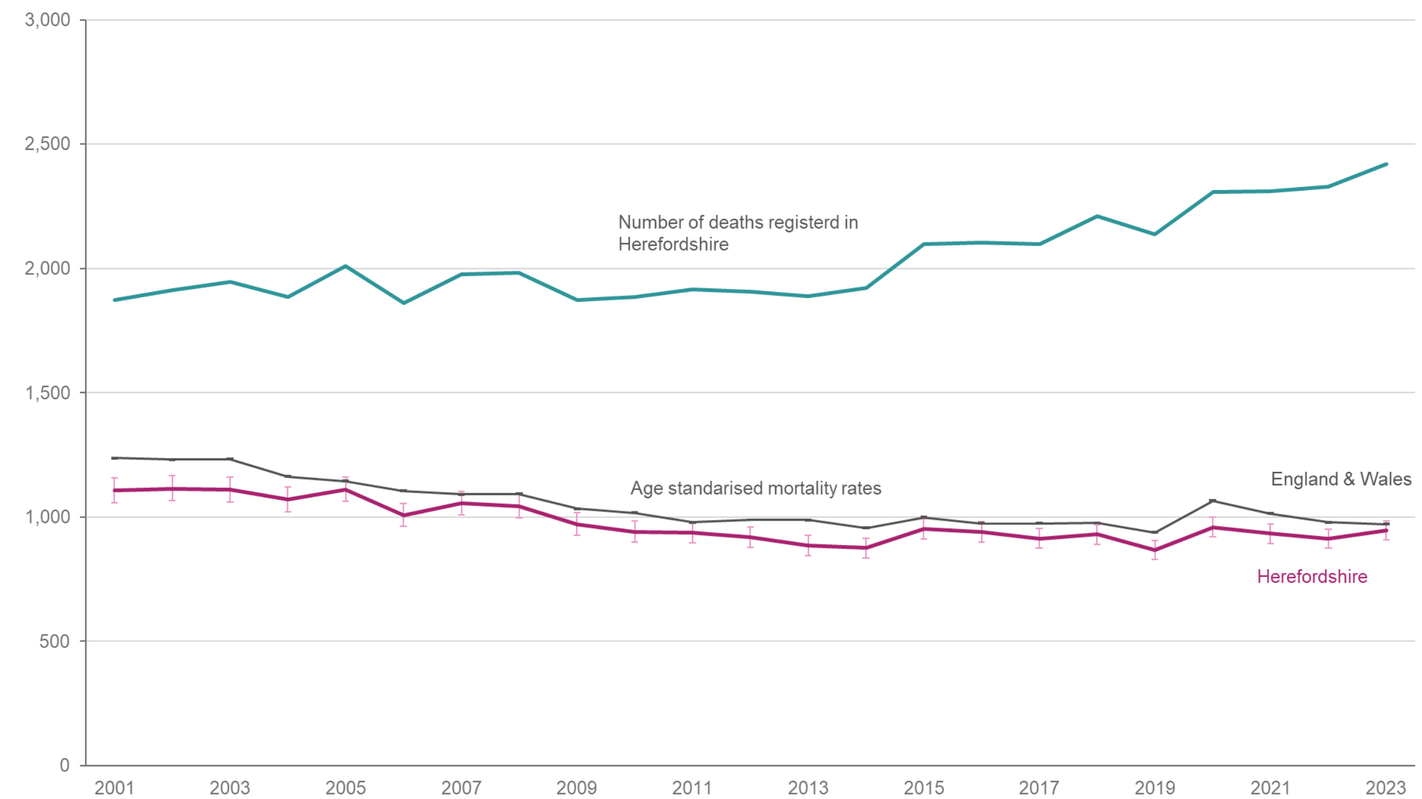
Data source: Mid-2023 population estimates for the UK, Office for National Statistics. Last accessed 15 July 2024.

Age-standardised mortality rates (ASMRs) take account of the population size and age structure of an area. Using ASMRs allows for comparison across different areas, regardless of the age structure of the populations being compared.

Despite the absolute numbers of deaths in Herefordshire increasing, the ASMR has fallen since 2001, and has been statistically lower than the rate for England and Wales for most of that time. In 2023, the ASMR for Herefordshire was also lower than the West Midlands region and largely in line with statistical neighbours.

Although absolute numbers of death have increased since 2014, age-standardised rates have not

Total number of deaths registered in Herefordshire and age-standardised mortality rate per 100,000 people for Herefordshire and England and Wales, 2001-2023



Data source: Deaths registered in England and Wales, Office for National Statistics. Last accessed 14 January 2025.

Sex

Since 2014, the number of male and female residents dying each year has been roughly equal, with 1,200 males and 1,220 females dying in 2023.

