

Statistical bulletin

Life Expectancy at Birth and at Age 65 for Local Areas in England and Wales: 2009-11

Trends for England and Wales (national, regional and local areas) in the average number of years people will live beyond their current age measured by "period life expectancy".



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1. Key findings

- In 2009–11, male life expectancy at birth was highest in East Dorset (83.0 years); 9.2 years higher than in Blackpool, which had the lowest figure (73.8 years).
- For females, life expectancy at birth was also highest in East Dorset at 86.4 years and lowest in Manchester where females could expect to live for 79.3 years.
- According to 2009–11 mortality rates, approximately 91% of baby boys and 94% of girls in East Dorset at birth will reach their 65th birthday. The comparable figures were 77% and 86% in Blackpool and Manchester respectively.
- The gap between the local areas with the highest and lowest life expectancy was wider for males than for females but there was no significant change in this inequality between 2005–07 and 2009–11.
- The distribution of life expectancy across England was characterised by a north-south divide, with people in local areas in the north generally living shorter lives than those in the south.
- In 2009–11, approximately 32% of local areas in the East, 45% in the South East and 22% in the South West were in the fifth of areas with the highest male life expectancy at birth. In contrast, there was no local area in the North East, North West and Wales in this group. A similar pattern was observed for females.

2. Summary

This bulletin presents male and female period life expectancy at birth and at age 65 for England and Wales and local areas within both countries. Figures are presented for the period 2009–11, alongside those for the periods 2005–07 to 2008–10 for comparison purposes. Information is given about the context, calculation and interpretation of life expectancy figures.

Mid-year population estimates for England and Wales from 2002 to 2010 have been revised in light of the 2011 Census populations. Previously published data on life expectancy relating to this period have therefore been revised in this bulletin. Revised population estimates for Scotland and Northern Ireland are currently unavailable. As a result, figures for local areas in the UK will be published later, after these population estimates become available.

3. Background

Period life expectancy at a given age for an area is the average number of years a person would live, if he or she experienced the particular area's age-specific mortality rates for that time period throughout his or her life.

Life expectancy at birth has been used as a measure of the health status of the population of England and Wales since the 1840s. It was employed in some of the earliest reports of the Registrar General to illustrate the differences in mortality experienced by populations in different parts of the country. This tradition of using life expectancy as an indicator of geographic inequalities in health has been continued by ONS since 2001 with the publication of sub-national life expectancy statistics. Several studies have shown that geographical variations in life expectancy can largely be accounted for by individual and area based deprivation. For example, using an employment and income based measure, [Griffiths and Fitzpatrick \(2001\). \(1 Mb Pdf\)](#) established that there was a strong association between deprivation at local authority level in England and life expectancy. They found that decreasing life expectancy was associated with increasing deprivation and that this association was stronger for males than for females. Similarly, [Woods, et al. \(2005\)](#) examined variations in life expectancy at birth across English regions and in Wales, concluding that the geographical patterns observed were largely explained by variations in income deprivation.

More recently, analyses of life expectancy at birth by socioeconomic position have reported a clear gradient. Boys whose parent(s) had an occupation classified as 'Higher managers and professionals', such as directors of major organisations, doctors and lawyers, could be expected to live 5.8 years longer than boys whose parents were classified to 'Routine' occupations such as labourers and cleaners ([ONS, 2011](#)). ([129.1 Kb Pdf](#))

Furthermore, the [Strategic Review of Health Inequalities in England post-2010 \(Marmot, 2010\)](#) reported that people living in the poorest neighbourhoods in England, will, on average, die seven years earlier than those living in the richest neighbourhoods.

These studies provide a compelling case for monitoring inequalities in life expectancy with a view to narrowing the gap between different areas. As noted by [Marmot \(2010\)](#), reducing health inequalities would benefit society in many ways. There would be economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.

4. Users and policy context

Life expectancy figures are widely used by local health planners in monitoring health inequalities and in targeting resources to tackle these inequalities in the most effective manner. They also help to inform policy, planning and research in both public and private sectors in areas such as health, population, pensions and insurance. Key users include the Department of Health and Public Health England (for example, analysts previously in public health observatories), devolved health administrations, local and unitary authorities, and private pensions and insurance companies.

In England, the Department of Health's Public Health Outcomes Framework [Healthy lives, healthy people: Improving outcomes and supporting transparency](#) (Department of Health, 2013) sets out its vision for public health, desired outcomes and the indicators that will help in understanding how well public health is being improved and protected. This framework uses the difference in life expectancy and healthy life expectancy between communities as one of two high level outcomes for monitoring population health. Similarly, the [NHS Outcomes Framework 2013/14](#) (Department of Health, 2012) includes an objective to prevent people from dying prematurely. One of the two overarching indicators used to measure and monitor this objective is life expectancy at age 75.

In Wales, life expectancy is used as a high level indicator in the Public Health Strategic Framework - [Our Healthy Future \(OHF\)](#) - to monitor progress against reducing inequities in health.

