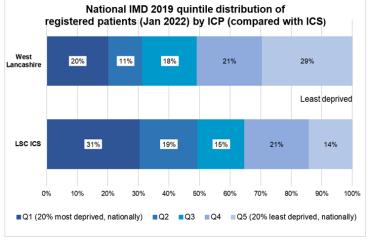
This profile provides an overview of the ICP, including deprivation, demographics and key indicators which have an impact on health. Some of these have been highlighted as 'positives' or 'challenges' for the ICP. These may be areas that need promoting, protecting or improving.

The **statistical significance** comparisons for the positives and challenges on pages one and two are with England. All proportions, rates and values can be found on the chart on page five along with the full suite of indicators for the area. We have calculated the variation (using ward data) which exists in the ICP, with the lowest and highest values provided where possible, along with the integrated care system (ICS) and England values.

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.

and fewer opportunities, compared to their counterparts in less deprived areas. Parts of the ICP (in Skelmersdale) have high levels of deprivation, which continue to contribute to the inequalities.

Deprivation



Population breakdown based on Jan-22 GP registered population

Key findings: early years and childhood

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 not living in poverty, or doing well at school, can lead to opportunities to thrive in life.

Positives for the ICP

- There is a lower proportion of **children living in poverty** (income deprivation affecting children index).
- The proportion of **obese (including severely obese) children** in reception (4-5 years) and year six (10-11 years) is similar.
- Hospital admissions for injuries in underfives is similar.
- The proportion of **low birth weight live babies** is similar.
- The percentage of **physically active** children and young people is similar (5-16 years).

Challenges for the ICP

- **A&E attendances** in under-fives is higher and the worst rate in the ICS.
- Hospital admissions for injuries in under-15s is worse.
- Emergency admissions in under-fives is worse.
- The proportion of reception children who are obese or overweight (combined) is worse.
- Deliveries to teenage mothers is worse (under-18s).

Key findings: adults and older people

Where a person lives, their lifestyle, their social connections and their economic position continue to have an impact on their physical and mental health. Having these as positive influences increases the likelihood of having a healthier life (including disability-free and a longer life expectancy). Conversely, a lack of these may lead to poorer health outcomes, which can be seen through higher levels of hospital admissions, illness and premature mortality.

West Lancashire ICP has challenges, with many of the indicators showing as significantly worse than England. Partners (including communities) working together in these areas can have a positive impact on the health and wellbeing of their residents. The full impact of the Covid-19 pandemic will likely be seen in future data releases.

Positives for the ICP

- Income deprivation is better.
- The ICP has a lower proportion of **long-term unemployment**.
- **Emergency admission** for myocardial infarction is lower.
- **Emergency admission** for stroke is lower.
- Incidence of prostate cancer is lower*

*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

- The rate of emergency hospital admission for **all causes** is higher.
- Emergency hospital admission for chronic obstructive pulmonary disease is higher.
- Mortality from **all causes** is higher (all ages).
- Mortality from circulatory diseases and stroke is higher.
- **Obesity** in adults (18+) is higher (from <u>PHOF</u> <u>Fingertips</u>, not included in chart on page five).

Additional public health indicators (below) show that the rate of new STI diagnoses (excl. chlamydia in under-25s) is significantly better. The under-18 conception rate is similar. Hospital admissions for alcohol-specific conditions in under-18s is significantly worse.

