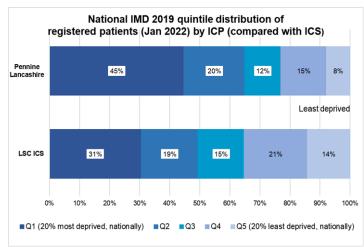
This profile provides an overview of the ICP, including deprivation, demographics and key indicators which have an impact on health. Some of these have been highlighted as 'positives' or 'challenges' for the ICP. These may be areas that need promoting, protecting or improving.

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. Many areas 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: BwD = Blackburn with Darwen, BY = Burnley, HY = Hyndburn, PE = Pendle, RO = Rossendale, RV = Ribble Valley)

Positives for the ICP

- A&E attendance in under-fives is better than England for all districts in the ICP (except BY which is similar).
- The trend in hospital admissions caused by unintentional and deliberate injuries in children in 0-14 year olds, BwD, BY, PE, shows a reduction (from PHOF Fingertips, not included in chart on page five).
- Infant mortality is similar to England (across all six local authorities).

Challenges for the ICP

- **Child poverty** is worse, except for RV (better) and RO (similar).
- Admissions for injuries in the ICP are worse for children under-five and children under-15 years.
- The **emergency admissions** rate for children under-five is worse in the ICP.
- The proportion of low birth weight live babies in the ICP is worse (RV is better).
- The proportion of deliveries to teenage mothers is worse (PE is similar, RV value is suppressed due to small counts).

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.

Pennine Lancashire ICP has challenges across the local authorities, 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

- Incidence of prostate cancer is better in the ICP (BE, RV, RO are similar).*
- Incidence of breast cancer in the ICP is better than England.
- Incidence of colorectal cancer is similar to England (PE is better).

*lower incidence of disease may be due to effective screening and/or healthier lifestyles, but equally it may be due to a gap in screening and diagnosis. Looking at this in respect of the local population is important.

Challenges for the ICP

- The proportion of people with a **long-term illness or disability** is higher (RV is lower).
- Emergency hospital admissions for coronary heart disease are higher (RV is similar).
- Emergency hospital admissions for myocardial infarction are higher (RV is better, RO is similar).
- Mortality from coronary heart disease (all ages) is higher (RV is similar).
- Mortality from circulatory disease (for all ages and under-75) is higher (RV is similar).

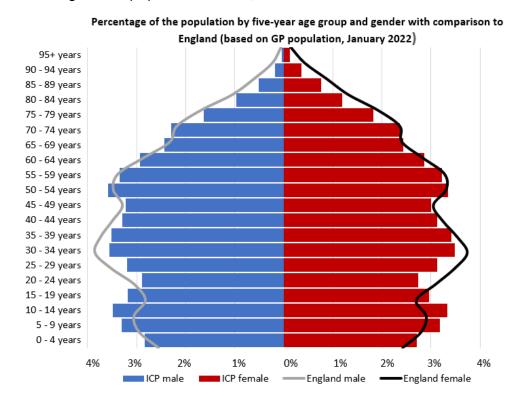
Additional public health indicators (below) show the rate of new STI diagnoses (excluding chlamydia in under-25s) is significantly better in all authorities, compared to England. Smoking prevalence in adults (18+ years) is similar. The under-18 conception rate is significantly worse than England for the ICP, while at a local authority level Blackburn with Darwen, Pendle and Ribble Valley are similar.