At an international level, life expectancy is used by the [European Community Health Indicators Monitoring \(ECHIM\)](#) project to monitor health across Europe. In addition, life expectancy at birth, age 45 and age 65, and by socioeconomic status are also used as indicators of access to care (including inequity in access to care) and inequalities in outcomes in the [European commission's policy framework on Social Inclusion and Social Protection](#).

5. National life expectancy

The [interim life tables, 2009-11](#) (ONS, 2013a) provide life expectancy figures for England and Wales. They are calculated using complete life tables (based on single year of age) for three-year rolling periods. The national life expectancy figures included in this statistical bulletin were calculated using the same methodology used for sub-national life expectancy figures and should be used when making national and sub-national comparisons (see the 'Methods' section for more information). The difference in methodology means that the two sets of national figures may differ very slightly.

Life expectancy at birth

Life expectancy at birth in England and Wales (combined) increased between the periods 2005–07 and 2009–11, from 77.5 to 78.8 years for males and 81.7 to 82.8 years for females.

Life expectancy was higher in England than in Wales in every period examined and the difference between both countries was greater for males than for females. In England, male life expectancy increased from 77.6 years in 2005–07 to 78.9 years in 2009–11. For females, the corresponding increase was from 81.8 to 82.9 years. Over the same period, life expectancy at birth increased in Wales from 76.8 to 78.0 years for males and from 81.2 to 82.2 years for females.

Table 1: Life expectancy at birth: by sex and country, 2005-07 to 2009-11

Country	Years				
	2005-07	2006-08	2007-09	2008-10	2009-11
Males					
England and Wales	77.5	77.8	78.1	78.4	78.8
England	77.6	77.9	78.2	78.5	78.9
Wales	76.8	77.0	77.2	77.6	78.0
Females					
England and Wales	81.7	81.9	82.2	82.4	82.8
England	81.8	82.0	82.3	82.5	82.9
Wales	81.2	81.3	81.5	81.8	82.2

Source: Office for National Statistics

Notes:

1. Three year rolling averages, based on deaths registered in calendar years and mid-year population estimates.
2. Figures for England and Wales include deaths of non-residents. Figures for England and Wales separately exclude deaths of non-residents.
3. Figures for 2000 to 2010 are based on mid-year population estimates, revised in light of the 2011 Census.

Life expectancy at age 65

In England and Wales, life expectancy for men increased from 17.4 years in 2005–07 to 18.3 years in 2009–11. For females, the corresponding increase was from 20.1 to 21.0 years over the periods. Similar to at birth, life expectancy at age 65 was higher for men and women in England than in Wales in every period examined (see Table 2). Improvements in life expectancy over time were also slightly greater for England than Wales.

Table 2: Life expectancy at age 65: by sex and country, 2005-07 to 2009-11

Country	Years				
	2005-07	2006-08	2007-09	2008-10	2009-11
Males					
England and Wales	17.4	17.6	17.8	18.1	18.3
England	17.4	17.6	17.9	18.1	18.4
Wales	17.0	17.2	17.3	17.6	17.9
Females					
England and Wales	20.1	20.3	20.5	20.7	21.0
England	20.1	20.3	20.5	20.7	21.0
Wales	19.7	19.9	20.1	20.2	20.5

Source: Office for National Statistics

Notes:

1. Three year rolling averages, based on deaths registered in calendar years and mid-year population estimates.
2. Figures for England and Wales include deaths of non-residents. Figures for England and Wales separately exclude deaths of non-residents.
3. Figures for 2000 to 2010 are based on mid-year population estimates, revised in light of the 2011 Census.

6. Regional life expectancy

Life expectancy varied across English regions in each period examined and tended to be higher among those living in the south than in the north and midlands.

Life expectancy at birth

In 2009-11, life expectancy at birth was highest in the South East where males could expect to live for 80.0 years and females 83.8 years. Conversely, these figures were lowest in the North West for males (77.4 years) and in the North East for females (81.5 years).

Life expectancy was higher for females than males across all regions in each period examined. In addition, this inequality in life expectancy between the sexes was consistently smaller in the South East and East of England than in any other region.

Life expectancy increased in each region between 2005–07 and 2009–11, with London experiencing the greatest improvement for both males (1.6 years) and females (1.3 years). Improvements in other regions varied between 1.1 and 1.3 years for males and 0.9 and 1.2 years for females.

A number of factors have been identified as plausibly being responsible for the excess mortality, and consequently lower life expectancy, in the northern regions of England. These include socioeconomic, environmental (including working conditions), educational, epigenetic, and lifestyle, which may act over the whole life course, and possibly over generations ([Hacking, Muller and Buchan, 2011](#)).

One factor that has received less attention is the selective migration of healthy individuals from poorer health areas into better health areas or vice-versa.

This type of migration has been shown to play a significant role in increasing or decreasing location-specific illness and mortality rates, and consequently life expectancy figures. [Norman, Boyle and Rees \(2005\)](#) demonstrated that the largest absolute flow within England and Wales between 1971 and 1991 was of relatively healthy people moving from more deprived into less deprived areas. The impact of this migration was to raise ill-health and mortality rates where these people originated from and lower them in the destinations. The authors also noted that the benefit to less deprived areas was reinforced by a significant group of people in poor health who moved from less to more deprived locations.

