



Premature Deaths of Jersey Residents 2012-2014

States 
of Jersey

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The States of Jersey Department for
Health & Social Services

Health Intelligence Unit
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| Document purpose | Report on the premature deaths of Jersey residents 2012-2014 |
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| Description | Annual report on premature deaths in Jersey for 2012-2014 and comparison to England. |
| Data Sources | Public Health Deaths Database |
| Date that data are acquired | Data extracted 12-18 months after the period being analysed, this is because there is a delay in death registration, with deaths referred to inquest taking up to 18 months to be investigated. Data for England released by Public Health England is also subject to a similar delay. Contemporary data is presented here for comparison. |
| Frequency | Annual |
| Relevance and key uses of the statistics | Making information publically available for planning, epidemiology, provision of services and to provide comparative information. To respond to information requests for a variety of customers e.g. researchers, charities, public companies, Freedom of Information requests. To provide information to support answers to Ministerial Questions and support public health interventions. |
| Accuracy | Information received by Public Health is clerically checked, with additional validation on data entry. Data is also compared to previous year's figures and data providers are asked to confirm reported figures are correct prior to publication. |
| Value Type | Age-standardised rates are presented. |
| Amendment history | |
| Officer | Amendment date and detail |
| M Clarke | Data analysed and report compiled May 2016 using data from the Deaths Database administered by the Public Health Directorate. |
| K Jervis | Report data checked against source data for errors and report proof checked. |
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Premature Deaths of Jersey Residents

Summary:

This report presents statistics on the premature deaths of Jersey residents between 2012 and 2014. Premature mortality data is based on directly standardised rates, a measure of mortality which makes allowances for the fact that death rates are higher in older populations and adjusts for differences in the age make up of different areas, enabling accurate comparison.

This report focuses on the four most common causes of premature death (under 75 years of age) in the UK, namely heart disease and stroke, lung disease, liver disease and cancer. This report also considers premature mortality from specific cancers, injury and separates heart disease.

The Public Health England tool 'Healthier Lives' can be found at healthierlives.phe.org.uk and is used for all data comparisons in this report. All comparisons were made during May 2016.

Jersey data presented in this report are based on records of deaths that occurred in calendar years 2012 to 2014, which were received from the Superintendent Registrar's Office, along with data from the Viscount's Office, and processed by Public Health. Detailed information on the nature, sources and data handling are given in the Background Notes section of this report.

Key findings:

- In Jersey, premature mortality was 311 per 100,000 population per year between 2012 and 2014, this was better than the England average¹;
- For premature deaths due to heart disease and stroke, Jersey would be categorised as among the best when compared with the English average, coming 5 out of 151 regions;
- Premature mortality due to cancer in Jersey is worse than the English average¹, ranking Jersey 82 out of 151 regions. Around half of all cancer deaths occur in the under 75 age group;
- For Lung disease, Jersey ranks better than the overall average¹ for England; at 37 out of 150² regions;
- Jersey's premature mortality rate for diseases of the liver is worse than the average¹ for England, ranking 99 out of 150².

¹ Not a statistically significant difference – this is due to the confidence intervals for Jersey overlapping with the confidence intervals for the English average.

² Healthier Lives analysis have 149 regions for Lung and Liver diseases due to small numbers of deaths for Rutland, resulting in Rutland being excluded from the analysis for these two disease categories.

Introduction

The Health Intelligence Unit, part of the Public Health Directorate within Health and Social Services, provides information on the health of the population in order to inform health policy in Jersey.

Public Health England's Healthier Lives initiative shows the range of premature mortality affecting different areas of England, with Kensington and Chelsea ranking the best for overall premature mortality (with 244 deaths per 100,000 population) and Manchester ranking the worst (with 534 deaths per 100,000 population). The healthier lives tool is designed to be an enabler for change, making mortality data accessible to everyone and providing evidence to facilitate debate on improving health and living longer lives.

Like England, a child born in Jersey today can expect to live a longer, healthier life than ever before, yet, they still have a one in three chance of dying before they reach 75.

