

Bay Health and Care Partners Integrated Care Partnership Profile

This profile provides an overview of the ICP, including demographics, deprivation and key indicators which have an impact on health. Some of these have been highlighted as 'positives' or 'challenges' for the ICP. These may be areas that need promoting, protecting or improving. Unless stated, the statistical significance comparisons are with England. Please note, while the overall value for the ICP may be significantly different to England, the individual districts which make up the ICP may show variation (noted below).* All proportions, rates and values can be found on the spine chart on page four, along with the full suite of indicators for the area. We also have calculated the variation which exists in the ICP, with the last two columns showing the lowest and highest values in the area.

Key findings

A good start in life is vital: the experiences a child has in their early years can have an impact on their future health and wellbeing. Some children may experience educational, social and health disadvantages that follow them through life. These may include factors such as being born to a teenage mother and/or being a low birth weight. Missing school through hospital stays, or having excess weight can also affect a child's development. Protective factors, which promote wellbeing and mitigate risk, such as being school ready, and performing well at school, can lead to opportunities to thrive in life.

Positives for the ICP

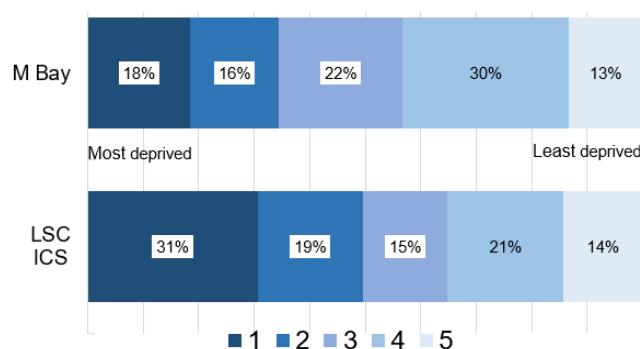
- There are significantly fewer **low birth weight** term babies (South Lakeland and Lancaster are similar).
- Significantly more children are '**school ready**' at age five (only Barrow-in-Furness is significantly higher).
- Overall, significantly fewer children are **obese** in year 6 (Barrow-in-Furness is significantly higher).
- **GCSE attainment** (5 A*-C inc. English and maths) is similar (Barrow-in-Furness is significantly lower).
- **A&E attendances** in under-fives is significantly better than England.

Challenges for the ICP

- Significantly more reception children are **obese** - South Lakeland and Lancaster are similar.
- Significantly more reception children have **excess weight** (obesity and overweight combined) - South Lakeland is similar.
- The rate of **emergency admissions** in children under-five is significantly higher.
- **Hospital admissions for injuries** in under-fives and under-15s are significantly higher.
- **Admissions for injuries** for those aged 15-24 is significantly higher (Lancaster is similar).

Deprivation and poverty can be the biggest risk factors for poor health and wellbeing. People living in deprived areas are more likely to have poorer health outcomes and a reduced life expectancy. They may also have inequalities in life chances and fewer opportunities, compared to their counterparts in less deprived areas. Barrow-in-Furness has some of the most deprived areas in the county.

National IMD 2019 quintile distribution of registered patients by ICP (compared with ICS)



*For the purposes of this profile, district figures for Copeland and Craven have been excluded as only approximately 13% of their population are in the ICP area. Population breakdown based on Sept-19 GP registered population

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Moving through life, where a person lives, their lifestyle, their social connections and their economic position continue to have an impact on physical and mental health, and wellbeing. Having these as positive influences increases the likelihood of having a healthier life (including a healthier and longer life expectancy). Conversely, a lack of these can lead to an higher risk of poorer health and wellbeing, which can be seen through higher levels of hospital admissions, illness and premature mortality. The ICP sees a number of challenges, particularly in Barrow-in-Furness, which performs badly on some indicators and affects the overall ICP indicator value.

Positives for the ICP

- Levels of **physical inactivity** and **obesity** in adults are similar (Barrow-in-Furness is significantly higher).
- **Smoking** rates are significantly lower.
- The **long-term** unemployment rate is significantly lower (Barrow-in-Furness is significantly higher).
- Incidence of **prostate cancer** is significantly lower.*
- Incidence of **lung cancer** is significantly lower (Lancaster is significantly higher).

*lower incidence of disease may be due to healthier lifestyles and/or screening, but equally it may be due to a gap in screening and diagnosis. Looking at this in respect of the local population is important.