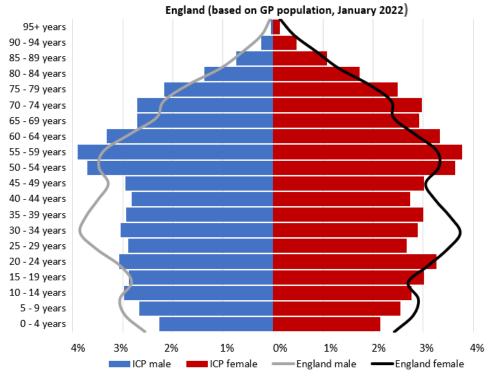
Indicator	Period	England	LSC ICS	WL ICP	Unit
Killed and seriously injured (KSI) casualties on England's roads (persons, all ages)	2019	89.7*	N/A	-	Crude rate per billion vehicle miles
Children killed and seriously injured (KSI) on England's roads (persons, <16 yrs)	2017 - 19	18.0	49.0	-	Crude rate per 100,000
Smoking prevalence in adults (18+) - current smokers (APS) (2020 definition)	2020	12.1	N/A	22.7	%
Smoking status at time of delivery (%)	2020/21	9.6	N/A	12.5	%
Under-18s conception rate / 1,000 (female, <18 yrs)	2019	15.7	20.6	17.6	Crude rate per 1,000 females aged 15-17
Excess winter deaths index (persons, all ages)	Aug 2019 - Jul 2020	17.4	N/A	26.1	Ratio - %
Admission episodes for alcohol-specific conditions - under-18s (persons, <18 yrs)	2017/18 - 19/20	30.7	N/A	45.3	Crude rate per 100,000
TB incidence (three-year average) (persons, all ages)	2018 - 20	8.0	N/A	0.6	Crude rate per 100,000
Killed and seriously injured (KSI) casualties on England's roads (historic data) (persons, all ages)	2016 - 18	42.6*	N/A	45.7	Crude rate per 100,000
New sexually transmitted infections (STI) diagnoses (exc. chla- mydia aged <25) / 100,000 (persons, 15-64 yrs)	2020	619.0	N/A	235.0	Crude rate per 100,000

Source: <u>OHID, Fingertips</u> * Aggregated from all known lower geography values. N/A = not available. - = no data

About the population

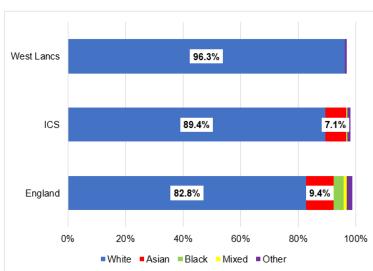
The registered population is 115,055 (Jan-22). 50.6% are female, 49.4% are male.

Percentage of the population by five-year age group and gender with comparison to



Compared to England there are:

- fewer children and younger people aged 0-9 years
- fewer working-age males aged 25-49 years and fewer working-age females 25-44 years
- more males and females 50-84-years
- **similar** proportions in the 85-89 age group, **lower** proportions of **90+** (males and females)



Ethnicity

Ethnicity breakdown % by ICP, compared with the ICS and England from the GP Survey July 2021*

Key findings:

- The registered population is predominantly white, compared to both the ICS and to England.
- There are very few people who identify as Black or Asian in the ICP, compared to the ICS and England.
- Just under 1% identify as 'other'

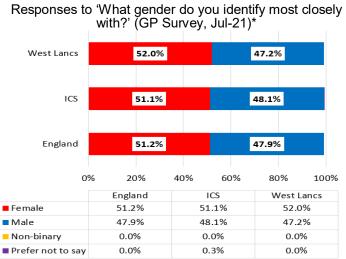
Asian background includes Chinese. Black includes Caribbean and/or African. White = all white backgrounds, including 'other', Gypsy or Irish traveller, and Roma.

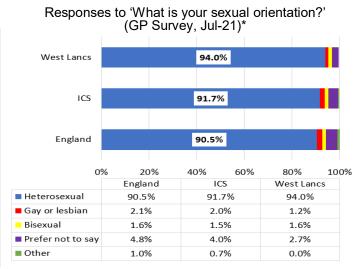
*Figures won't sum due to rounding. Data based on registered population.

Age	Male	Female
00 - 04	2611	2459
05 - 09	3078	2924
10 - 14	3418	3179
15 - 19	3316	3462
20 - 24	3532	3757
25 - 29	3331	3075
30 - 34	3507	3324
35 - 39	3372	3454
40 - 44	3244	3155
45 - 49	3388	3468
50 - 54	4269	4191
55 - 59	4485	4348
60 - 64	3819	3830
65 - 69	3116	3358
70-74	3125	3426
75-79	2493	2861
80-84	1579	1985
85+	1171	1945
Total	56,854	58,201