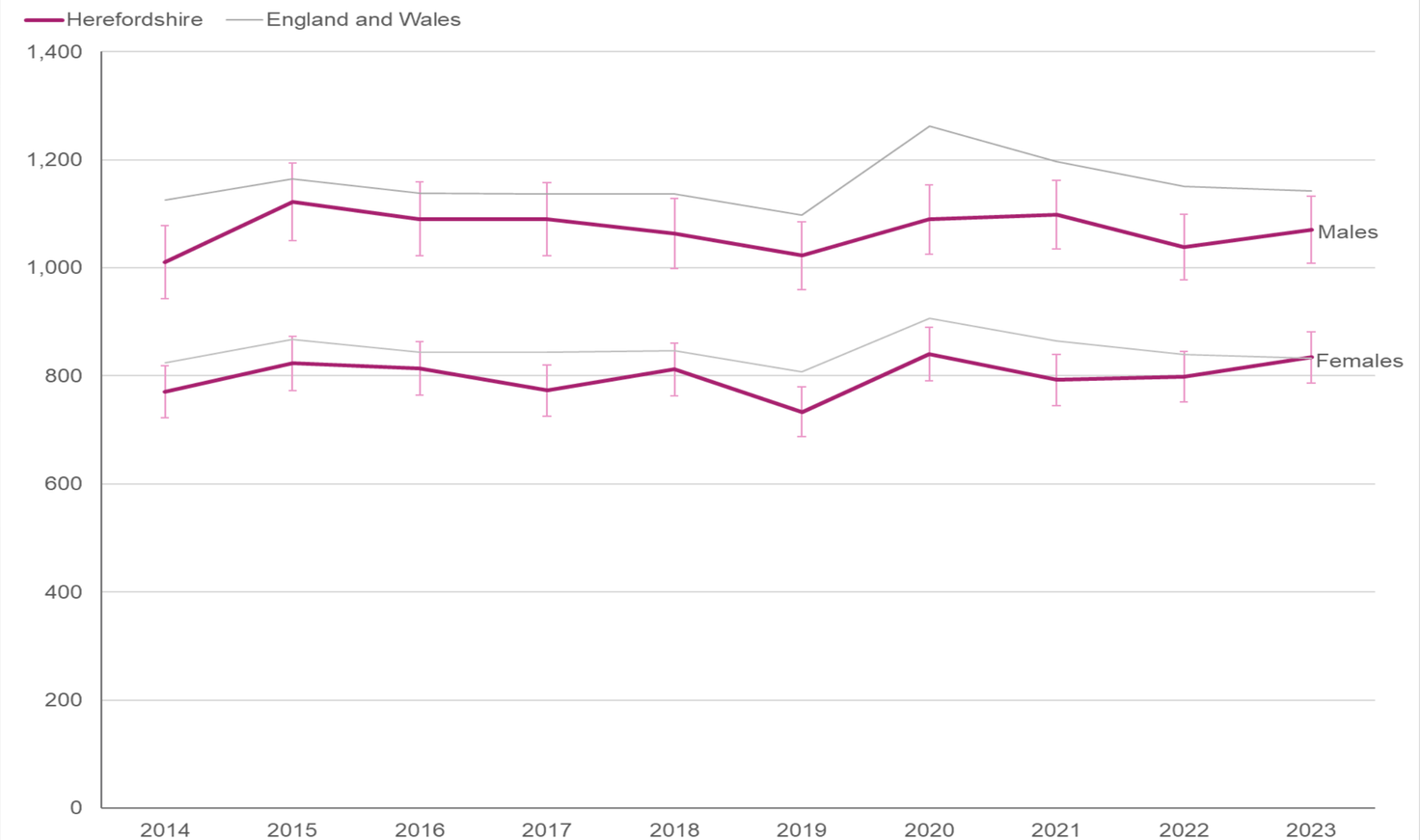
Nationally and locally, ASMRs for males have been consistently and significantly higher than for females. This higher male ASMR is indicative that males are dying at a younger age than females. Analysis supports this as since 2014, the median age of death for Herefordshire females has been 86 compared to 80 for males.

Whilst females are living longer than males, data suggest that they are spending a higher proportion of their lives in poor health. Please see the Herefordshire Joint Strategic Needs Assessment Summary 2024 for more detail on healthy life expectancy.

The Herefordshire ASMR for males has been significantly lower than England and Wales for the past five years and was the 7th lowest rate amongst the county's 15 statistical neighbours in 2023. Meanwhile, the female ASMR has been similar to England and Wales for the past two years and was the 4th highest amongst the county's statistical neighbours in 2023.

Male age-standardised mortality rates have been consistently higher than females

Age-standardised mortality rates per 100,000 in Herefordshire and England and Wales, by sex, 2014-2023



Data source: Deaths registered in England and Wales, Office for National Statistics. Last accessed 14 January 2025.

Causes of death

As in the rest of UK, cancer and circulatory diseases have been the two biggest causes of death for at least the last 30 years. Between them they have accounted for at least half of all deaths in Herefordshire since 1990. (Global Burden of Disease Tool)

Trends in cause of death

The chart shows how the main causes of death in the county have changed as a proportion of all deaths since 2001. Of the top two causes, cancer deaths remained relatively stable at 25%, whilst deaths from circulatory diseases fell from 45% of all deaths in 2001 to 25% in 2023.

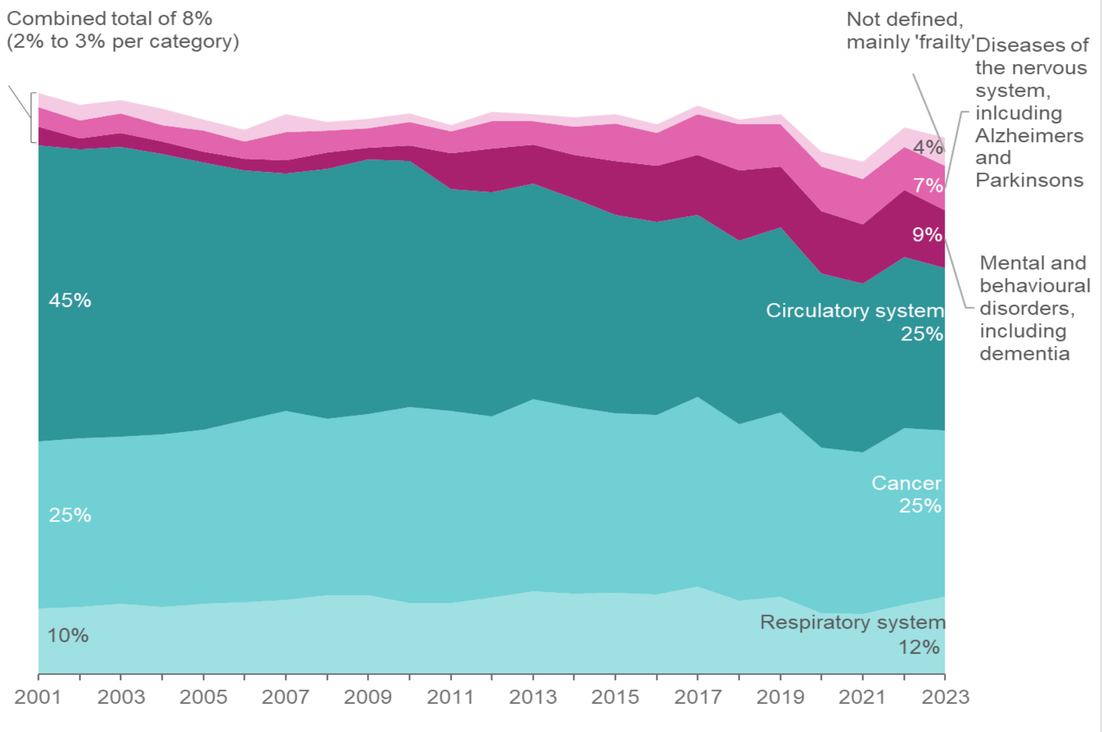
Despite the proportion of deaths from cancer remained stable, the absolute number rose from 480 in 2001 to 610 in 2023. The absolute number of deaths from circulatory diseases fell from 850 in 2001 to 600 in 2023.

