Fylde Coast 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

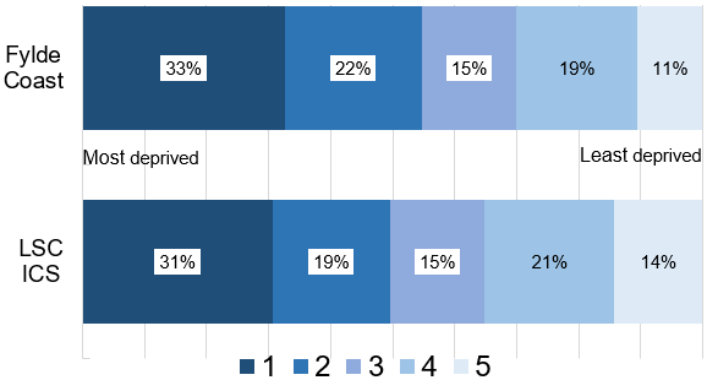
- **A&E attendances** in under-fives is significantly better for all three districts.
- Overall, significantly fewer children are **obese** in year 6 (Blackpool is significantly higher).
- The proportion of year 6 children with **excess weight** (obese and overweight combined) is significantly lower (Blackpool is significantly higher).
- The percentage of **low birth weight** term babies, while not significantly different, is lower than England.

Challenges for the ICP

- There are significantly more **deliveries** to teenage mothers.
- **Emergency hospital admissions** for children under-five is significantly higher.
- **Admissions for injuries** for those aged 15 -24 is significantly higher in all districts.
- The rates of **admissions for injuries** in children under-five and under-15 are significantly higher (Fylde is similar for both age groups).
- **GCSE achievement** is significantly worse (Wyre is significantly better, Fylde 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 Blackpool the most deprived authority in England. Wyre has areas of deprivation and affluence, while in comparison Fylde is one of the less deprived districts.

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



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 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 Blackpool, which performs badly on many indicators, and affects the overall ICP indicator value. Fylde has an older age profile and an ageing population, which brings other challenges around long-term conditions and limiting illnesses.

Positives for the ICP

- The ICP has a similar rate of **emergency admissions** for **stroke** compared to England (Wyre is significantly lower).
- Incidence of **breast cancer** and **colorectal cancer** is similar across all districts.*
- Incidence of **prostate cancer** is similar to England.
- The ICP has a similar rate of **emergency hospital admissions for hip fractures in 65+** (Blackpool 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 **hospital stays** for **alcohol-related harm** (narrow definition).
- While the significance has not been calculated for the ICP, **alcohol-specific mortality for males** is significantly higher across Blackpool and Fylde.
- The proportion of people with a **long-term illness or disability** is significantly higher.
- The rate of **deaths from all causes** is significantly higher.
- The rate of **deaths from stroke** (all ages, all people) is significantly higher.

Additional district-specific public health areas of work based on the indicators below show smoking at the time of delivery is significantly higher in all districts, while breastfeeding initiation is significantly worse in Blackpool and Wyre. The number of people killed and seriously injured is significantly worse, especially in Fylde (rurality may be a factor). Alcohol-specific hospital admissions for under-18s are significantly higher in Blackpool and Wyre.

