

## Fylde Coast Integrated Care Partnership Profile

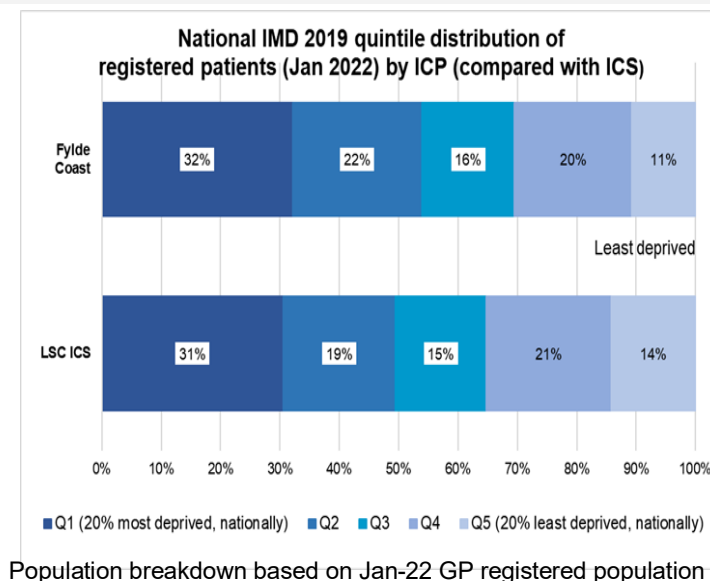
This profile provides an overview of the ICP, including deprivation, demographics and key indicators which have an impact on health. Some of these have been highlighted as 'positives' or 'challenges' for the ICP. These may be areas that need promoting, protecting or improving.

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. There is a stark contrast in deprivation, with Blackpool one of the most deprived authorities in England. Wyre has areas of deprivation and affluence, while in comparison Fylde is one of the least deprived authorities in the ICS.



### 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: BP = Blackpool, FY = Fylde, WY = Wyre)

#### Positives for the ICP

- **Infant mortality** is similar across the three authorities.
- The rate of **A&E attendances** in under-fives is better for all three districts.
- Overall, fewer children are **obese (including severe obesity)** in year 6 (BP is higher).
- The percentage of **low birth weight** live babies is not different (BP is worse).

#### Challenges for the ICP

- **Child poverty** in the ICP is higher. BP has the second highest proportion of all authorities in England. FY and WY are better.
- There are more **deliveries to teenage mothers** (FY is similar).
- The rate of **emergency hospital admissions** for children under-five is higher.
- Percentage of **physically active children and young people** is worse in Blackpool and Wyre (5-16 years).

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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.

Fylde Coast 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.

### Key findings: adults and older people

#### Positives for the ICP

- The ICP has a similar rate of **emergency admissions** for **stroke** compared to England (WY is lower).
- Incidence of **breast cancer** is similar in ICP and lower in BP.\*
- **Colorectal cancer** is similar across all three local authorities.
- Incidence of **prostate cancer** is better in the ICP (better in BP and WY, similar in FY).

\*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 **hospital admissions** for **alcohol-specific conditions** in BP and FY, it is similar in WY (from [PHOF Fingertips](#), not included in chart on page five).
- The rate of **deaths from all causes** (under-75) is higher in the ICP overall, BP and WY. It's similar in FY.
- The rate of **deaths from stroke** (all ages) is higher in the ICP overall, BP and FY, but similar in Wyre
- Hospital stays for **self-harm** are worse in the ICP overall, BP and WY, and similar in FY.

Additional public health indicators (below) show that the rate of new STI diagnoses is significantly lower in Fylde and Wyre, and significantly higher in Blackpool (this could be due to identification and good service provision). Hospital admissions for alcohol-specific conditions for under-18s is worse in Blackpool, similar in Fylde and Wyre.

