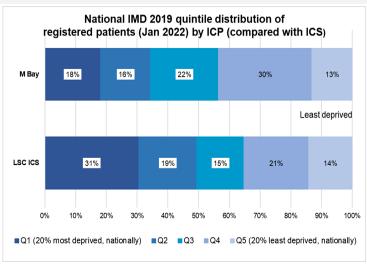
This profile provides an overview of the ICP, including deprivation, demographics and key indicators which have an impact on health. Some of these have been highlighted as 'positives' or 'challenges' for the ICP. These may be areas that need promoting, protecting or improving.

The **statistical significance** comparisons for the positives and challenges on pages one and two are with England. 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.\* 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

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 ICP (in Barrow-in-Furness) have high levels of deprivation, which continue to contribute to the inequalities.



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. (Key: BF = Barrow-in-Furness, LA = Lancaster, SL = South Lakeland)

#### Positives for the ICP

- The proportion of children experiencing poverty (income deprivation affecting children index) in the ICP is better, (BF is worse).
- A&E attendances in under-fives is better than England for all three districts (no ICP rate).
- The prevalence of **obesity** (including severe obesity) in year six children is similar or better in all three districts (no ICP rate).
- The percentage of physically active children and young people (aged 5-16) is similar or better (in the three districts).

#### Challenges for the ICP

- There are more low birth weight live babies.
- More reception children have excess weight (obesity and overweight combined) or obesity (including severe obesity). It is worse in BF, similar in LA and SL.
- **Hospital admissions** for **injuries** in under-fives and under-15s are higher.
- Emergency hospitals admissions for underfives are worse.
- The proportion of deliveries to teenage mothers (under-18) is worse in BF and LA.

<sup>\*</sup>For the purposes of this profile, district figures for Copeland and Craven have been excluded as only approximately 4% of the ICP's registered patients reside in these two districts.

#### 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.

Some areas in the ICP (mainly Barrow-in-Furness) have 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

- The proportion of households considered overcrowded is lower.
- Incidence of prostate cancer is lower.\*
- Incidence of lung cancer is lower (LA is higher).
- Incidence of all cancers is better (worse in
- **Deaths** from **cancer** (under-75) are lower (BF is 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 higher rate of emergency admissions for myocardial infarction.
- Emergency admission for coronary heart disease is worse (SL is better).
- There is a higher proportion of older people living alone (SL is better).
- Percentage of people who reported having a limiting long-term illness or disability is worse.
- Death from **stroke** (all ages) is worse.
- Hospital stays for **self-harm** (all ages) is worse for the ICP (BF is twice England's rate).

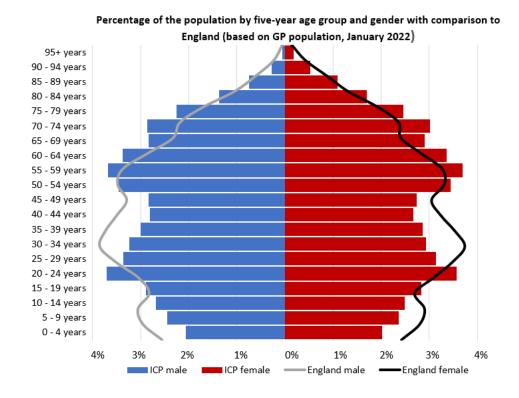
Additional public health indicators below show the rate of hospital admissions for alcohol-specific conditions (under-18s) is higher compared to England. The rate of killed and seriously injured (historic data, all ages) is worse in LA and SL. New sexually transmitted infections diagnoses (excl. chlamydia <25yrs) are significantly lower across all three districts.

