Central Lancashire 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

- **A&E attendances** in under-fives is significantly better for all three districts.

- Significantly more children are '**school ready**' at age five (Preston is similar).

- Significantly fewer reception children are **obese** (Preston and South Ribble are similar).

- Overall, significantly fewer children are **obese** or have **excess weight** (obese and overweight combined) in year 6.

- **GCSE achievement** is significantly better (Preston is similar).

Challenges for the ICP

- **Emergency hospital admissions** for children under-five is significantly higher.

- The rate of **admissions for injuries** in children under-five is significantly higher.

- **Admissions for injuries** for those aged under-15 is significantly higher.

- The proportion of **deliveries to teenage mothers** is similar (Preston is significantly higher).

- The **infant mortality rate** 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. There is a stark contrast in deprivation, with Preston having some of the most deprived areas in the county.

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

Central	23%	19%	13%	22%	23%

Most deprived — Least deprived

LSC ICS	31%	19%	15%	21%	14%

■ 1 ■ 2 ■ 3 ■ 4 ■ 5
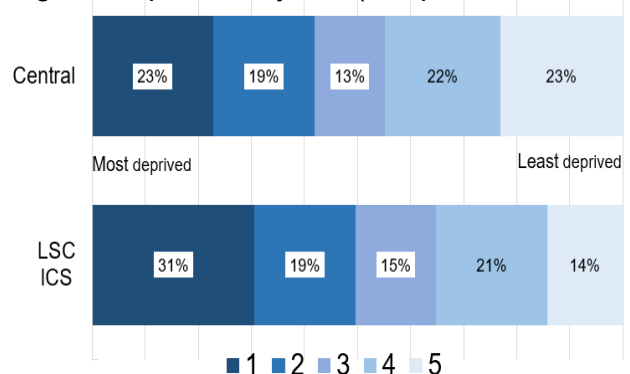
Population breakdown based on Sept-19 GP registered population

Central Lancashire Integrated Care Partnership Profile

Moving through life, where a person lives, their lifestyle, their social connections and their economic position continue to have an impact on their 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 increased 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 Preston, which performs badly on many indicators, and affects the overall ICP indicator value.

Positives for the ICP

- Smoking in adults (18+) is significantly lower (Preston and South Ribble are similar).

- Incidence of **breast cancer** and **colorectal cancer** is similar across all districts.*

- Incidence of **prostate cancer** is lower (Preston is significantly better).

- The ICP has a similar rate of **emergency hospital admissions for hip fractures in 65+** (Preston is significantly higher).

*lower incidence of disease may be due to healthier life-styles 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

- The proportion of people with a **long-term illness or disability** is significantly higher.

- The rate of emergency hospital admissions for **all causes** is significantly higher.

- Emergency hospital admissions for **coronary heart disease** is significantly higher.

- Mortality from **circulatory disease** is significantly higher (South Ribble is similar).

- The incidence of **all cancer** is significantly higher (South Ribble is similar).

- The incidence of **lung cancer** is significantly higher (South Ribble is similar).

Additional district-specific public health areas of work based on the indicators below show breast-feeding initiation is significantly lower than the England average. Under-18 conceptions are significantly higher in Preston and South Ribble. The number of people killed and seriously injured on the roads in Preston and South Ribble are significantly higher.

Indicator	England	L&SC ICS	Central Lancashire	Chorley	Preston	South Ribble	Period
Killed and seriously injured (KSI) casualties on England's roads (Persons, All ages)	40.8	54.4*	49.8*	44.9	54.8	48.4	2015 - 17
Smoking status at time of delivery (Female, All ages)New data	10.6	-	-	9.7	12	10.6	2018/19
Under 18s conception rate / 1,000 (Female, <18 yrs)	17.8	22.6*	24.9*	17.1	30.5	25.3	2017
Breastfeeding initiation (Female, All ages)	74.5	68.5*	68.9*	69	68	70.2	2016/17
Excess winter deaths index (Persons, All ages)New data	30.1	-	-	32.4	42.7	37.6	Aug 2017 - Jul 2018
New STI diagnoses (exc chlamydia aged <25) / 100,000 (Persons, 15-64 yrs)	851	-	-	490	925	657	2018
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	32.9	49.9*	30.7*	28.4	25.8	39.9	2015/16 - 17/18
TB incidence (three year average) (Persons, All ages)	9.2	7.0*	7.1*	2.6	14.6	2.1	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

