



Stalling life expectancy in England: an approach to understanding the causes and informing policy

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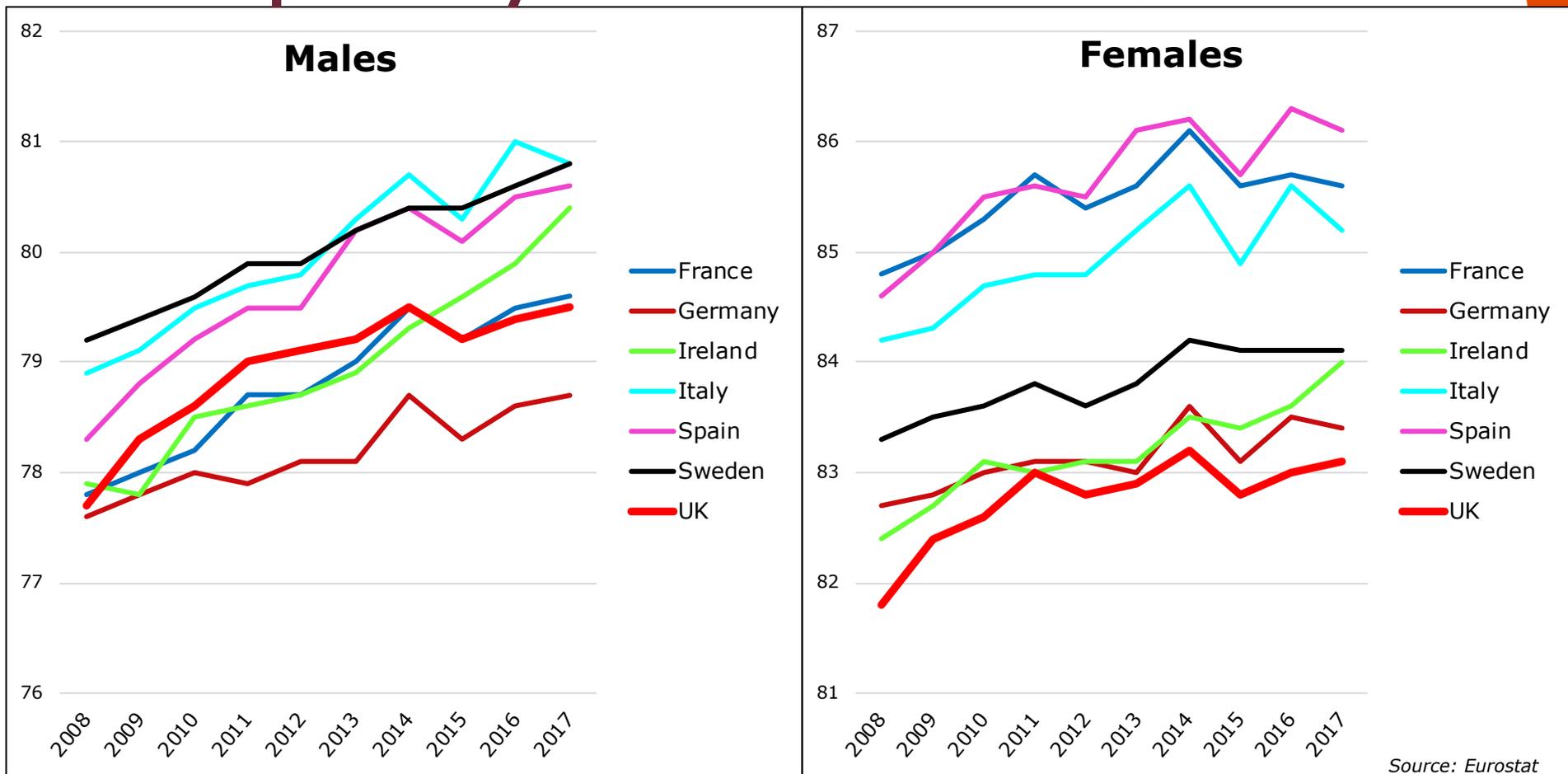
Rationale for a diagnostic approach

- Financial constraints on public services unlikely to ease in foreseeable future
- Imperative for resources to be targeted effectively
- Requires an evidence-based approach to addressing the causes
- Epidemiological analyses provide insights into causes of excess deaths and population groups affected
- Findings can help identify causative pathways and priority areas for intervention
- Need to also look beyond, at what's driving similar trends in Europe and other high-income countries

