Life expectancy at birth and at age 65 for health areas in the United Kingdom, 2003–05 to 2007–09

Date: 8 June 2011  
Coverage: United Kingdom  
Theme: Population

This bulletin presents figures for male and female period life expectancy at birth and at age 65 for primary care organisations in England, local health boards in Wales, health boards in Scotland, and health and social care trusts in Northern Ireland in the periods 2003–05 to 2007–09. The tables included show the health areas with the highest and lowest life expectancies, and all health areas in rank order. Information is also given about the context, calculation and interpretation of life expectancy figures.

Life expectancy provides users with a summary indicator of an area’s mortality experience (and by implication, overall level of health) which can be used to inform policy, planning and research in both public and private sectors in areas such as health, population, pensions and insurance. The characteristics of individuals in an area which have been shown to have had the greatest influence on geographic variations in life expectancy include income deprivation, socio-economic status and health-related behaviour.

Key points

- In the UK, life expectancy at birth improved from 76.5 to 77.9 years for males and from 80.9 to 82.0 years for females between 2003–05 and 2007–09. Life expectancy at age 65 also improved, from 16.7 to 17.8 years for men and from 19.4 to 20.4 years for women

- At health area level, life expectancy at birth was consistently highest in Kensington and Chelsea at birth and at age 65 throughout the 2003–05 to 2007–09 period for both sexes.

- The health areas with the lowest life expectancies at birth and at age 65 over the 2003–05 to 2007–09 period were Greater Glasgow & Clyde, Hartlepool, Western Isles, Liverpool, and Blackburn with Darwen Teaching

- The gap between the health areas with the highest and lowest life expectancies at birth increased over the period from 9.8 to 11.3 years for males and from 8.2 to 10.1 years for females. At age 65, the gap increased from 6.7 to 8.5 years for men and from 6.3 to 8.3 years for women
Factors influencing geographic variations of life expectancy

Geographic analysis of life expectancy illustrates the differences in mortality and health experienced by populations in different parts of the country in a specific time period. Life expectancy figures reflect mortality among those living in an area in each time period, rather than mortality among those born in the area. It is likely that an individual will live in different areas throughout their lifetime, however, it is not possible to take account of migration patterns.

The relationships between individual and area-level factors contributing to mortality risk are complex. Individual circumstances such as income deprivation, socio-economic status and health behaviour are believed to have the greatest impact on area differences in health and subsequent mortality. However, area characteristics such as environmental conditions, local services and resources can also impact on the health of individuals (Fitzpatrick and Griffiths, 2001; White, Wiggins et al, 2005).

The social class of an individual has been shown to have an effect on life expectancy. In a recent study by Johnson (2011) it was shown that the greatest growth in male life expectancy at birth between 1982–86 and 2002–06 was experienced by those in the lower managerial and professional class, such as school teachers and social workers, at 5.3 years. The least growth was experienced by those in the two least advantaged classes (semi-routine and routine occupations), at 3.8 and 3.9 years respectively. At age 65, the gap in life expectancy between men in higher managerial and professional occupations (18.8 years) and those in routine occupations (15.3 years) was 3.5 years in 2002–06. Similar results were found for females.

The characteristics of an area arguably have an impact on life expectancy. A study by Kyte and Wells (2010) examined life expectancy in rural and urban areas of England, taking deprivation into account. It was found that during the 2001–07 period, life expectancy at birth was higher in rural area types than in urban areas. However, in terms of sparsity, there was little difference between densely and less densely populated areas. Deprivation had a considerable impact on the results and inequalities were evident in all area types, particularly among men and in urban areas. In both rural and urban areas, males living in the less deprived quintiles had similar life expectancies to females living in the more deprived quintiles.

Life expectancy statistics in context

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 great 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 in recent years with the publication of sub-national life expectancy statistics.

Geographic and periodic analyses of life expectancy in the UK are important for monitoring health inequalities and enabling policy makers to target their resources most effectively. Life expectancy provides users with an indicator of health which can be used 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, primary care organisations in England,
local health boards in Wales, health boards in Scotland, health and social care trusts in Northern Ireland, public health observatories, local authorities, and private pensions and insurance companies.

