West Lancashire Multi-speciality Community Partnership

This profile provides an overview of the MCP, including demographics, deprivation and key indicators which have an impact on health. Some of these have been highlighted as 'positives' or 'challenges' for the MCP. 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 MCP may be significantly different to England, the individual districts which make up the MCP 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 MCP, 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 MCP

- Significantly more children are '**school ready**' at age five.
- **GCSE achievement** is significantly better, with the MCP having one of the highest pass rates.
- The proportion of **obese children** in reception (4-5 years) and year 6 (10-11 years) is similar.
- **Admissions for injuries** in under-fives is similar.
- The proportion of **low birth weight babies** and **deliveries to teenage mothers** is similar.

Challenges for the MCP

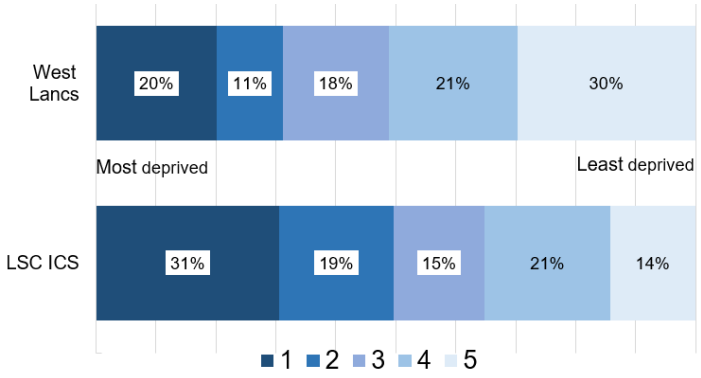
- **A&E attendances** in under-fives is significantly higher and the worst in the integrated care system area.
- **Admissions for injuries** in under-15s and young people (15-24 years) is significantly higher.
- **Emergency admissions in under-fives** is significantly higher.
- The proportion of reception children with **excess weight** (obesity and overweight combined) is significantly higher.

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.

Parts of the MCP have high levels of deprivation, which continue to contribute to the ine-

National IMD 2019 quintile distribution of registered patients by MCP (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. West Lancashire MCP 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 MCP

- **Emergency admissions** for myocardial infarction is significantly lower.
- **Emergency admissions** for stroke is significantly lower.
- The MCP has a significantly lower proportion of **long-term unemployment.**
- The rate of hospital stays for **alcohol-related harm** (narrow definition) is significantly lower.
- Incidence of **all cancer**, **breast cancer**, **colorectal cancer** and **prostate cancer** is similar.

*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 MCP

- 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** and **chronic obstructive pulmonary disease** are significantly higher.
- Mortality from **all causes** is significantly higher.
- Mortality from **respiratory disease** is significantly higher.
- **Obesity** in adults (18+) is significantly higher.

Additional district-specific public health areas of work based on the indicators below show the number of people killed and seriously injured on the roads in West Lancashire is significantly higher compared to England. The initiation of breast feeding among new mothers is significantly lower.