Indicator	Period	England	ICS	FC ICP	BP	FY	WY	Unit
Killed and seriously injured (KSI) casualties on England's roads (persons, all ages)	2019	89.7*	NA	NA	256.6	NA	NA	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	NA	47.5	NA	NA	Crude rate per 100,000
Smoking prevalence in adults (18+) - current smokers (APS) (2020 definition)	2020	12.1	NA	NA	19.8	5.5	7.3	%
Smoking status at time of delivery (%)	2020/21	9.6	NA	NA	21.4	13.3	13.3	%
Under 18s conception rate / 1,000 (female, <18 yrs)	2019	15.7	20.6	22.6*	31.1	12.0	18.7	Crude rate per 1,000 females aged 15-17
Excess winter deaths index (persons, all ages)	Aug 19 - Jul 20	17.4	NA	NA	25.0	7.4	21.0	Ratio - %
Admission episodes for alcohol-specific conditions - under 18s (persons, <18 yrs)	2017/18 - 19/20	30.7	NA	NA	46.0	23.6	41.9	Crude rate per 100,000
TB incidence (three-year average) (persons, all ages)	2018 - 20	8.0	NA	NA	2.9	2.1	1.8	Crude rate per 100,000
Killed and seriously injured (KSI) casualties on England's roads (historic data) (persons, all ages)	2016 - 18	42.6*	NA	NA	52.4	63.0	47.4	Crude rate per 100,000
New STI diagnoses (exc chlamydia aged <25) / 100,000 (persons, 15-64 yrs)	2020	619.0	NA	NA	742.0	412.0	407.0	Crude rate per 100,000

Source: [OHID. Fingertips](#) \* Aggregated from all known lower geography values. N/A = not available. - = no data

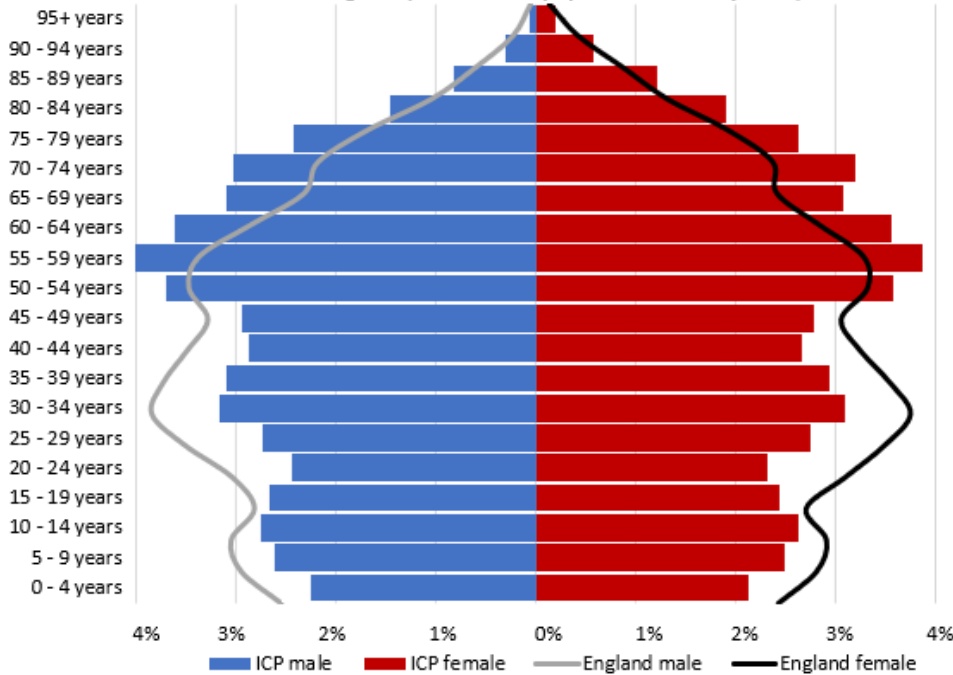
■ Significantly worse than England
 ■ Significantly better than England
 ■ Similar to England

# Fylde Coast Integrated Care Partnership Profile

## About the population

The registered population is **358,358** (Jan-22). There is an even split between males and females.

Percentage of the population by five-year age group and gender with comparison to England (based on GP population, January 2022)



Age	Male	Female
00 - 04	8040	7621
05 - 09	9388	8905
10 - 14	9850	9444
15 - 19	9535	8716
20 - 24	8747	8309
25 - 29	9762	9828
30 - 34	11335	11084
35 - 39	11056	10541
40 - 44	10271	9524
45 - 49	10507	9971
50 - 54	13240	12809
55 - 59	14360	13831
60 - 64	12931	12768
65 - 69	11072	11038
70-74	10861	11448
75-79	8685	9437
80-84	5209	6802
85+	4283	7150
<b>Total</b>	<b>179,132</b>	<b>179,226</b>