In 2001, the government introduced a national health inequalities Public Service Agreement (PSA) target in England to reduce inequalities in health outcomes by 10 per cent as measured by infant mortality and life expectancy at birth by 2010. Life expectancy figures have been provided to the Department of Health each year to enable them to monitor progress against the PSA targets. In 2010, progress was reported in their Mortality Monitoring Bulletin.

As part of the Government’s Spending Review 2010, the PSA targets will be replaced with a new Public Services Transparency Framework.

**Key geographic comparisons**

Life expectancy at birth and at age 65 in the UK is higher for females than males and is generally higher in the south compared with the north. Results from across the UK highlight an improvement in life expectancy over time, but at varying levels. The results presented in this bulletin show that although life expectancy is improving, wide variations between areas persist and the gap between the areas with the highest and lowest life expectancy is increasing.

Over the 2003–05 to 2007–09 period, life expectancy at birth in the UK improved by 1.4 years for males and 1.1 years for females. Life expectancy for health areas in Wales, Scotland and Northern Ireland improved at a similar pace, but slower when compared to the improvements in primary care organisations in England. Between 2003–05 and 2007–09, the greatest improvement in life expectancy at birth in a health area was 4.7 years for males in Westminster primary care organisation in England, compared to 1.8 years for Hywel Dda local health board in Wales, 1.4 years for Highland, Lothian and Western Isles health boards in Scotland, and 1.2 years for South Eastern health and social care trust in Northern Ireland.

For females the greatest improvement in life expectancy at birth in a health area was Westminster primary care organisation, where life expectancy increased by 3.5 years, compared with 1.9 years for Powys Teaching local health board in Wales, 2.5 years for Western Isles health board in Scotland, and 0.8 years for Southern health and social care trust in Northern Ireland.

In the UK as a whole, life expectancy at age 65 improved by 1.1 years for males and by 1.0 year for females between 2003–05 and 2007–09. As at birth, health areas in England improved at a faster pace compared with those in other constituent countries. Over the period, the health area with the greatest improvements was Westminster primary care organisation for both sexes, where life expectancy increased by 4.0 years for men and 2.8 years for women. The health area with the greatest drop in life expectancy was Orkney health board for both sexes, where life expectancy decreased by 0.2 years and 0.5 years for men and women respectively.

Results for life expectancy at birth and at age 65, show that some primary care organisations in England improved at a far greater pace than the UK average over the period. This information presented within this bulletin highlight that inequalities persist within the UK.
United Kingdom

Life expectancy at birth

For every period between 2003–05 and 2007–09, life expectancy at birth for males and females increased by up to 0.5 years in each country of the UK, as shown in Table 1. For males, life expectancy in the UK increased by 1.4 years from 76.5 years in 2003–05 to 77.9 years in 2007–09. Female life expectancy increased by 1.1 years from 80.9 years in 2003–05 to 82.0 years in 2007–09.

Over the 2003–05 to 2007–09 period, life expectancy at birth improved to the greatest extent in England, by 1.4 years for males and 1.2 years for females. This compared to smaller improvements in Northern Ireland of 0.7 years for males and 0.5 years for females.

The health areas with the highest and lowest life expectancy at birth in the UK for 2003–05 to 2007–09 are presented in Table 2 for males and in Table 3 for females.

Table 1. Life expectancy at birth: by country, 2003–05 to 2007–09

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<tr>
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<td><strong>Females</strong></td>
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<td>United Kingdom</td>
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<td>England</td>
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† Three-year rolling average, based on deaths registered in calendar years and mid-year population estimates.

Source: Office for National Statistics; National Records of Scotland; Northern Ireland Statistics and Research Agency

In the UK, Kensington and Chelsea had the highest life expectancy at birth over the 2003–05 to 2007–09 period. Life expectancy increased from 81.7 to 84.4 years for males and from 86.1 to 89.0 years for females. For males, Greater Glasgow & Clyde had the lowest life expectancy in each
period, increasing from 71.9 to 73.1 years. For females, life expectancy in this area increased from 77.9 to 78.9 years and was lowest in the UK over all periods – other than 2005–07 when Hartlepool had the lowest (78.1 years).

The gap between the health areas with the highest and lowest life expectancy increased from 9.8 to 11.3 years for males and from 8.2 to 10.1 years for females between 2003–05 and 2007–09.