Some pointers from PHE, ONS and other analyses

- Widening inequalities: slowdown impacting most on deprived areas
- Mortality at ages 50-89 had the greatest effect on slowdown
- Slowdown in CVD mortality improvement made a major contribution
- Winter mortality peaks and flu / respiratory disease contributed to erratic changes in some years and slowdown in improvement
- “Epidemiological transition” - *multiple condition-specific and possibly cohort-based components, inc changing exposure to risk factors (Steel etal, Lancet 2018)*
- But that’s not all - rising mortality from accidental poisoning among younger adults, largely drug-related
- Improvements slowing across many geographies, ages, causes of death

Life expectancy at birth: selected EU countries



Source: Eurostat

Change in life expectancy at birth: selected EU countries

MALES

FEMALES

■ 2005-11

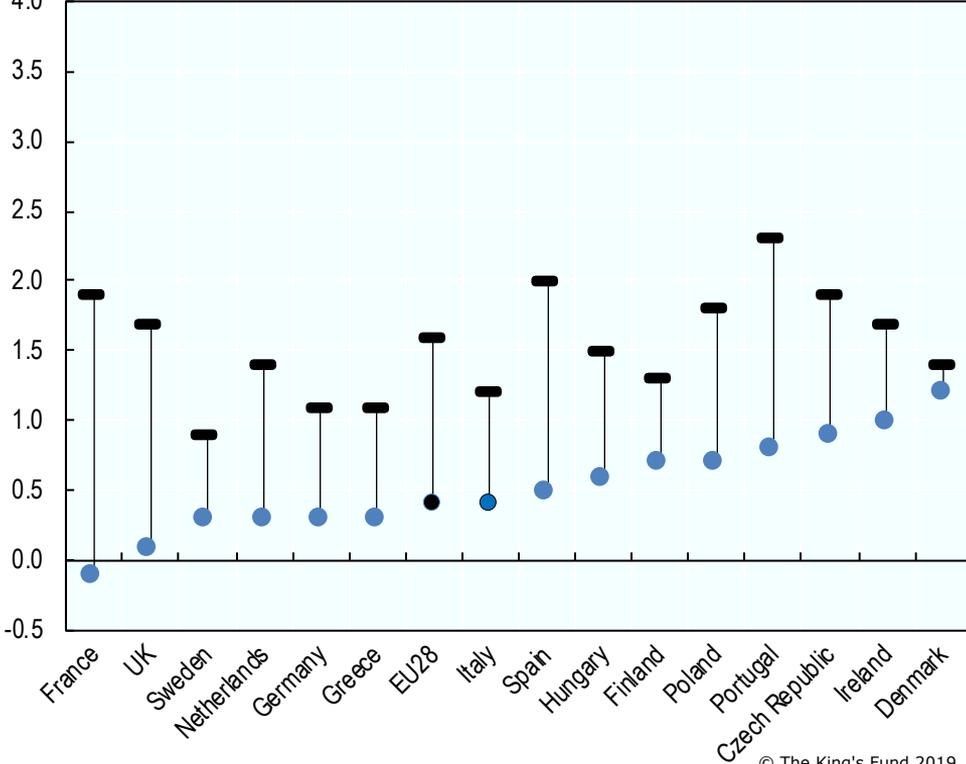
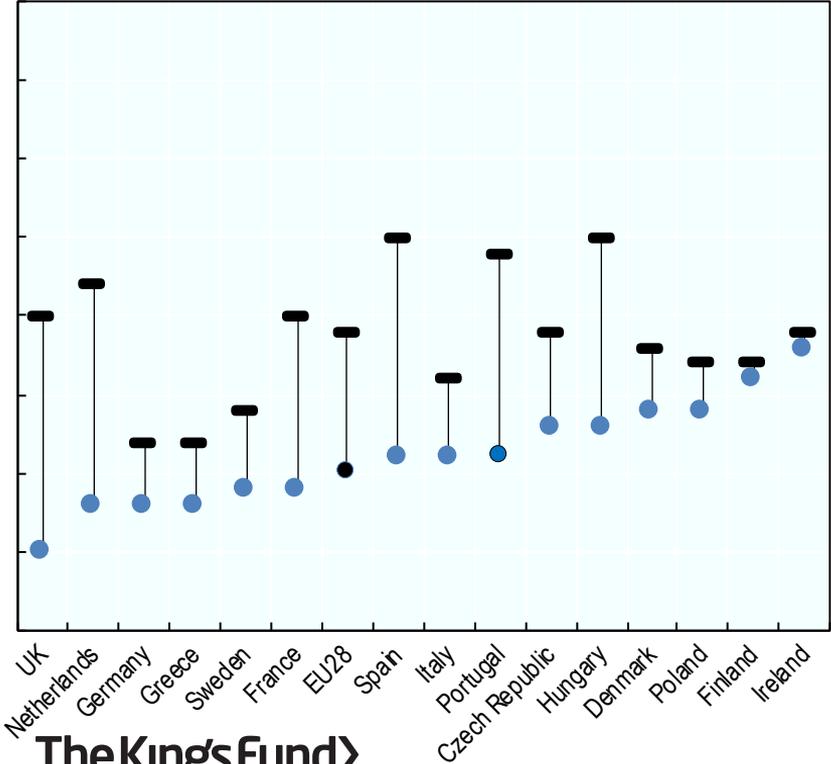
● 2011-17