Central Lancashire Integrated Care Partnership Profile

Population

Age	Male	Female
00 - 04	10,999	10,607
05 - 09	12,181	11,649
10 - 14	12,057	11,273
15 - 19	10,642	10,235
20 - 24	12,737	13,038
25 - 29	13,536	13,150
30 - 34	13,449	13,503
35 - 39	13,421	12,885
40 - 44	12,438	11,775
45 - 49	14,223	13,201
50 - 54	14,610	14,012
55 - 59	13,903	13,382
60 - 64	11,140	11,146
65 - 69	9,870	10,087
70-74	9,573	10,065
75-79	6,467	7,189
80-84	4,383	5,353
85+	3,170	5,414
Total	198,799	197,964

The registered population is **396,763** (Sept-19)

50.1% are male **49.9%** are female

Compared to England there are:

- fewer people aged **25** to **44** years (males and females)
- more older people aged **45** to **79** years (males and females)
- Preston has a large student population, with more people aged **15-19**
- fewer males and females in the **85+** age bracket

Ethnicity

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

*Census 2011

Key findings:

- There are fewer white residents compared to the ICS, but more compared to England.

- The number of residents who are Asian is similar for the ICS and ICP, but slightly lower than England overall.

- There are fewer black residents in both the ICS and ICP compared to England.

