Pennine 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

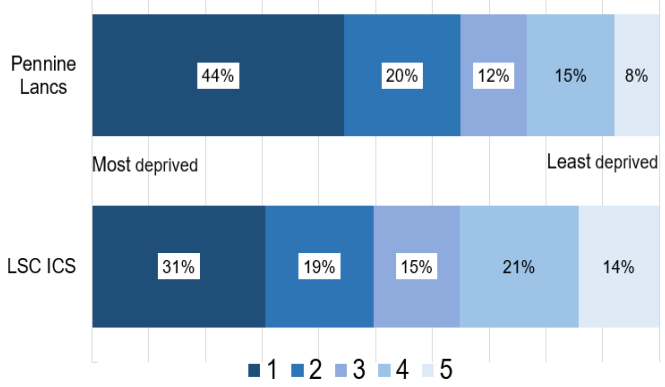
- **A&E attendances** in under-fives is significantly better than England for all three districts (Burnley and Pendle are significantly higher).
- Significantly more children are '**school ready**' at age five in Ribble Valley and Rossendale (Blackburn with Darwen, Burnley and Pendle are significantly lower).
- **GCSE achievement** is significantly better in Ribble Valley (Blackburn with Darwen and Rossendale are similar).

Challenges for the ICP

- One of the main areas is **admissions for injuries**, with the ICP significantly worse for children under-five and children under-15 years.
- **Admissions for injuries** in young people (15-24 years) is significantly higher (Ribble Valley is similar).
- The **emergency admissions rate** for children under-five is significantly higher.
- There are significantly more **low birth weight babies** (Ribble Valley and Rossendale are similar) and significantly more **deliveries to teenage mothers** (Blackburn with Darwen, Pendle and Ribble Valley are 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 some of the most deprived and least deprived in the ICP and England.

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



Population breakdown based on Sept-19 GP registered population

Pennine 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 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 mortality. Pennine Lancashire ICP has some significant challenges, with many of the indicators showing as significantly worse than England. Partners (including communities) working together in these areas can have an impact on the health and wellbeing of their residents.

Positives for the ICP

- Incidence of **prostate cancer** is significantly lower (Ribble Valley and Rossendale are similar).*
- Incidence of **breast cancer** is significantly lower (Burnley, Hyndburn, Pendle and Ribble Valley are similar).
- Incidence of **colorectal cancer** is significantly lower (Blackburn with Darwen, Burnley, Hyndburn, Ribble Valley and Rossendale are similar).

*lower incidence of disease may be due to effective screening and/or healthier lifestyles, 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 (Ribble Valley is significantly lower).
- Emergency hospital admissions for **coronary heart disease** is significantly higher (Ribble Valley is similar).
- Emergency hospital admissions for **myocardial infarction** is significantly higher (Ribble Valley is similar).
- Mortality from **coronary heart disease** is significantly higher.
- Mortality from **circulatory disease** (for all ages and under-75) is significantly higher (Ribble Valley is similar).

Additional district-specific public health areas of work based on indicators below show smoking at the time of delivery is significantly worse across all districts. The rate of people killed and seriously injured is significantly higher across several of the districts (rurality may be a factor).

Indicator	England	L&SC ICS	Pennine Lancs ICP	Blackburn with Darwen	Burnley	Hyndburn	Pendle	Ribble Valley	Rossendale	Period
Killed and seriously injured (KSI) casualties on England's roads (Persons, All ages)	40.8	54.4*	52.2*	48.5	59.8	44.4	52.3	70.8	43.5	2015 - 17
Smoking status at time of delivery (Female, All ages)	10.6	-	-	13.5	16.2	16.2	16.2	15.3	16.2	2018/19
Under 18s conception rate / 1,000 (Female, <18 yrs)	17.8	22.6*	22.5*	17.6	29.6	32.8	18.3	13.7*	28.8	2017
Breastfeeding initiation (Female, All ages)	74.5	68.5*	73.8*	75.4	69	$	$	83.5	72.8	2016/17
Excess winter deaths index (Persons, All ages)	30.1	-	-	22.8	28.1	17.5	29.7	32.3	32.4	Aug 2017 - Jul 2018
New STI diagnoses (exc chlamydia aged <25) / 100,000 (Persons, 15-64 yrs)	851	-	-	538	811	684	478	488	584	2018
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	32.9	49.9*	37.6*	35.5	58.7	30.6	28.5	25.4	45.6	2015/16 - 17/18
TB incidence (three year average) (Persons, All ages)	9.2	7.0*	11.5*	19.7	10.2	8.3	13.9	2.8	3.3	2016-18