Indicator	England	L&SC ICS	West Lancashire	Period
Killed and seriously injured (KSI) casualties on England's roads (Persons, All ages)	40.8	54.4*	49.5	2015 - 17
Smoking status at time of delivery (Female, All ages)	10.6	-	12.6	2018/19
Under 18s conception rate / 1,000 (Female, <18 yrs)	17.8	22.6*	19.5	2017
Breastfeeding initiation (Female, All ages)	74.5	68.5*	62.4	2016/17
Excess winter deaths index (Persons, All ages)	30.1	-	42.1	Aug 2017 - Jul 2018
New STI diagnoses (exc chlamydia aged <25) / 100,000 (Persons, 15-64 yrs)	851	-	578	2018
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	32.9	49.9*	42.2	2015/16 - 17/18
TB incidence (three year average) (Persons, All ages)	9.2	7.0*	1.5	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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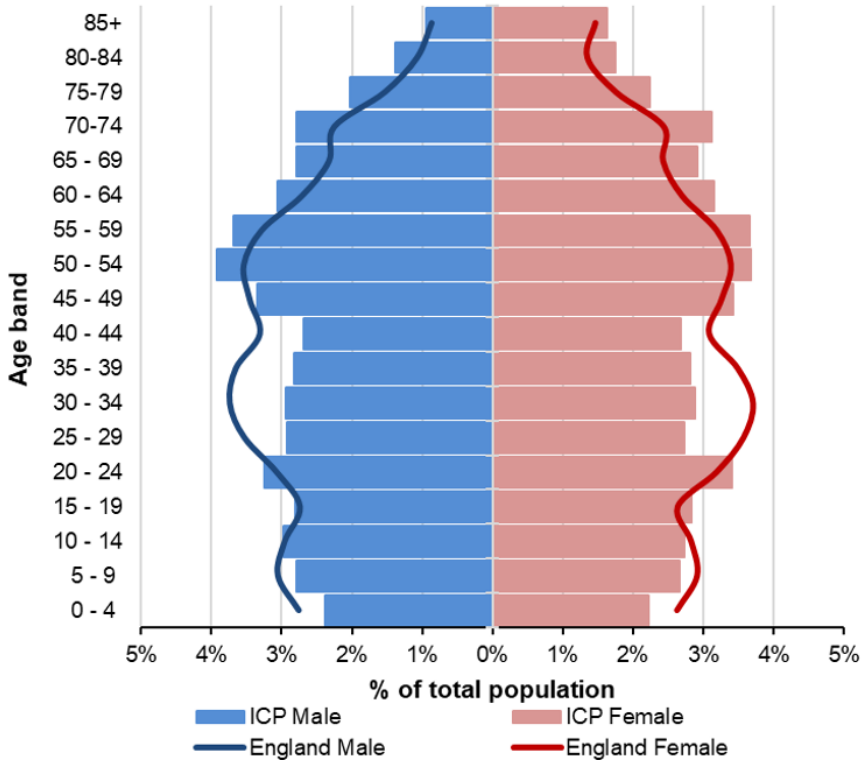
Population



Age	Male	Female
00 - 04	2,709	2,522
05 - 09	3,165	3,011
10 - 14	3,370	3,091
15 - 19	3,182	3,220
20 - 24	3,691	3,872
25 - 29	3,324	3,088
30 - 34	3,334	3,269
35 - 39	3,195	3,200
40 - 44	3,045	3,046
45 - 49	3,799	3,880
50 - 54	4,456	4,173
55 - 59	4,177	4,155
60 - 64	3,481	3,585
65 - 69	3,163	3,300
70-74	3,166	3,529
75-79	2,304	2,539
80-84	1,578	1,977
85+	1,062	1,847
Total	56,201	57,304

The registered population is **113,505**

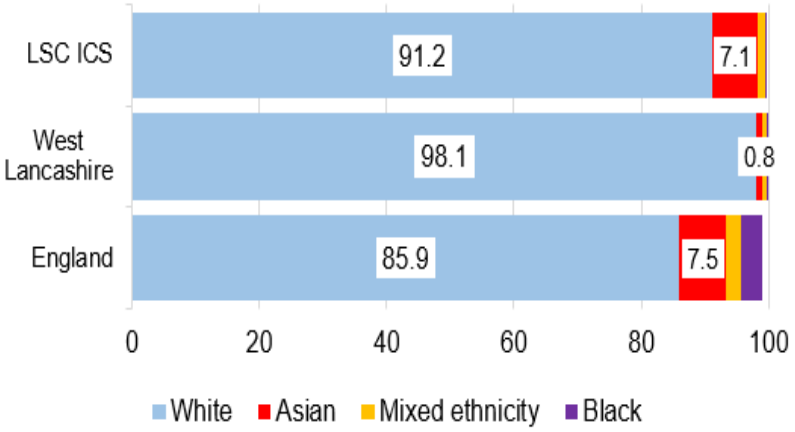
50.5% are female, **49.5%** are male

Compared to England there are:

- fewer children and younger people aged **0** to **9** years (**males**) and **0-14** (**females).**
- fewer working-age males aged **25** to **49** years and fewer working-age females **25** to **44** years.
- More females **45+** and more males aged **50+**

Ethnicity

Ethnicity breakdown % by MCP, compared with ICS and Eng-



*Census 2011

Key findings:

- The population is predominantly white, compared to both the ICS and to England.
- The number of residents who are Asian (0.8%) is the lowest in the ICS.
- There are fewer black residents in both the ICS and MCP compared to England.

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Indicator	West Lancashire ICP	ICS	England	Lowest in ICP	highest in ICP
Male life expectancy at birth*	79.5	78.1	**79.5**	73.9	82.6
Female LE at birth*	82.4	81.9	**83.1**	74.4	86
Male healthy life expectancy at birth*	63.7	61.5	**63.5**	55.0	68.9
Female HLE at birth*	64.5	63.0	**64.8**	55.4	68.9
Child development at age 5 (%)	63.5	60.3	**60.4**	44.2	72.8
GCSE achievement (5A*-C inc. Eng & maths) (%)*	61.6	57.0	**57.8**	36.7	77.6
Unemployment (% of the working age population claiming out of work benefit)	1.8	2.3	**1.9**	0.5	4.9
Long-term unemployment (rate/1,000 working age population)	1.8	3.1	**3.6**	0	6.2
Older people living alone (%)	28.0	31.8	**31.5**	22.5	36.5
Deliveries to teenage mothers (%)	1.1	1.4	**1.1**	0	2.9
Low birth weight of term babies (%)	2.4	3	**2.8**	1.4	4.5
Emergency admissions in under 5s (crude rate per 1000)	199.7	242.8	**149.2**	161.4	257.7
A&E attendances in under 5s (crude rate per 1000)	1270.1	505.4	**551.6**	675.1	1786.4
Admissions for injuries in under 5s (crude rate per 10,000)	145.5	193	**138.8**	100.8	206.9
Admissions for injuries in under 15s (crude rate/100,000 aged 0-17)	128.0	149.8	**110.1**	85.1	171.5
Admissions for injuries in 15 - 24 year olds (crude rate per 10,000)	151.9	164	**137**	70.4	266.0
Children with excess weight reception year, three year average	25.7	23.4	**22.4**	17.6	31.1
Obese children reception year, three year average	10.2	9.7	**9.5**	5.8	13.6
Children with excess weight year 6, three year average	34.3	33.8	**34.2**	26.6	40.3
Obese children year 6, three year average	20.1	19.5	**20**	10.7	27.5
Emergency hospital admissions for all causes (SAR)	102.8	112.1	**100**	80.6	136.4
Emergency hospital admissions for coronary heart disease (CHD)(SAR)	107.7	128.1	**100**	81.3	142.1
Emergency hospital admissions for stroke (SAR)	90.5	103.3	**100**	68.2	116.8
Emergency hospital admissions for myocardial infarction (heart attack) (SAR)	86.2	122.8	**100**	63.5	120.1
Emergency hospital admissions for chronic obstructive pulmonary disease (COPD) (SAR)	110.7	127.7	**100**	46.7	278.7
Incidence of all cancer (SIR / per 100)	97.9	101.6	**100**	87.3	126.4
Incidence of breast cancer (SIR / per 100)	95.2	96.5	**100**	65.3	128.6
Incidence of colorectal cancer (SIR / per 100)	102.2	98.5	**100**	74.9	141.6
Incidence of lung cancer (SIR / per 100)	99.2	110.5	**100**	61.4	218.4
Incidence of prostate cancer (SIR / per 100)	92.0	90.6	**100**	36.2	121.0
Hospital stays for self-harm (SAR)	105.0	137.6	**100**	42.5	204.1
Hospital stays for alcohol-related harm (narrow definition) (SAR)	90.5	113.3	**100**	63.2	143.7
Hospital stays for alcohol-related harm (broad definition) (SAR)	100.2	115.6	**100**	75.9	150.9
Emergency hospital admissions for hip fracture in 65+ (SAR)	103.4	100.9	**100**	77.3	132.3
Limiting long-term illness or disability (%)	20.0	20.7	**17.6**	15.0	23.2
Deaths from all causes, all ages (SMR)	105.2	109.8	**100**	65.0	200.3
Deaths from all causes, under 75 years (SMR)	99.2	115	**100**	59.2	183.9
Deaths from all cancer, all ages (SMR)	100.1	103.5	**100**	68.7	152.1
Deaths from all cancer, under 75 years (SMR)	96.2	105.8	**100**	39.2	169.5
Deaths from circulatory disease, all ages (SMR)	101.7	111	**100**	43.7	189.1
Deaths from circulatory disease, under 75 years (SMR)	99.1	117.3	**100**	35.0	262.2
Deaths from CHD, all ages (SMR)	100.5	117.9	**100**	55.5	205.9
Deaths from stroke, all ages, all persons (SMR)	109.1	109.8	**100**	11.7	277.8
Deaths from respiratory diseases, all ages, all persons (SMR)	107.7	118.5	**100**	76.1	223.3
Deaths from causes considered preventable (SMR)	101.3	116.3	**100**	55.7	189.9
Physical activity (adults)	70.6	64.8	**66.3**	-	-
Physical inactivity (adults)	19.9	23.7	22.2	-	-
Obesity (18+ adults)	69.5	64.5	62.0	-	-
Smoking (18+ adults)	14.1	14.9	14.4	-	-
Suicide (all)*	13.3	11.4	**9.6**	-	-
Suicide (male)*	21.6	16.9	**14.9**	-	-
Suicide (female)*	$	6.2	**4.7**	-	-
Alcohol-specific mortality (males)*	17.7	19.3	**14.5**	-	-
Alcohol-specific mortality (females)*	10.3	11.4	**7.0**	-	-
Deaths from drug misuse*	3.4	7.8	**4.5**	-	-
Infant mortality rate	4.2	4.6	**3.9**	-	-
Rank of IMD2019 score (1-317; 1=most deprived)	155				
Rank of IDACI2019 average score (1-317; 1=most deprived)	135				
Rank of IDAOPI2019 average score (1-317; 1=most deprived)	119				