TABLE 1: PREMATURE ASMR – INFORMATION FROM HEALTHIER LIVES WEBSITE (MAY 2016)



| <u>Premature</u> Mortality Indicator | Jersey ASMR* | England ASMR* | English Region Min | English Region Max | Jersey Ranking** |
|--------------------------------------|--------------|---------------|----------------------------------|--------------------|------------------|
| Overall mortality | 311 | 337 | Kensington & Chelsea 244 | Manchester 534 | 47 / 151 |
| Cancer | 146 | 142 | Harrow 106 | Manchester 196 | 82 / 151 |
| Breast cancer (females)*** | 24 | 22 | Hammersmith & Fulham 14 | Slough 34 | 108 / 147** |
| Heart disease and stroke | 55 | 76 | Kensington & Chelsea 48 | Manchester 135 | 5 / 151 |
| Ischaemic Heart Disease | 27 | 41 | Kensington & Chelsea 23 | Manchester 79 | 6 / 151 |
| Lung disease | 26 | 32 | Bath & North East Somerset 18 | Manchester 72 | 34 / 150 |
| Liver disease | 22 | 18 | Buckinghamshire 10 | Blackpool 40 | 99 / 150 |
| Injury | 13 | 12 | Merton 5 | Blackpool 28 | 103 / 150 |

* ASMR – Age Standardised Mortality Rate per 100,000 population under 75 per annum. Standardised using the 2013 European Standard Population for those aged under 75 years. For further information see the Background Notes section of this report.

** Rankings assume Jersey is added to the total number of regions ranked, for some indicators Public Health England has excluded Rutland from the analysis due to small numbers (less than 25 events in the period), for breast cancer other regions with less than 25 deaths over the time period have been excluded from the rankings.

*** For Breast Cancer, female only data is used (deaths for females under 75 and female population under 75).

Table 1 shows the age standardised mortality rates (ASMR) for Jersey for overall premature mortality and for premature mortality from cancer, heart disease and stroke, lung disease and liver disease. The table also shows comparison with the Healthier Lives website rankings for England and English regions.

Overall premature mortality

More than 250 people a year die in Jersey before their 75th birthday, accounting for more than a third (34%-36%) of all deaths each year.

In Jersey, premature mortality between 2012 and 2014 was 311 per 100,000 population per year, this was **better than the UK average**¹.

When comparing Jersey with the Public Health England rankings, Jersey would be 47 out of 151, as shown in Table 1.

The main causes of overall premature mortality in Jersey are lung cancer (cancer of the intrathoracic and respiratory organs), cancer of the digestive organs (mainly colorectal, pancreatic and oesophageal cancers), ischaemic heart disease, chronic lower respiratory disease and liver disease³.

Cancer (ICD-10 Codes C00-C97)

Cancer is responsible for around 110-130 deaths each year for those under 75. Premature deaths from cancer account for around half (48%-50%) of the total deaths due to cancer each year. The main cancers affecting this age group include, cancer of respiratory organs (predominately lung cancer), cancers of the digestive organs (mainly colorectal, pancreatic and oesophageal) and breast cancer.

Compared with the English regions, Jersey ranks 82 out of 151 regions for premature deaths due to cancer, with an age standardised rate of 146 per 100,000 population. For cancer, Jersey is **worse than the English average**¹.

Breast Cancer (ICD-10 Code C50) Females Only

Breast cancer is responsible for around 20 female deaths every year in Jersey and causes the second highest number of female malignant cancer incidences each year (after lung cancer). Breast cancer causes the potential loss of around 150 years⁴ of female life annually.

Heart Disease and Stroke (ICD-10 Codes I00-I99)

Around 50 people under 75 years of age die in Jersey each year as the result of heart disease and stroke; with around two-thirds of these being male. Ischaemic heart disease is the underlying cause for half of these premature deaths each year. Heart disease and stroke cause the potential loss of between 500 and 700 years of life annually.

³ For more information, see Report on the Deaths of Jersey Residents, 2012, 2013 and 2014, published by the States of Jersey Health Intelligence Unit, April 2014, August 2014 and October 2015.

⁴ Potential Years of Life Lost estimates the number of years a person would have lived had they not died prematurely. It is based on the assumption that every individual could be expected to live until the age of 75 and premature death before that age may be preventable.

Jersey ranks **among the best** for premature deaths from heart disease and stroke, 5 out of 151 when compared with England.