Indicator			LSC ICS	M bay ICP	BF	LA	SL	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	-	13.2	12.5	6.1	%
Smoking status at time of delivery (%)	2020/21	9.6	N/A		9.7	9.7	9.6	%
Under-18s conception rate / 1,000 (female, <18 yrs)	2019	15.7	20.6	18.1*	23.8	20.4	11.6	Crude rate per 1,000 females aged 15-17
Excess winter deaths index (persons, all ages)	Aug19- Jul20	17.4	N/A	-	11.4	13.6	18.1	Ratio - %
Admission episodes for alcohol-specific conditions - under-18s (persons, <18 yrs)	2017/18 - 19/20	30.7	N/A	-	100.9	49.0	46.9	Crude rate per 100,000
TB incidence (three-year average) (persons, all ages)	2018 - 20	8.0	N/A	-	2.0	3.0	2.2	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	-	43.7	64.8	78.0	Crude rate per 100,000
New STI diagnoses (exc chlamydia aged <25) / 100,000 (persons, 15-64 yrs)	2020	619.0	N/A	-	401.0	432.0	292.0	Crude rate per 100,000

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

# Bay Health and Care Partners Integrated Care Partnership Profile About the population

The registered population is **353,699** (Jan-22). There is an even split between males and females.



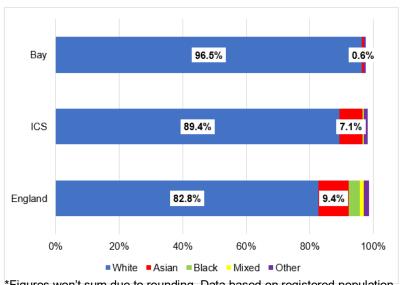
Age	Male	Female
00 - 04	7310	7137
05 - 09	8665	8374
10 - 14	9487	8803
15 - 19	10243	10032
20 - 24	13109	12622
25 - 29	11885	11100
30 - 34	11456	10352
35 - 39	10613	10138
40 - 44	9953	9423
45 - 49	10048	9699
50 - 54	12242	12198
55 - 59	13012	13066
60 - 64	11961	11898
65 - 69	10018	10294
70-74	10128	10660
75-79	7976	8693
80-84	4872	5999
85+	3842	6,391
Total	176,820	176,879

Compared to England there are:

- fewer young people aged 0-14 years
- more in the 20-24 age group, which is expected due to a large university population in the ICP (males and females)
- fewer 'young' working-aged people (25-49 years) and more older working-age people (50+)
- There are **similar proportions** of people from the **80+** age groups (for males and females)

## **Ethnicity**

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



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

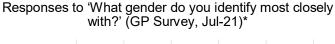
Key findings:

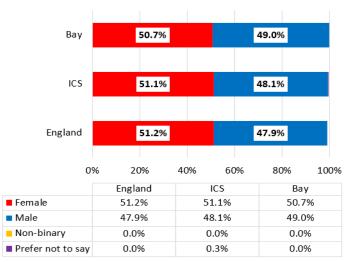
- There are more white people registered in the ICP compared to the ICS and England.
- The number who are Asian (0.6%) is lower than the ICS (7.1%) and England (9.4%).
- The proportion who are Black is less than
- Just over half a percent identify as 'other'.

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

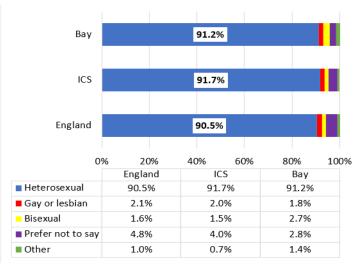
#### Gender identification and sexual orientation

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)





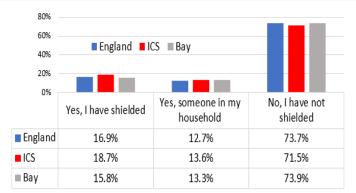
Responses to 'What is your sexual orientation?' (GP Survey, Jul-21)\*

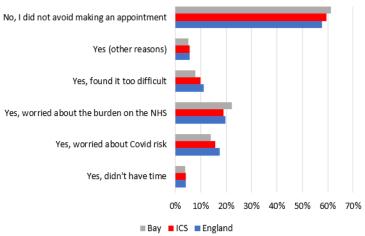


#### Impact of Covid-19 on accessing health care

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 the Bay ICP, compared to England and the ICS.