*MCP value based on aggregated LA values

Significantly worse than England Significantly better than England Similar to England

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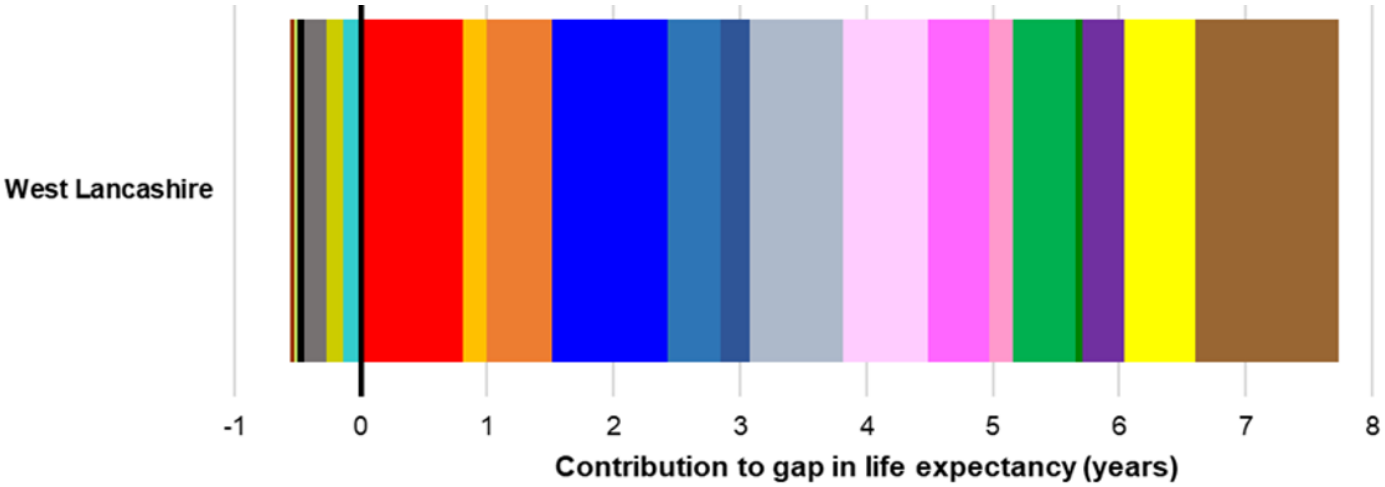
Gaps in life expectancy