Evidence from the pattern of interregional migration between 1991 and 2010 ([ONS, 2013b](#)) also suggests that there might be a selective migration effect at play; there was a higher flow of people into southern regions than out while the reverse was the case in the North East and North West. However, it is not possible to quantify the extent to which better health areas are benefiting from selective migration of healthy people since the health status of these migrants is not known.

In a recent study, [Hacking, Muller and Buchan, 2011](#) examined trends in mortality across the north-south divide in England over a period of four decades. In addition to the excess deaths observed in northern regions throughout the period, they also noted that 14% of such deaths in 2004–06 were attributed to the prevalence of smoking while 3.5% in 2005 was associated with alcohol consumption. In addition, death rates for potentially avoidable causes, such as certain cancers, respiratory and heart disease, are significantly higher in northern regions than in the south (ONS, 2013c).

Table 3: Life expectancy at birth: by sex and region, 2005-07 to 2009-11

Region	Years				
	2005-07	2006-08	2007-09	2008-10	2009-11
Males					
North East	76.2	76.4	76.7	77.1	77.5
North West	76.1	76.4	76.6	77.0	77.4
Yorkshire and The Humber	76.8	77.1	77.4	77.7	78.1
East Midlands	77.6	77.8	78.1	78.3	78.7
West Midlands	76.9	77.2	77.5	77.9	78.4
East	78.6	78.9	79.2	79.5	79.9
London	77.7	78.1	78.5	78.8	79.3
South East	78.9	79.1	79.4	79.7	80.0
South West	78.7	78.9	79.1	79.4	79.8
Females					
North East	80.4	80.5	80.9	81.1	81.5
North West	80.4	80.6	80.8	81.1	81.5
Yorkshire and The Humber	81.1	81.3	81.4	81.7	82.0
East Midlands	81.6	81.8	82.0	82.3	82.8
West Midlands	81.4	81.6	81.9	82.2	82.6
East	82.5	82.7	83.0	83.2	83.6
London	82.3	82.6	82.9	83.2	83.6
South East	82.6	82.9	83.2	83.4	83.8
South West	82.9	83.0	83.2	83.4	83.7

Source: Office for National Statistics

Notes:

1. Three year rolling averages, based on deaths registered in calendar years and mid-year population estimates.
2. Figures exclude deaths of non-residents.
3. Figures for 2000 to 2010 are based on mid-year population estimates, revised in light of the 2011 Census.

Life expectancy at age 65

In 2009–11, men at age 65 in the South East where life expectancy was highest could expect to live for a further 19.0 years, 1.5 years longer than in the North East with the lowest figure (17.5 years). For women, the comparable highest and lowest life expectancy figures were 21.6 years in London and 20.0 years in the North East.

In contrast to birth, the greatest improvement in male life expectancy at age 65 between 2005–07 and 2009–11 was observed in the West Midlands. However, London remained the region with the greatest gain in female life expectancy.

Gender inequality in life expectancy persisted at age 65, albeit to a smaller extent than at birth. In addition, this inequality was generally smaller in the North East and North West than in other regions.

Table 4: Life expectancy at age 65: by sex and region, 2005-07 to 2009-11

Region	Years				
	2005-07	2006-08	2007-09	2008-10	2009-11
Males					
North East	16.4	16.6	16.9	17.1	17.5
North West	16.5	16.8	17.0	17.2	17.6
Yorkshire and The Humber	17.0	17.2	17.4	17.6	17.8
East Midlands	17.3	17.4	17.7	17.9	18.2
West Midlands	17.0	17.3	17.6	17.9	18.2
East	17.9	18.2	18.4	18.6	18.9
London	17.6	17.9	18.1	18.4	18.7
South East	18.1	18.4	18.6	18.8	19.0
South West	18.1	18.3	18.5	18.7	19.0
Females					
North East	19.0	19.2	19.4	19.6	20.0
North West	19.2	19.3	19.5	19.8	20.1
Yorkshire and The Humber	19.6	19.8	20.0	20.2	20.5
East Midlands	19.9	20.1	20.4	20.6	20.9
West Midlands	19.9	20.1	20.4	20.6	21.0
East	20.5	20.7	20.9	21.1	21.5
London	20.6	20.8	21.1	21.3	21.6
South East	20.7	20.9	21.2	21.4	21.6
South West	20.9	21.1	21.2	21.4	21.6

Source: Office for National Statistics

Notes:

1. Three year rolling averages, based on deaths registered in calendar years and mid-year population estimates.
2. Figures exclude deaths of non-residents.
3. Figures for 2000 to 2010 are based on mid-year population estimates, revised in light of the 2011 Census.

7. Local area life expectancy

The local area life expectancy figures presented in this bulletin are based on the current geographical boundaries.

Life expectancy at birth

The local areas with the highest and lowest male and female life expectancy at birth in England and Wales for the periods 2000–02 to 2009–11 are presented in tables 5 and 6 respectively. For the purpose of this bulletin, figures are only presented for the top and bottom 10 ranked local areas.

The distribution of life expectancy in England was characterised by a north-south divide, with life expectancy generally being lower among local areas in the north of the country.