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

Significantly worse than England | Significantly better than England | Similar to England

Pennine Lancashire Integrated Care Partnership Profile

Population

The registered population is **564,937** - **50.4%** are male **49.6%** are female

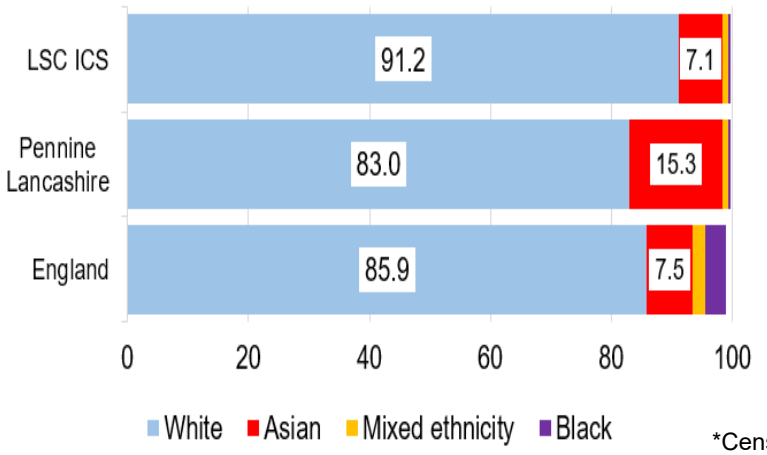
Age	Male	Female
00 - 04	17,116	16,481
05 - 09	19,135	18,264
10 - 14	19,086	18,216
15 - 19	17,297	16,176
20 - 24	16,597	15,719
25 - 29	18,720	18,487
30 - 34	19,919	19,653
35 - 39	19,443	18,894
40 - 44	17,647	16,445
45 - 49	19,432	18,286
50 - 54	20,349	18,952
55 - 59	18,760	17,988
60 - 64	15,817	15,646
65 - 69	13,929	13,646
70-74	13,345	13,705
75-79	8,503	9,356
80-84	5,517	6,960
85+	4,143	7,308
Total	284,755	280,182

Compared to England there are:

- more children and younger people aged up to **19** years (males and females)
- fewer younger adults (**20-34** years)
- similar proportions of people aged **40** to **59** years (males and females)
- fewer people in the older age brackets (**80+**)

Ethnicity

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



*Census 2011

Key findings:

- There are fewer white residents compared to the ICS and England.
- The ICP has the highest proportion of residents who are Asian, both in the ICS overall and compared to England.
- There are fewer black residents compared to England.