■ 2005-11

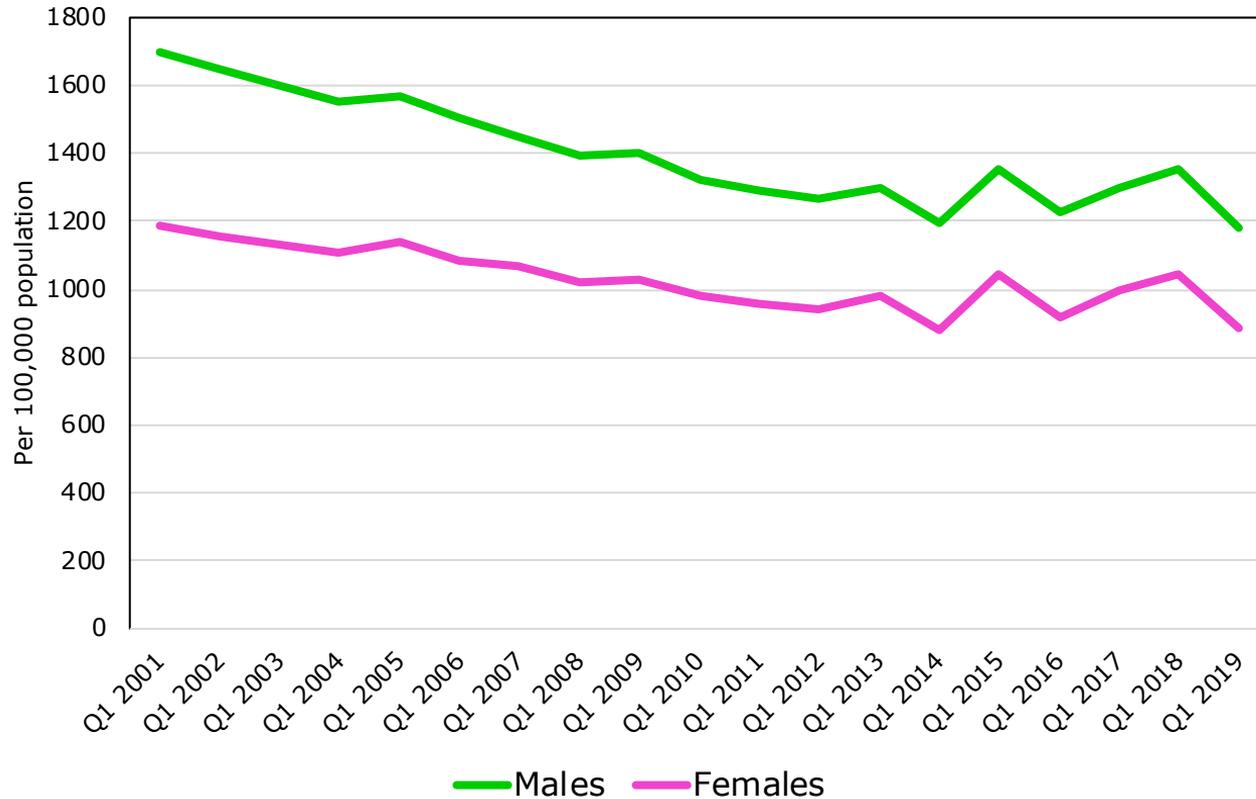
● 2011-17

Gains in years over the

Gains in years over the 6-year

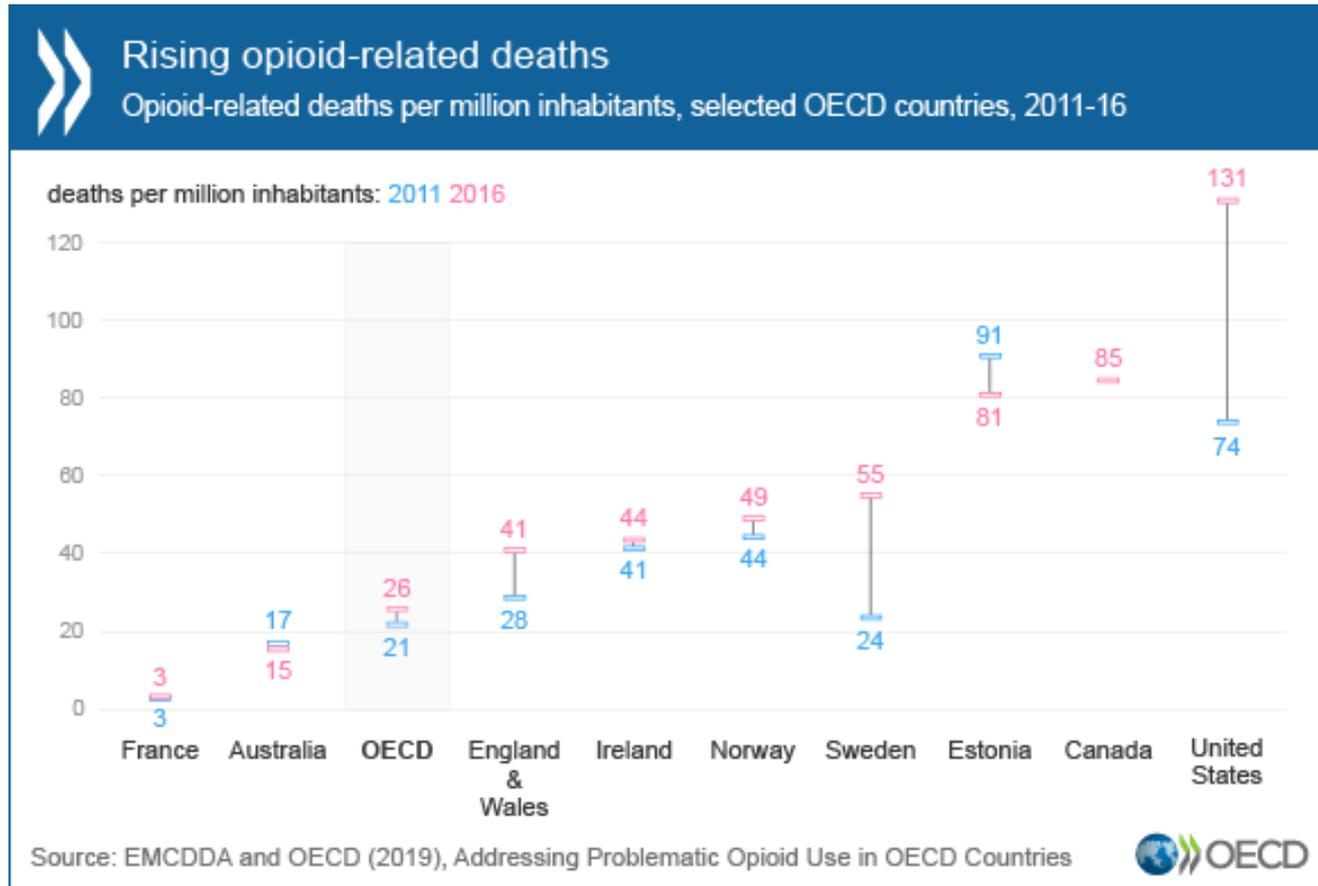


ASMRs for Q1: 2001-2019, England



- 2019 Q1 rates lowest since 2001 except for 2014.
- Erratic trends since 2011
- Peaks/troughs since 2011 coincide with flu / cold patterns reported by PHE, EuroMOMO
- Similar patterns seen across Europe

What's driving the opioid crisis in disparate countries?



CVD mortality

- Greater improvement than in many comparator countries (GBD), but.....
- Despite significant falls, CVD remains the leading cause of death in males and second leading cause in females
- Significant contributor to inequalities in life expectancy
- What's driving the slowdown in CVD mortality improvements?
- Evidence of potential for primary & secondary prevention (GBD, ONS, PHE)
- Slowdown seen across many European countries
- King's Fund / OECD initiative: CVD mortality workshop, Paris Nov 2019

Conclusions

- Background context: UK compares poorly with European peers for spending on health and social care
- Given enduring constraints on public finances, policies for improving life expectancy should be targeted and evidence-driven
- Evidence suggests several factors at play: UK-specific and pan-European
- Ways forward:
 - targeted responsive interventions based on the evidence to date
 - better understanding of underlying drivers - in UK and beyond
- We don't have all the answers, better understanding requires:
 - further investigations & analyses of secondary causes of death, linked datasets
 - international dialogue and collaboration

Thank you