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.

<sup>\*</sup>Figures will not sum due to rounding

		Barrow in		South			Lowest	Highest in
Indicator Name	M Bay ICP	Furness	Lancaster	Lakeland	LSC ICS	England	in ICP	ICP
Percentage of the total resident population who are 65 and over	NA	21.8	19.9	28.5	NA	18.4	2.3	43.1
Percentage of the total resident population who are 25-64 years of age	NA	51.2	47.5	48.4	NA	51.8	9.9	57.2
Percentage of the total resident population who are 16-24 years of age	NA	9.5	15.7	8.3	NA	10.6	6.0	85.3
Percentage of the total resident population who are 0-15 years of age	NA	17.6	16.8	14.8	NA	19.2	2.5	22.9
Percentage of population whose ethnicity is not "White UK"	NA	2.9	8.5	4.4	NA	20.2	1.6	34.1
Child Poverty, Income deprivation affecting children index (IDACI)	14.9	19.9	17.5	7.0	18.2	17.1	3.2	47.9
Unemployment (% of the working age population claiming out of work benefit)	NA	3.0	3.0	1.0	NA	2.8	0.1	8.6
Long-Term Unemployment- rate per 1,000 working age population	NA	6.1	1.2	0.6	NA	3.2	0.0	16.0
Older people living alone, % of people aged 65 and over who are living alone	32.1	35.0	32.4	30.3	31.8	31.5	15.0	54.1
Percentage of the total resident population aged 85 and over	NA	2.4	2.6	4.1	NA	2.5	0.3	7.2
Black and Minority Ethnic (BME) Population	NA	1.7	4.4	1.6	NA	14.6	0.6	22.8
Income deprivation, English Indices of Deprivation	11.4	15.9	12.9	6.3	14.7	12.9	1.1	36.2
Proficiency in English, % of people who cannot speak English well or at all	NA	0.2	0.7	0.3	NA	1.7	0.0	5.0
Index of Multiple Deprivation Score	NA	31.1	24.2	12.5	NA	21.7	6.3	69.1
Households with overcrowding based on overall room occupancy levels	4.5	3.7	5.3	3.9	4.9	8.7	1.3	18.8
Older people in poverty: Income deprivation affecting older people Index (IDAOPI)	11.6	14.7	14.2	7.4	15.0	14.2	3.7	29.5
Estimated percentage of households that experience fuel poverty, 2018	NA	14.4	13.8	12.5	NA	10.3	7.8	29.9
Percentage of the total resident population who are 0-4 years of age	NA	5.5	5.0	4.0	NA	5.9	8.0	8.0
Percentage of the total resident population who are 5-15 years of age	NA	12.1	11.8	10.8	NA	13.4	1.7	15.6
Percentage of the total resident population who are 50-64 years of age	NA	21.4	18.9	23.4	NA	19.0	3.0	27.3
Small area population density (persons/km²)	NA	860.0	253.6	68.5	NA	432.1	18.8	7050.3
General fertility rate: live births per 1,000 women aged 15-44 years. five year pooled	NA	65.0	50.0	53.2	NA	60.6	5.0	84.5
Low birth weight of live babies, five year pooled 2015-2019	7.5	7.6	7.7	6.9	7.8	6.9	2.7	15.6
Reception: Prevalence of obesity (including severe obesity), 3-years data combined	NA	12.2	9.7	8.9	NA	9.7	5.4	20.0
Reception: Prevalence of overweight (including obesity), 3-years data combined	NA	30.0	23.6	23.8	NA	22.6	10.0	40.0
Year 6: Prevalence of obesity (including severe obesity), 3-years data combined	NA NA	22.0	19.6	15.4	NA NA	20.4	7.4	33.3
Year 6: Prevalence of overweight (including obesity), 3-years data combined		37.3	33.6	28.7	NA NA	34.6 44.6	20.0	53.3
Percentage of physically active children and young people	NA NA	43.8 1.7	45.2	53.2 0.7	NA NA	0.7	NA 0.0	NA
Deliveries to teenage mothers		22.3	1.0		NA NA			5.5 46.7
Emergency hospital admissions for injuries in under 5 years old, crude rate	NA NA	302.2	19.7	14.9 191.6	NA NA	12.3 162.1	8.0 132.1	403.0
Emergency hospital admissions in under 5 years old, crude rate	NA NA	523.0	442.9	436.4	NA NA	642.5	301.3	661.1