Gender identification and sexual orientation

Knowledge of a person's gender identification and sexual orientation can be important for effective provision of health care, screening and prevention services. There are health conditions that can disproportionately affect the LGBT+ population. For example, lesbians are more likely than heterosexual and bisexual women to be overweight and obese, increasing their risk for cardiovascular disease, type 2 diabetes and morbidity related to inactivity. Transgender patients may be at greater risk of cardiovascular disease due to cross-sex hormone use. The LGBT+ population can also experience poorer mental health compared to those who identify as heterosexual.⁽¹⁾



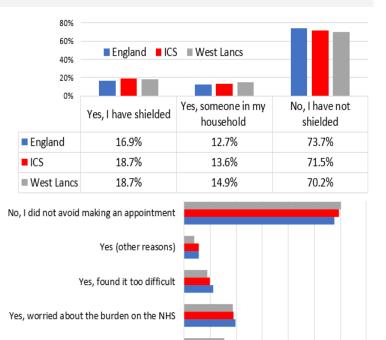


*Figures will not sum due to rounding

Impact of Covid-19 on accessing health care

The Covid-19 pandemic has meant many people have avoided GPs and other health care settings. This may have a negative impact on screening, diagnosis and treatment of potentially serious health conditions. The GP Survey (Jul-21) asked 'At any time over the last 12 months, have you or someone you live with shielded at home due to being vulnerable to Covid-19 because of preexisting health issues?'

The second question asked 'Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?' Please note, totals will not equal 100% as the survey allowed for the selection of more than one 'yes' response. The charts show the response for West Lancashire ICP, compared to England and the ICS.



10% 20% 30% 40% 50% 60% 70% 0%

■ West Lancs ■ ICS ■ England

Yes, worried about Covid risk

Yes, didn't have time

Data from the GP Survey July 2021 are based on the registered population (not resident). Data are weighted.

(1) Fenway Institute policy briefing 'Why gather data on sexual orientation and gender identity in clinical settings'. 2014.