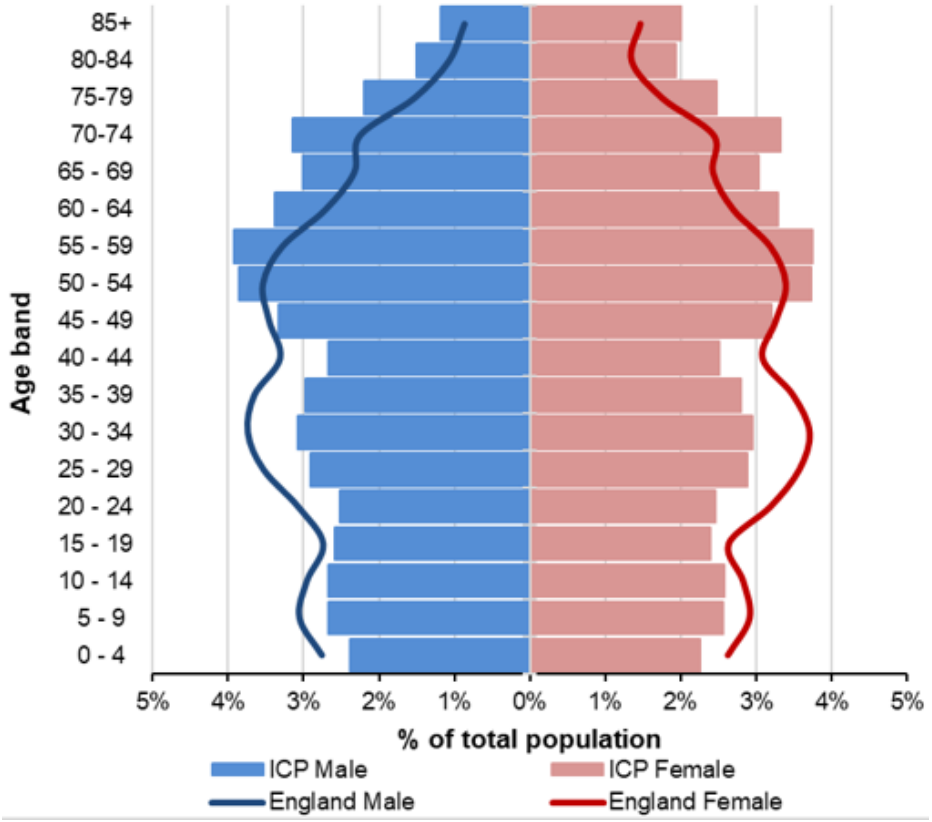
Indicator	England	L&SC ICS	Fylde Coast ICP	Blackpool	Fylde	Wyre	Period
Killed and seriously injured (KSI) casualties on England's roads (Persons, All ages)	40.8	54.4*	53.8*	49.3	62.7	53.3	2015 - 17
Smoking status at time of delivery (Female, All ages)New data	10.6	-	-	25.7	13.5	13.5	2018/19
Under 18s conception rate / 1,000 (Female, <18 yrs)	17.8	22.6*	22.4*	32.9	8.5*	17.8	2017
Breastfeeding initiation (Female, All ages)	74.5	68.5*	65.4*	59.2	75.3	68.2	2016/17
Excess winter deaths index (Persons, All ages)New data	30.1	-	-	32.1	40.2	39.7	Aug 2017 - Jul 2018
New STI diagnoses (exc chlamydia aged <25) / 100,000 (Persons, 15-64 yrs)	851	-	-	1245	786	746	2018
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	32.9	49.9*	60.2*	67.3	50.2	57	2015/16 - 17/18
TB incidence (three year average) (Persons, All ages)	9.2	7.0*	4.6*	7.4	1.3	3.3	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

Fylde Coast Integrated Care Partnership Profile*

Population



Age	Male	Female
00 - 04	8,427	7,964
05 - 09	9,419	9,035
10 - 14	9,467	9,131
15 - 19	9,130	8,421
20 - 24	8,907	8,666
25 - 29	10,253	10,182
30 - 34	10,858	10,436
35 - 39	10,493	9,865
40 - 44	9,422	8,883
45 - 49	11,798	11,308
50 - 54	13,651	13,152
55 - 59	13,843	13,262
60 - 64	11,945	11,610
65 - 69	10,626	10,702
70-74	11,087	11,722
75-79	7,774	8,754
80-84	5,342	6,847
85+	4,195	7,064
Total	176,637	177,004

The registered population is **353,641** (Sept-19)

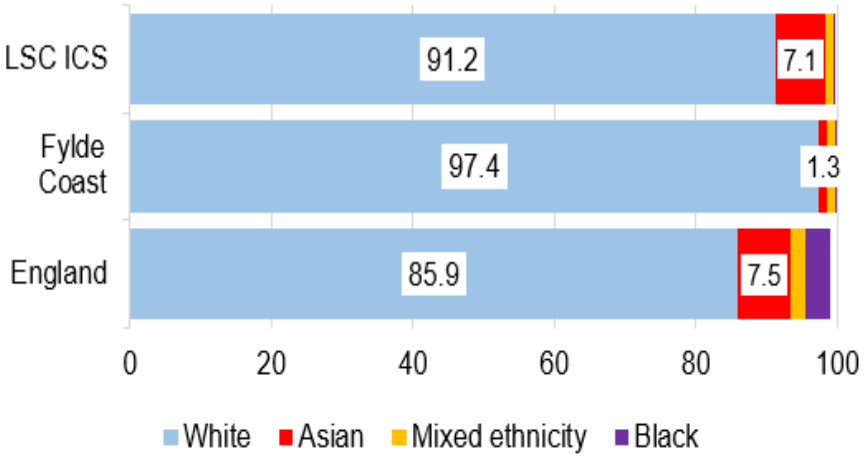
50.1% are female **49.9%** are male

Compared to England there are:

- fewer people aged up to **49** years (males and females)
- more older people aged **50+**, in particular Fylde district has one of the oldest populations in the integrated care system area
- An older population will have an impact on the prevalence of long-term conditions

Ethnicity

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



*Census 2011

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.

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Indicator	Fylde Coast ICP	ICS	England	Blackpool	Fylde	Wyre	Lowest in ICP	highest in ICP
Male life expectancy at birth*	-	78.1	**79.5**	74.4	79.1	78.9	66.6	83.5
Female LE at birth*	-	81.9	**83.1**	79.6	82.6	82.4	74.9	91.5
Male healthy life expectancy at birth*	-	61.5	**63.5**	55.9	64.3	62.9	46.5	68.9
Female HLE at birth*	-	63.0	**64.8**	59.2	65.8	64.0	49.7	70.2
Child development at age 5 (%)	62.1	60.3	**60.4**	55.0	70.1	67.8	38.2	82.2
GCSE achievement (5A*-C inc. Eng & maths) (%)*	52.9	57.0	**57.8**	45.5	56.6	61.0	30.2	77.1
Unemployment (% of the working age population claiming out of work benefit)	2.9	2.3	**1.9**	4.5	1.5	1.7	0.25	10.9
Long-term unemployment (rate/1,000 working age population)	4.1	3.1	**3.6**	6.6	1.9	2.2	0	17.3
Older people living alone (%)	32.3	31.8	**31.5**	35.4	32.1	29.2	17.3	45.4
Deliveries to teenage mothers (%)	2.0	1.4	**1.1**	2.3	1.5	1.8	0.0	6.0
Low birth weight of term babies (%)	2.6	3	**2.8**	3.3	2.0	1.9	1.0	5.3
Emergency admissions in under 5s (crude rate per 1000)	249.0	242.8	**149.2**	269.7	203.5	246.3	169.1	400.3
A&E attendances in under 5s (crude rate per 1000)	368.6	505.4	**551.6**	392.5	326.2	358.4	262.2	591.2
Admissions for injuries in under 5s (crude rate per 10,000)	172.6	193	**138.8**	195.2	124.4	169.3	88.0	349.5
Admissions for injuries in under 15s (crude rate/100,000 aged 0-17)	147.4	149.8	**110.1**	171.8	103.9	141.7	88.7	275.7
Admissions for injuries in 15 - 24 year olds (crude rate per 10,000)	222.0	164	**137**	280.0	164.2	174.3	114.3	487.1
Children with excess weight reception year, three year average	23.5	23.4	**22.4**	26.4	18.1	22.7	7.2	30.9
Obese children reception year, three year average	9.5	9.7	**9.5**	10.7	7.0	9.3	2.5	14.5
Children with excess weight year 6, three year average	32.9	33.8	**34.2**	37.5	26.1	30.6	16.8	43.5
Obese children year 6, three year average	18.9	19.5	**20**	22.1	14.7	16.9	8.2	26.1
Emergency hospital admissions for all causes (SAR)	112.0	112.1	**100**	136.9	91.0	98.1	79.8	201.7
Emergency hospital admissions for coronary heart disease (CHD)(SAR)	118.1	128.1	**100**	137.2	99.4	111.5	80.9	191.3
Emergency hospital admissions for stroke (SAR)	97.2	103.3	**100**	104.2	98.7	89.0	50.0	161.7
Emergency hospital admissions for myocardial infarction (heart attack) (SAR)	122.6	122.8	**100**	140.1	104.7	117.0	87.2	194.8
Emergency hospital admissions for chronic obstructive pulmonary disease (COPD) (SAR)	125.0	127.7	**100**	194.6	68.8	94.6	41.7	355.9