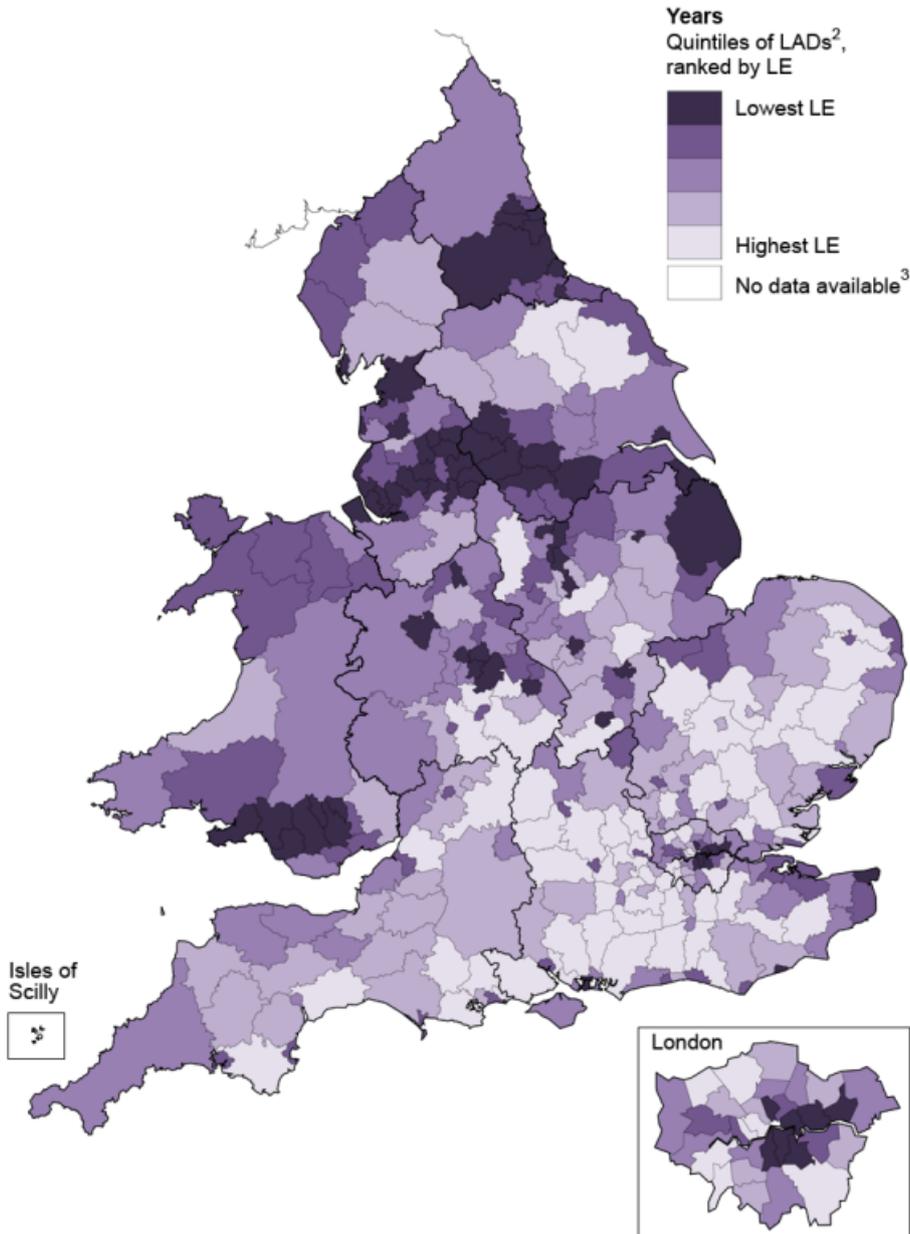
In 2009–11, male life expectancy at birth was highest in East Dorset (83.0 years) and lowest in Blackpool (73.8 years). For females, life expectancy at birth was also highest in East Dorset at 86.4 years and lowest in Manchester where females could expect to live for 79.3 years. These differences were statistically significant. It is noteworthy that these areas were not always ranked top and bottom respectively in England and Wales. Therefore, the change in inequality in life expectancy is not necessarily a measure of the change in the gap between these specific areas over time.

The difference in male life expectancy between the local areas with the highest and lowest figures stood at 9.2 years in 2009–11. For females, the comparable gap was narrower at 7.1 years. These differences were not significantly different from those found in 2005–07.

On average, there was an increase in life expectancy of 1.3 years for males and 1.1 years for females across all local areas between 2005–07 and 2009–11. However, life expectancy did not increase in all areas over these periods, with the change in male life expectancy ranging from a decrease of 0.2 years in Rushmoor to an increase of 2.9 years in Camden. For females, the greatest improvement over these periods was observed in Hartlepool (3.0 years) while the greatest decrease was in Rutland (0.8 years).

The distribution of male and female life expectancy at birth by local areas in England and Wales for 2009–11 can be found in maps 1 and 2 respectively below.

Map 1: Life expectancy (LE) for males at birth by local authority district in England and Wales, 2009–11



1 Local authority districts include unitary authorities, London boroughs, metropolitan districts and non-metropolitan districts in England and Wales.

