

Mortality Publication June 2021

Ref 1 Life expectancy

CTM region has lower than the Welsh average life expectancy. This has been the case for many years and reflects the level of social deprivation and long term illnesses prevalent across CTM. We are not happy about this at all and are taking the issue seriously. It is one of the main reasons for our new ILG structure with ILG and structure challenged with tackling population health.

Ref 3 Avoidable, Amenable and Preventable Mortality

Causes of death considered avoidable, amenable & preventable, European age-standardised rate (EASR) per 100,000 persons.

This is data from 2017-2019, CTM has changed in this time and we are, through the ILGs, tackling variations within all the localities CTM covers.

Ref 4 Excess winter mortality index

CTM has a higher EWMI for the time period in 2 of its areas relative to the Welsh average. Respiratory illnesses causing higher mortality in the winter months would be associated with higher population respiratory illnesses. This is a recognised factor in the need CTMs smoking cessation programme. This is a combination of public and population health issues that CTM are tackling to reduce morbidity in our communities.

Ref 5 Perinatal deaths per 1,000 live births and stillbirths

Neonatal, post-neonatal and infant deaths per 1,000 live births in CTM are 7.5 compared with the Welsh average of 7.1. These are very small variations however we are through our neonatal reviews looking at all deaths in striving to provider even better care across CTM to reduce this number to as low as possible. Our 1st 1000days System Group are looking at all issues related to this mortality rate.

Ref 9 Crude Mortality

Sadly the rise in deaths is consistent with the COVID pandemic deaths, alongside this are deaths related to debilitation from isolation and co-existent morbidities. Despite running our normal emergency services and communication to our population to contact GPs / attend hospitals if acutely unwell sadly not everyone came forward, this may also have been a contributing factor, this was during the first wave especially.

There are no exact numbers to be determine how many deaths occurred from debilitation due to shielding and isolation.

Ref 10 Rate of deaths in hospital within 30 days of emergency admission with a hip fracture (NoF) aged >64

This represents a significant reduction in NOF deaths across CTM. Emergency care for NOFs continued throughout the pandemic and on all sites trauma surgery meant a shorter time to theatre (TTTh). This is likely to have had a positive impact on the reduction in deaths. However the need is to continue this reduced TTTh by maintaining the trauma list provision across CTM as we return to full elective surgical capacity.

Ref 11 Rate of deaths in hospital within 30 days of emergency admission with a heart attack (MI) aged 35 to 74

There was a rise in deaths during the pandemic. It is likely debilitation due to shielding and isolation contributed to this rise. Also the impact of COVID on the cardiorespiratory systems increase the risk to all patients with pre-existing cardiac conditions.

Ref 12 Rate of deaths in hospital within 30 days of emergency admission for a stroke

There was a steady fall in stroke related deaths and a continued fall until Jan 2020. Sadly there was a rise in mortality during the pandemic time period, this could have been due to debilitation of the population, exposure to and COVID deaths concurrent with a stroke.