	West Lancs				Highest in
Indicator Name			England		
Percentage of the total resident population who are 65 and over	22.1	NA	18.4	11.6	30.1
Percentage of the total resident population who are 25-64 years of age	48.0	NA	51.8	29.4	54.7
Percentage of the total resident population who are 16-24 years of age		NA	10.6	5.5	45.3
Percentage of the total resident population who are 0-15 years of age	17.3	NA	19.2	10.0	26.0
Percentage of population whose ethnicity is not 'White UK'	4.4 15.9	NA 18.2	20.2 17.1	2.1 3.7	8.2 36.2
Child Poverty, Income deprivation affecting children index (IDACI) Unemployment (% of the working age population claiming out of work benefit)	2.5	NA	2.8	0.7	7.0
Long-Term Unemployment- rate per 1,000 working age population	1.1	NA		0.0	3.9
Older people living alone, % of people aged 65 and over who are living alone	28.0	31.8	31.5	22.5	36.5
Percentage of the total resident population aged 85 and over	2.8	NA	2.5	1.1	5.2
Black and Minority Ethnic (BME) Population		NA	14.6	1.1	3.8
Income deprivation, English Indices of Deprivation	12.3	14.7	12.9	4.3	31.4
Proficiency in English, % of people who cannot speak English well or at all	0.6	NA		0.0	2.1
Index of Multiple Deprivation Score	18.6	NA	21.7	5.0	49.9
Households with overcrowding based on overall room occupancy levels	3.5	4.9		0.8	6.8
Older people in poverty: Income deprivation affecting older people Index (IDAOPI)	14.0	15.0	14.2	7.0	34.0
Estimated percentage of households that experience fuel poverty, 2018	11.5	NA	10.3	8.1	16.2
Percentage of the total resident population who are 0-4 years of age		NA	5.9	2.9	8.2
Percentage of the total resident population who are 5-15 years of age	12.5	NA	13.4	7.0	17.9
Percentage of the total resident population who are 50-64 years of age	20.9	NA	19.0	12.0	27.8
Small area population density (persons/km ²)		NA	-	51.9	4767.5
General fertility rate: live births per 1,000 women aged 15-44 years. five year pooled		NA	60.6	17.3	75.2
Low birth weight of live babies, five year pooled 2015-2019	6.7	NA 7.8	6.9	2.7	9.4
Reception: Prevalence of obesity (including severe obesity), 3-years data combined	10.5	NA	0.9 9.7	8.3	9.4 18.5
Reception: Prevalence of overweight (including obesity), 3-years data combined	25.3	NA	22.6	0.3 16.7	37.0
Year 6: Prevalence of obesity (including severe obesity), 3-years data combined	20.8	NA	20.4	11.1	27.8
Year 6: Prevalence of overweight (including obesity), 3-years data combined	35.4	NA	34.6	25.0	44.0
Percentage of physically active children and young people	48.3	NA	44.6	NA	NA
Deliveries to teenage mothers	1.0	NA	0.7	0.0	3.3
Emergency hospital admissions for injuries in under 5 years old, crude rate	12.2	NA	12.3	6.7	20.2
Emergency hospital admissions in under 5 years old, crude rate	223.9	NA	162.1	132.1	340.9
A&E attendances aged under 5 years old, crude rate	1633.6	NA	642.5	728.5	2527.1
Emergency hospital admissions for injuries in under 15 years old, crude rate	105.9	NA		72.2	179.0
Emergency hospital admissions for injuries in 15-24 years old, crude rate	138.9	NA		53.6	250.2
Smoking prevalence at age 15 - regular smokers (modelled estimates)	5.7	NA	5.4	3.3	8.0
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	9.0	NA	8.2	6.4	11.5
Emergency hospital admissions for all causes, all ages, standardised admission ratio	104.2	109.0	100.0	73.3	146.6
Emergency hospital admissions for coronary heart disease, standardised admission ratio	104.0	123.9	100.0	57.8	170.3
Emergency hospital admissions for stroke, standardised admission ratio	88.1	102.2	100.0	57.3	142.3
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	84.3	121.8	100.0	42.9	139.5
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	106.0	125.4	100.0	26.7	269.8
Incidence of all cancers, standardised incidence ratio	98.0	100.6		82.6	132.2
Incidence of breast cancer, standardised incidence ratio	100.6	96.6		33.6	145.9
Incidence of colorectal cancer, standardised incidence ratio		99.2		72.9	178.4
Incidence of lung cancer, standardised incidence ratio	95.4	108.9		28.8	196.2
Incidence of prostate cancer, standardised incidence ratio		87.2	100.0	59.1	117.7
Hospital stays for self harm, standardised admission ratio	112.3	123.6	100.0	48.5	261.1
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	104.7	101.2		70.6	146.3
Percentage of people who reported having a limiting long-term illness or disability	20.0	20.7	17.6	15.0	23.2
Infant mortality	3.4	NA	3.9	NA	NA
Deaths from all causes, all ages, standardised mortality ratio	105.9	110.3	100.0	68.7	213.9
Deaths from all causes, under 75 years, standardised mortality ratio	100.7	115.5		51.6	194.6
Deaths from all cancer, all ages, standardised mortality ratio	98.3 96.3	103.4	100.0	62.7 30.2	169.1
Deaths from all cancer, under 75 years, standardised mortality ratio (SMR) Deaths from circulatory disease, all ages, standardised mortality ratio	106.4	105.2 110.1	100.0 100.0	50.2 59.7	190.3 169.3
	106.4	118.8	100.0	59.7 46.1	248.5
Deaths from circulatory disease, under 75 years, standardised mortality ratio Deaths from coronary heart disease, all ages, standardised mortality ratio	104.4	110.0		31.8	246.5 196.8
	111.1	109.9	100.0	30.8	227.4
I) eaths from stroke, all ades, standardised mortality ratio				63.6	239.0
Deaths from stroke, all ages, standardised mortality ratio Deaths from respiratory diseases, all ages, standardised mortality ratio	105.1	121 8			
Deaths from respiratory diseases, all ages, standardised mortality ratio	105.1 79.5	121.8 NA			
	79.5	NA NA	79.7	73.6 74.4	84.0 87.3

Benchmarked with England Lower Higher Worse Similar Better Not available Not compared

All indicators from: Office for Health Improvement and Disparities Local Health profiles

See page seven for details of units/time periods covered by each indicator.