2 Each quintile comprises 69 LAs with the exception of the quintile with the highest life expectancy, which has 70.

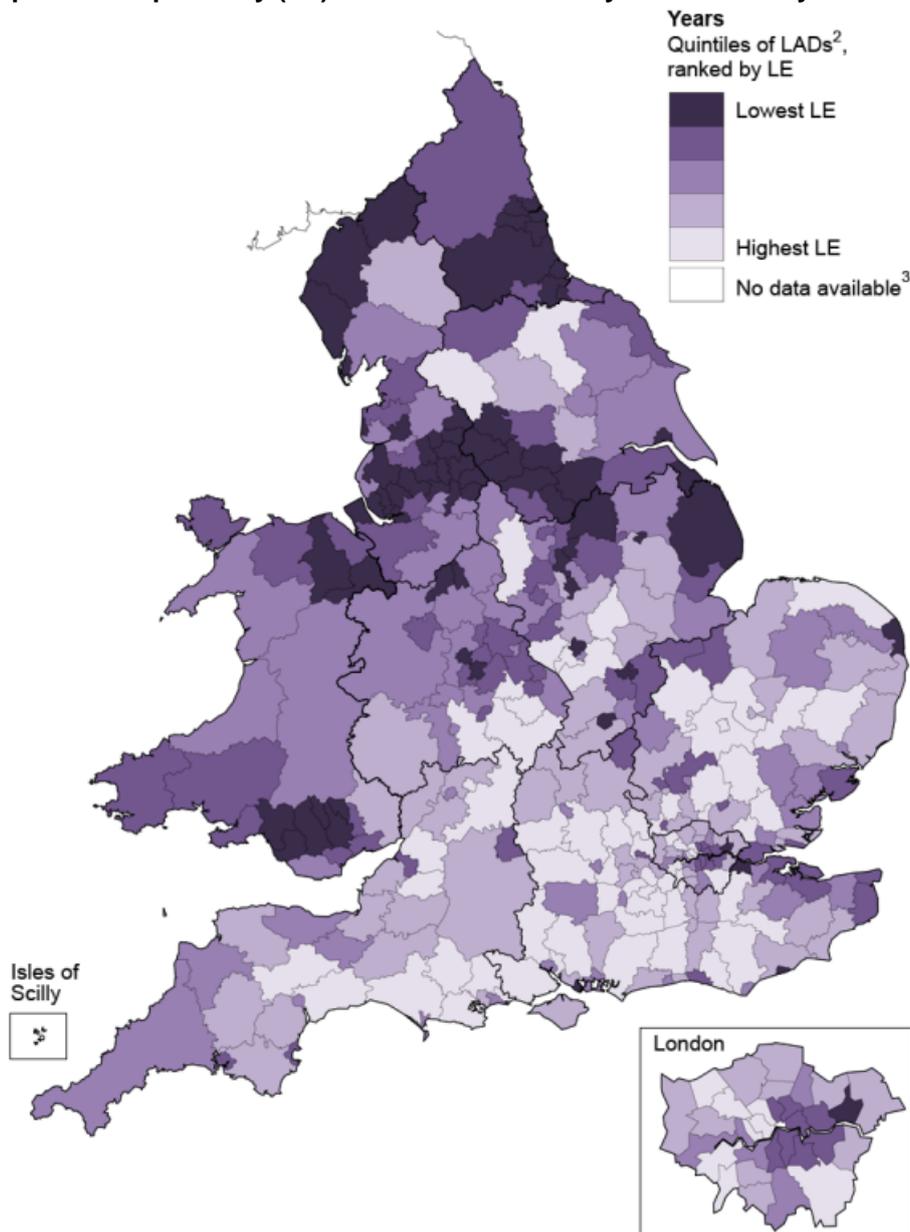
3 Life expectancy figures are not available for City of London or Isles of Scilly because of small numbers of deaths and populations.

Source: Office for National Statistics

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Map 2: Life expectancy (LE) for females at birth by local authority district in England and Wales, 2009–11



1 Local authority districts include unitary authorities, London boroughs, metropolitan districts and non-metropolitan districts in England and Wales.
2 Each quintile comprises 69 LAs with the exception of the quintile with the highest life expectancy, which has 70.
3 Life expectancy figures are not available for City of London or Isles of Scilly because of small numbers of deaths and populations.
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Life expectancy at age 65

In 2009–11, life expectancy for men at age 65 was highest in East Dorset (20.9 years) and lowest in Manchester (15.4 years), the area consistently ranked lowest in each of the last five periods.

For women at this age, life expectancy was also highest in East Dorset in 2009–11 (23.7 years) but lowest in Corby (18.6 years). These differences were statistically significant. As with at birth, these areas were not consistently ranked as having the highest and lowest life expectancy between the period 2005–07 and 2009–11.