Challenges for the ICP

- There is a significantly higher rate of emergency admissions for **myocardial infarction**.
- Emergency admissions for **coronary heart disease** are significantly higher (South Lakeland is similar).
- There is a significantly higher proportion of **older people living alone** (South Lakeland is similar).
- Deaths from **circulatory disease** and **stroke** (all ages) are significantly higher (South Lakeland is significantly lower for circulatory diseases).

Additional district-specific public health areas of work based on the indicators below show hospital admissions for alcohol-specific conditions (under-18s) are significantly higher compared to England. Breastfeeding initiation is significantly lower in all districts except South Lakeland, while under-18 conceptions are significantly higher in Barrow-in-Furness and Lancaster. Sexually transmitted infections and TB incidence are significantly lower across the districts.

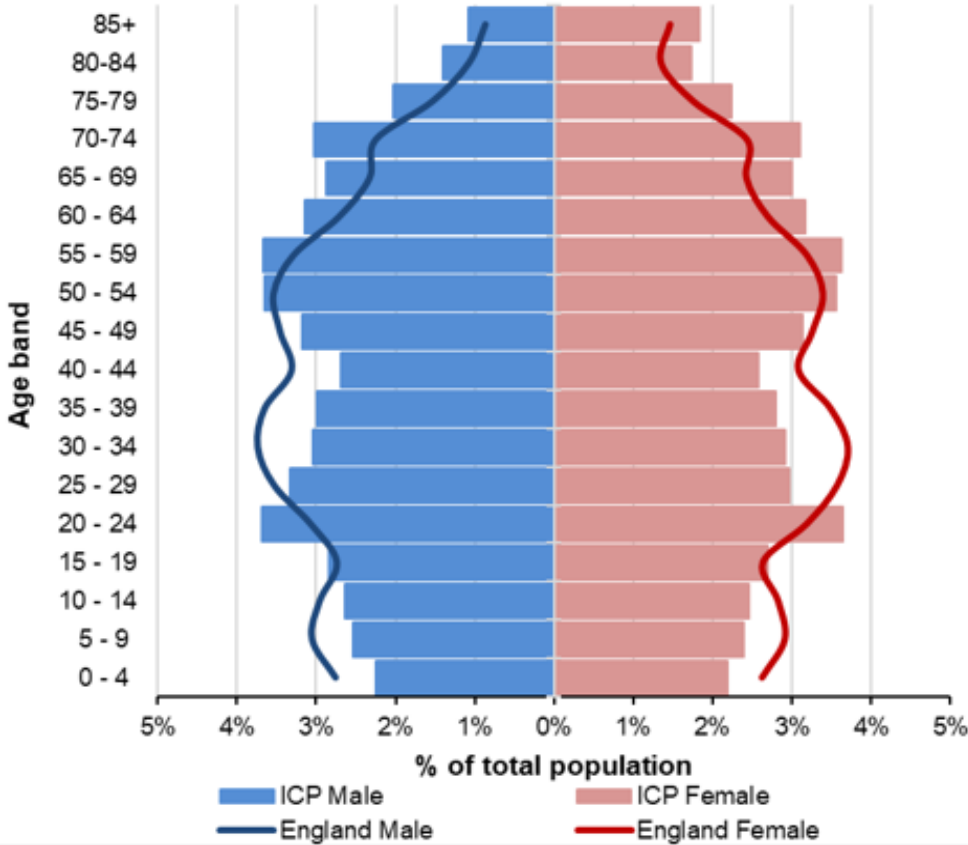
Indicator	England	L&SC ICS	Bay ICP**	Barrow-in-Furness	Copeland	Lancaster	South Lakeland	Period
Killed and seriously injured (KSI) casualties on England's roads (Persons, All ages)	40.8	54.4*	65.7*	37.0	48.6	70.8	77.4	2015 - 17
Smoking status at time of delivery (Female, All ages)	10.6	-	-	12.5	13.5	12.5	12.5	2018/19
Under 18s conception rate / 1,000 (Female, <18 yrs)	17.8	22.6*	21.8*	27.1	18.3*	26.5	11.4*	2017
Breastfeeding initiation (Female, All ages)	74.5	68.5*	62.8*	48.8	59.2	62.4	76.5	2016/17
Excess winter deaths index (Persons, All ages)	30.1	-	-	41.6	19.4	35	30.2	Aug 2017 - Jul 2018
New STI diagnoses (exc chlamydia aged <25) / 100,000 (Persons, 15-64 yrs)	851	-	-	614	384	766	476	2018
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	32.9	49.9*	93.5*	127	63.7	96.3	63.9	2015/16 - 17/18
TB incidence (three year average) (Persons, All ages)	9.2	7.0*	3.7*	1.5	1.5	6.1	1.9	2016-18