Gaps in life expectancy

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

The table below shows life expectancy (2018-20) overall and the gap in life expectancy between the ICP and England, and within the ICP district (for deprivation) (2017-19).

In the ICP, life expectancy at birth is significantly worse than England (for males) and similar for

Local authority	Absolute gap in life expectancy between local authority and England (years)	(years)-local authority	Life expectancy (years)-England (2018-20)	expectancy between most and least deprived	most deprived quintile of local authority (years) (2017-	Life exectancy in least deprived quintile of local authority (years) (2017-2019)
			Males			
West Lancashire	-0.8	78.6	79.4	8.5	74.4	82.9
Females						
West Lancashire	-0.5	82.6	83.1	7.1	79.9	85.1

Worse Similar Better

Top six causes contributing to the gap in life expectancy

When looking at the LE (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.

For comparison, the top six causes for the ICP and for England are also provided.

The Office for Health Improvement and Disparities (formerly Public Health England) has a <u>segment tool</u>, which provides information on the causes of death which are driving inequalities in life expectancy at local area level.

Targeting the causes of death which contribute most to the life expectancy gap should have the biggest impact on reducing inequalities.

West Lancashire

Male	Female			
Other	Other			
Lung cancer	Other circulatory			
Heart disease	Heart disease			
Other cancer	Chronic lower respiratory diseases			
Chronic lower respiratory diseases	Lung cancer			
Dementia & Alzheimer's disease	Dementia & Alzheimer's disease			

L&SC ICS

Male	Female
Heart disease	Chronic lower respiratory diseases
Other	Heart disease
Chronic lower respiratory diseases	Other cancer
Cirrhosis & liver disease	Lung cancer
Accidental poisoning	Other
Lung cancer	Other circulatory

England

Male	Female
Heart disease	Chronic lower respiratory diseases
Other	Lung cancer
Chronic lower respiratory diseases	Heart disease
Lung cancer	Other
Other cancer	Other cancer
Other circulatory	Dementia & Alzheimer's disease

See page seven for the ICD-10 broad/detailed causes of death

For further information, please contact: <u>businessintelligence.publichealth@lancashire.gov.uk</u>

Please see our Lancashire Insight pages for additional intelligence and data.

Indicators & death classification

All indicators below from: Office for Health Improvement and Disparities Local Health profiles