Incidence of all cancer (SIR / per 100)	106.1	101.6	**100**	112.5	101.6	102.6	87.0	128.7
Incidence of breast cancer (SIR / per 100)	97.3	96.5	**100**	96.1	96.2	99.3	65.8	139.9
Incidence of colorectal cancer (SIR / per 100)	100.4	98.5	**100**	104.5	94.7	100.2	64.0	131.2
Incidence of lung cancer (SIR / per 100)	114.2	110.5	**100**	140.8	97.8	98.8	47.9	203.9
Incidence of prostate cancer (SIR / per 100)	99.8	90.6	**100**	97.4	103.2	99.7	73.8	140.9
Hospital stays for self-harm (SAR)	208.3	137.6	**100**	309.0	114.9	134.2	58.7	574.3
Hospital stays for alcohol-related harm (narrow definition) (SAR)	142.1	113.3	**100**	183.6	104.8	119.1	80.7	303.5
Hospital stays for alcohol-related harm (broad definition) (SAR)	120.5	115.6	**100**	155.1	92.5	101.7	72.0	249.0
Emergency hospital admissions for hip fracture in 65+ (SAR)	102.6	100.9	**100**	112.1	97.4	97.4	51.1	145.1
Limiting long-term illness or disability (%)	24.1	20.7	**17.6**	25.6	21.9	23.8	14.4	32.1
Deaths from all causes, all ages (SMR)	114.0	109.8	**100**	133.2	103.3	102.6	71.1	207.6
Deaths from all causes, under 75 years (SMR)	126.7	115	**100**	160.9	100.6	107.7	58.8	276.9
Deaths from all cancer, all ages (SMR)	106.5	103.5	**100**	120.4	96.7	99.6	73.4	165.1
Deaths from all cancer, under 75 years (SMR)	113.2	105.8	**100**	133.5	97.3	102.5	47.3	192.7
Deaths from circulatory disease, all ages (SMR)	113.3	111	**100**	132.1	101.8	103.2	62.3	233.0
Deaths from circulatory disease, under 75 years (SMR)	127.6	117.3	**100**	161.0	96.5	113.7	29.7	331.2
Deaths from CHD, all ages (SMR)	116.6	117.9	**100**	138.7	100.0	106.7	55.6	284.4
Deaths from stroke, all ages, all persons (SMR)	112.1	109.8	**100**	126.9	111.2	98.5	47.7	261.1
Deaths from respiratory diseases, all ages, all persons (SMR)	121.6	118.5	**100**	150.5	102.4	107.4	54.8	274.9
Deaths from causes considered preventable (SMR)	125.8	116.3	**100**	168.3	92.5	103.3	45.8	300.5
Physical activity (adults)	61.7	64.8	**66.3**	54.4	65.8	64.1	54.4	65.8
Physical inactivity (adults)	26.0	23.7	22.2	32.4	21.4	24.8	21.4	32.4
Obesity (18+ adults)	67.2	64.5	62.0	66.5	68.6	66.2	66.2	68.6
Smoking (18+ adults)	16.3	14.9	14.4	21.1	12.7	13.1	12.7	21.1
Suicide (all)*	11.5	11.4	**9.6**	13.7	7.9	13.0	7.9	13.7
Suicide (male)*	23.1	16.9	**14.9**	21.7	$	24.5	21.7	24.5
Suicide (female)*	5.8	6.2	**4.7**	5.8	$	$	5.8	5.8
Alcohol-specific mortality (males)*	27.1	19.3	**14.5**	39.8	22.8	18.9	18.9	39.8
Alcohol-specific mortality (females)*	13.9	11.4	**7.0**	20.7	8.6	12.3	8.6	20.7
Deaths from drug misuse*	9.3	7.8	**4.5**	17.7	5.3	5.0	5.8	18.5
Infant mortality rate	5.7	4.6	**3.9**	6.4	5.3	5.5	5.3	6.4
Rank of IMD2019 score (1-317; 1=most deprived)				1	195	129	1	195
Rank of IDACI2019 average score (1-317; 1=most deprived)				2	229	127	2	229
Rank of IDAOPI2019 average score (1-317; 1=most deprived)				24	198	139	24	198