Although accounting for a notably smaller proportion (12% in 2023), respiratory diseases are the third biggest cause of death (290 deaths in 2023). These diseases have the widest inequality in mortality rates (see p.14).

The three ICD-10 chapters at the top of the chart (in pink) are those which have seen the biggest proportional increase over the period. In 2001 they collectively made up 8% of deaths, but this had grown to 20% by 2023. Analysis of the detailed causes within these broad chapters shows that this has been driven by diseases such as Alzheimer's, Parkinson's, dementia and frailty, suggesting a link with Herefordshire's ageing population.

The proportion of deaths from circulatory disease has fallen since 2001, whilst the proportion of deaths related to old age have risen during this period

Cause of death by main six ICD-10 categories in Herefordshire from 2001 to 2023



Data source: Primary Care Mortality Database, NHS Digital. Downloaded March 2024.

Causes of death in 2023

The latest data (2023) show that half of Herefordshire's 2,420 deaths were due to cancer or diseases of the circulatory disease with each accounting for 25% of deaths.

Cancer is a group of diseases where cells grow and reproduce at an uncontrollable rate, and there are more than 200 different types of cancer. In 2023, there were deaths from many types of cancer, but the leading cause of cancer mortality was lung cancer which accounted for 16% of cancer deaths. This was followed by prostate (8%), breast (7%), pancreatic (7%) and bladder (5%).

Diseases of the circulatory system encompass numerous conditions related to the heart and blood vessels and can also be referred to as cardiovascular disease (CVD). Most circulatory deaths are due to ischaemic heart disease (40%) and cerebrovascular disease (stroke) (23%).

Most deaths from diseases of the respiratory system were due to pneumonia and chronic obstructive pulmonary disorder with each accounting for nearly 100 deaths. January 2023 saw a particularly high number of deaths from pneumonia, accounting for 7% of all deaths registered that month.

Whilst the mental and behavioural disorders chapter does include many disorders including psychiatric disorders, all but four of the deaths from this chapter were due to dementia. The code for unspecified dementia (F03) was the most frequently recorded underlying cause of death in 2023, accounting for 147 deaths.

Alzheimer disease accounted for nearly half of deaths from diseases of the nervous system (46%), followed by Parkinson disease (25%) and motor neurone disease (6%).

The 'symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified' chapter is a catch-all for causes of death which do not fit elsewhere. With further investigation it was found that all but three of the deaths registered in this chapter were due to old age or senility.

ICD-10 Chapter	Deaths registered in 2023	% of total deaths
Cancer (Neoplasms)	614	25
Diseases of the circulatory system	600	25
Diseases of the respiratory system	286	12
Mental and behavioural disorders	216	9
Diseases of the nervous system	162	7
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	104	4
Diseases of the digestive system	99	4
External causes of morbidity and mortality	92	4
All other causes	247	10

Data source: Primary Care Mortality Database, NHS Digital. Downloaded March 2024.

Benchmarking: mortality profiles

Mortality profiles published by the DHSC list the ASMR for certain causes of death for each local authority. These profiles allow for comparison between different areas and to see trends over time. The profiles are broken into the topics seen in the chart opposite, and each topic will have multiple indicators which may look at cause of death by various characteristics such as sex and age.

Herefordshire benchmarks better or equal to national rates for most topics, with only two topics containing indicators where Herefordshire benchmarks significantly worse; 'other mortality' and 'cardiovascular disease'. There are two indicators within the 'cardiovascular disease' topic where Herefordshire is significantly worse: mortality rate from stroke, all ages (persons) and mortality rate from stroke, all ages (female). Within the 'other mortality' topic there is one indicator that is significantly worse in Herefordshire: deaths from drug misuse (male).

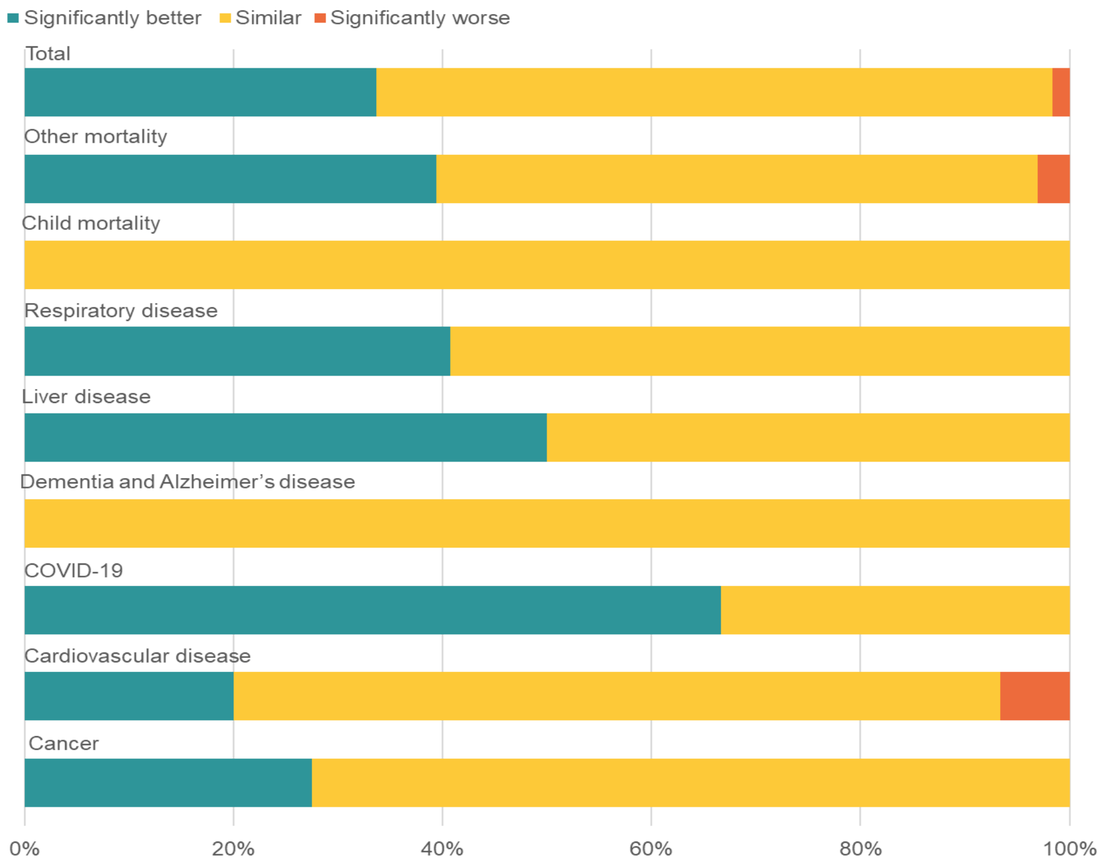
Although mortality rates from stroke have more than halved since 2001, rates in Herefordshire are still significantly higher than in England and have been for at least 20 years. 2021-23 was the first time that the male drug misuse rate has been significantly higher than England. Needs assessments related to these indicators (cardiovascular disease and substance misuse) will be published in 2025.