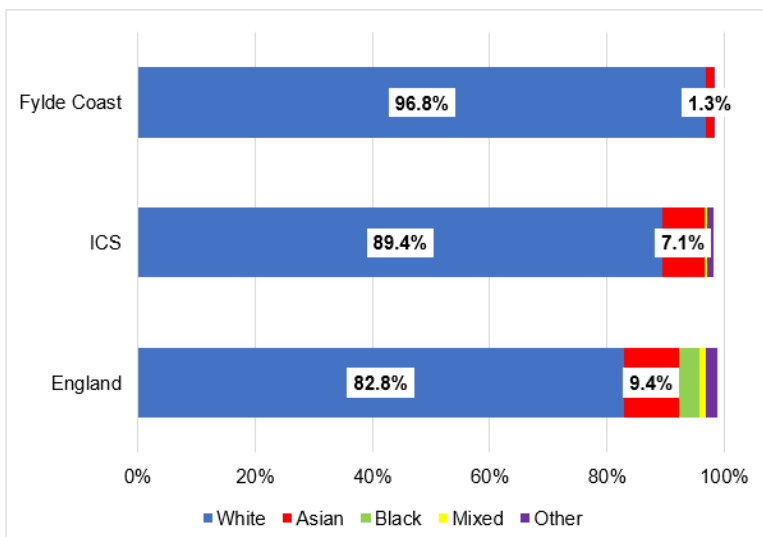
Compared to England there are:

- fewer people aged up to **49** years (males and females)
- fewer adults of working age
- more older people aged **50+**. In particular Fylde has one of the oldest populations in the integrated care system area

An older population will have an impact on the prevalence of long-term conditions in the ICP and often increased co-morbidities.

## Ethnicity

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



Key findings:

- There are more white people registered to the ICP compared to the ICS and England.
- The number who are Asian (1.3%) is lower than the ICS (7.1%) and England (9.4%).
- Only 0.3% 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.

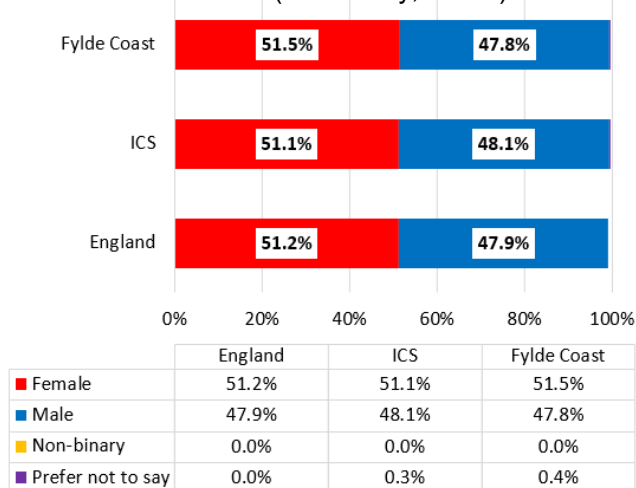
\*Figures won't sum due to rounding. Data based on registered population.

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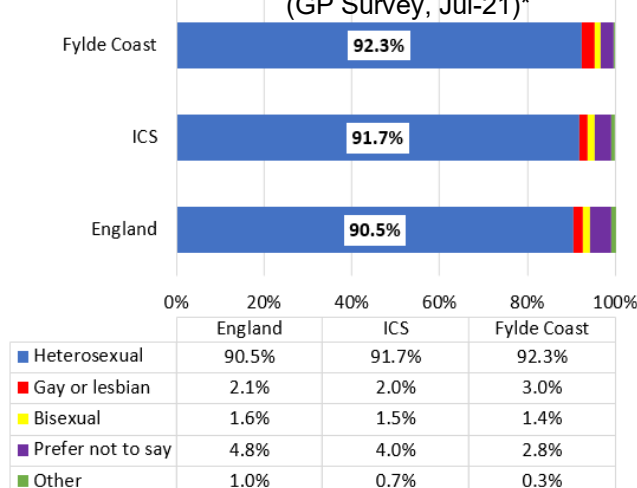
## Gender identification and sexual orientation

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.<sup>(1)</sup> Blackpool has a higher proportion of LGBT+ people, compared to other authorities in the ICP area.