Significantly worse than England

Significantly better than England

Similar to England

*ICP value based on aggregated LA values

Fylde Coast Integrated Care Partnership Profile

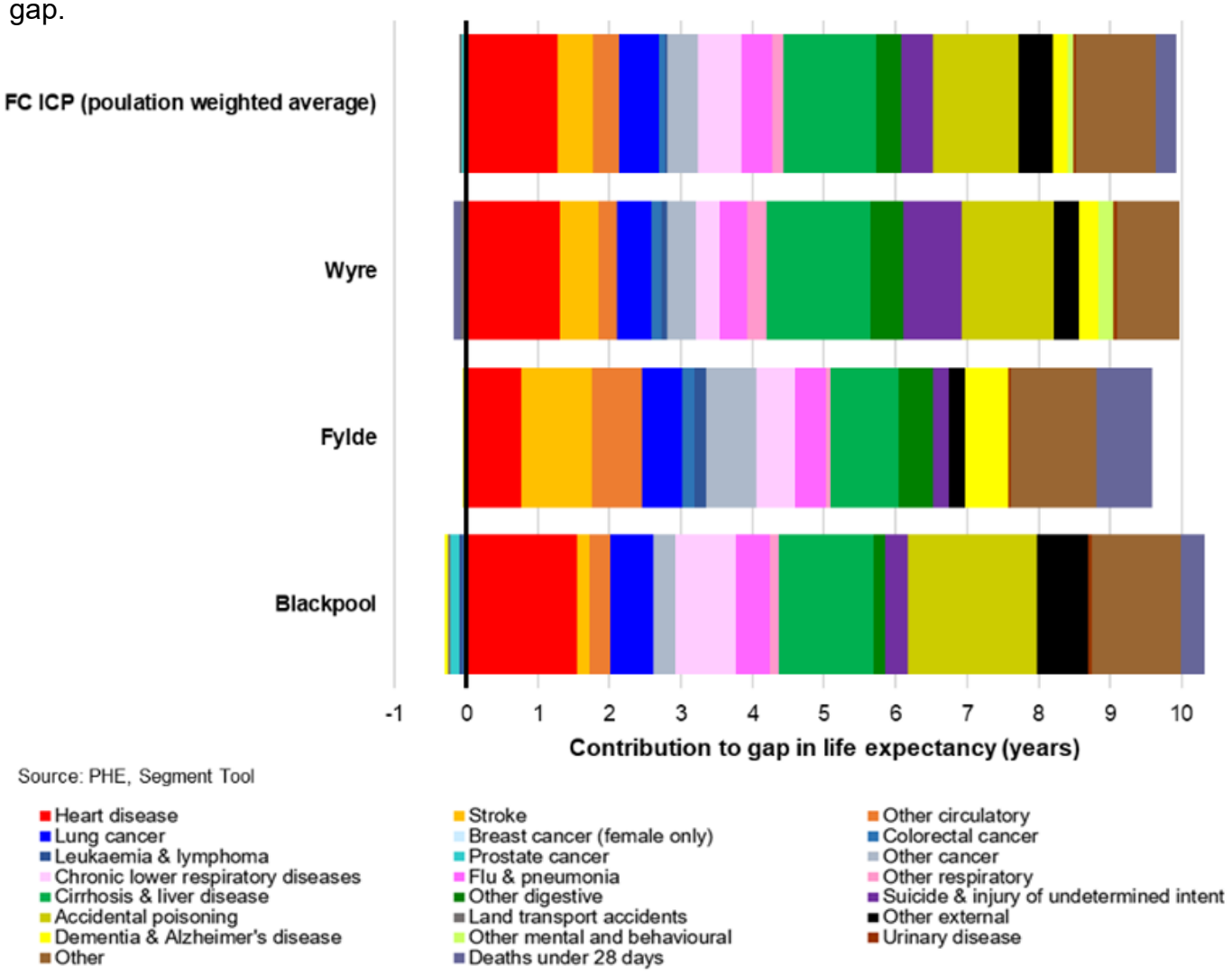
Gaps in life expectancy

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						
Blackpool	-5.4	77.2	79.6	-10	68.8	78.8
Fylde	-0.8	78.7	79.6	-9.5	74	83.5
Wyre	-0.7	78.9	79.6	-9.8	71.9	81.7
Females						
Blackpool	-3.6	81.1	83.1	-7.8	74.8	82.6
Fylde	-0.5	82.3	83.1	-6.7	80.2	86.8
Wyre	-0.7	82.4	83.1	-7.2	77.4	84.6

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.