Ischaemic Heart Disease (ICD-10 Codes I20-I25)

Within the disease grouping of cardiovascular diseases (represented above), heart disease can be separately ranked. There are more than 20 premature deaths a year from heart disease, which caused more than 800 potential years of life to be lost over the period 2012-2014. A much greater proportion of men die from heart disease than woman.

Lung Diseases (ICD-10 Codes J00-J99)

Around 20 people under 75 die from lung diseases in Jersey every year. Two-thirds of these deaths are due to chronic lower respiratory diseases. During the years 2012-2014, there were less than 10 deaths each year due to influenza and pneumonia.

Jersey ranks as **better than the average for England**¹ with a rate of 26 per 100,000 population. Bath and North East Somerset has the best premature mortality rate for lung diseases, with 18 per 100,000 population. Jersey ranks 34 out of 150² regions.

Liver Disease (ICD-10 Codes B15-B19, C22, I81, I85, K70-K77, T86.4)

Liver disease accounts for around 20 deaths in Jersey residents under 75 each year. These diseases include cancer of the liver, hepatitis, alcoholic liver disease, fibrosis and cirrhosis of the liver. Around two-thirds of these Jersey deaths are due to alcoholic liver disease. More than 300 years of potential life are lost each year due to liver diseases.

Jersey's premature mortality rate from liver disease is **worse than the England average**¹, ranking 99 out of 150³.

Injury (ICD-10 Codes V01-X59)

Injuries include transport accidents, falls and other accidental external causes of mortality, such as drowning and electrocution. Injuries cause almost 400 years of potential life to be lost every year in Jersey; two thirds of which are male.

Background Notes

1. Death figures have been compiled from returns to the Registrars in each parish in Jersey. The Marriage and Civil Status (Jersey) Law 2001 requires all deaths to be notified within 5 days of the date of death.
2. The number of deaths may differ from previously published figures due to the inclusion of data from inquests which can take up to 18 months to complete and register. Data on deaths of Jersey residents that occur outside of the Island may also result in a delay in registering the death with the Superintendent Registrar. This means that total deaths in a given year should be treated as provisional and used with caution.
3. The results are based on analysis of all deaths of Jersey residents registered as having occurred in calendar year 2012, 2013 and 2014.
4. Cause of death is classified using the tenth revision of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD-10).
5. Coding of Deaths is undertaken by the Office for National Statistics on a quarterly basis.
6. Directly age standardised mortality rates use age specific mortality rates for a population which are applied to the 2013 European standard population to adjust for differences in age and sex structures between populations to allow comparisons across time and place.
7. All Jersey figures are compared with those published by Public Health England in their healthier lives toolkit healthierlives.phe.org.uk. There is no comparison for colorectal cancers or stroke in this report, as there were less than 25 deaths from each cause over the period 2012-2014 which means reliable standardised mortality rates cannot be calculated, as per Public Health England recommendations.
8. The Public Health England Healthier Lives tool also included an indicator for Lung Cancer mortality using data from the Tobacco Control Profiles. This data covers deaths at all ages (not just those under 75 years of age). If Jersey were compared with this data on a like for like basis (i.e. all age deaths), Jersey would rank 75 out of 151 regions, with an ASMR of 61 per 100,000 population. The England average is 60 per 100,000, with Rutland having the smallest ASMR (30 per 100,000) and Manchester the worst (108 per 100,000). Jersey would be worse than the England average (although not significantly different). Lung cancer is the biggest cause of cancer deaths each year in Jersey, causing around 50 deaths annually.
9. Comparative data for Guernsey was not available at time of publication.
10. Jersey rates for annual data are calculated using the average of the two corresponding end-year population estimates as published by the States of Jersey Statistics Unit. This estimate of the mid-year population assumes that half of births, deaths and migration occurs in the first half of the calendar year.
11. This report gives the number of deaths due to Cancer. Information is also available on the number of incidences of cancer in Jersey. Further information can be found in Channel Islands Cancer Registration Report, January 2014, available from www.gov.je
12. The Health Profile for Jersey 2014 report published by the Health Intelligence Unit, April 2014, contains a number of indicators exploring premature deaths in the Island: including Years of Life Lost, Years of Working Life Lost, as well as measures of preventable deaths, smoking related deaths and lifestyle factors. For further information see Health Profile for Jersey 2014, published April 2014, available from www.gov.je

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