A&E attendances aged under 5 years old, crude rate	NA	163.3	151.3	121.9	NA	97.8	75.8	238.1
Emergency hospital admissions for injuries in under 15 years old, crude rate	NA NA	224.4	111.1	126.3	NA	132.1	37.7	418.1
Emergency hospital admissions for injuries in 15-24 years old, crude rate  Smoking prevalence at age 15 - regular smokers (modelled estimates)	NA	5.1	5.7	5.1	NA	5.4	3.4	8.9
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	NA	7.3	9.0	7.3	NA	8.2	6.0	12.6
Emergency hospital admissions for all causes, all ages, standardised admission ratio	97.6	121.7	103.3	77.1	109.0	100.0	51.9	170.8
Emergency hospital admissions for coronary heart disease, standardised admission ratio	113.1	123.8	129.8	90.3	123.9	100.0	57.6	198.1
Emergency hospital admissions for stroke, standardised admission ratio	102.7	118.2	102.9	94.9	102.2	100.0	54.7	168.6
	133.5	138.3	155.4	108.7	121.8	100.0	85.3	262.6
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio  Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	85.6	118.0	104.2	50.6	125.4	100.0	20.0	293.8
Incidence of all cancers, standardised incidence ratio	98.0	102.7	104.2	90.2	100.6	100.0	74.1	125.6
Incidence of an cancers, standardised incidence ratio	98.4	98.8	98.4	98.2	96.6	100.0	48.3	161.2
Incidence of colorectal cancer, standardised incidence ratio	98.2	99.9	98.8	96.7	99.2	100.0	58.0	159.8
Incidence of lung cancer, standardised incidence ratio	92.0	109.3	110.0	65.2	108.9	100.0	37.3	197.0
Incidence of rung cancer, standardised incidence ratio	85.4	87.7	83.1	86.5	87.2	100.0	38.0	130.8
Hospital stays for self harm, standardised incidence ratio	116.8	201.1	102.6	81.2	123.6	100.0	25.0	464.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	100.5	107.7	102.9	95.0	101.2	100.0	54.9	174.4
Percentage of people who reported having a limiting long-term illness or disability	20.4	24.6	19.5	18.8	20.7	17.6	4.5	29.2
Infant mortality	NA	4.8	3.7	3.2	NA	3.9	NA	NA
Deaths from all causes, all ages, standardised mortality ratio	101.1	117.3	108.2	86.6	110.3	100.0	62.5	215.0
Deaths from all causes, under 75 years, standardised mortality ratio	100.1	126.2	111.1	73.9	115.5	100.0	46.1	239.9
Deaths from all cancer, all ages, standardised mortality ratio	96.3	110.2	101.9	83.9	103.4	100.0	66.0	158.1
Deaths from all cancer, under 75 years, standardised mortality ratio (SMR)	95.3	112.2	103.4	77.7	105.4	100.0	35.0	168.6
Deaths from circulatory disease, all ages, standardised mortality ratio	102.4	118.0	104.1	93.5	110.1	100.0	20.7	234.4
Deaths from circulatory disease, under 75 years, standardised mortality ratio	97.2	122.8	109.3	70.7	118.8	100.0	0.0	237.2
Deaths from coronary heart disease, all ages, standardised mortality ratio	101.7	114.3	110.3	87.5	119.2	100.0	24.9	196.4
Deaths from stroke, all ages, standardised mortality ratio	116.0	119.4	111.2	119.0	109.9	100.0	0.0	316.4
Deaths from respiratory diseases, all ages, standardised mortality ratio	96.9	124.4	112.3	69.5	121.8	100.0	46.3	264.8
Life expectancy at birth, (upper age band 90+)-males	NA	77.4	78.6	81.7	NA	79.7	71.2	84.8
Life expectancy at birth, (upper age band 90+)-females	NA	81.1	82.3	85.0	NA	83.2	75.1	89.6
Deaths from causes considered preventable, under 75 years, standardised mortality ratio	107.5	140.3	123.1	72.5	122.2	100.0	43.1	295.9
podano nom dadoco considered prefendane, ander 15 years, standardised infortality fatio	101.0	110.0	120.1	12.0	122.2	100.0	70.1	1200.0