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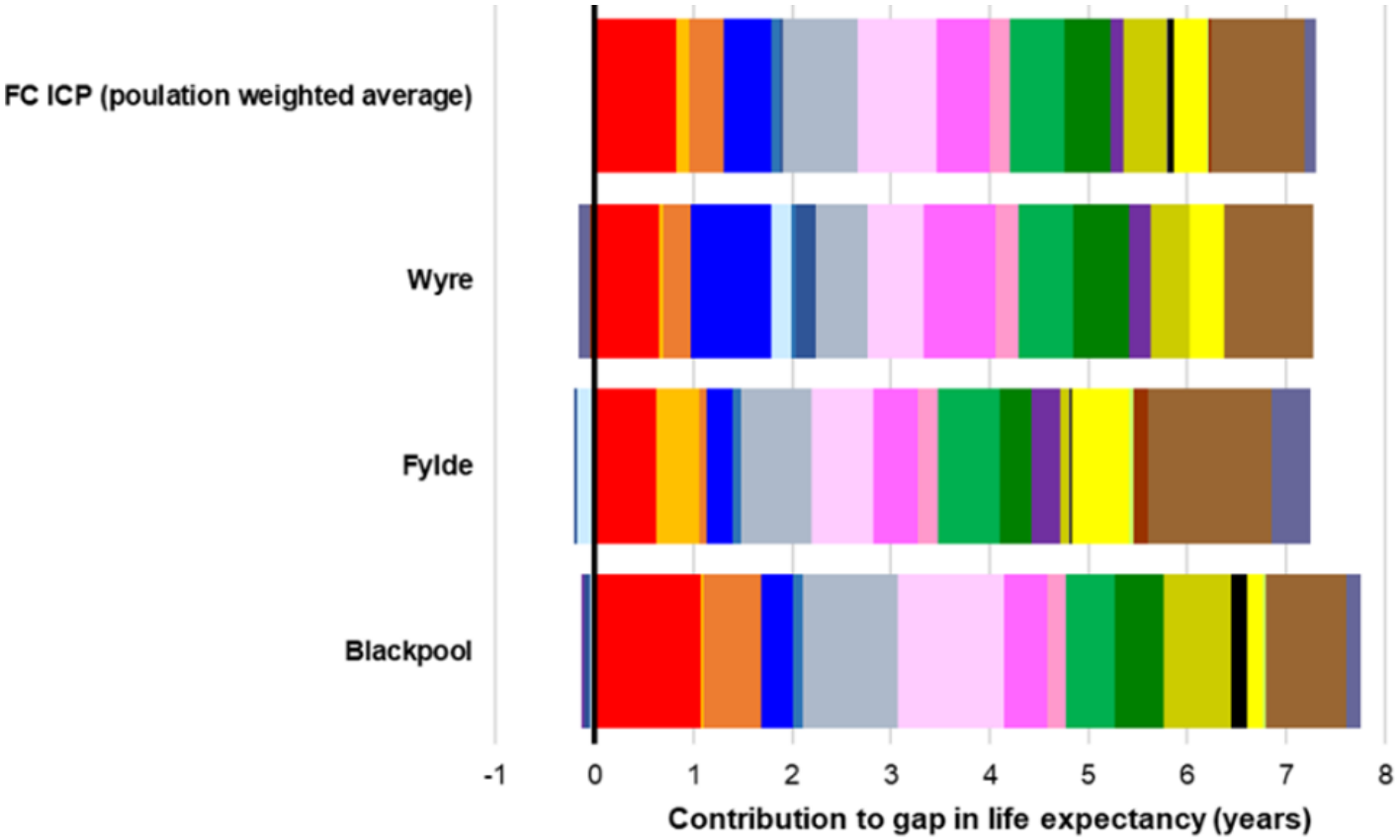
Gaps in life expectancy

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
- 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

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	Cirrhosis and liver disease	Heart disease
2	Heart disease	Chronic lower respiratory diseases
3	Accidental poisoning	Other cancer
4	Other	Cirrhosis and liver disease
5	Chronic lower respiratory diseases	Flu and pneumonia
6	Lung cancer	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