Pennine Lancashire Integrated Care Partnership Profile

Indicator	Pennine Lancs ICP	ICS	England	Blackburn with Darwen	Burnley	Hyndburn	Pendle	Ribble Valley	Rossendale	Lowest in ICP	Highest in ICP
Male life expectancy at birth*	-	78.1	**79.5**	76.6	76.3	76.8	77.9	81.3	78	69.9	84.9
Female LE at birth*	-	81.9	**83.1**	80.6	80.6	80.9	81.4	83.3	82.3	72.0	88.7
Male healthy life expectancy at birth*	-	61.5	**63.5**	58.3	58.0	58.2	60.1	67.2	60.6	50.2	70.6
Female HLE at birth*	-	63.0	**64.8**	59.3	59.9	60.4	60.7	68.9	62.7	50.0	71.3
Child development at age 5 (%)	54.9	60.3	**60.4**	47.0	57.6	58.6	51.4	67.4	64.9	35.2	79.8
GCSE achievement (5A*-C inc. Eng & maths) (%)*	55.2	57.0	**57.8**	59.0	50.6	50.4	47.1	70.2	54.8	31.7	86.4
Unemployment (% of the working age population claiming out of work benefit)	2.6	2.3	**1.9**	2.9	4.0	2.8	2.1	0.8	2.1	0.1	7.3
Long-term unemployment (rate/1,000 working age population)	3.6	3.1	**3.6**	4.3	5.0	2.8	3.7	0.7	3.4	0.0	11.9
Older people living alone (%)	32.5	31.8	**31.5**	32.7	33.6	33.1	33.2	29.5	32.0	19.9	46.3
Deliveries to teenage mothers (%)	1.4	1.4	**1.1**	1.3	2.0	1.6	1.0	0.7	1.7	0.0	3.9
Low birth weight of term babies (%)	3.6	3	**2.8**	4.2	3.8	3.4	3.3	2.5	2.8	1.1	7.0
Emergency admissions in under 5s (crude rate per 1000)	255.9	243	**149.2**	264.1	265.7	289.9	256.5	199.8	213.0	134.3	341.8
A&E attendances in under 5s (crude rate per 1000)	534.5	505	**551.6**	512.9	656.3	561.2	625.1	302.1	400.2	255.5	876.0
Admissions for injuries in under 5s (crude rate per 10,000)	218.9	193	**138.8**	236.4	254.9	216.7	191.8	166.4	201.0	110.0	344.0
Admissions for injuries in under 15s (crude rate/100,000 aged 0-17)	161.9	150	**110.1**	168.4	183.5	170.9	149.0	132.3	146.4	84.2	258.4
Admissions for injuries in 15 - 24 year olds (crude rate per 10,000)	169.6	164	**137**	159.0	199.5	197.7	156.0	141.6	160.4	81.5	288.2
Children with excess weight reception year, three year average	23.3	23.4	**22.4**	22.8	25.5	24.9	22.4	20.8	22.4	14.6	32.2
Obese children reception year, three year average	10.2	9.7	**9.5**	10.2	11.5	11.0	9.7	8.2	8.8	5.1	14.2
Children with excess weight year 6, three year average	35.1	33.8	**34.2**	35.2	36.1	36.2	36.5	29.5	33.8	22.5	45.8
Obese children year 6, three year average	20.4	19.5	**20**	21.6	22.4	21.7	21.1	15.8	19.6	9.3	30.3
Emergency hospital admissions for all causes (SAR)	119.6	112	**100**	133.8	127.1	127.8	114.9	88.6	107.1	72.0	175.7
Emergency hospital admissions for coronary heart disease (CHD)(SAR)	146.3	128	**100**	183.1	144.7	154.4	148.6	99.5	119.4	85.3	305.5
Emergency hospital admissions for stroke (SAR)	112.3	103	**100**	126.2	123.0	111.8	108.1	84.5	109.9	57.5	193.3
Emergency hospital admissions for myocardial infarction (heart attack) (SAR)	126.8	123	**100**	153.9	125.5	120.7	135.6	94.0	110.2	75.4	249.0
Emergency hospital admissions for chronic obstructive pulmonary disease (COPD) (SAR)	175.4	128	**100**	195.2	233.4	199.3	166.1	88.4	143.8	40.3	482.5
Incidence of all cancer (SIR / per 100)	99.7	102	**100**	100.3	107.9	98.9	97.0	94.7	97.6	81.9	128.4
Incidence of breast cancer (SIR / per 100)	94.2	96.5	**100**	90.4	98.4	93.4	92.2	107.9	85.5	47.8	139.4