Responses to 'What gender do you identify most closely with?' (GP Survey, Jul-21)\*



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

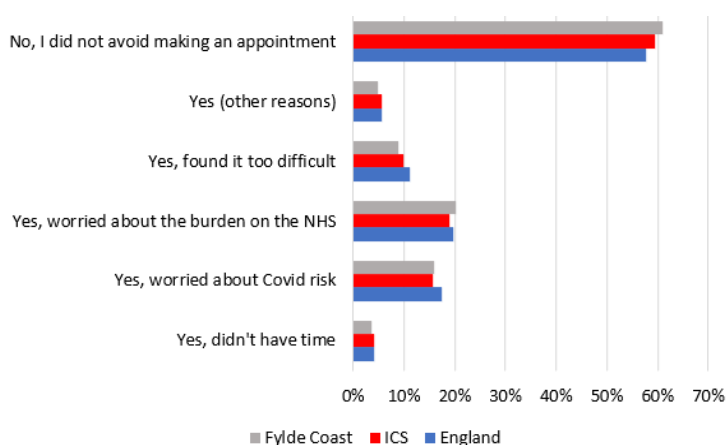
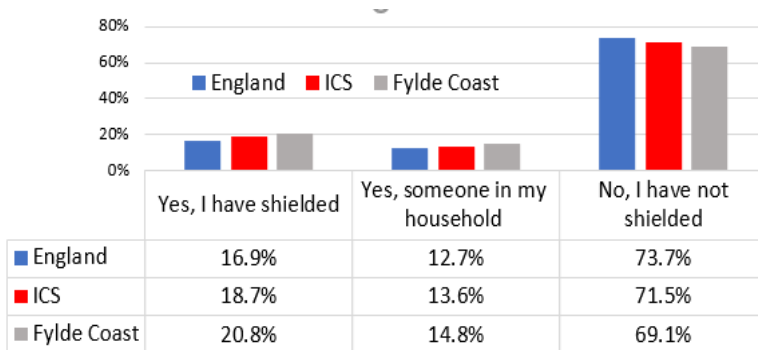


\*Figures will not sum due to rounding

## 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 pre-existing 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 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.