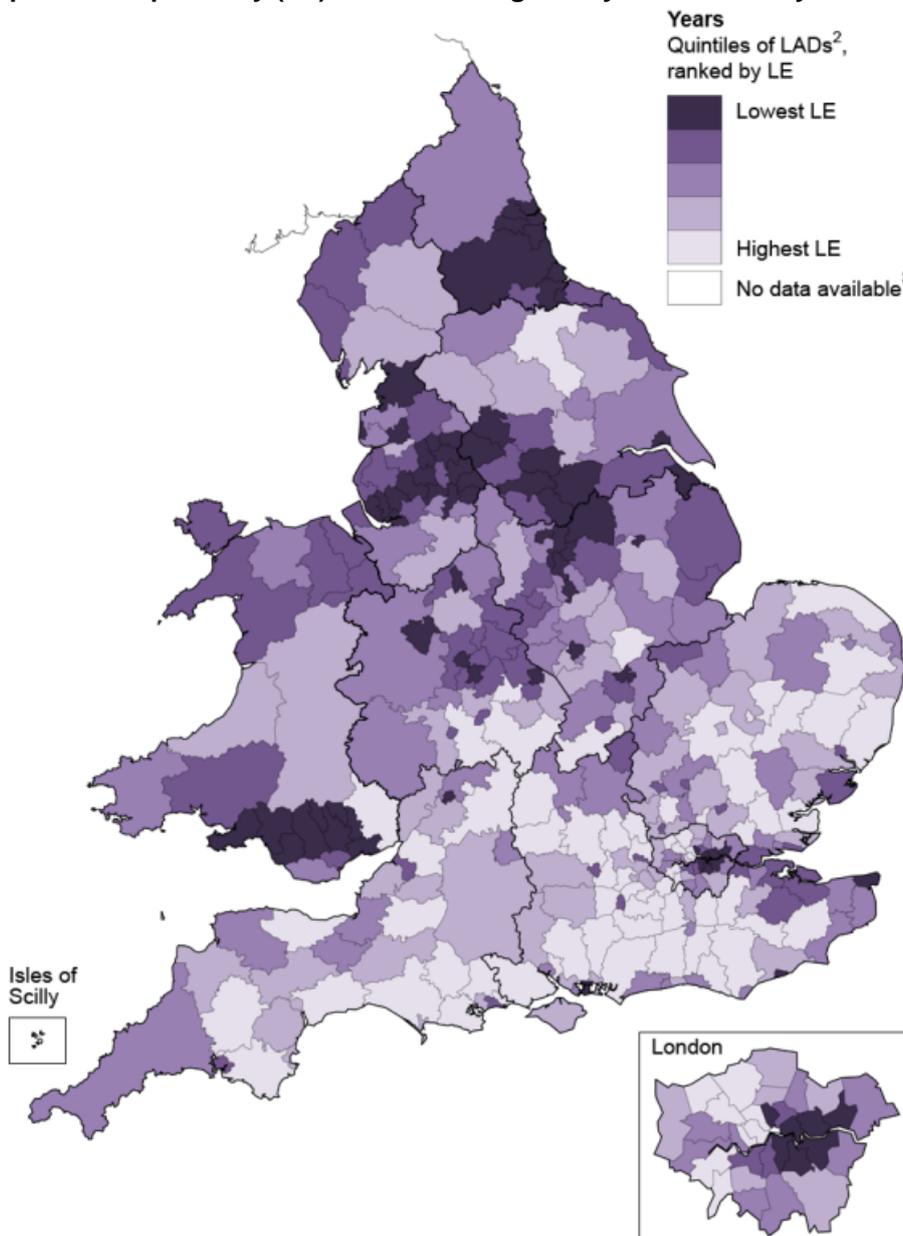
In 2009–11, the inequality in life expectancy for men and women at age 65 stood at 5.4 years and 5.1 years respectively. These differences were not significantly different from those found in 2005–07.

On average life expectancy at age 65 across all local areas improved by 1.0 year for men and 0.9 years for women between 2005–07 and 2009–11. However, not all areas saw an increase in life expectancy between the two periods. The greatest improvements were in Bracknell Forest where life expectancy rose by 2.2 years for men and in Camden for women (2.7 years). Conversely, the greatest decreases were in Crawley for men (0.3 years) and Rutland for women (0.6 years) over these periods.

While national estimates of life expectancy provide a snapshot of the mortality experience of a whole population, they do not reveal the heterogeneity of experience within it. As such, favourable averages at national level or even at regional level may be disproportionately influenced by extremes of mortality experience within these areas. As observed from these figures, the inequality in life expectancy becomes more pronounced as the geographical level of analysis becomes more refined.