Incidence of colorectal cancer (SIR / per 100)	94.5	98.5	**100**	100.1	101.9	91.3	84.2	91.8	95.0	58.8	136.0
Incidence of lung cancer (SIR / per 100)	121.0	111	**100**	129.5	146.6	126.3	120.9	76.9	113.6	52.3	211.2
Incidence of prostate cancer (SIR / per 100)	83.8	90.6	**100**	73.8	86.6	84.3	76.2	94.0	96.2	38.9	141.9
Hospital stays for self-harm (SAR)	132.6	138	**100**	149.2	150.7	154.6	106.8	86.2	117.8	44.9	258.8
Hospital stays for alcohol-related harm (narrow definition) (SAR)	110.0	113	**100**	124.7	124.9	112.3	103.7	76.6	99.0	58.2	181.4
Hospital stays for alcohol-related harm (broad definition) (SAR)	132.1	116	**100**	152.0	148.4	138.1	125.6	90.2	116.4	75.0	214.9
Emergency hospital admissions for hip fracture in 65+ (SAR)	100.6	101	**100**	109.5	95.6	112.0	91.9	94.3	98.4	59.0	173.5
Limiting long-term illness or disability (%)	20.5	20.7	**17.6**	20.2	22.5	21.7	20.9	16.7	19.9	12.1	28.4
Deaths from all causes, all ages (SMR)	115.2	110	**100**	125.9	120.5	122.8	112.0	91.7	111.1	53.5	196.5
Deaths from all causes, under 75 years (SMR)	123.5	115	**100**	136.7	137.5	130.6	120.4	87.0	113.7	31.3	227.4
Deaths from all cancer, all ages (SMR)	107.3	104	**100**	113.4	116.5	110.2	108.6	87.5	101.1	54.0	171.4
Deaths from all cancer, under 75 years (SMR)	112.1	106	**100**	119.8	123.1	116.3	113.4	86.0	104.3	40.8	185.5
Deaths from circulatory disease, all ages (SMR)	118.6	111	**100**	131.0	113.9	123.6	118.6	99.0	119.9	49.7	190.1
Deaths from circulatory disease, under 75 years (SMR)	134.0	117	**100**	155.3	139.5	142.0	128.1	98.1	124.0	26.6	269.2
Deaths from CHD, all ages (SMR)	142.6	118	**100**	161.6	135.4	158.3	135.3	115.4	141.1	46.3	261.1
Deaths from stroke, all ages, all persons (SMR)	104.5	110	**100**	113.9	99.4	105.1	106.0	89.3	109.9	16.2	219.0
Deaths from respiratory diseases, all ages, all persons (SMR)	129.6	119	**100**	146.9	142.9	149.2	117.6	83.2	128.8	18.0	271.4
Deaths from causes considered preventable (SMR)	128.1	116	**100**	143.5	145.0	135.3	123.6	89.1	115.8	34.4	259.2
Physical activity (adults)	62.5	64.8	**66.3**	57.5	63.3	63.1	60.3	68.6	62.1	57.5	68.6
Physical inactivity (adults)	25.8	23.7	22.2	30.5	25.9	28.4	24.9	18.4	26.5	18.4	30.5
Obesity (18+ adults)	65.7	64.5	62.0	61.9	64.6	77.6	63.7	59.9	66.8	59.9	77.6
Smoking (18+ adults)	16.4	14.9	14.4	16.2	24.8	14.7	13.9	8.3	18.7	8.3	24.8
Suicide (all)*	10.8	11.4	**9.6**	9.8	9.9	12.9	12.8	10.4	9.2	9.2	12.9
Suicide (male)*	17.1	16.9	**14.9**	13.2	18.1	17.4	20.0	$	16.9	13.2	20.0
Suicide (female)*	7.0	6.2	**4.7**	7.0	$	$	$	$	$		
Alcohol-specific mortality (males)*	15.5	19.3	**14.5**	17.9	16.8	13.6	16.3	$	12.6	12.6	17.9
Alcohol-specific mortality (females)*	10.6	11.4	**7.0**	11.0	$	$	$	$	10.3	10.3	11.0
Deaths from drug misuse*	8.4	7.8	**4.5**	9.8	12.4	4.8	7.1	8.1	$	7.1	12.4
Infant mortality rate	5.0	4.6	**3.9**	4.3	7.8	5.0	5.7	2.2	3.4	2.2	7.8
Rank of IMD2019 score (1-317; 1=most deprived)				9	8	16	33	283	92	8	283
Rank of IDACI2019 average score (1-317; 1=most deprived)				39	20	50	96	313	108	20	313
Rank of IDAOPI2019 average score (1-317; 1=most deprived)				19	54	56	51	297	88	19	297