Mortality rates which are significantly lower in Herefordshire than England include deaths:

- from lung cancer
- from stomach cancer
- involving diabetes
- involving hypertensive disease
- due to or involving COVID-19
- involving influenza and pneumonia
- from accidental falls

Herefordshire benchmarks better or equal to national rates for all but three indicators

Mortality profile indicators by topic, Herefordshire benchmarking to England, 2020-2022, 2021-2023, 2023



Source: Mortality Profile. DHSC Fingertips. Last accessed 06 February 2025.

Excess mortality

Excess death is the difference between the actual number of deaths registered in a particular period and the estimated number of deaths expected in that period. When there have been fewer registered deaths than the expected number, the value for excess deaths is presented as a negative value. (Office for Health Improvements and Disparities (OHID))

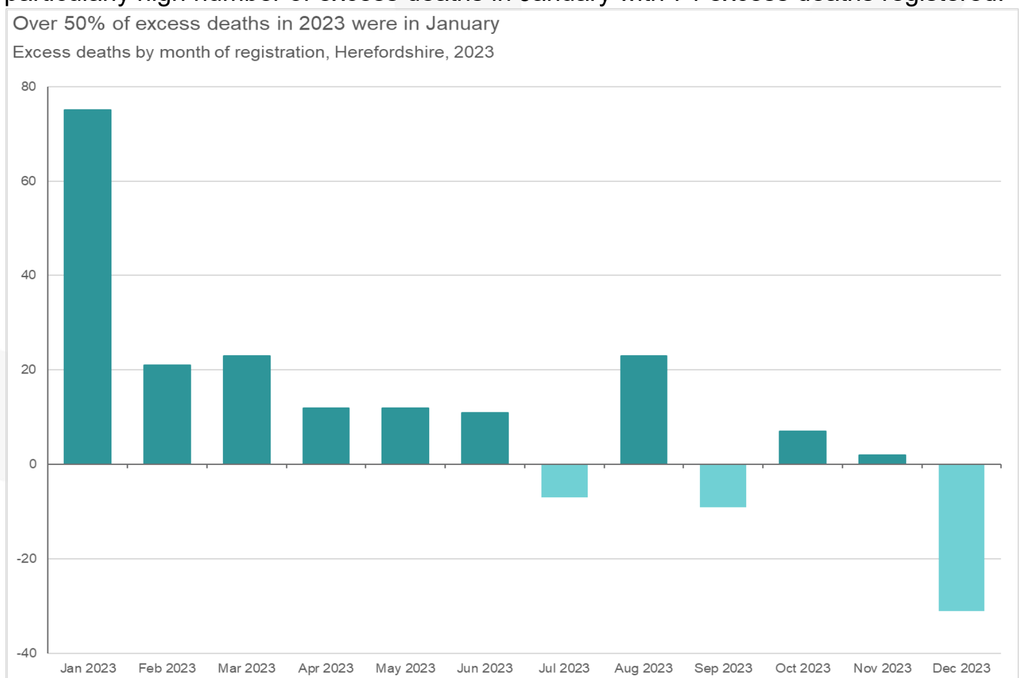
Analysing excess mortality is important as it can help detect changes in mortality that warrant further investigation, which might reveal emerging health threats, such as new infectious diseases, environmental hazards, or spikes in chronic disease deaths.

Expected deaths are calculated by analysing how many deaths have occurred in the same period in the past, but the exact method by which these figures are derived can vary. Consequently, it means that different organisations publish different estimates of excess deaths.

During the COVID-19 pandemic, analysis of excess deaths was in the spotlight as it was a way of monitoring the impact of the virus and an indicator of how rampant the virus was at a given time or place. The prominent method for calculating expected deaths during this time was to calculate the average number of deaths observed in the five years preceding the first recorded death from the virus (2015-19). This method allowed for a comparison of an estimated number of deaths that would have happened if the pandemic had not occurred and therefore measured the impact that COVID-19 had on mortality.

Recognising that continuing to use the 2015-19 baseline was no longer appropriate due to a shift in focus from measuring the impact of COVID-19 to a continuous monitoring of mortality, OHID and the Office for National Statistics (ONS) decided to update their methods for calculating excess deaths in 2024. OHID now uses modelling, updated population figures and the baseline five-year average period for expected deaths is updated each month rather than fixed to the 2015-19 pre-pandemic period. Similarly, ONS' new method also utilises modelling, but their method additionally accounts for trends in population size, ageing and mortality rates. Unfortunately, ONS does not publish excess death data at local authority level and OHID only publishes total excess deaths at local authority level, but this is not broken down by causes of death.

OHID's published excess death data show that there were an estimated 130 excess deaths in Herefordshire in 2023, with only three months (July, September and December) not experiencing excess numbers of registered deaths. There was a particularly high number of excess deaths in January with 74 excess deaths registered.



Data source:Excess mortality by upper tier local authority, Office for Health Improvements and Disparities. Last accessed 05 February 2025