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Indicator Name	Fylde Coast ICP	Blackpool	Fylde	Wyre	LSC ICS	England	Lowest in ICP	Highest in ICP
Percentage of the total resident population who are 65 and over	NA	20.4	27.6	27.8	NA	18.4	12.3	41.8
Percentage of the total resident population who are 25-64 years of age	NA	50.9	49.3	48.2	NA	51.8	42.2	58.3
Percentage of the total resident population who are 16-24 years of age	NA	9.8	7.6	8.3	NA	10.6	5.0	12.5
Percentage of the total resident population who are 0-15 years of age	NA	18.8	15.6	15.8	NA	19.2	7.9	23.0
Percentage of population whose ethnicity is not 'White UK'	NA	6.4	4.9	3.2	NA	20.2	1.1	11.5
Child Poverty, Income deprivation affecting children index (IDAC)	21.8	30.7	10.9	16.3	18.2	17.1	4.2	63.4
Unemployment (% of the working age population claiming out of work benefit)	NA	6.3	2.1	2.4	NA	2.8	0.7	15.1
Long-Term Unemployment- rate per 1,000 working age population	NA	7.6	2.4	2.8	NA	3.2	0.0	20.1
Older people living alone, % of people aged 65 and over who are living alone	32.3	35.4	32.1	29.2	31.8	31.5	17.3	45.4
Percentage of the total resident population aged 85 and over	NA	2.6	3.9	3.7	NA	2.5	0.8	8.0
Black and Minority Ethnic (BME) Population	NA	3.3	2.5	1.8	NA	14.6	0.5	6.5
Income deprivation, English Indices of Deprivation	17.1	24.7	9.6	12.5	14.7	12.9	2.7	50.7
Proficiency in English, % of people who cannot speak English well or at all	NA	0.6	0.3	0.2	NA	1.7	0.0	1.7
Index of Multiple Deprivation Score	NA	45.0	15.9	20.9	NA	21.7	3.5	87.1
Households with overcrowding based on overall room occupancy levels	5.1	7.1	3.9	3.4	4.9	8.7	0.2	17.8
Older people in poverty: Income deprivation affecting older people Index (IDAOPI)	16.0	23.1	10.5	12.8	15.0	14.2	2.5	40.7
Estimated percentage of households that experience fuel poverty, 2018	NA	15.2	9.7	11.1	NA	10.3	7.1	29.2
Percentage of the total resident population who are 0-4 years of age	NA	5.9	4.1	4.4	NA	5.9	1.9	7.8
Percentage of the total resident population who are 5-15 years of age	NA	12.9	11.5	11.4	NA	13.4	6.0	16.2
Percentage of the total resident population who are 50-64 years of age	NA	21.3	23.1	22.1	NA	19.0	19.1	26.4
Small area population density (persons/km <sup>2</sup> )	NA	3997.8	487.5	396.7	NA	432.1	41.9	8306.3
General fertility rate: live births per 1,000 women aged 15-44 years. five year pooled	NA	68.1	55.8	57.6	NA	60.6	41.8	93.6
Low birth weight of live babies, five year pooled 2015-2019	6.8	7.6	6.1	6.0	7.8	6.9	2.7	16.7
Reception: Prevalence of obesity (including severe obesity), 3-years data combined	NA	12.0	7.8	8.6	NA	9.7	7.4	17.2
Reception: Prevalence of overweight (including obesity), 3-years data combined	NA	28.2	17.4	22.9	NA	22.6	11.1	39.7
Year 6: Prevalence of obesity (including severe obesity), 3-years data combined	NA	25.1	15.1	18.5	NA	20.4	7.7	31.3
Year 6: Prevalence of overweight (including obesity), 3-years data combined	NA	39.3	28.8	32.9	NA	34.6	15.4	46.8
Percentage of physically active children and young people	NA	35.5	39.2	36.1	NA	44.6	NA	NA
Deliveries to teenage mothers	NA	1.7	0.7	1.0	NA	0.7	0.0	4.8
Emergency hospital admissions for injuries in under 5 years old, crude rate	NA	20.0	13.6	16.3	NA	12.3	7.9	32.8
Emergency hospital admissions in under 5 years old, crude rate	NA	299.7	242.6	290.9	NA	162.1	145.8	395.8
A&E attendances aged under 5 years old, crude rate	NA	385.5	346.4	364.0	NA	642.5	246.9	506.9
Emergency hospital admissions for injuries in under 15 years old, crude rate	NA	165.0	102.9	132.4	NA	97.8	69.6	267.4
Emergency hospital admissions for injuries in 15-24 years old, crude rate	NA	220.2	134.8	150.6	NA	132.1	62.7	426.2
Smoking prevalence at age 15 - regular smokers (modelled estimates)	NA	11.1	5.7	5.7	NA	5.4	3.2	19.1
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	NA	13.4	9.0	9.0	NA	8.2	6.3	19.1
Emergency hospital admissions for all causes, all ages, standardised admission ratio	108.1	132.3	87.7	95.2	109.0	100.0	71.3	194.3
Emergency hospital admissions for coronary heart disease, standardised admission ratio	109.9	124.7	95.0	105.7	123.9	100.0	49.2	199.0
Emergency hospital admissions for stroke, standardised admission ratio	99.9	110.3	99.5	90.0	102.2	100.0	49.1	169.6
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	123.0	140.0	105.7	118.1	121.8	100.0	64.3	232.7
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	128.4	202.2	72.1	95.8	125.4	100.0	20.1	399.8
Incidence of all cancers, standardised incidence ratio	103.6	110.4	98.2	100.4	100.6	100.0	82.3	132.4
Incidence of breast cancer, standardised incidence ratio	96.5	91.8	97.9	100.5	96.6	100.0	60.5	163.5
Incidence of colorectal cancer, standardised incidence ratio	100.4	102.2	98.7	99.8	99.2	100.0	55.4	159.0
Incidence of lung cancer, standardised incidence ratio	115.3	142.8	98.0	100.4	108.9	100.0	47.2	236.8
Incidence of prostate cancer, standardised incidence ratio	87.6	86.6	91.7	85.7	87.2	100.0	49.5	144.3
Hospital stays for self harm, standardised admission ratio	172.1	245.9	103.9	119.4	123.6	100.0	47.1	481.2
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	104.7	117.5	98.6	97.3	101.2	100.0	48.5	192.0
Percentage of people who reported having a limiting long-term illness or disability	24.1	25.6	21.9	23.8	20.7	17.6	14.5	32.1
Infant mortality	NA	5.4	2.3	3.3	NA	3.9	NA	NA
Deaths from all causes, all ages, standardised mortality ratio	115.8	136.5	103.4	104.8	110.3	100.0	73.5	206.9
Deaths from all causes, under 75 years, standardised mortality ratio	130.2	167.2	98.4	113.1	115.5	100.0	56.3	293.8
Deaths from all cancer, all ages, standardised mortality ratio	107.2	122.2	95.7	100.8	103.4	100.0	68.6	159.3
Deaths from all cancer, under 75 years, standardised mortality ratio (SMR)	113.9	133.7	93.8	107.5	105.2	100.0	56.4	191.5
Deaths from circulatory disease, all ages, standardised mortality ratio	113.5	133.0	102.1	103.2	110.1	100.0	62.9	217.8
Deaths from circulatory disease, under 75 years, standardised mortality ratio	130.1	167.2	95.1	116.0	118.8	100.0	32.4	306.2
Deaths from coronary heart disease, all ages, standardised mortality ratio	120.1	145.4	101.7	109.3	119.2	100.0	48.9	270.1
Deaths from stroke, all ages, standardised mortality ratio	111.5	123.5	115.6	97.2	109.9	100.0	36.5	278.2
Deaths from respiratory diseases, all ages, standardised mortality ratio	127.2	161.8	103.9	111.6	121.8	100.0	52.1	320.7
Life expectancy at birth, (upper age band 90+)-males	NA	74.2	79.4	78.4	NA	79.7	67.3	84.0
Life expectancy at birth, (upper age band 90+)-females	NA	79.5	82.9	82.4	NA	83.2	73.5	86.9
Deaths from causes considered preventable, under 75 years, standardised mortality ratio	135.6	187.8	94.4	108.8	122.2	100.0	28.9	374.0