Between 2003–05 and 2007–09, the greatest increase in male life expectancy at birth was in Westminster at 4.7 years. Over the same period, life expectancy in Orkney decreased by 0.8 years. For females, the greatest improvement was also in Westminster, where life expectancy increased by 3.5 years. Females in Derby City had the least improvement, where life expectancy increased by 0.1 years.

Life expectancy at age 65

Life expectancy at age 65 improved steadily in all countries with an increase of up to 0.4 years between each period, as shown in Table 4. Male life expectancy at age 65 in the UK increased by 1.1 years from 16.7 years in 2003–05 to 17.8 years in 2007–09. For females, life expectancy increased by 1.0 year from 19.4 to 20.4 years over the same period.

Table 4. Life expectancy at age 65: by country, 2003–05 to 2007–09

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<td><strong>Females</strong></td>
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<tr>
<td>United Kingdom</td>
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<td>England &amp; Wales</td>
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<td>Wales</td>
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<td>Scotland</td>
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<td>Northern Ireland</td>
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1 Three-year rolling average, based on deaths registered in calendar years and mid-year population estimates.

Source: Office for National Statistics; National Records of Scotland; Northern Ireland Statistics and Research Agency
The health areas with the highest and lowest life expectancy at age 65 in the UK for 2003–05 to 2007–09 are presented in Table 5 for males and in Table 6 for females.

As with the results at birth the health area with the highest life expectancy at age 65 for males and females over the period was Kensington and Chelsea. In this area, male life expectancy increased by 2.8 years from 20.9 years in 2003–05 to 23.7 years in 2007–09. Female life expectancy improved by 2.7 years from 23.8 to 26.5 years during the same period.

The health area with the lowest male life expectancy at age 65 in 2003–05 was Western Isles at 14.2 years. Between 2004–06 and 2007–09, life expectancy was lowest in Greater Glasgow & Clyde. In 2007–09 life expectancy in this area was 15.2 years, 8.5 years lower than Kensington and Chelsea. For females the lowest life expectancy ranged from 17.5 years in Liverpool in 2003–05 to 18.2 years in Blackburn with Darwen Teaching in 2007–09.

Orkney was the only health area where life expectancy at age 65 decreased between 2003–05 and 2007–09. Male life expectancy reduced from 16.6 to 16.4 years and female life expectancy reduced from 19.9 to 19.4 years.

Between 2003–05 and 2007–09, the gap between the health areas with the highest and lowest life expectancy at age 65 increased from 6.7 to 8.5 years for males and from 6.3 to 8.3 years for females.

Although life expectancy at birth and at age 65 increased in most health areas over the period, the widening gap between the areas with the highest and lowest life expectancy shows that they have improved by varying degrees.

Tables 7 and 8 present life expectancy at birth for males and females respectively, for the UK constituent countries and health areas, and their relative rank order, for 2003–05 to 2007–09.

Tables 9 and 10 present life expectancy at age 65 for males and females respectively, for the UK constituent countries and health areas, and their relative rank order, for 2003–05 to 2007–09.

**England**

**Life expectancy at birth**

Life expectancy for males in England increased from 76.9 years in 2003–05 to 78.3 years in 2007–09, an increase of 1.4 years. For females, life expectancy increased by 1.2 years from 81.1 to 82.3 years over the same period.

There are 151 primary care organisations in England. As stated above, Kensington and Chelsea consistently had the highest life expectancy over the period. In 2007–09, life expectancy in this area exceeded the result for England by 6.1 years for males and by 6.7 years for females. In 2003–05 the primary care organisations with the lowest life expectancies were Manchester Teaching for males (72.5 years) and Liverpool for females (78.0 years). In 2007–09 the areas with the lowest expectation of life were Blackpool for males (73.7 years) and Manchester Teaching for females (79.1 years).
The primary care organisation with the largest increase in life expectancy over the 2003–05 to 2007–09 period was Westminster for both sexes. For males life expectancy increased by 4.7 years from 78.7 to 83.4 years and for females life expectancy increased by 3.5 years from 83.0 to 86.5 years. For males, the area with the smallest increase over the period was Blackburn with Darwen Teaching, improving by 0.1 years from 74.3 years in 2003–05 to 74.4 years in 2007–09. In females life expectancy for Derby City showed the smallest change, also improving by 0.1 years by 81.4 years in 2003–05 to 81.5 years in 2007–09.