Trends in excess mortality by cause of death

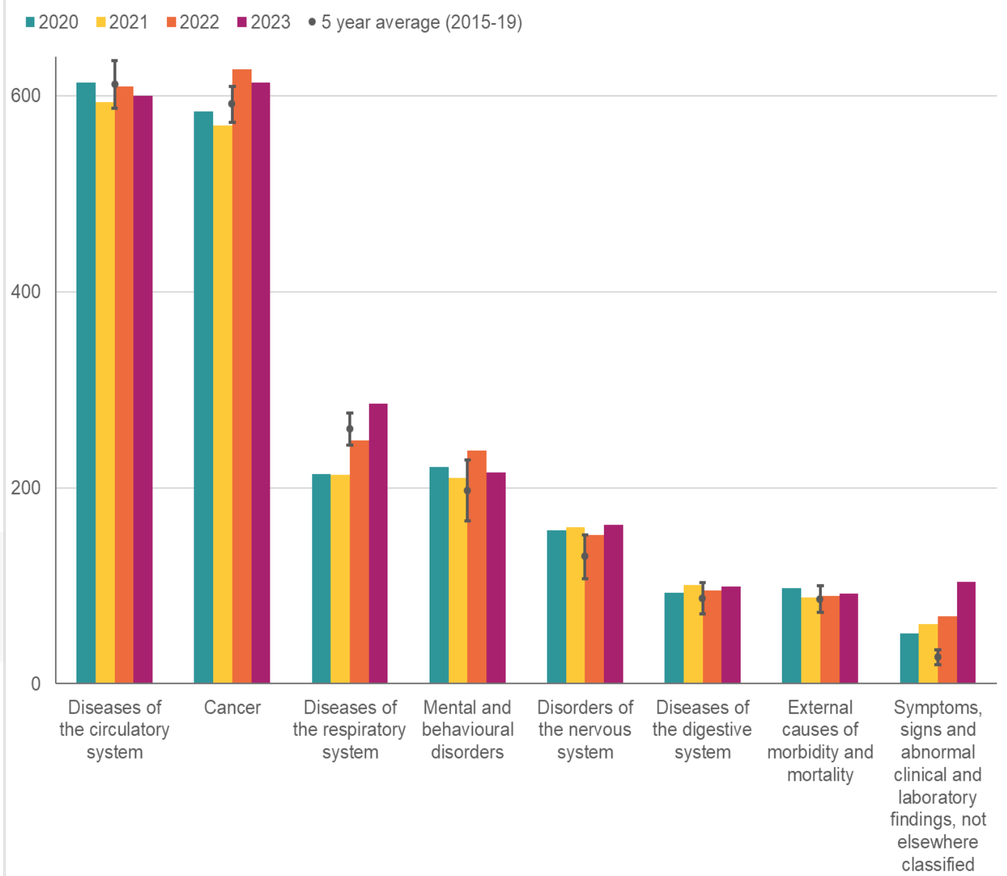
Analysing excess mortality by cause of death helps to assess what causes of death are driving overall excess mortality and identify changes in what people are dying from and subsequently the health of the population. As excess mortality by cause of death at a local authority level is not published, a local analysis of the PCMD has been completed. It has not been possible to replicate the complex methodologies used by OHID or ONS, therefore, a simple five-year average has been used for calculating expected deaths locally.

Between 2020 and 2023, there were significantly more deaths from the 'symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified' ICD-10 chapter than in the five years preceding this period. Specifically, all of these deaths were from frailty or senility. This is suggestive that many more people are dying from old age than previously, which would fit with Herefordshire's ageing population.

The data also show that during 2020 and 2021 there were significantly fewer deaths from diseases of the respiratory system than expected (46 fewer deaths in 2020 and 47 in 2021). This may be due to the COVID-19 pandemic, as people with respiratory issues who would have previously died from illnesses classified in this chapter, such as pneumonia, may have instead died from COVID-19 which is classified under a different chapter called 'codes for special purposes'. As anticipated, this chapter saw significantly more deaths in 2020 and 2021 than expected, 154 and 186 excess deaths respectively.

There were significantly more deaths from old age (not elsewhere classified chapter) between 2020 and 2023 than in the previous five years

Number of deaths registered by ICD-10 chapter, Herefordshire, 2020 to 2023 and 5-year average



Data source: Primary Care Mortality Database, NHS Digital. Downloaded March 2024.

Excess mortality by cause of death in 2023

For the most recent full year of registrations (2023), Herefordshire saw excess deaths in 14 of the 22 ICD-10 chapters. The number of expected deaths in 2023 has been calculated using the average number of deaths observed in the previous five years excluding 2020 (2017-2019, 2021-2022). This time period has been chosen as it replicates ONS' previous methodology using the most recent five-year period whilst excluding 2020 (due to the atypical impact that COVID-19 had on health and mortality).

Deaths from the chapter 'symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified' had the highest count of excess deaths and the highest percentage of excess deaths. Whilst these deaths accounted for only 4% of all deaths in 2023, they accounted for 31% of excess deaths, which further supports the theory that the increased number of deaths in the county is largely being driven by the ageing population of the county.

As shown in the earlier graph, January registered the most excess deaths in 2023. More than a quarter of these excess deaths were due to disorders of the respiratory system, specifically pneumonia and chronic obstructive pulmonary disorder, and nearly 20% from frailty or senility. England also registered many excess deaths from influenza and pneumonia in January 2023, with 123% more deaths registered than expected, which was higher than Herefordshire, where the number of deaths registered from pneumonia and influenza was 84% higher than expected.

Of the remaining eight ICD-10 chapters, seven saw no difference in the number of deaths registered compared to the expected number, and the diseases of the circulatory system chapter saw two fewer deaths registered than expected. Whilst this is only a very small difference, it is still of note as it is the only chapter that did see fewer deaths registered than expected. Within this chapter there was variation, for example there were excess deaths from heart failure but fewer deaths from cerebrovascular diseases (stroke) than expected.

ICD-10 Chapter	Registered Deaths in 2023	Expected deaths (5-year average 2017-2019, 2021-2022)	Excess Deaths	% of deaths classified as excess
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified - exclusively frailty and senility	104	41	63	60%
Diseases of the respiratory system	286	249	37	13%
Diseases of the nervous system	162	147	15	10%
Diseases of the digestive system	99	84	15	16%
Neoplasms (cancer)	614	600	14	2%
Certain infectious and parasitic diseases	39	26	13	34%
Diseases of the genitourinary system	49	36	13	27%
External causes of morbidity and mortality	92	81	11	12%
Endocrine, nutritional and metabolic diseases	49	39	10	21%

Data source: Primary Care Mortality Database, NHS Digital. Downloaded March 2024.