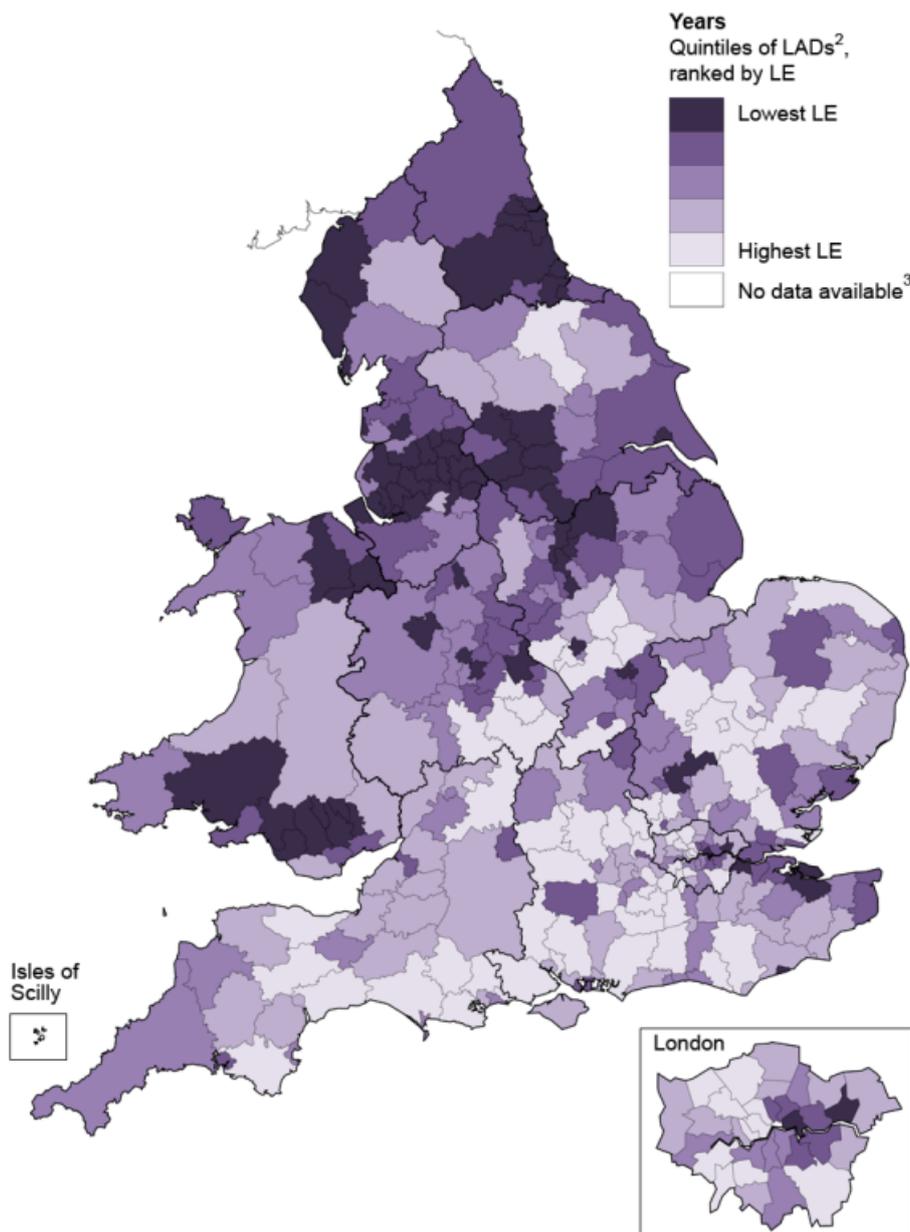
The distribution of male and female life expectancy at age 65 by local areas in England and Wales for 2009–11 can be found in maps 3 and 4 respectively below.

Map 3: Life expectancy (LE) for males at age 65 by local authority district in England and Wales, 2009–11



1 Local authority districts include unitary authorities, London boroughs, metropolitan districts and non-metropolitan districts in England and Wales.
 2 Each quintile comprises 69 LAs with the exception of the quintile with the highest life expectancy, which has 70.
 3 Life expectancy figures are not available for City of London or Isles of Scilly because of small numbers of deaths and populations.
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Map 4: Life expectancy (LE) for females at age 65 by local authority districts in England and Wales, 2009–11



1 Local authority districts include unitary authorities, London boroughs, metropolitan districts and non-metropolitan districts in England and Wales.
 2 Each quintile comprises 69 LAs with the exception of the quintile with the highest life expectancy, which has 70.
 3 Life expectancy figures are not available for City of London or Isles of Scilly because of small numbers of deaths and populations.
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8. Methods

Calculation

Abridged life tables (based on five-year age groups) were constructed using standard methods (Shyrock and Siegel, 1976; Newell, 1994). Separate tables were constructed for males and females using numbers of deaths registered in calendar years and annual mid-year population estimates. A [life table template \(192.5 Kb Excel sheet\)](#) which illustrates the method used to calculate life expectancy (and 95% confidence intervals) for this bulletin, including a description of the notation, can be found on the ONS website.

The 95% confidence interval (CI) for each area was calculated using the revised Chiang method (Chiang II), allowing the calculation of the variance of the mortality rates for those age groups with no deaths registered in the analysis period. This method is the approved standard for ONS outputs of life expectancy at sub-national level ([Toson and Baker, 2003](#)) (288.1 Kb Pdf).

Interpretation of life expectancy

All figures presented in this bulletin are period life expectancies. Period expectation of life at a given age for an area in a given time period is an estimate of the average number of years a person of that age would survive if he or she experienced the particular area's age-specific mortality rates for that time period throughout the rest of his or her life. The figure reflects mortality among those living in the area in each time period, rather than mortality among those born in each area. It is not therefore the number of years a person in the area in each time period could actually expect to live, both because the death rates of the area are likely to change in the future and because many of those in the area may live elsewhere for at least some part of their lives.