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

# Bay Health and Care Partners Integrated Care Partnership Profile 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 local authorities in the ICP and England, and within the ICP districts (for deprivation) (2017-19).

In Barrow-in-Furness and Lancaster, life expectancy at birth is significantly worse than England (for males and females). South Lakeland is significantly better for males and females.

	Absolute gap in life			Difference in life expectancy between		Life exectancy in least deprived
		Life expectancy		most and least deprived		quintile of local
	authority and England	(years)-local authority	(years)-England	quintile (years) (2017-	deprived quintile of local	authority (years)
Local authority	(years)	(2018-20)	(2018-20)	2019)	authority (years) (2017-2019)	(2017-2019)
			Males			
Barrow in Furness	-2.3	77.1	79.4	11.9	69.7	81.6
Lancaster	-0.9	78.5	79.4	10.2	72.8	82.7
South Lakeland	0.9	80.3	79.4	1.6	77.7	81.1
			Females			
Barrow in Furness	-2.5	80.6	83.1	8.2	75.5	85.5
Lancaster	-0.9	82.2	83.1	8.6	78.5	84.6
South Lakeland	1.7	84.8	83.1	3.0	81.7	87.4

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.

Bay

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

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

Lilyland	
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
Unemployment (% of the working age population claiming out of work benefit)	%	2019/20
Long-Term Unemployment- rate per 1,000 working age population	per 1,000	2019/20
Older 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
Income deprivation, English Indices of Deprivation	%	2019
Proficiency in English, % of people who cannot speak English well or at all	%	2011
Index of Multiple Deprivation Score	Score	2019
Households with overcrowding based on overall room occupancy levels	%	2011
Older 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	2019
General fertility rate: live births per 1,000 women aged 15-44 years. five year pooled	per 1,000	2015-2019
Low 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 overweight (including obesity), 3-years data combined	%	2017/18-2019/20
Year 6: Prevalence of obesity (including severe obesity), 3-years data combined	%	2017/18-2019/20
Year 6: Prevalence of overweight (including obesity), 3-years data combined	%	2017/18-2019/20
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
Incidence of all cancers, standardised incidence ratio (SIR)	per 100	2014-2018
Incidence of breast cancer, SIR	per 100	2014-2018
Incidence of colorectal cancer, SIR	per 100	2014-2018
Incidence of lung cancer, SIR	per 100	2014-2018
Incidence of prostate cancer, SIR	per 100	2014-2018
Hospital 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
Deaths from all causes, all ages, standardised mortality ratio (SMR)	per 100	2015-2019
Deaths from all causes, under 75 years, SMR	per 100	2015-2019
Deaths from all cancer, all ages, SMR	per 100	
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
Life expectancy at birth, (upper age band 90+)-males	Years	2015-2019
Life 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 cause	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 1		
		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		