Indicator	Period	Eng- land	LSC ICS	ICP	BwD	BY	HY	PE	RV	RO	Unit
Killed and seriously injured (KSI) casualties on England's roads (persons, all ages)	2019	89.7*	NA	NA	222.6	NA	NA	NA	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	50.1	NA	NA	NA	NA	NA	Crude rate per 100,000
Smoking prevalence in adults (18+) - current smokers (APS) (2020 definition)	2020	12.1	NA	NA	15.1	22.8	12.0	10.0	10.8	14.8	%
Smoking status at time of delivery (%)	2020/21	9.6	NA	NA	11.1	14.7	14.7	14.7	13.9	14.6	%
Under 18s conception rate / 1,000 (female, <18 yrs)	2019	15.7	20.6	20.6*	18.3	30.8	27.0	14.4	9.3	26.0	Crude rate per 1,000 females aged 15-17
Excess winter deaths index (persons, all ages)	Aug 19 - Jul 20	17.4	NA	NA	10.1	15.3	16.4	44.1	13.7	23.7	Ratio - %
Admission episodes for alcohol-specific conditions - under 18s (persons, <18 yrs)	2017/18 - 19/20	30.7	NA	NA	43.2	49.0	44.6	23.3	28.2	42.9	Crude rate per 100,000
TB incidence (three year average) (persons, all ages)	2018 - 20	8.0	NA	NA	19.0	9.1	7.4	17.5	1.1	4.7	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	45.9	54.0	45.6	49.6	64.4	42.2	Crude rate per 100,000
New STI diagnoses (exc chlamydia aged <25) / 100,000 (persons, 15-64 yrs)	2020	619.0	NA	NA	379.0	485.0	334.0	275.0	268.0	396.0	Crude rate per 100,000

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

About the population

The registered population is 575,852 - 50.5% are male 49.5% are female.



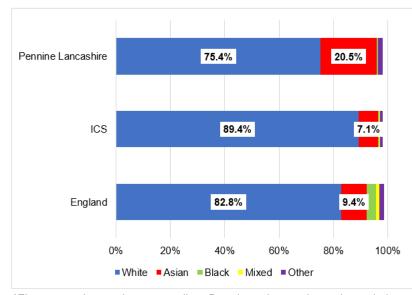
Compared to	England	there	are:
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- more children and younger people aged 0-19 years (males and females)
- fewer younger working-age males and females 20-39 years
- similar proportions of people aged **40-74** years (males and females)
- fewer people in the older age brackets (80+) although on its own,
 Ribble Valley has an older demographic

Age	Male	Female
00 - 04	16334	15599
05 - 09	19075	18317
10 - 14	20081	19223
15 - 19	18347	17012
20 - 24	16672	15782
25 - 29	18386	17978
30 - 34	20497	20057
35 - 39	20219	19674
40 - 44	18953	17969
45 - 49	18538	17294
50 - 54	20672	19233
55 - 59	19320	18517
60 - 64	16878	16464
65 - 69	14017	14049
70-74	13265	13651
75-79	9404	10479
80-84	5554	6877
85+	4294	7171
Total	290506	285346

Ethnicity

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



Key findings:

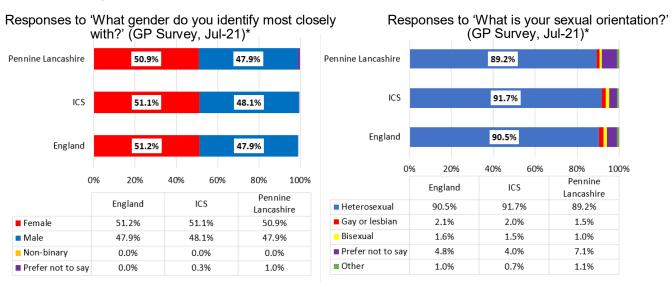
- There are fewer white people registered in the ICP compared to the ICS and England.
- The ICP has the highest proportion who are Asian (20.5%), compared to the ICS (7.1%) and England (9.4%).
- Just under 2% identify as 'other'.

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.

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⁾



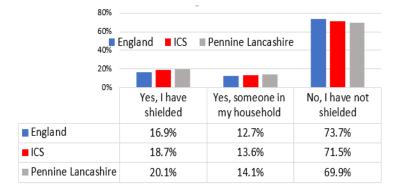
^{*}Figures will not sum due to rounding

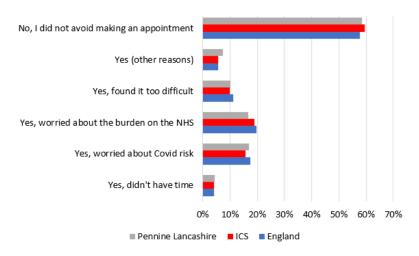
Impact of Covid-19 on accessing health care

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 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' reason. The charts show the response for Pennine Lancashire, 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.