Mortality: deprivation

‘People who live in deprived areas and those in long term unemployment have an increased likelihood of dying from a range of health conditions…’ (British Medical Journal, 2023)

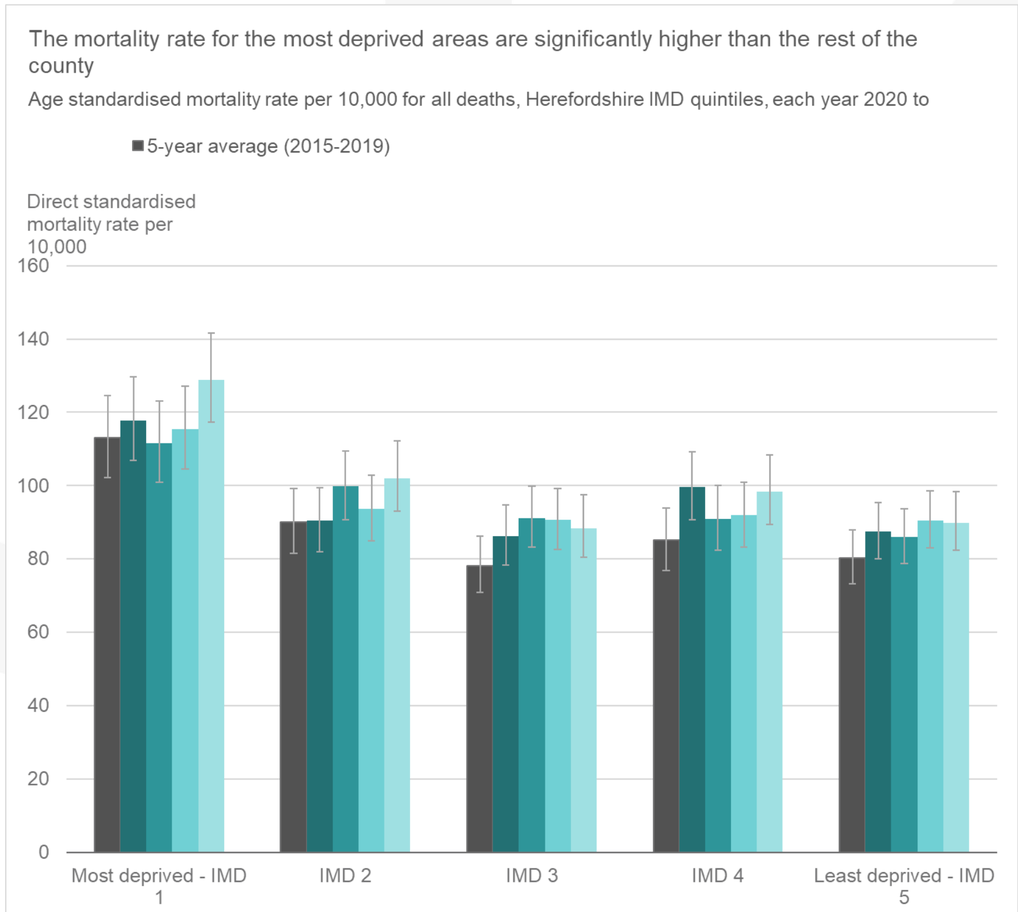
The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. It follows an established methodological framework in broadly defining deprivation to encompass a wide range of factors affecting an individual’s quality of life. People may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income.

The ASMR is consistently higher in the 20% most deprived areas of Herefordshire than in the rest of county, and the latest (2023) data suggest that this disparity had widened (see chart). People living in the most deprived quintile (IMD 1) experience a 40% higher mortality rate from all causes of death than those in the least deprived quintile (IMD 5).

This pattern is different to that seen nationally, and in neighbouring Worcestershire, where there is a gradual increase in the mortality rate with increasing levels of deprivation. In Herefordshire however, all quintiles have similar rates, apart from the most deprived, which is notably worse.

Considering the broad causes of deaths, in Herefordshire these inequalities have been most apparent in deaths from respiratory and circulatory diseases during recent years. Pooling five years’ worth of data for robustness, but excluding 2020 due to the unusual number of deaths due to COVID-19, the mortality rate for respiratory disease was twice as high in the most deprived areas as in the least deprived, whilst for circulatory disease it was 45% higher.

There is little difference in the total number of deaths between the most and least deprived quintiles, which means that the disparity in rates is driven by people dying at younger ages in the most deprived areas.



Data source: Primary Care Mortality Database, NHS Digital. Downloaded March 2024

Avoidable (preventable and treatable) mortality

Avoidable mortality relates to deaths of people aged under 75 where the cause of death is considered either preventable (through effective public health and primary prevention interventions) and/or treatable (through timely and effective healthcare interventions), based on an internationally agreed classification.

Avoidable and preventable mortality is lower than nationally

The ONS publish avoidable, treatable and preventable mortality data at local authority level. However, these are not broken down by cause.

As seen in the chart on the following page, Herefordshire has had lower rates of avoidable deaths than nationally since 2001. This has been driven by lower than national rates of preventable deaths, with treatable deaths at a similar rate to England. Until 2012-14 there was a gradual fall in the avoidable mortality rate locally and nationally. However, since then the rate has risen nationally and remained mostly stable in Herefordshire. The treatable mortality rate has fallen since 2001 but has remained stable since 2009 at a similar rate to nationally.

Consistently, since 2001, around one fifth of all deaths in Herefordshire have been either preventable or treatable. Of the 7,000 deaths registered between 2020 and 2022, 800 (12%) were preventable and 500 (7%) were treatable.

Causes of preventable deaths

The DHSC publish more detailed information about preventable mortality specifically. The latest data are for 2021 to 2023 and are shown in the table on page 19.