Central Lancashire Integrated Care Partnership Profile

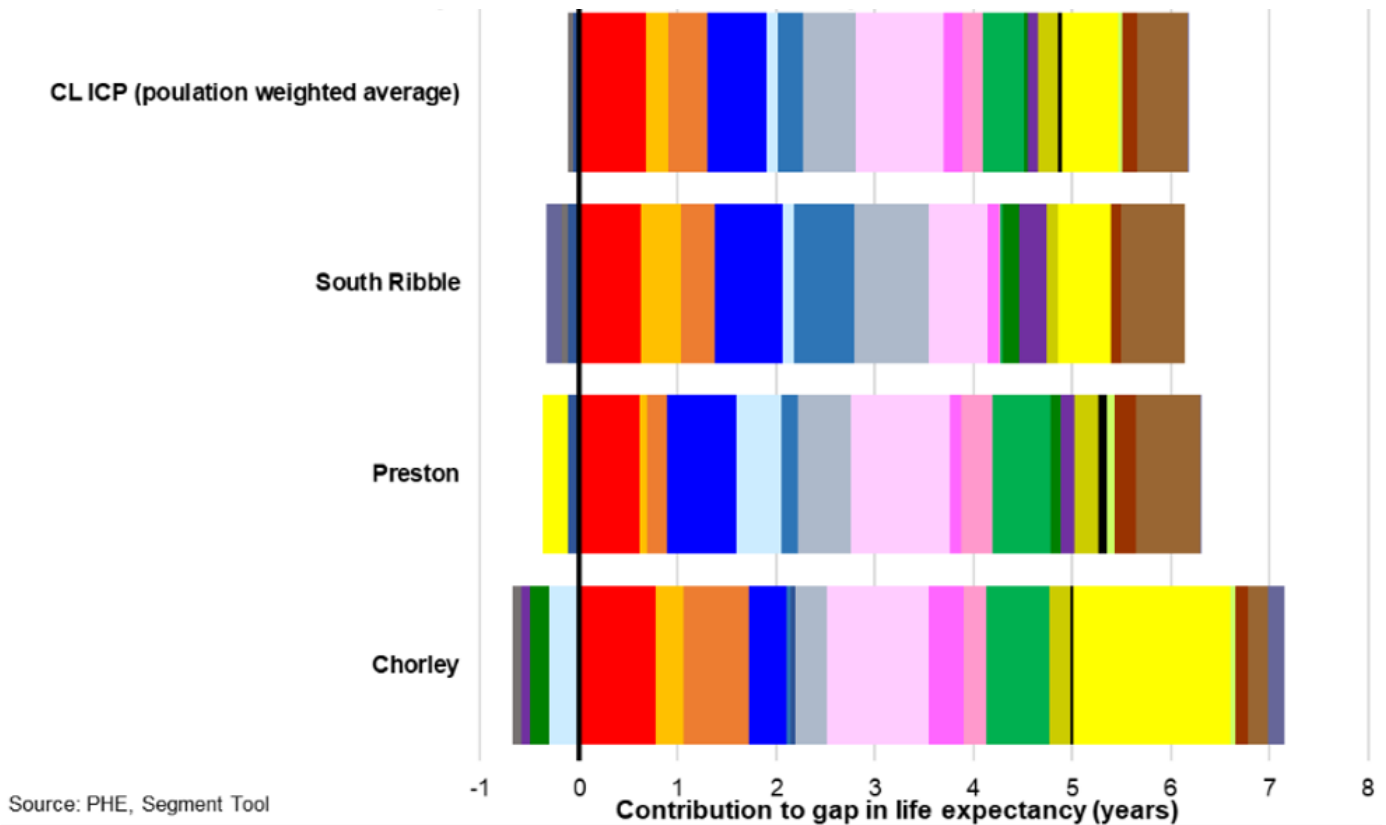| Indicator	Central Lancs	ICS	England	Chorley	Preston	South Ribble	Lowest in ICP	Highest in ICP
Male life expectancy at birth*	-	78.1	79.5	78.7	77.6	80	72.8	85.5
Female LE at birth*	-	81.9	83.1	82.4	81.3	83.4	77.9	86
Male healthy life expectancy at birth*	-	61.5	63.5	63.3	60.5	64.9	52.3	71.1
Female HLE at birth*	-	63.0	64.8	64.8	61.8	65.7	51.3	72.2
Child development at age 5 (%)	64.9	60.3	60.4	66.8	61.3	67.9	48.1	80.9
GCSE achievement (5A*-C inc. Eng & maths) (%)*	62.5	57.0	57.8	64.2	59.6	64.4	33.1	81.5
Unemployment (% of the working age population claiming out of work benefit)	1.9	2.3	1.9	1.6	2.3	1.5	0.4	3.9
Long-term unemployment (rate/1,000 working age population)	2.5	3.1	3.6	2.3	3.3	1.6	0	7.9
Older people living alone (%)	31.1	31.8	31.5	29.6	34.2	29.5	18.7	49.8
Deliveries to teenage mothers (%)	1.3	1.4	1.1	1.0	1.6	1.1	0	3.7
Low birth weight of term babies (%)	2.9	3	2.8	2.4	3.6	2.1	0.7	5.6
Emergency admissions in under 5s (crude rate per 1000)	236.4	242.8	149.2	186.5	267.5	242.7	138.3	373.2
A&E attendances in under 5s (crude rate per 1000)	438.1	505.4	551.6	431.1	459.7	412.8	267.4	562.7
Admissions for injuries in under 5s (crude rate per 10,000)	171.5	193	138.8	159.5	192.0	153.5	111.8	253.4
Admissions for injuries in under 15s (crude rate/100,000 aged 0-17)	135.4	149.8	110.1	132.0	145.3	125.1	95.1	180.2
Admissions for injuries in 15 - 24 year olds (crude rate per 10,000)	128.7	164	137	150.4	120.4	123.9	66.4	316.6
Children with excess weight reception year, three year average	21.6	23.4	22.4	21.4	21.3	22.5	14.5	29.1
Obese children reception year, three year average	8.6	9.7	9.5	7.7	8.9	9.2	3.7	12.3
Children with excess weight year 6, three year average	32.2	33.8	34.2	32.5	32.5	31.6	23.7	41.1
Obese children year 6, three year average	17.6	19.5	20	17.9	18.2	16.6	10.2	26.8
Emergency hospital admissions for all causes (SAR)	112.1	112.1	100	102.8	125.5	105.5	83.6	159.2
Emergency hospital admissions for coronary heart disease (CHD)(SAR)	126.6	128.1	100	122.8	143.5	113.4	87.0	201.7
Emergency hospital admissions for stroke (SAR)	101.0	103.3	100	99.5	108.2	95.4	65.2	155.8
Emergency hospital admissions for myocardial infarction (heart attack) (SAR)	114.4	122.8	100	119.0	122.0	102.4	75.6	178.8
Emergency hospital admissions for chronic obstructive pulmonary disease (COPD) (SAR)	108.5	127.7	100	101.2	135.2	89.8	39.7	241.5
Incidence of all cancer (SIR / per 100)	103.1	101.6	100	103.6	106.1	99.7	79.5	127.1
Incidence of breast cancer (SIR / per 100)	100.4	96.5	100	105.9	101.4	93.9	49.0	131.9
Incidence of colorectal cancer (SIR / per 100)	98.5	98.5	100	98.9	99.7	96.8	60.5	138.2
Incidence of lung cancer (SIR / per 100)	112.1	110.5	100	111.2	127.5	98.1	56.3	231.6
Incidence of prostate cancer (SIR / per 100)	92.8	90.6	100	95.5	89.8	93.2	60.4	120.7
Hospital stays for self-harm (SAR)	105.0	137.6	100	120.0	106.8	86.7	37.3	214.4
Hospital stays for alcohol-related harm (narrow definition) (SAR)	99.9	113.3	100	98.3	108.8	91.3	62.3	148.1
Hospital stays for alcohol-related harm (broad definition) (SAR)	105.3	115.6	100	101.4	115.8	98.1	74.4	162.5
Emergency hospital admissions for hip fracture in 65+ (SAR)	101.7	100.9	100	99.9	111.8	93.4	59.4	157.5