	Pennine					Ribble		,		Lowest	Highest
Indicator Name	Lancs ICP	BwD	Burnley	Hyndburn	Pendle		Rossendale	LSCICS	England	in ICP	in ICP
Percentage of the total resident population who are 65 and over	NA	14.5	18.7	18.5	18.7	23.7	18.7	NA	18.4	7.3	32.9
Percentage of the total resident population who are 25-64 years of age	NA	50.9	50.7	50.5	50.9	50.4	52.5	NA	51.8	44.9	56.4
Percentage of the total resident population who are 16-24 years of age	NA	11.5	9.5	10.2	9.2	9.0	9.1	NA	10.6	5.3	16.9
Percentage of the total resident population who are 0-15 years of age	NA	23.1	21.0	20.8	21.2	16.9	19.6	NA	19.2	10.4	31.4
Percentage of population whose ethnicity is not White UK'	NA	33.5	14.5	14.7	22.8	4.2	8.0	NA	20.2	0.9	86.5
Child Poverty, Income deprivation affecting children index (IDACI)	20.1	22.8	25.5	21.9	18.4	5.8	17.5	18.2	17.1	1.1	41.4
Unemployment (% of the working age population claiming out of work benefit)	NA	4.7	5.2	4.3	3.2	1.1	3.1	NA	2.8	0.4	10.2
Long-Term Unemployment- rate per 1,000 working age population	NA	3.6	3.4	3.1	4.9	1.0	5.3	NA	3.2	0.0	11.4
Older people living alone, % of people aged 65 and over who are living alone	32.5	32.7	33.6	33.1	33.2	29.5	32.0	31.8	31.5	17.5	46.3
Percentage of the total resident population aged 85 and over	NA	1.6 30.8	2.3	2.1	2.3	3.2	2.2	NA	2.5 14.6	0.8	6.2 84.5
Black and Minority Ethnic (BME) Population	NA 17.3	21.2	12.6	12.3 18.2	16.8	2.1 5.7	6.2 14.5	NA 14.7	12.9	2.3	36.4
Income deprivation, English Indices of Deprivation Proficiency in English, % of people who cannot speak English well or at all	NA	4.0	1.8	2.0	3.0	0.2	0.8	NA	1.7	0.0	14.9
Index of Multiple Deprivation Score	NA	36.0	37.8	34.3	30.7	10.6	24.1	NA	21.7	4.8	62.3
Households with overcrowding based on overall room occupancy levels	5.3	6.9	5.1	4.6	5.5	3.0	5.1	4.9	8.7	0.9	18.2
Older people in poverty: Income deprivation affecting older people Index (IDAOPI)	17.8	23.8	18.6	18.4	18.7	7.1	15.4	15.0	14.2	4.0	59.9
Estimated percentage of households that experience fuel poverty, 2018	NA	14.6	13.6	13.1	15.2	11.1	11.3	NA	10.3	7.3	32.2
Percentage of the total resident population who are 0-4 years of age	NA	7.1	6.6	6.5	6.7	4.2	5.6	NA	5.9	2.6	9.7
Percentage of the total resident population who are 5-15 years of age	NA	16.0	14.4	14.4	14.5	12.7	14.0	NA	13.4	7.7	21.9
Percentage of the total resident population who are 50-64 years of age	NA	17.8	19.3	19.1	18.8	23.3	20.9	NA	19.0	10.3	34.1
Small area population density (persons/km²)	NA	1093	803	1110	544	104	518	NA	432	11	10191
General fertility rate: live births per 1,000 women aged 15-44 years, five year pooled	NA	71.0	72.8	70.6	72.8	51.6	61.0	NA	60.6	32.1	94.0
Low birth weight of live babies, five year pooled 2015-2019	8.9	10.1	9.5	8.9	8.3	5.5	7.9	7.8	6.9	2.6	12.8
Reception: Prevalence of obesity (including severe obesity), 3-years data combined	NA	10.7	11.5	11.2	10.6	7.5	10.5	NA	9.7	7.1	18.2
Reception: Prevalence of overweight (including obesity), 3-years data combined	NA	22.3	25.3	25.5	23.9	21.4	25.4	NA	22.6	13.8	40.0
Year 6: Prevalence of obesity (including severe obesity), 3-years data combined	NA	22.1	21.5	22.1	21.8	13.8	22.0	NA	20.4	9.1	28.6
Year 6: Prevalence of overweight (including obesity), 3-years data combined	NA	36.0	35.5	36.9	37.0	29.3	35.8	NA	34.6	16.7	50.0
Percentage of physically active children and young people	NA	35.7	37.9	39.0	37.6	49.1	40.0	NA	44.6	NA	NA
Deliveries to teenage mothers	NA	1.0	1.3	1.2	0.7	*	1.2	NA	0.7	0.0	3.8
Emergency hospital admissions for injuries in under 5 years old, crude rate	NA	20.5	20.8	19.5	17.5		18.3	NA	12.3	11.3	38.3
Emergency hospital admissions in under 5 years old, crude rate	NA	259.6	268.7	288.4	260.9	228.4	252.0	NA	162.1	70.9	399.8
A&E attendances aged under 5 years old, crude rate	NA	511.9	642.0	599.0	592.3		457.1	NA	642.5	177.3	815.9