Indicator name	Unit	Period
Percentage of the total resident population who are 65 and over	%	2019
Percentage of the total resident population who are 25-64 years of age	%	2019
Percentage of the total resident population who are 16-24 years of age	%	2019
Percentage of the total resident population who are 0-15 years of age	%	2019
Percentage of population whose ethnicity is not 'White UK'	%	2011
Child Poverty, Income deprivation affecting children index (IDACI)	%	2019
Inemployment (% of the working age population claiming out of work benefit)	%	2019/20
ong-Term Unemployment- rate per 1,000 working age population	per 1,000	2019/20
Dider people living alone, % of people aged 65 and over who are living alone	%	2011
Percentage of the total resident population aged 85 and over	%	2019
Black and Minority Ethnic (BME) Population	%	2011
ncome deprivation, English Indices of Deprivation	%	2019
Proficiency in English, % of people who cannot speak English well or at all	%	2011
ndex of Multiple Deprivation Score	Score	2019
ouseholds with overcrowding based on overall room occupancy levels	%	2011
Dider people in poverty: Income deprivation affecting older people Index (IDAOPI)	%	2019
Estimated percentage of households that experience fuel poverty, 2018	%	2018
Percentage of the total resident population who are 0-4 years of age	%	2019
Percentage of the total resident population who are 5-15 years of age	%	2019
Percentage of the total resident population who are 50-64 years of age	%	2019
Small area population density (persons/km2)	persons/km2	2010
General fertility rate: live births per 1,000 women aged 15-44 years. five year pooled	per 1,000	2015-2019
ow birth weight of live babies, five year pooled 2015-2019	%	2015-2019
Reception: Prevalence of obesity (including severe obesity), 3-years data combined	%	2017/18-2019/20
Reception: Prevalence of obesity (including severe obesity), 3-years data combined	%	2017/18-2019/20
/ear 6: Prevalence of obesity (including severe obesity), 3-years data combined	%	2017/18-2019/20
	%	2017/18-2019/20
/ear 6: Prevalence of overweight (including obesity), 3-years data combined		
Deliveries to teenage mothers	%	2015/16-2019/20
Emergency hospital admissions for injuries in under 5 years old, crude rate	per 10,000	2015/16-2019/20
Emergency hospital admissions in under 5 years old, crude rate	per 1,000	2017/18-2019/20
A&E attendances aged under 5 years old, crude rate	per 1,000	2017/18-2019/20
Emergency hospital admissions for injuries in under 15 years old, crude rate	per 10,000	2015/16-2019/20
Emergency hospital admissions for injuries in 15-24 years old, crude rate	per 10,000	2015/16-2019/20
Smoking prevalence at age 15 - regular smokers (modelled estimates)	%	2014
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	%	2014
Emergency hospital admissions for all causes, all ages, standardised admission ratio (SAR)	per 100	2015/16-2019/20
Emergency hospital admissions for coronary heart disease, SAR	per 100	2015/16-2019/20
Emergency hospital admissions for stroke, SAR	per 100	2015/16-2019/20
Emergency hospital admissions for Myocardial Infarction (heart attack), SAR	per 100	2015/16-2019/20
Emergency hospital admissions for chronic obstructive pulmonary disease, SAR	per 100	2015/16-2019/20
ncidence of all cancers, standardised incidence ratio (SIR)	per 100	2014-2018
ncidence of breast cancer, SIR	per 100	2014-2018
ncidence of colorectal cancer, SIR	per 100	2014-2018
ncidence of lung cancer, SIR	per 100	2014-2018
ncidence of prostate cancer, SIR	per 100	2014-2018
lospital stays for self harm, SAR	per 100	2015/16-2019/20
Emergency hospital admissions for hip fracture in persons 65 years and over, SAR	per 100	2015/16-2019/20
Percentage of people who reported having a limiting long-term illness or disability	%	2013/10-2019/20
		2011-2019
Deaths from all causes, all ages, standardised mortality ratio (SMR)	per 100	2015-2019
Deaths from all causes, under 75 years, SMR	per 100	
Deaths from all cancer, all ages, SMR	per 100	2015-2019
Deaths from all cancer, under 75 years, SMR	per 100	2015-2019
Deaths from circulatory disease, all ages, SMR	per 100	2015-2019
Deaths from circulatory disease, under 75 years, SMR	per 100	2015-2019
Deaths from coronary heart disease, all ages, SMR	per 100	2015-2019
Deaths from stroke, all ages, SMR	per 100	2015-2019
Deaths from respiratory diseases, all ages, SMR	per 100	2015-2019
ife expectancy at birth, (upper age band 90+)-males	Years	2015-2019
ife expectancy at birth, (upper age band 90+)-females	Years	2015-2019
Deaths from causes considered preventable, under 75 years, SMR	per 100	2015-2019

International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)

Broad caus e	ICD 10 code	Detailed cause	ICD10 code
	100-199	Heart disease	120-125
Circulatory		Stroke	160-169
		Other circulatory	Rest of 100-199
	C00-C97	Lung cancer	C33-C34
		Prostate cancer	C61
Cancer		Colorectal cancer	C18-C21
Cancer		Leukaemia & lymphoma	C81-C96
		Breast cancer	C50
		Other cancer	Rest of C00-C97
Mental and	F00-F99, G30	Dementia and Alzheimer's disease	F01, F03, G30
behavioural		Other mental and behavioural	Rest of F00-F99
	J00-J99	Chronic low er respiratory diseases	J40-J47
Respiratory		Influenza and pneumonia	J09-J18
		Other respiratory	Rest of J00-J99
Digestive	K00-K93	Cirrhosis and other diseases of liver	K70-K76
Digestive		Other digestive	Rest of K00-K93
	V00-Y98	Land transport accidents	V01-V89
External causes		Accidental poisoning	X40-X49
External causes		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		Other	All other codes