Source: PHE, Fingertips * Aggregated from all known lower geography values, - No data

■ Significantly worse than England
 ■ Significantly better than England
 ■ Similar to England

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Population



Age	Male	Female
00 - 04	7,852	7,599
05 - 09	8,825	8,338
10 - 14	9,167	8,533
15 - 19	9,916	9,361
20 - 24	12,861	12,688
25 - 29	11,608	10,318
30 - 34	10,576	10,126
35 - 39	10,415	9,722
40 - 44	9,360	8,956
45 - 49	11,093	10,941
50 - 54	12,699	12,411
55 - 59	12,785	12,615
60 - 64	10,939	11,041
65 - 69	9,984	10,447
70-74	10,509	10,800
75-79	7,059	7,779
80-84	4,868	6,017
85+	3,762	6,405
Total	174,278	174,097

The registered population is **348,375** (Sept-19)

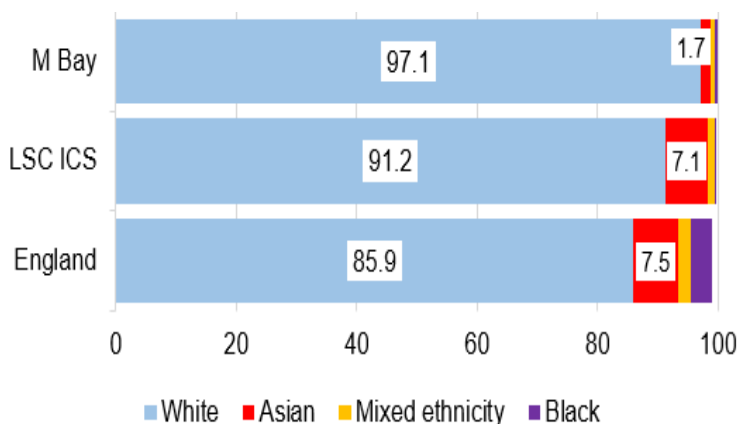
50% are male 50% are female

Compared to England there are:

- fewer young people aged **15-19** years (males and females)
- more in the **20-24** age group, which is expected with a large university population in the ICP
- fewer 'young' working-aged people (**25-49** years) and more older people (**50+**)

Ethnicity

Ethnicity breakdown % by ICP, compared with ICS and England*



Key findings:

- There are more white residents compared to the ICS and England.
- The number of residents who are Asian is lower than the ICS and England.
- There are fewer black residents in both the ICS and ICP compared to England.