### Life expectancy at age 65

In England life expectancy for males at age 65 increased from 16.8 years to 18.0 years between 2003–05 and 2007–09. For females life expectancy improved at a similar rate, increasing by 1.0 year from 19.6 years in 2003–05 to 20.6 years in 2007–09.

As with the results at birth, the primary care organisation with the highest life expectancy at age 65 over the period was Kensington and Chelsea for both sexes. In 2003–05 the area with the lowest life expectancy was Salford for males (14.9 years) and Liverpool for females (17.5 years). In 2007–09 the area with the lowest life expectancy was Liverpool at 15.7 years for men and Blackburn with Darwen Teaching at 18.2 years for women.

Westminster showed the greatest improvement in life expectancy at age 65 for both sexes over the period. For males, life expectancy improved by 4.0 years from 18.6 years in 2003–05 to 22.6 years in 2007–09. For females, life expectancy increased by 2.8 years from 21.3 years to 24.1 years over the same period. The smallest improvements in life expectancy at age 65 were in Islington for males (0.3 years) and in North East Lincolnshire for females (0.2 years).

### Wales

#### Life expectancy at birth

Between 2003–05 and 2007–09, life expectancy at birth in Wales increased from 76.1 years to 77.2 years for males and from 80.6 years to 81.6 years for females.

There are seven local health boards in Wales. The board with the highest life expectancy throughout the 2003–05 to 2007–09 period was Powys Teaching, increasing from 77.8 to 79.5 years for males and from 81.3 to 83.2 years for females. Cwm Taf was the health board with the lowest life expectancy at birth for males and females over the period. Between 2003–05 and 2007–09, life expectancy in this area increased from 75.0 to 75.3 years for males and from 79.3 to 79.9 years for females.

For males, the greatest improvement in life expectancy over the period was in Hywel Dda, increasing by 1.8 years from 76.1 years in 2003–05 to 77.9 years in 2007–09. For females, the largest improvement in life expectancy was in Powys Teaching, increasing by 1.9 years from 81.3 years in 2003–05 to 83.2 years in 2007–09.
Life expectancy at age 65

In Wales, life expectancy at age 65 increased from 16.4 to 17.4 years for men and from 19.1 to 20.1 years for women between 2003–05 and 2007–09.

Over the 2003–05 to 2007–09 period, life expectancy at age 65 was highest in Powys Teaching, increasing from 17.5 to 18.6 years for males and from 19.9 to 21.4 years for females. Over the period, the health board with the lowest life expectancy at age 65 was Cym Taf. Life expectancy in this area improved from 15.3 to 16.3 years for men and from 18.1 to 18.8 years for women.

As with results at birth, the greatest improvement in male life expectancy at age 65 was in Hywel Dda, increasing by 1.5 years from 16.4 years to 17.9 years between 2003–05 and 2007–09. For females, Powys Teaching showed the greatest improvement in life expectancy, increasing by 1.5 years from 19.9 to 21.4 years.

Scotland

Life expectancy at birth

In Scotland, male life expectancy at birth increased by 1.2 years from 74.2 years in 2003–05 to 75.4 years in 2007–09. For females, life expectancy at birth improved by 0.9 years from 79.2 to 80.1 years over the same period.

There are 14 health boards in Scotland. In 2003–05, the board with the highest life expectancy at birth was Orkney for both males (76.3 years) and females (81.4 years). By 2007–09, the areas with the highest life expectancy were Borders for males (77.1 years) and Western Isles for females (82.0 years).

The health board with the lowest life expectancy across the period was Greater Glasgow & Clyde. In 2003–05, life expectancy was 71.9 years for males and 77.9 years for females. In 2007–09, life expectancy in this area had increased to 73.1 years and 78.9 years for males and females respectively.

Between 2003–05 and 2007–09, the greatest improvements in male life expectancy were in Highland, Lothian and Western Isles at 1.4 years. For females, the greatest improvement was in Western Isles, where life expectancy increased by 2.5 years from 79.5 to 82.0 years.

Life expectancy at age 65

At age 65, life expectancy in Scotland improved from 15.5 years to 16.5 years for men and from 18.3 years to 19.1 years for women between 2003–05 and 2007–09.