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 MCP and England and within the MCP 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						
West Lancashire	-0.1	79.5	79.6	-7.2	74.7	81.9
Females						
West Lancashire	-0.7	82.4	83.1	-7.1	78.2	85.3

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 MCP (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

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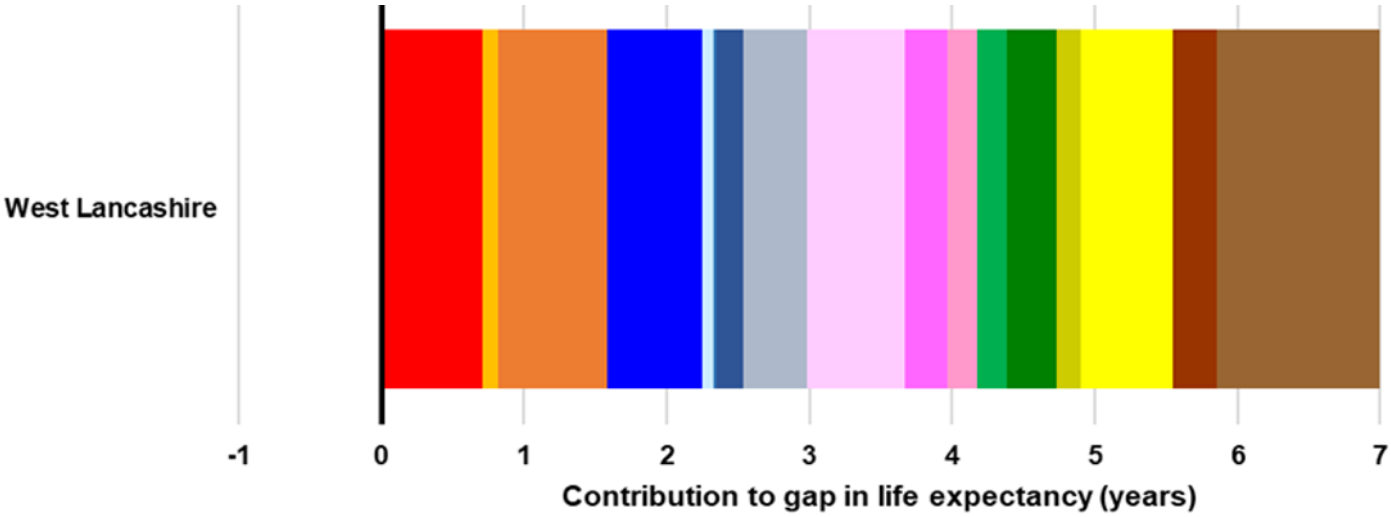
Gaps in life expectancy

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 MCP (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 MCP for males and females.

	Males	**Females**
1	Lung cancer	Heart disease
2	Heart disease	Chronic lower respiratory diseases
3	Other cancer	Lung cancer
4	Chronic lower respiratory diseases	Dementia and Alzheimer's disease
5	Dementia and Alzheimer's disease	Other
6	Other	Other circulatory

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