Emergency hospital admissions for injuries in under 15 years old, crude rate	NA	155.4	154.7	156.9	137.0	127.4	138.4	NA	97.8	72.8	246.5
Emergency hospital admissions for injuries in 15-24 years old, crude rate	NA	129.7	157.6	152.8	122.7	123.0	152.5	NA	132.1	59.4	350.3
Smoking prevalence at age 15 - regular smokers (modelled estimates)	NA	6.6	5.7	5.7	5.7	5.7	5.7	NA	5.4	1.7	15.6
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	NA 447.0	8.0	9.0	9.0	9.0	9.0	9.0	NA 100.0	8.2 100.0	3.4	15.7
Emergency hospital admissions for all causes, all ages, standardised admission ratio	117.0 142.6	132.9 181.2	120.8 145.2	126.2 140.6	111.9 150.4	86.1 95.8	106.0 112.8	109.0 123.9	100.0 100.0	63.2 45.3	177.3 361.7
Emergency hospital admissions for coronary heart disease, standardised admission ratio Emergency hospital admissions for stroke, standardised admission ratio	107.3	116.0	112.2	112.7	103.9	86.4	107.3	102.2	100.0	60.8	206.0
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	125.3	154.2	126.1	115.2	140.5	88.1	104.4	121.8	100.0	53.3	290.8
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	167.9	194.5	213.5	199.2	153.4	84.2	137.6	125.4	100.0	30.5	439.4
Incidence of all cancers, standardised incidence ratio	100.2	103.1	106.4	99.8	96.6	93.4	99.0	100.6	100.0	60.5	133.2
Incidence of breast cancer, standardised incidence ratio	95.0	101.5	93.6	89.8	91.2	98.3	92.7	96.6	100.0	43.5	164.9
Incidence of colorectal cancer, standardised incidence ratio	95.7	103.2	108.0	90.3	78.6	92.4	98.7	99.2	100.0	51.9	192.0
Incidence of lung cancer, standardised incidence ratio	119.6	129.2	139.7	126.8	121.2	80.2	109.0	108.9	100.0	46.0	259.8
Incidence of prostate cancer, standardised incidence ratio	85.8	78.1	91.8	85.9	78.6	95.7	90.2	87.2	100.0	38.3	175.4
Hospital stays for self harm, standardised admission ratio	117.3	133.0	132.7	138.8	94.1	69.1	107.0	123.6	100.0	39.2	329.5
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	99.6	113.1	95.2	102.4	87.0	93.9	103.9	101.2	100.0	57.8	198.5
Percentage of people who reported having a limiting long-term illness or disability	20.5	20.2	22.5	21.7	20.9	16.7	19.9	20.7	17.6	10.8	28.4
Infant mortality	NA	4.1	5.1	3.4	4.9	2.8	5.5	NA	3.9	NA	NA
Deaths from all causes, all ages, standardised mortality ratio	115.6	128.4	121.0	123.2	111.6	89.7	112.4		100.0	53.8	191.1
Deaths from all causes, under 75 years, standardised mortality ratio	123.1	136.4	140.4	130.3	118.3	85.4	112.9	115.5	100.0	41.5	223.5
Deaths from all cancer, all ages, standardised mortality ratio	108.6	117.5	120.3	112.6	106.3	87.4	100.0	103.4	100.0	57.4	172.0
Deaths from all cancer, under 75 years, standardised mortality ratio (SMR)	111.1	117.8	128.3	119.5	107.3	84.1	100.9	105.2	100.0	32.7	176.2
Deaths from circulatory disease, all ages, standardised mortality ratio	115.2	126.9	109.2	121.8	117.4	94.9	116.3	110.1	100.0	52.5	229.2
Deaths from circulatory disease, under 75 years, standardised mortality ratio	134.5	149.8	142.7	143.4	134.6	97.1	124.9		100.0	17.0	329.9
Deaths from coronary heart disease, all ages, standardised mortality ratio	138.6		126.3	153.9	140.0	105.5	138.5	119.2	100.0	29.8	282.4
Deaths from stroke, all ages, standardised mortality ratio	106.7	115.8	99.5	105.9	103.0	99.6	114.9	109.9	100.0	17.6	207.6
Deaths from respiratory diseases, all ages, standardised mortality ratio	137.4	164.7 76.8	145.7 76.2	155.3 76.9	126.8	85.8	134.5	121.8 NA	100.0 70.7	33.0	240.1 85.5
Life expectancy at birth, (upper age band 90+)-males Life expectancy at birth, (upper age band 90+)-females	NA NA	80.3	80.8	81.0	78.2 81.6	81.4 84.0	78.5 81.8	NA NA	79.7 83.2	70.0 73.2	88.9
				10 1.0						11.2.6	
Deaths from causes considered preventable, under 75 years, standardised mortality ratio	132.5	151.7		139.4	125.2	84.6	116.6		100.0	33.9	280.6