In 2003–05, life expectancy at age 65 for both males and females was highest in Shetland at 16.9 years for men and 20.5 years for women. Shetland consistently had the highest life expectancy at age 65 over the period and in 2007–09 it had risen to 18.0 years for males and 20.7 years for females.
Western Isles had the lowest male life expectancy at age 65 in 2003–05 (14.2 years). Between 2004–06 and 2007–09, males in Greater Glasgow & Clyde had the lowest life expectancy, increasing from 14.7 to 15.2 years. For females the lowest life expectancies at age 65 were in Greater Glasgow & Clyde and Lanarkshire over the period. Between 2003–05 and 2007–09 life expectancy increased from 17.6 to 18.3 years in Lanarkshire and from 17.7 to 18.4 years in Greater Glasgow & Clyde.

Improvements in life expectancy at age 65 were greatest in Western Isles for both sexes over the period. In this area, male life expectancy increased by 1.5 years from 14.2 to 15.7 years for men and by 1.1 years from 19.4 to 20.5 years for women.

**Northern Ireland**

**Life expectancy at birth**

For males in Northern Ireland, life expectancy at birth improved by 0.7 years from 76.1 years in 2003–05 to 76.8 years in 2007–09. Female life expectancy also improved, increasing by 0.5 years from 80.9 to 81.4 years over the same period.

There are five health and social care trusts in Northern Ireland. In 2003–05, Northern had the highest male life expectancy at 77.0 years. For females, Northern and South Eastern had the highest life expectancy at 81.4 years. In 2007–09, South Eastern had the highest life expectancy for both males (78.1 years) and females (82.0 years). Belfast had the lowest life expectancy at birth over the period for both sexes, increasing from 74.3 to 74.4 years for males and from 80.0 to 80.2 years for females.

Life expectancy in all health and social care trusts improved steadily over the period. The greatest improvement in male life expectancy was in South Eastern, where life expectancy increased by 1.2 years from 76.9 years in 2003–05 to 78.1 years in 2007–09. For females, the greatest increase was in Southern, where life expectancy rose by 0.8 years from 80.9 to 81.7 years.

**Life expectancy at age 65**

Life expectancy at age 65 improved in Northern Ireland over the period, but at a slower pace compared to the rest of the UK. Between 2003–05 and 2007–09, life expectancy at age 65 increased from 16.4 to 17.2 years (0.8 years) for men and from 19.4 to 20.0 years (0.6 years) for women.

Over the 2003–05 to 2007–09 period, the health and social care trusts with the highest life expectancies at age 65 for both sexes were Northern and South Eastern. For men, life expectancy increased from 16.9 to 17.7 years in Northern and from 16.9 to 17.8 years in South Eastern over the period. For women, life expectancy increased from 19.6 to 20.4 years in Northern and from 19.9 to 20.2 years in South Eastern. As with the results at birth, the lowest life expectancy for men at age 65 was consistently in Belfast, ranging from 15.7 years in 2003–05 to 16.1 years in 2007–09. For women, Belfast and Western had the lowest expectation of life, ranging from 19.2 to 19.3 years and from 18.9 to 19.8 years respectively over the 2003–05 to 2007–09 period.
Between 2003–05 and 2007–09, the greatest improvement in life expectancy at age 65 was in Western, with male life expectancy increasing from 15.9 to 16.9 years and female life expectancy increasing from 18.9 to 19.8 years.

### Results on the Office for National Statistics website

The life expectancy at birth and at age 65 results presented in this bulletin can also be found – presented with 95 per cent confidence intervals – in a Microsoft Excel workbook on the Office for National Statistics website at: [www.statistics.gov.uk/StatBase/Product.asp?vlnk=8841](http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=8841)

The workbook contains:

- results for the UK – figures for 2001–03 to 2007–09 for the UK, England and Wales, England, Wales, Scotland, and Northern Ireland
- results for England – figures for 2001–03 to 2007–09 for primary care organisations
- results for Wales – figures for 2001–03 to 2007–09 for local health boards
- results for Scotland – figures for 2001–03 to 2007–09 for health boards
- results for Northern Ireland – figures for 2001–03 to 2007–09 for health and social care trusts

In May 2010, the Office for National Statistics (ONS) published revised mid-year population estimates for England and Wales for 2002 to 2008. Therefore, life expectancy figures included in this bulletin and in the Microsoft Excel workbook for the UK, England and Wales, England, Wales, primary care organisations in England and local health boards in Wales, for 2001–03 to 2007–09 have been calculated using the latest population estimates.