*Census 2011

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Indicator	M Bay ICP	L & SC ICS	England	Barrow-in-Furness	South Lakeland	Lancaster	Lowest in ICP	highest in ICP
Male life expectancy at birth*	-	78.1	79.5	77	81.5	78.5	70.9	85.1
Female LE at birth*	-	81.9	83.1	81.2	84.9	82.1	75.9	90
Male healthy life expectancy at birth*	-	61.5	63.5	59.3	67.5	62.4	50.8	72.3
Female HLE at birth*	-	63.0	64.8	61.0	69.0	64.4	51.8	72.5
Child development at age 5 (%)	63.3	60.3	60.4	56.4	62.8	67.3	45.2	81.4
GCSE achievement (5A*-C inc. Eng & maths) (%)*	57.4	57.0	57.8	49.5	62.0	58.5	29.1	82.1
Unemployment (% of the working age population claiming out of work benefit)	2.0	2.3	1.9	2.6	0.6	2.7	0.1	8
Long-term unemployment (rate/1,000 working age population)	2.6	3.1	3.6	6.4	0.6	2.3	0	18.1
Older people living alone (%)	32.1	31.8	31.5	35.0	30.3	32.4	15	54.1
Deliveries to teenage mothers (%)	1.3	1.4	1.1	2.2	0.6	1.2	0	2.8
Low birth weight of term babies (%)	2.4	3	2.8	2.0	2.3	2.6	1.1	5.9
Emergency admissions in under 5s (crude rate per 1000)	230.9	242.8	149.2	280.3	171.0	240.9	124.4	337.3
A&E attendances in under 5s (crude rate per 1000)	398.5	505.4	551.6	424.3	345.8	415.8	240.0	603.6
Admissions for injuries in under 5s (crude rate per 10,000)	203.9	193	138.8	217.2	155.6	225.4	94.3	289.0
Admissions for injuries in under 15s (crude rate/100,000 aged 0-17)	153.9	149.8	110.1	162.5	123.8	169.4	70.5	220.9
Admissions for injuries in 15 - 24 year olds (crude rate per 10,000)	151.5	164	137	200.7	155.4	134.3	57.8	300.3
Children with excess weight reception year, three year average	25.3	23.4	22.4	30.5	22.8	24.3	18.7	37.3
Obese children reception year, three year average	10.3	9.7	9.5	13.3	8.7	9.8	5.9	16.1
Children with excess weight year 6, three year average	33.4	33.8	34.2	38.2	30.6	32.9	22.2	47.7
Obese children year 6, three year average	18.8	19.5	20	22.2	16.8	18.5	8.9	29.5
Emergency hospital admissions for all causes (SAR)	103.8	112.1	100	128.5	82.3	109.8	71.7	166.5
Emergency hospital admissions for coronary heart disease (CHD)(SAR)	121.8	128.1	100	140.9	98.3	135.0	83.7	227.3
Emergency hospital admissions for stroke (SAR)	104.7	103.3	100	126.0	95.1	103.6	69.5	152.1
Emergency hospital admissions for myocardial infarction (heart attack) (SAR)	138.2	122.8	100	145.9	113.1	158.7	84.8	267.5
Emergency hospital admissions for chronic obstructive pulmonary disease (COPD) (SAR)	89.6	127.7	100	122.9	54.2	107.7	29.0	223.9
Incidence of all cancer (SIR / per 100)	99.1	101.6	100	105.9	91.4	103.0	86.0	121.3
Incidence of breast cancer (SIR / per 100)	95.6	96.5	100	95.8	96.0	95.0	66.4	126.2
Incidence of colorectal cancer (SIR / per 100)	100.5	98.5	100	105.5	100.3	98.1	61.8	144.6
Incidence of lung cancer (SIR / per 100)	94.4	110.5	100	111.8	68.1	111.5	50.0	172.1
Incidence of prostate cancer (SIR / per 100)	87.6	90.6	100	87.3	86.8	88.4	56.4	118.0
Hospital stays for self-harm (SAR)	127.0	137.6	100	196.8	88.8	120.1	48.8	376.9
Hospital stays for alcohol-related harm (narrow definition) (SAR)	110.6	113.3	100	127.4	95.6	114.8	68.0	211.6
Hospital stays for alcohol-related harm (broad definition) (SAR)	101.4	115.6	100	121.6	81.4	109.2	65.1	181.5
Emergency hospital admissions for hip fracture in 65+ (SAR)	97.8	100.9	100	98.6	89.9	105.6	61.6	161.7
Limiting long-term illness or disability (%)	20.4	20.7	17.6	24.6	18.8	19.5	4.5	29.2
Deaths from all causes, all ages (SMR)	102.3	109.8	100	117.4	87.6	109.9	65.6	208.4
Deaths from all causes, under 75 years (SMR)	100.8	115	100	127.4	74.8	111.2	50.9	233.6
Deaths from all cancer, all ages (SMR)	98.2	103.5	100	108.9	85.3	105.8	68.4	149.8
Deaths from all cancer, under 75 years (SMR)	96.9	105.8	100	110.0	79.5	106.7	52.8	156.7
Deaths from circulatory disease, all ages (SMR)	106.1	111	100	122.9	95.5	108.8	41.7	239.0
Deaths from circulatory disease, under 75 years (SMR)	97.7	117.3	100	127.1	67.8	110.7	18.1	289.5
Deaths from CHD, all ages (SMR)	103.3	117.9	100	118.6	89.4	110.0	47.2	188.3
Deaths from stroke, all ages, all persons (SMR)	118.7	109.8	100	134.5	110.7	119.4	49.0	344.0
Deaths from respiratory diseases, all ages, all persons (SMR)	98.4	118.5	100	128.5	73.0	110.1	33.8	264.9
Deaths from causes considered preventable (SMR)	102.9	116.3	100	131.2	77.1	112.6	37.7	259.8
Physical activity (adults)	67.7	64.8	66.3	60.9	71.5	70.4	60.9	71.5
Physical inactivity (adults)	20.7	23.7	22.2	28.2	18.2	15.8	15.8	28.2
Obesity (18+ adults)	59.2	64.5	62.0	67.4	52.5	58.0	52.5	67.4
Smoking (18+ adults)	14.2	14.9	14.4	19.3	10.1	14.9	10.1	19.3
Suicide (all)*	12.9	11.4	9.6	15.4	10.5	12.6	10.5	15.4
Suicide (male)*	19.9	16.9	14.9	25.6	14.9	19.3	14.9	25.6
Suicide (female)*	6.3	6.2	4.7	\$	\$	6.3	6.3	6.3
Alcohol-specific mortality (males)*	19.3	19.3	14.5	22.0	14.0	21.8	14.0	22.0
Alcohol-specific mortality (females)*	10.2	11.4	7.0	13.6	\$	6.9	6.9	13.6
Deaths from drug misuse*	8.3	7.8	4.5	13.4	4.6	6.8	4.6	13.4
Infant mortality rate	2.3	4.6	3.9	3.5	0.4	2.6	0.4	3.5
Rank of IMD2019 score (1-317; 1=most deprived)				31	250	89	31	250
Rank of IDA Q2019 average score (1-317; 1=most deprived)				77	300	109	77	300
Rank of IDA OR2019 average score (1-317; 1=most deprived)				103	291	114	103	291