Significantly worse than England

Significantly better than England

Similar to England

*ICP value based on aggregated LA values

Pennine Lancashire Integrated Care Partnership Profile

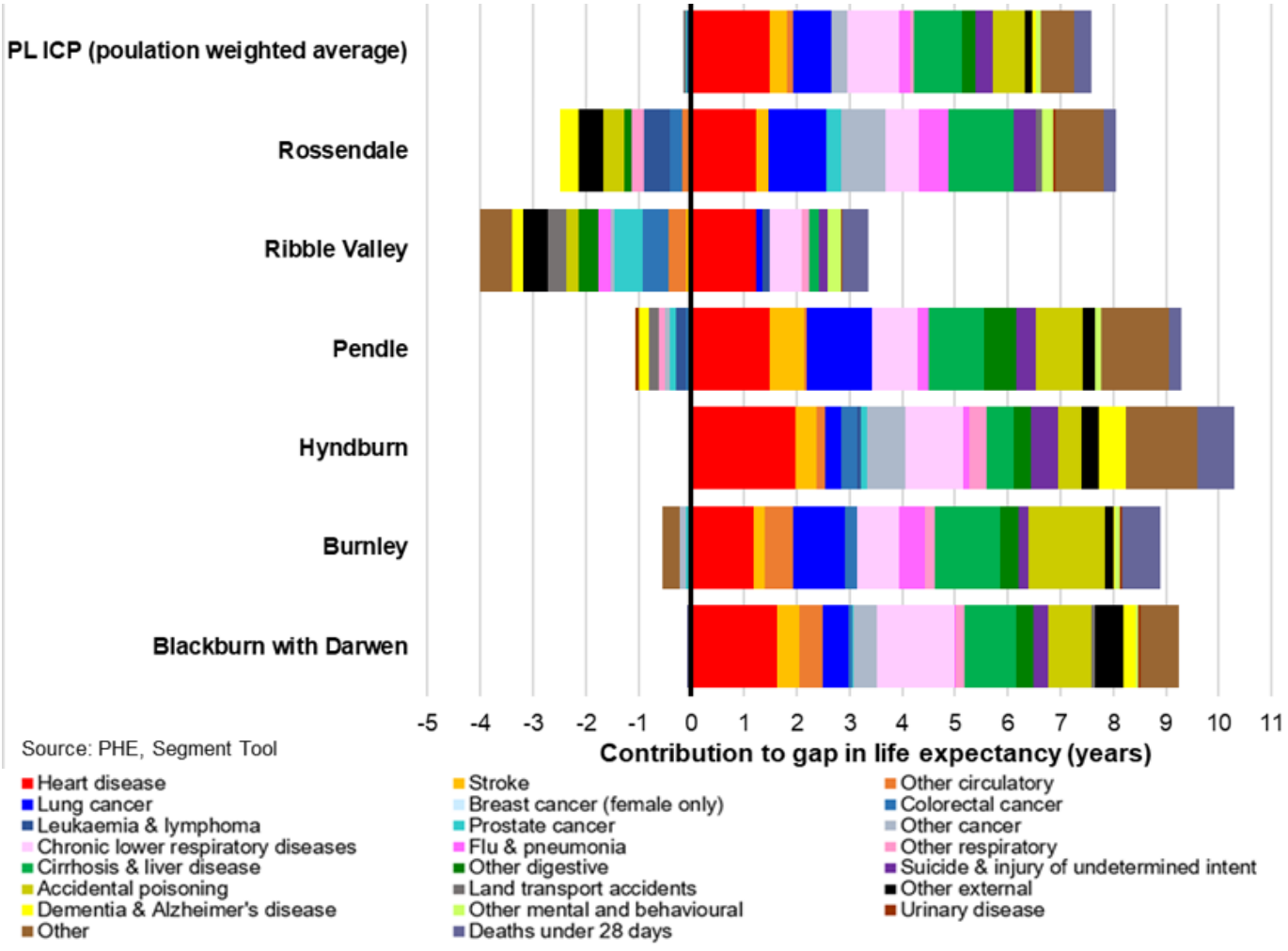
Gaps in life expectancy

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						
Blackburn with Darwen	-2.9	74.2	79.6	-9.1	73.1	82.2
Burnley	-3.4	78.2	79.6	-8.3	72.3	80.6
Hyndburn	-2.5	78.7	79.6	-10.2	72.3	82.5
Pendle	-1.4	78.5	79.6	-8.3	74.4	82.7
Ribble Valley	1.9	77.8	79.6	0.7	82.7	82.1
Rossendale	-0.9	81.5	79.6	-5.6	75.3	80.9
Females						
Blackburn with Darwen	-3	79.6	83.1	-6.8	78.5	85.3
Burnley	-2.3	81.5	83.1	-6.8	78.1	84.9
Hyndburn	-2.1	82.6	83.1	-10.4	75.9	86.3
Pendle	-1.8	82.4	83.1	-6.6	78.6	85.2
Ribble Valley	0.5	81.1	83.1	-2.2	83.6	85.8
Rossendale	-0.9	83.6	83.1	-3.2	81.2	84.4