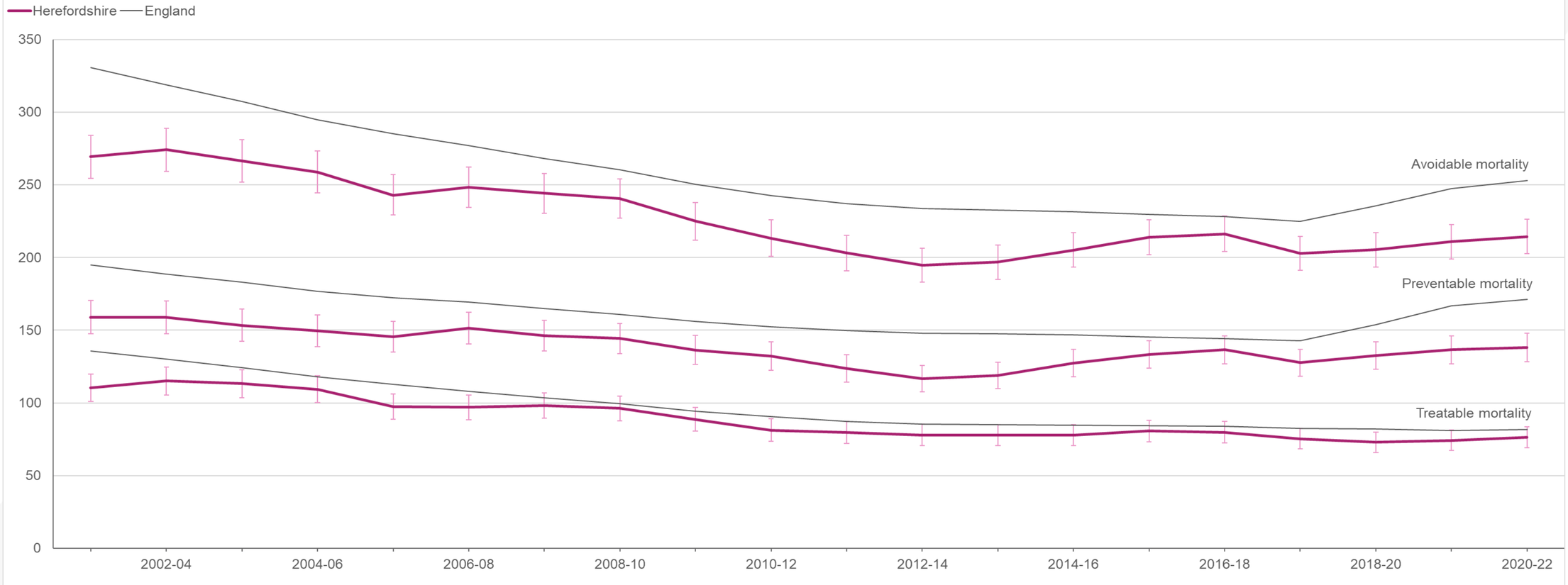
Of the 790 preventable deaths, two-thirds were due to the three biggest overall causes of death: cancer (247), CVD (181) and respiratory disease (96), representing 10 to 14% of all deaths from each of these diseases. Although a relatively small absolute number, 59% (81) of the 137 deaths from liver disease were considered preventable.

Preventable mortality rates for male and females in Herefordshire have been lower than England for most of the preceding two decades. Males are consistently more likely to die of preventable causes than females: since 2001 around two-thirds of preventable deaths in Herefordshire have been among males. The disparity seen locally is slightly higher than seen nationally, with males experiencing a rate which is 2.2 times higher than females in Herefordshire compared to 1.9 times higher in England.

The disparity is consistently widest for deaths from cancer and CVD, with the male rate for cancer being over 1.5 times higher than for females, and the male rate for CVD being nearly three times higher than for females. National data also show a strong link between deprivation and increased rates of preventable deaths, but these data are not available at a local level.

Herefordshire has had lower rates of avoidable deaths than England since 2001, driven by lower rates of preventable deaths

Age-standardised mortality rates (per 100,000 population) for avoidable, preventable and treatable deaths, 2001-2003 to 2020-2022



Data source: Avoidable mortality by local authority in England and Wales, Office for National Statistics. Last accessed 10 December 2024.

Death from preventable causes, Herefordshire compared to England, 2021-2023

Indicator	Count	Rate	Spine Chart
All deaths considered preventable (persons)	790	133.3	
All deaths considered preventable (male)	525	184.5	
All deaths considered preventable (female)	265	84.2	
Deaths from cancer considered preventable (persons)	247	38.9	
Deaths from cancer considered preventable (male)	150	48.8	
Deaths from cancer considered preventable (female)	97	29.6	
Deaths from cardiovascular disease considered preventable (persons)	181	29.0	
Deaths from cardiovascular disease considered preventable (male)	131	43.3	
Deaths from cardiovascular disease considered preventable (female)	50	15.4	

Indicator	Count	Rate	Spine Chart
Deaths from respiratory disease considered preventable (persons)	96	14.8	
Deaths from respiratory disease considered preventable (male)	53	16.9	
Deaths from respiratory disease considered preventable (female)	43	12.9	
Deaths from liver disease considered preventable (persons)	81	14.0	
Deaths from liver disease considered preventable (male)	51	18.2	
Deaths from liver disease considered preventable (female)	30	9.9	

Data source: Preventable mortality. Fingertips, DHSC. Last accessed 7 February 2025.

In focus: infant mortality

'Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions.' (DHSC)

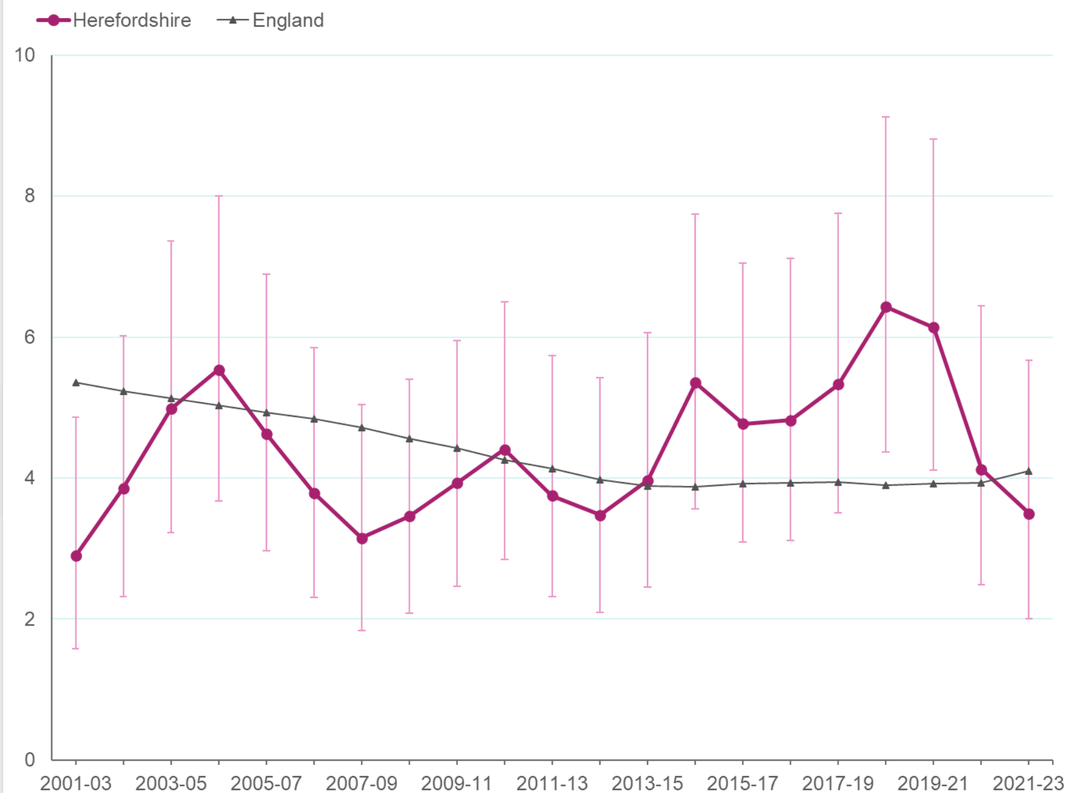
The relatively small numbers of infant deaths (under one year of age) can mean wide annual fluctuations, so rates are published for three-year rolling periods. The England rate has been around 4 per 1,000 live births since 2013-15. The Herefordshire rate had been slightly higher during this period, and in 2018-20 and 2019-21 the difference was big enough to be statistically significant (6 per 1,000 live births), equating to an average of 10 deaths a year. However, the latest published rate is slightly lower than England: 3.5 in 2021-23, equating to an average of 5 deaths each year.