■ Significantly worse than England
 ■ Significantly better than England
 ■ Similar to England

*ICP value based on aggregated LA values

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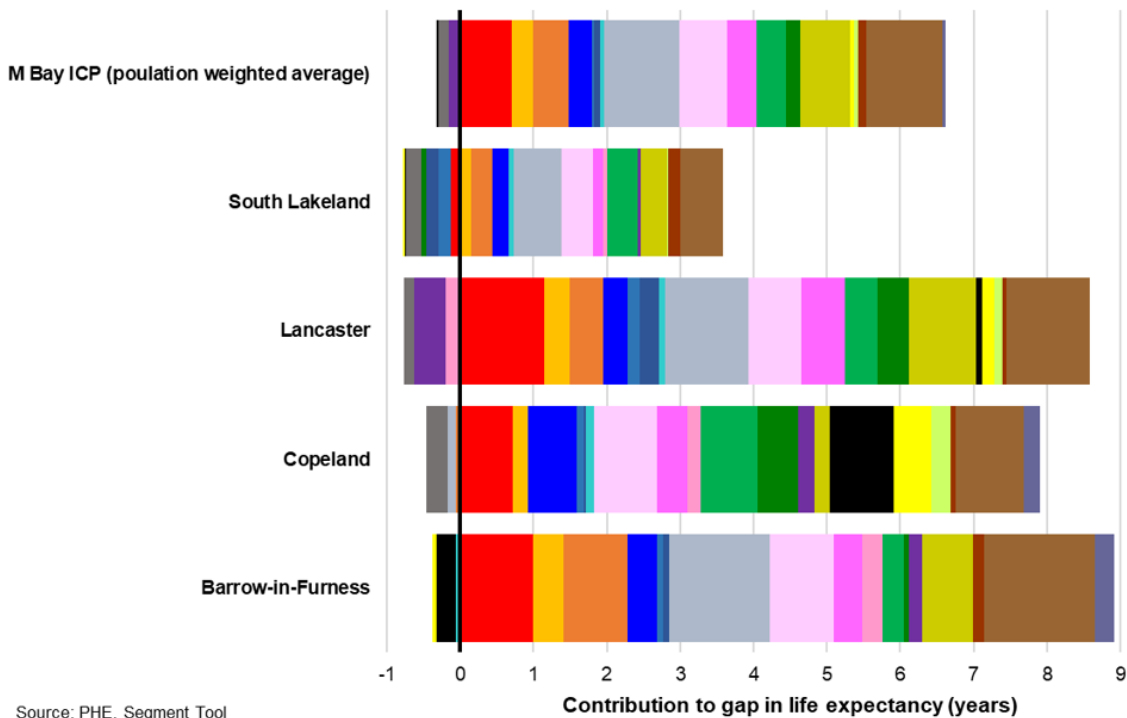
Gaps in life expectancy

Many factors can contribute to the gap in life expectancy. Further analysis can help to identify where these gaps are and provide direction on action to reduce them.

The table below shows life expectancy overall and the gap in life expectancy between the local authorities in the ICP and England and within the ICP districts (for deprivation) (2015-17).