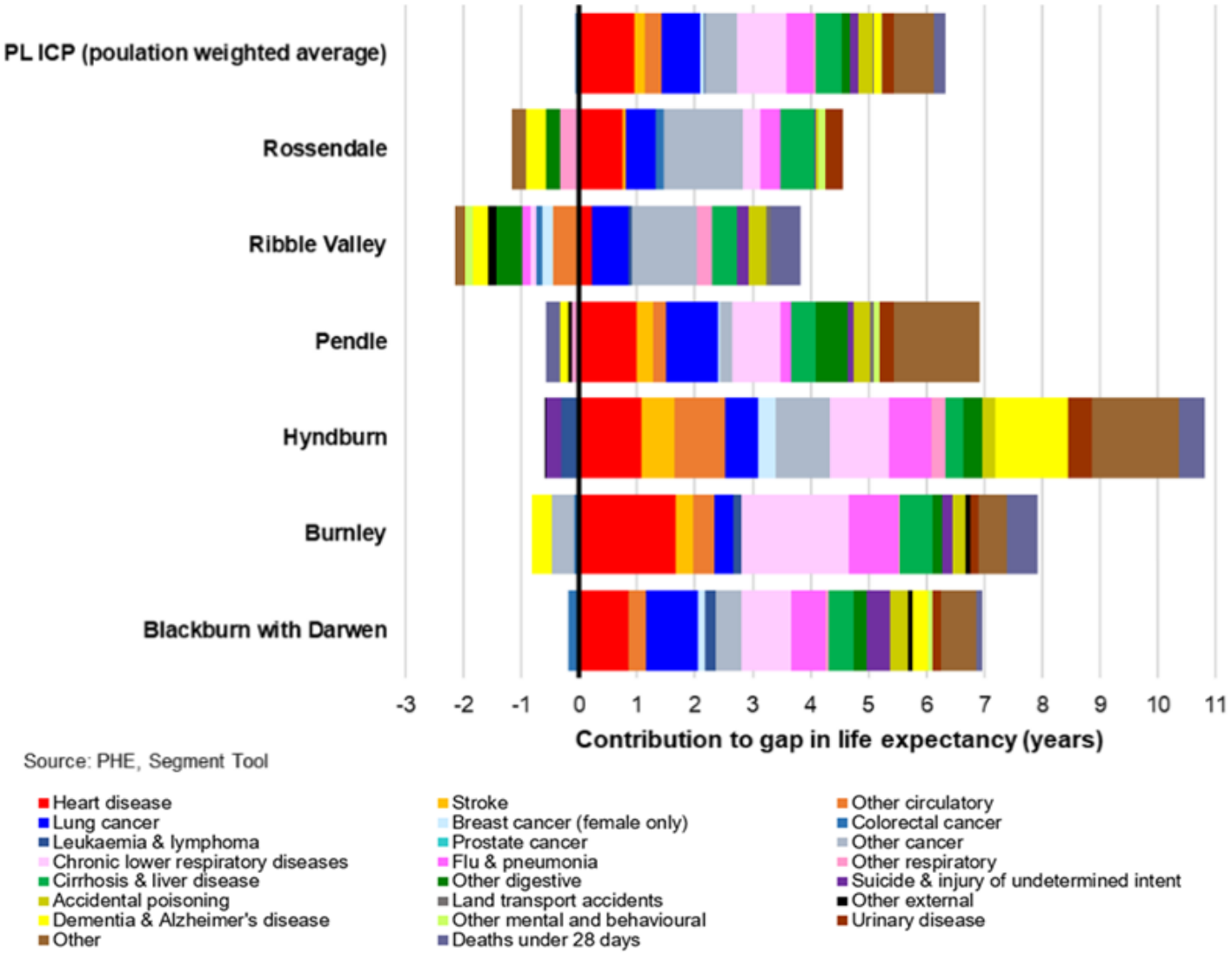
The chart below shows for **males**, for each broad cause of death, the contribution that it makes to the overall life expectancy gap between the most and least deprived areas in each local authority across the ICP (2015-17). The analysis of detailed causes of death can be used to give an indication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



Pennine 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.



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

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