Limiting long-term illness or disability (%)	18.2	20.7	17.6	18.4	18.2	18.0	11.7	24.6
Deaths from all causes, all ages (SMR)	106.7	109.8	100	107.9	116.7	95.5	55.6	163.0
Deaths from all causes, under 75 years (SMR)	109.6	115	100	104.5	128.9	95.7	56.6	195.6
Deaths from all cancer, all ages (SMR)	101.4	103.5	100	99.2	110.7	94.4	52.2	155.0
Deaths from all cancer, under 75 years (SMR)	101.1	105.8	100	98.1	113.9	91.7	47.0	167.0
Deaths from circulatory disease, all ages (SMR)	105.7	111	100	105.9	116.5	94.7	50.4	172.0
Deaths from circulatory disease, under 75 years (SMR)	107.4	117.3	100	100.7	130.7	91.7	21.0	231.2
Deaths from CHD, all ages (SMR)	106.0	117.9	100	108.7	119.6	90.2	43.4	225.7
Deaths from stroke, all ages, all persons (SMR)	104.4	109.8	100	106.8	112.4	94.2	22.2	262.6
Deaths from respiratory diseases, all ages, all persons (SMR)	125.1	118.5	100	123.6	145.5	106.5	47.6	241.8
Deaths from causes considered preventable (SMR)	107.4	116.3	100	99.2	130.6	92.7	51.7	212.2
Physical activity (adults)	68.0	64.8	66.3	73.8	66.3	63.9	63.9	73.8
Physical inactivity (adults)	21.0	23.7	22.2	17.2	22.0	23.9	17.2	23.9
Obesity (18+ adults)	63.4	64.5	62.0	65.5	59.8	64.5	59.8	65.5
Smoking (18+ adults)	12.2	14.9	14.4	8.0	17.3	10.3	8.0	17.3
Suicide (all)*	12.5	11.4	9.6	15.4	12.3	9.8	9.8	15.4
Suicide (male)*	18.7	16.9	14.9	22.7	17.2	16.3	16.3	22.7
Suicide (female)*	7.6	6.2	4.7	7.8	7.4	$	7.4	7.8
Alcohol-specific mortality (males)*	17.9	19.3	14.5	12.8	21.5	19.6	12.8	21.5
Alcohol-specific mortality (females)*	10.6	11.4	7.0	9.0	13.1	9.5	9.0	13.1
Deaths from drug misuse*	6.3	7.8	4.5	7.0	7.8	4.2	4.2	7.8
Infant mortality rate	4.6	4.6	3.9	5.1	4.7	3.9	3.9	5.1
Rank of IMD2019 score (1-317; 1=most deprived)				177	45	204	45	204
Rank of IDACI2019 average score (1-317; 1=most deprived)				207	67	213	67	213
Rank of IDAOPI2019 average score (1-317; 1=most deprived)				161	48	211	48	211

🟥 Significantly worse than England   🟩 Significantly better than England   🟧 Similar to England

*ICP value based on aggregated local authority values

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						
Chorley	-0.8	82.2	79.6	-6.1	75	81.1
Preston	-1.8	78.1	79.6	-8	73.6	81.7
South Ribble	0.5	80.1	79.6	-7.2	75.5	82.7
Females						
Chorley	-0.8	85	83.1	-6.5	78.5	85.1
Preston	-2	81.3	83.1	-5.8	78	83.8
South Ribble	0.3	83.4	83.1	-5.8	80.1	86

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.

Source: PHE, Segment Tool

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

Central Lancashire Integrated Care Partnership Profile

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

Legend:
- 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	Other cancer	Heart disease
3	Lung cancer	Lung cancer
4	Other circulatory	Dementia and Alzheimer's disease
5	Chronic lower respiratory diseases	Other cancer
6	Cirrhosis and liver disease	Other

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 (LAs, 2015-2017 ICS)
Suicide (male)	PHE, Fingertips	2016-18 (LAs, 2015-2017 ICS)
Suicide (female)	PHE, Fingertips	2016-18 (LAs, 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 IDACI2019 average score (1-317; 1=most deprived)	IMD2019	
Rank of IDAOPI2019 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