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.

\*ICP value based on aggregated LA values

# Fylde Coast Integrated Care Partnership Profile

## Gaps in life expectancy

Many factors can contribute to the gap in life expectancy (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 districts (for deprivation) (2017-19).

In the ICP, the life expectancy for males and females in Blackpool and Wyre is significantly worse than England. It is similar for Fylde (males and females).

Local authority	Absolute gap in life expectancy between local authority and England (years)	Life expectancy (years)-local authority (2018-20)	Life expectancy (years)-England (2018-20)	Difference in life expectancy between most and least deprived quintile (years) (2017-2019)	Life expectancy in most deprived quintile of local authority (years) (2017-2019)	Life expectancy in least deprived quintile of local authority (years) (2017-2019)
<b>Males</b>						
Blackpool	-5.3	74.1	79.4	13.4	68.7	79.6
Fylde	0.5	79.9	79.4	10.2	72.9	83.8
Wyre	-1.6	77.8	79.4	10.1	70.5	82.1
<b>Females</b>						
Blackpool	-4.1	79.0	83.1	10.9	73.7	83.7
Fylde	-0.2	82.9	83.1	6.7	80.2	86.2
Wyre	-0.8	82.3	83.1	5.9	77.0	84.9

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 [segment tool](#), 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.

For further information, please contact: [businessintelligence.publichealth@lancashire.gov.uk](mailto:businessintelligence.publichealth@lancashire.gov.uk)

Please see our [Lancashire Insight](#) pages for additional intelligence and data.

### Fylde Coast

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

### 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

## 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	%	2011
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	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
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
<b>Circulatory</b>	I00-I99	Heart disease	I20-I25
		Stroke	I60-I69
		Other circulatory	Rest of I00-I99
<b>Cancer</b>	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
<b>Mental and behavioural</b>	F00-F99, G30	Dementia and Alzheimer's disease	F01, F03, G30
		Other mental and behavioural	Rest of F00-F99
<b>Respiratory</b>	J00-J99	Chronic lower respiratory diseases	J40-J47
		Influenza and pneumonia	J09-J18
		Other respiratory	Rest of J00-J99
<b>Digestive</b>	K00-K93	Cirrhosis and other diseases of liver	K70-K76
		Other digestive	Rest of K00-K93
<b>External causes</b>	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
<b>Under 28 days</b>	No code assigned	Under 28 days	No code assigned
<b>Other</b>	All other codes	Urinary disease	N00-N39
		Other	All other codes