Further information about population estimates can be found at: [www.statistics.gov.uk/statbase/Product.asp?vlnk=15106](http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106)

### Methods

#### Calculation

Life expectancy figures were calculated by the Office for National Statistics (ONS), except those for Scotland which were calculated by the National Records of Scotland (NRS) (formerly the General Register Office for Scotland) using the same methods. Abridged life tables were constructed using standard methods (Shyrock and Siegel 1976; Newell 1994). Separate tables were constructed for males and females. The tables were created using numbers of deaths registered in calendar years and annual mid-year population estimates. An example of a life table constructed using the same method used to calculate life expectancy (and confidence intervals) for this bulletin, including a
description of the notation, can be found on the Office for National Statistics website at:
www.statistics.gov.uk/statbase/Product.asp?vlnk=8841

Confidence intervals (available on the Office for National Statistics website) were calculated using
the method developed by Chiang (Chiang 1968). A report detailing research undertaken by ONS to
compare methodologies to allow the calculation of confidence intervals for life expectancy at birth
has been published in the National Statistics Methodology Series No.33, Life expectancy at birth:
methodological options for small populations, available at:

The report also presents research carried out to establish if there is a minimum population size
below which the calculation of life expectancy may not be considered feasible (Toson and Baker
2003).

**Interpretation of period 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 would exceed 15 years. This reflects the fact that
survival from a particular age depends only on the mortality rates beyond that age, whereas
survival from birth is based on mortality 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.

More information on the differences between period and cohort life expectancies can be found on the Office for National Statistics website at:
www.statistics.gov.uk/statbase/Product.asp?vlnk=15098

References


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. The term ‘health area’ refers to primary care organisations in England, local health boards in Wales, health boards in Scotland, and health and social care trusts in Northern Ireland.

3. In England, all 151 primary care organisations are Primary Care Trusts (PCTs) other than Bexley, North East Lincolnshire, Northumberland, Solihull, Torbay and Blackburn with Darwen Teaching, all of which have Care Trust status. Care Trusts have similar duties to Primary Care Trusts, except that Care Trust have responsibilities for social as well as health care.

4. Local health boards in Wales are responsible for the provision of primary care in Wales. The previous 22 local health boards were merged to form 7 new local health boards on 1 October 2009.

5. Scotland has 14 health boards (HBs) which form a single local health care system and report directly to the Scottish Executive. The HBs were introduced in 1974 and are constituted from groups of the local government districts that existed in Scotland between 1975 and 1996. There were originally 15 HBs, but in April 2006 the Argyll & Clyde HB was abolished and the area absorbed by two existing HBs. Highland absorbed the part within the Argyll, with the remainder transferring to Greater Glasgow becoming Greater Glasgow & Clyde.

6. On 1 April 2009, five health and social care trusts (HSCTs) replaced the former four health and social services boards (HSSBs). Northern, Southern and Western remain unchanged. Eastern HSSB has been split into two HSCTs - Belfast HSCT and South Eastern HSCT.

7. The national interim life tables produced by ONS (previously produced by the Government Actuary’s Department) are the definitive life expectancy figures for the entire UK and constituent countries. National interim life tables are calculated using complete life tables (based on single years of age) and are published separately. Figures for 2007–09 were released on 30 September 2010 and are available on the Office for National Statistics website at: www.statistics.gov.uk/statbase/Product.asp?vlnk=14459. Figures for 2008–10 will be released on 29 September 2011.

8. To provide comparisons for health areas, national life expectancy results are also included in this bulletin. These were produced using the same methods as the subnational results, with abridged life tables in which death and population figures are aggregated into quinary (five-year) age groups. Therefore, the two sets of national figures may differ very slightly (normally by less than 0.1 years for England and Wales).
9. 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 figures 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).


11. Information about the quality of life expectancy statistics is available in the ‘Life expectancy at birth and at age 65 by local areas in the United Kingdom’ Summary Quality Report, available at the following link: www.statistics.gov.uk/StatBase/Product.asp?vlnk=8841


13. We are always interested to hear the views of our data users and receive suggestions on how to improve our outputs. If you would like to comment or provide feedback on this release, please contact: healthgeog@ons.gsi.gov.uk
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Details of the policy governing the release of new data are available from the Media Relations Office.

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