Local authority	Absolute gap in life expectancy between local authority and England (years)	Life expectancy (years)-local authority	Life expectancy (years)-England	Absolute gap in life expectancy between most and least deprived quintile (years)	Life expectancy in most deprived quintile of local authority (years)	Life expectancy in least deprived quintile of local authority (years)
Males						
Barrow-in-Furness	-2.3	76.6	79.6	-8.6	73.4	82.0
Copeland	-1.4	76.2	79.6	-7.5	74.2	81.6
Lancaster	-1	77	79.6	-7.8	73.6	81.5
South Lakeland	2.7	78.7	79.6	-2.8	81.4	84.2
Females						
Barrow-in-Furness	-2.1	80.1	83.1	-8.4	75.7	84.1
Copeland	-1.6	80.9	83.1	-7	78.1	85.1
Lancaster	-0.8	81	83.1	-4.8	79.2	84
South Lakeland	1.9	82.2	83.1	-4.2	83	87.1

The chart below shows for **males**, for each broad cause of death, the contribution that it makes to the overall life expectancy gap between the most and least deprived areas in each local authority across the ICP (2015-17). The analysis of detailed causes of death can be used to give an indication of the drivers of inequality in the area. Positive-higher mortality in the most deprived quintile is contributing to the gap and negative-lower mortality in the most deprived quintile is offsetting the gap.