Period life expectancy at birth is also not a guide to the remaining expectation of life at any given age. For example, if female life expectancy at birth was 80 years for a particular area, the life expectancy of women aged 65 years in that area is likely to exceed 15 years. This reflects the fact that survival from a particular age depends only on the death rates beyond that age, whereas survival from birth is based on death rates at every age.

Differences between period and cohort life expectancies

Expectations of life can be calculated in two ways: period life expectancy (as presented in this bulletin) and cohort life expectancy.

Cohort life expectancies are calculated using age-specific mortality rates which allow for known or projected changes in mortality in later years and are therefore regarded as a more appropriate measure of how long a person of a given age would be expected to live, on average, than period life expectancy.

For example, period life expectancy at age 65 in 2000 would be worked out using the mortality rate for age 65 in 2000, for age 66 in 2000, for age 67 in 2000, and so on. Cohort life expectancy at age 65 in 2000 would be worked out using the mortality rate for age 65 in 2000, for age 66 in 2001, for age 67 in 2002, and so on.

Period life expectancies are a useful measure of mortality rates actually experienced over a given period and, for past years, provide an objective means of comparison of the trends in mortality over time, between areas of a country and with other countries. Official life tables in the UK and in other countries which relate to past years are generally period life tables for these reasons. Cohort life expectancies, even for past years, usually require projected mortality rates for their calculation and so, in such cases, involve an element of subjectivity.

Further information on [period and cohort life expectancies](#) can be found on the ONS website.

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10. Background notes

1. All figures presented in this bulletin are three-year averages, produced by aggregating the number of deaths and mid-year population estimates across each three-year period to provide large enough numbers to ensure that the figures presented are sufficiently robust.
2. Life expectancy figures are based on deaths registered in each calendar year and mid-year population estimates as the denominator. Mid 2002–10 population estimates have been revised in light of the 2011 Census. The data presented in this bulletin are therefore based on the revised population for these years and may therefore differ from those in the previous publications.
3. The term 'local area' refers to local and unitary authorities in England and Wales. Two local areas, City of London and Isles of Scilly, are excluded from the results because of the small numbers of deaths and populations.

4. To provide comparisons for local area, county and regional figures, national life expectancy results are also included in this bulletin. These were produced using the same method as the sub-national figures (standard abridged life table methods). National figures also produced by ONS based on interim life tables may therefore differ very slightly from those presented in this bulletin.
5. Figures for England will also differ slightly from the national interim life table results because of a difference in the handling of deaths of non-residents. For this bulletin, the deaths of non-residents have been included in the mortality figures for England and Wales, but are excluded from the data for England and Wales separately. However, for the national interim tables, the deaths of non-residents in England and Wales have been included in the mortality data for England (but not Wales).
6. In England and Wales deaths should be registered within five days of the death occurring. However, there are some situations which result in the registration of deaths being delayed. Deaths considered unexpected, accidental or suspicious will be referred to a coroner who may request a post mortem or carry out a full inquest to ascertain the reasons for the death. Further information on the impact of registration delays on the quality of mortality statistics can be found on the ONS website
7. Within this bulletin, a difference which is described as 'statistically significant' has been assessed using confidence intervals. Confidence intervals (CIs) are a measure of the statistical precision of an estimate and show the range of uncertainty around it. Calculations based on small numbers of events are often subject to random fluctuations. Significance is assigned on the basis of non-overlapping CIs. While more formalised and accurate methods of significance testing are available, the non-overlapping CI method is used because it is both simple to calculate and easily understood. As a general rule, if the confidence interval around an estimate overlaps with the interval around another, there is no significant difference between the two estimates and vice-versa.
8. Special extracts and tabulations of mortality data for England and Wales are available to order for a charge (subject to legal frameworks, disclosure control, resources and agreement of costs, where appropriate). Such requests or enquiries should be made to:

Mortality Analysis Team, Life Events and Population Sources Division
Office for National Statistics
Government Buildings
Cardiff Road
Newport
NP10 8XG
Tel: 01633 456491
E-mail: mortality@ons.gsi.gov.uk
The ONS charging policy is available on the ONS website.

9. As a valued user of our statistics, we would welcome feedback on this release. In particular, the content, format and structure. This is in line with the Health and Life Events user engagement strategy. Please send feedback to the postal or e-mail address above.
10. Details of the policy governing the release of new data are available from the Media Relations Office.
11. National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.
12. A list of the names of those given pre-publication access to the statistics and written commentary is available in pre-release access list to Life expectancy in England and Wales, 2009–11. The rules and principles which govern pre-release access are featured within the [Pre-release Access to Official Statistics Order 2008](#).
13. Follow ONS on [Twitter](#) and [Facebook](#).
14. Next publication: ONS intends to publish life expectancy figures for local areas in the UK when revised mid-2002 to 2010 population estimates for Scotland become available. The date for this release will be confirmed later in the year.

15. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs
- are well explained and readily accessible
- are produced according to sound methods
- are managed impartially and objectively in the public interest

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.