Infant mortality can be split into neonatal mortality (deaths under 28 days) and post-neonatal mortality (between 28 days and 1 year of age). Data for 2020-22 showed that the rate per 1,000 live births in Herefordshire was in line with England for both indicators: 2.8 for neonatal mortality in Herefordshire compared to 2.9 in England, and 1.3 for post-neonatal mortality in Herefordshire compared to 1.1 in England. The rate for post-neonatal mortality has been similar to England since at least 2010, whilst the rate for neonatal deaths was significantly higher than England in 2018-20. This may suggest that the peak in overall infant mortality was specifically driven by deaths in children aged under 28 days.

A local review of child mortality in 2021-22 reported that the most common risk factors for infant mortality were prematurity, smoking, neonatal care and families with complex social factors. In 2019-21, 93.2 per 1,000 births were premature, reflecting a rise from 2015-17 and a higher than national rate since 2017-19 (around 80 per 1,000). The proportion of Herefordshire mothers who were smokers at the time of delivery had been around 14% for much of the last decade and had been consistently higher than England's since 2016-17. However, the recent trend shows that the proportion has been decreasing and getting better, with 8% of mothers in Herefordshire smoking at time of delivery in 2023-24, similar to the England figure (7%).

Infant mortality is the same as nationally in the long-term, with the exception of 2018-20 to 2019-21, when it was higher

Infant mortality rate per 1,000 live births, Herefordshire and England, 2001-03 to 2021-23



Data source: Infant mortality rate. Fingertips, DHSC. Last accessed 7 February 2025.

In focus: suicide

'There is no single reason for why people die by suicide. Social, psychological and cultural factors can contribute to a person being at greater risk of suicide.' However, in many cases poor mental wellbeing can be an important factor. (Mental Health UK)

The overall suicide rate for Herefordshire has shown no significant trend since 2001 and is not statistically different to England's. Because absolute numbers are small, they fluctuate year-on-year (between 12 and 27 registered in the period 2001 to 2023), so the rate over a three-year rolling period is a more robust indicator of trends and for comparisons. 54 suicides were registered in Herefordshire during 2021-23, equal to the annual average of 18 a year since 2001.

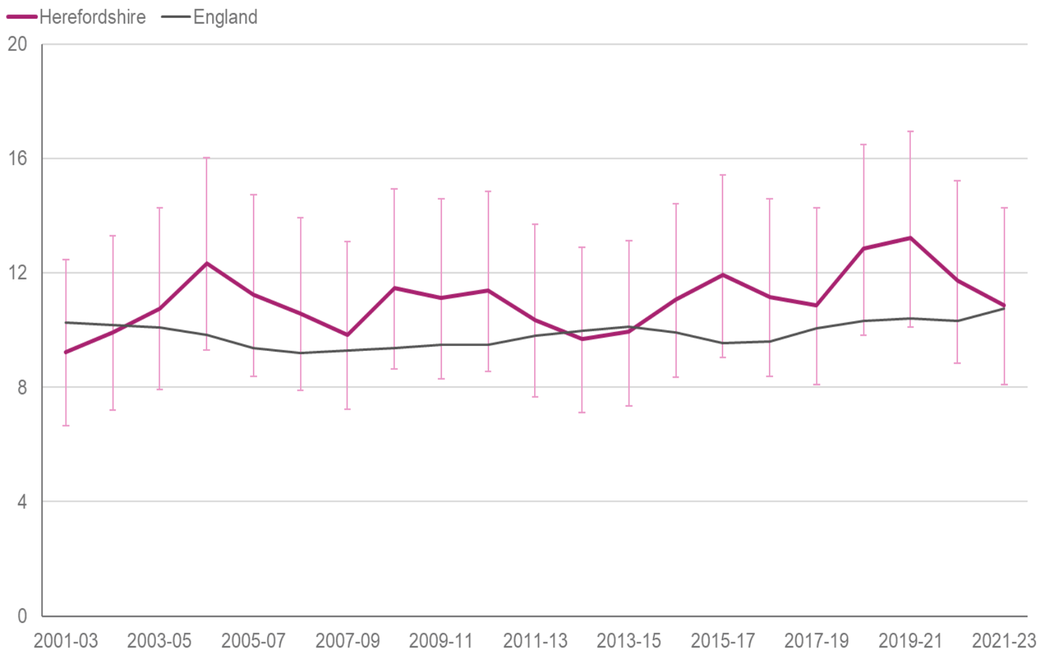
The age and sex profile of deaths from suicide has also consistently been the same as nationally over the last two decades:

- Males are three times more likely to die by suicide than females, accounting for 75% of all suicides.
- Whilst deaths by suicide occur from teenage years to over 90, the highest suicide rates are seen in those aged 45 to 64. The average age that someone dies from suicide is 50.
- However, suicide is also one of the biggest killers of men aged under 35, accounting for 1 in 4 deaths.

Herefordshire has an established multi-agency Suicide Prevention Working Group and recently set up a Suicide Audit Group to ensure a data-driven, collaborative approach to suicide prevention and bereavement support. A new Prevention Strategy and Action Plan in 2025 will align with the national Suicide Prevention Strategy while addressing specific local needs based on analysis and engagement work.

The suicide rate in Herefordshire has been unchanged and consistently in line with England over the past 20 years

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population in Herefordshire and England, 2001-2003



Data source: Age-standardised suicide rates, Office for National Statistics. Last accessed 9 December 2024.

The ONS publish national analysis of suicide data, and the DHSC Fingertips public health profiles enable comparisons with other areas and change over time.