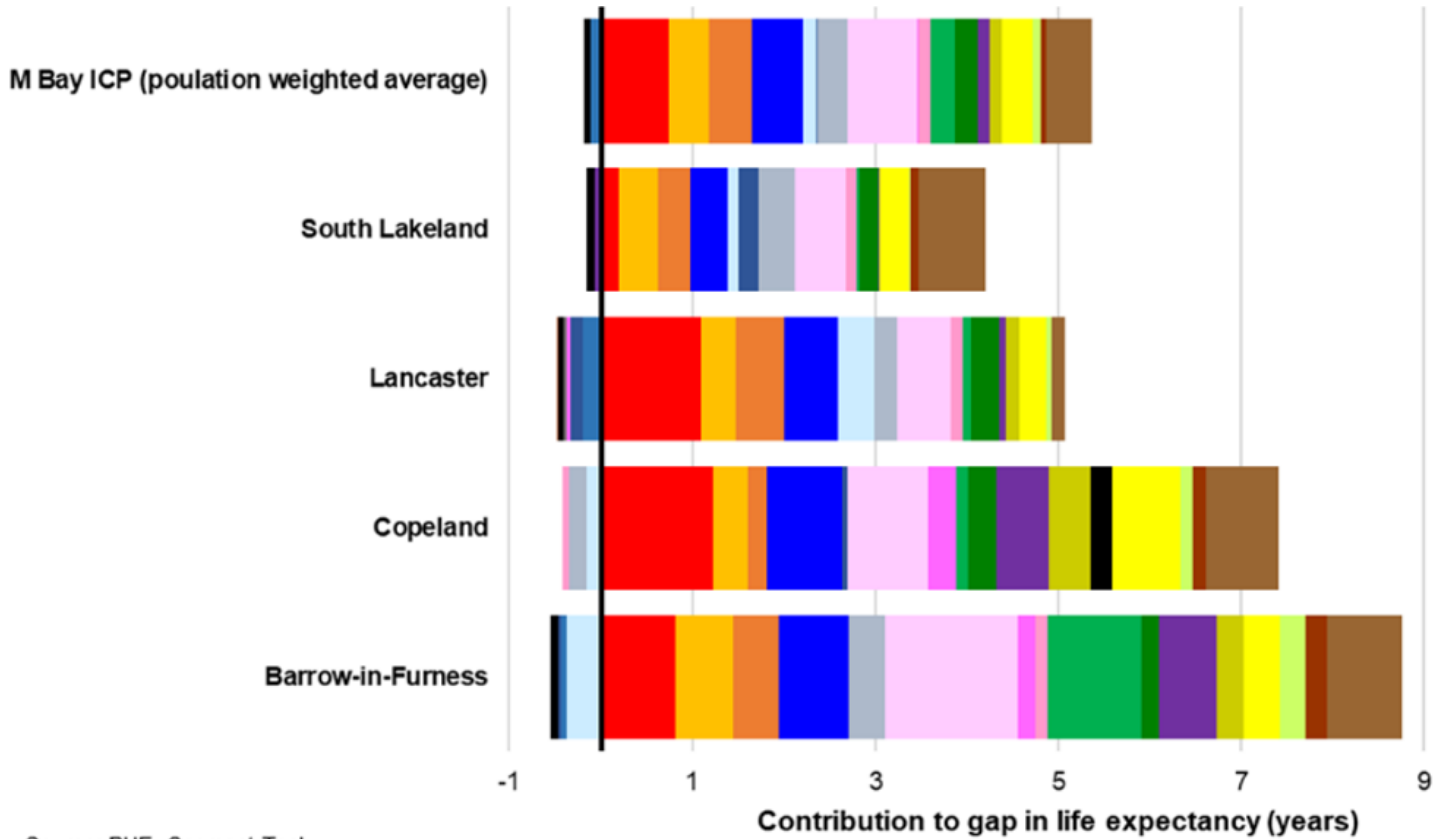


- Heart disease
- Stroke
- Other circulatory
- Lung cancer
- Breast cancer (female only)
- Colorectal cancer
- Leukaemia & lymphoma
- Prostate cancer
- Other cancer
- Chronic lower respiratory diseases
- Flu & pneumonia
- Other respiratory
- Cirrhosis & liver disease
- Other digestive
- Suicide & injury of undetermined intent
- Accidental poisoning
- Land transport accidents
- Other external
- Dementia & Alzheimer's disease
- Other mental and behavioural
- Urinary disease
- Other
- Deaths under 28 days

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Gaps in life expectancy

The chart below shows for **females**, for each broad cause of death, the contribution that it makes to the overall life expectancy gap between the most and least deprived areas in each local authority across the ICP (2015-17). The analysis of detailed causes of death can be used to give an indication of the drivers of inequality in the area.



Source: PHE, Segment Tool

- Heart disease
- Stroke
- Other circulatory
- Lung cancer
- Breast cancer (female only)
- Colorectal cancer
- Leukaemia & lymphoma
- Prostate cancer
- Other cancer
- Chronic lower respiratory diseases
- Flu & pneumonia
- Other respiratory
- Cirrhosis & liver disease
- Other digestive
- Suicide & injury of undetermined intent
- Accidental poisoning
- Land transport accidents
- Other external
- Dementia & Alzheimer's disease
- Other mental and behavioural
- Urinary disease
- Other
- Deaths under 28 days

Top six causes contributing to the gap in life expectancy

When looking at the charts (above) in more detail, the table (right) shows the top six causes of death contributing to the gap in life expectancy between the most and least deprived areas in the ICP for males and females.

	Males	Females
1	Heart disease	Chronic lower respiratory diseases
2	Accidental poisoning	Heart disease
3	Chronic lower respiratory diseases	Lung cancer
4	Other cancer	Other
5	Other circulatory	Other circulatory
6	Other	Stroke

For further information, please contact: businessintelligence.publichealth@lancashire.gov.uk