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

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 all authorities life expectancy at birth is significantly worse than England (for males and females), with the exception of Ribble Valley, which is significantly better for males and similar for females.

	Absolute gap in life expectancy between	Life expectancy	Life expectancy (vears)-	Difference in life expectancy between most and least	Life exectancy in most deprived quintile of local	Life exectancy in least deprived quintile of local
	local authority and	(years)-local	,	deprived quintile	authority (years)	authority (years)
Local authority	England (years)	authority (2018-20)	20)	(years) (2017-2019)	(2017-2019)	(2017-2019)
Loodi dutilonty	England (youro)	dutilotity (2010 20)	Males	(Jours) (2017 2010)	(2011 2010)	(2011 2010)
Blackburn with Darwei	-3.1	76.3	79.4	10.5	71.8	82.7
Burnley	-3.7	75.7	79.4	10.0	70.6	80.1
Hyndburn	-2.8	76.6	79.4	10.6	72.0	81.0
Pendle	-1.4	78.0	79.4	9.3	71.9	82.2
Ribble Valley	1.6	81.0	79.4	2.3	79.3	85.9
Rossendale	-1.5	77.9	79.4	4.2	74.9	81.2
			Females			
Blackburn with Darwei	-2.8	80.3	83.1	9.8	77.0	85.1
Burnley	-2.8	80.3	83.1	5.1	77.2	85.3
Hyndburn	-2.3	80.8	83.1	10.7	77.8	85.7
Pendle	-1.6	81.5	83.1	5.8	80.6	86.8
Ribble Valley	0.7	83.8	83.1	5.8	83.0	88.7
Rossendale	-1.9	81.2	83.1	2.2	80.7	82.9

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.

Pennine

Male	Female
Heart disease	Heart disease
Chronic lower respiratory diseases	Chronic lower respiratory diseases
Cirrhosis & liver disease	Lung cancer
Lung Cancer	Other cancer
Other	Other
Accidental Poisoning	Cirrhosis & liver 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

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	2013/16-2019/20
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
	Years	2015-2019
Life expectancy at birth, (upper age band 90+)-males		
Life expectancy at birth, (upper age band 90+)-males Life expectancy at birth, (upper age band 90+)-females	Years	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
Discontinu	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