Index and data sources

Indicator	Source	Time period
Male life expectancy at birth	Local Health	2013-17
Female LE at birth	Local Health	2013-17
Male healthy life expectancy at birth	Local Health	2009-13
Female HLE at birth	Local Health	2009-13
Child development at age 5 (%)	Local Health	2013/14
GCSE achievement (5A*-C inc. Eng & maths) (%)	Sexual health and reproductive profiles and Local Health	2015/16 (LA) and 2013/14 (ward)
Unemployment (% of the working age population claiming out of work benefit)	Local Health	2017/18
Long-term unemployment (rate/1,000 working age population)	Local Health	2017/18
Older people living alone (%)	Local Health	2011
Deliveries to teenage mothers (%)	Local Health	2011/12-2015/16
Low birth weight of term babies (%)	Local Health	2011-15
Emergency admissions in under 5s (crude rate per 1000)	Local Health	2013/14-2015/16
A&E attendances in under 5s (crude rate per 1000)	Local Health	2013/14-2015/16
Admissions for injuries in under 5s (crude rate per 10,000)	Local Health	2011/12-2015/16
Admissions for injuries in under 15s (crude rate/100,000 aged 0-17)	Local Health	2011/12-2015/16
Admissions for injuries in 15 - 24 year olds (crude rate per 10,000)	Local Health	2011/12-2015/16
Children with excess weight reception year, three year average	Local Health	2015/16 - 17/18
Obese children reception year, three year average	Local Health	2015/16 - 17/18
Children with excess weight year 6, three year average	Local Health	2015/16 - 17/18
Obese children year 6, three year average	Local Health	2015/16 - 17/18
Emergency hospital admissions for all causes (SAR)	Local Health	2013/14-2017/18
Emergency hospital admissions for coronary heart disease (CHD)(SAR)	Local Health	2013/14-2017/18
Emergency hospital admissions for stroke (SAR)	Local Health	2013/14-2017/18
Emergency hospital admissions for myocardial infarction (heart attack) (SAR)	Local Health	2013/14-2017/18
Emergency hospital admissions for chronic obstructive pulmonary disease (COPD) (SAR)	Local Health	2013/14-2017/18
Incidence of all cancer (SIR / per 100)	Local Health	2012-16
Incidence of breast cancer (SIR / per 100)	Local Health	2012-16
Incidence of colorectal cancer (SIR / per 100)	Local Health	2012-16
Incidence of lung cancer (SIR / per 100)	Local Health	2012-16
Incidence of prostate cancer (SIR / per 100)	Local Health	2012-16
Hospital stays for self-harm (SAR)	Local Health	2013/14-2017/18
Hospital stays for alcohol-related harm (narrow definition) (SAR)	Local Health	2013/14-2017/18
Hospital stays for alcohol-related harm (broad definition) (SAR)	Local Health	2013/14-2017/18
Emergency hospital admissions for hip fracture in 65+ (SAR)	Local Health	2013/14-2017/18
Limiting long-term illness or disability (%)	Local Health	2011
Deaths from all causes, all ages (SMR)	Local Health	2013-17
Deaths from all causes, under 75 years (SMR)	Local Health	2013-17
Deaths from all cancer, all ages (SMR)	Local Health	2013-17
Deaths from all cancer, under 75 years (SMR)	Local Health	2013-17
Deaths from circulatory disease, all ages (SMR)	Local Health	2013-17
Deaths from circulatory disease, under 75 years (SMR)	Local Health	2013-17
Deaths from CHD, all ages (SMR)	Local Health	2013-17
Deaths from stroke, all ages, all persons (SMR)	Local Health	2013-17
Deaths from respiratory diseases, all ages, all persons (SMR)	Local Health	2013-17
Deaths from causes considered preventable (SMR)	Local Health	2013-17
Physical activity (adults)	PHE, Fingertips	2017/18
Physical inactivity (adults)	PHE, Fingertips	2017/18
Obesity (18+ adults)	PHE, Fingertips	2017/18
Smoking (18+ adults)	PHE, Fingertips	2018
Suicide (all)	PHE, Fingertips	2016-18 (LA s, 2015-2017 ICS)
Suicide (male)	PHE, Fingertips	2016-18 (LA s, 2015-2017 ICS)
Suicide (female)	PHE, Fingertips	2016-18 (LA s, 2015-2017 ICS)
Alcohol-specific mortality (males)	PHE, Fingertips	2015-17
Alcohol-specific mortality (females)	PHE, Fingertips	2015-17
Deaths from drug misuse	PHE, Fingertips	2016-18
Infant mortality rate	PHE, Fingertips	2015-17
Rank of IMD2019 score (1-317; 1=most deprived)	IMD2019	
Rank of IDA C2019 average score (1-317; 1=most deprived)	IMD2019	
Rank of IDA OPI2019 average score (1-317; 1=most deprived)	IMD2019	

Broad cause	ICD 10 code	Detailed cause	ICD10 code
Circulatory	I00-I99	Heart disease	I20-I25
		Stroke	I60-I69
		Other circulatory	Rest of I00-I99
Cancer	C00-C97	Lung cancer	C33-C34
		Prostate cancer	C61
		Colorectal cancer	C18-C21
		Leukaemia & lymphoma	C81-C96
		Breast cancer	C50
		Other cancer	Rest of C00-C97
Mental and behavioural	F00-F99, G30	Dementia and Alzheimer's disease	F01, F03, G30
		Other mental and behavioural	Rest of F00-F99
Respiratory	J00-J99	Chronic lower respiratory diseases	J40-J47
		Influenza and pneumonia	J09-J18
		Other respiratory	Rest of J00-J99
Digestive	K00-K93	Cirrhosis and other diseases of liver	K70-K76
		Other digestive	Rest of K00-K93
External causes	V00-Y98	Land transport accidents	V01-V89
		Accidental poisoning	X40-X49
		Suicide and injury of undetermined intent	X60-X84 (age 10+), Y10-Y34 (age 15+)
		Other external causes	Rest of V00-Y98
Under 28 days	No code assigned	Under 28 days	No code assigned
Other	All other codes	Urinary disease	N00-N39
		Other	All other codes