

Knowing our patch

Equality related demographic profile for NHS Morecambe Bay CCG

Collated by MLCSU Equality and Inclusion Team
July 2020



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1.0 Introduction

When considering service design / policy changes, CCGs are required by legislation to consider the needs and requirements of each protected characteristic group and ensure that appropriate involvement / consultation takes place with these groups.

Consideration of requirements relating to protected characteristic groups at the beginning of service redesign process will help to identify any potential negative impact that may arise relating to protected characteristic and will help demonstrate 'due regard' to the Public Sector Equality Duty.

CCGs are better equipped to understand the needs of their communities by being able to understand the demographic profiling of their area. This helps CCGs to understand the make-up of different groups within the area and identify the potential barriers for access / particular needs of different groups.

This report provides data on the following:

- Demographic profiles for the area
- Health inequality information from public health and JSNA data

All data sources and links are contained in section 19.0.

The Morecambe Bay area

NHS Morecambe Bay CCG is located in the North West of England and covers the localities of North Lancashire and South Cumbria. The CCG is part of the Bay Health and Care Partners integrated care partnership ICP, and the Healthier Lancashire and South Cumbria integrated care system (ICS).

The CCG has a membership of 35 GP practices and serves a patient population of approximately 352,011. Currently, there are 8 primary care networks established across the area.

The main NHS service providers in the CCG area include:

- Blackpool Teaching Hospitals NHS Foundation Trust
- Lancashire and South Cumbria NHS Foundation Trust
- North Cumbria Integrated Care NHS Foundation Trust
- North West Ambulance Service NHS Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust

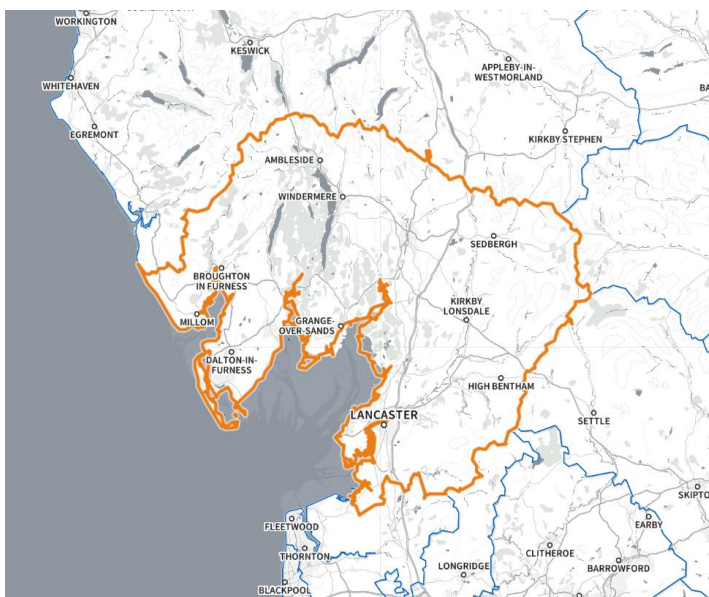
Local authority areas that fall within the CCG area are:

- Barrow-in-Furness

- Lancaster
- South Lakeland

Key transport links include the M6 motorway and the West Coast Main Line railway. Other key infrastructure in the CCG area include 108 care homes, 168 schools and two prisons. There are also two major universities based in the local area (the University of Cumbria and the Lancaster University).

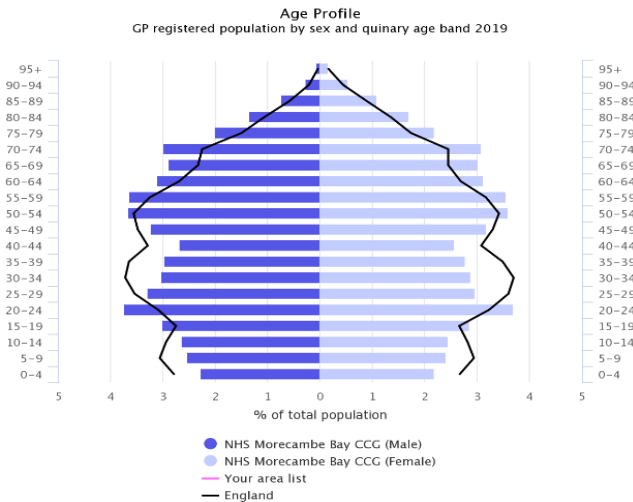
Map of Morecambe Bay CCG



Source: SHAPE © Crown copyright and database rights 2018 Ordnance Survey 100016969 accessed 28/5/2020

2.0 Protected characteristic of Age

The following age profiles shows data for the male and female population:



Source: Public Health England. Public Health Profiles. [29/05/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area there are higher rates of older age groups and lower rates of mid-level age groups from age 25-29 to 45-49
- The higher rates of older people, and lower rates of people who are mid-level ages may be the result of older people retiring/residing in rural areas across the patch
- There are generally lower rates of younger people apart from those who are between ages 20 -24 for which there is higher rates in comparison with the national rate – this may be due to the student population attending Lancaster University

Equality considerations relating to age

- Aging population may add additional pressures on existing services
- Certain health conditions are more prevalent in particular age groups e.g. dementia rates are higher in over 65s
- There may be links with disability for older age groups due to issues such as long-term health conditions and frailty
- Older people are more likely to develop hearing and sight impairments
- Older people and younger people are less likely to have access to a car and therefore may rely on public transport to access services
- Older people are more likely to be widowers and experience social isolation
- Working age groups may experience barriers to accessing services during working hours
- Cross referencing with disability, young men are more likely to commit suicide

3.0 Protected characteristic of Disability

Learning disability / Long term conditions / carers:

Indicator	Period	England	your area list	NHS Morecambe Bay CCG
Learning disability: QOF prevalence	2018/19	0.5*	-	0.5*
% with a long-standing health condition	2019	51.5*	-	55.2
% with caring responsibility	2019	16.9*	-	16.4
Recording of employment status: % of people in contact with mental health and learning disability services with employment status recorded (end of quarter snapshot)	2019/20 Q2	29.2*	-	5.9*
Recording of accommodation status: Percentage of people in contact with mental health services with accommodation status recorded (end of quarter snapshot)	2019/20 Q2	31.8*	-	16.4*
Service users with crisis plans: % of people in contact with mental health services (end of quarter snapshot)	2019/20 Q2	12.2*	-	0.4*
% reporting learning disability	2019	1.6*	-	2.1

Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- The prevalence of patients with a learning disability in the area is in line with the national prevalence
- The prevalence of patients with long term conditions is slightly higher than the national rate
- The percentage of carers are slightly lower than the national rate

Disability prevalence

Government data shows:

Disability prevalence by region/country 2017/18, United Kingdom		
Region/Country	Millions of people	Percentage of people
United Kingdom	13.3	21
Country		
England	10.9	20
Region		
North West	1.6	23
East Midlands	1.0	22
West Midlands	1.2	21

<https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201718>

Physical disabilities

Visual impairment

2020 data set: RNIB	England	Morecambe Bay CCG
Number of people living with sight loss	182,000	14,750
Percentage of people from population with sight loss	3.21%	5.0%

Best fit data – district level. Further data available on sight data on age, ethnic group.

Source: <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

Hearing impairment

Estimated prevalence (%) of hearing loss of 25 dBHL or more in the adult population (people aged 18 and over)

	2015	2020	2025	2030	2035
NHS Lancashire North	22	23	24	25	26
NHS Cumbria	25	27	28	30	31
England	21	22	23	24	25

Best fit data used

Dementia

Data table showing prevalence of dementia diagnosis:

	England	Morecambe Bay CCG
Dementia prevalence all ages	0.8%	1.1%

Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Mental Health

Indicator	Period	England	your area list	NHS Morecambe Bay CCG
Common Mental Disorders				
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	16.9*	-	16.2*
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	10.2*	-	10.1*
Depression: QOF incidence (18+) - new diagnosis	2017/18	1.6	-	1.9
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+	2016/17	13.7	-	-
Depression: Recorded prevalence (aged 18+)	2017/18	9.9	-	11.8
Severe Mental Illness				
Long-term mental health problems (GP Patient Survey): % of respondents	2018/19	9.9	-	10.6
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64	2011	18.1*	-	-

Source: Public Health England. Public Health Profiles. [29/05/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Prevalence for mental health conditions in the CCG area are similar to England rates, however there is a higher incidence of depression compared to England as a whole

Equality considerations relating to disability

- Access to services
- Language needs and information needs – accessible information e.g. large font, Easy Read, BSL
- Reasonable adjustments
- Physical environment
- Travel and parking
- Facilities
- Carers and support

Equality considerations for carers

The health needs of this carers are highlighted in a report by Carers UK – State of Caring 2017. This report is important in highlighting significant disadvantages faced by carers nationally. The report highlights:

- Caring can have a significant impact on health – both physically and mentally
- GP patient surveys found that 3 in 5 carers have a long-term health condition
- Health conditions in 40% of young carers (aged 18-24 years) compared to 29% of non-carers in the age group
- Back and mobility health problems are often exacerbated by lack of access to proper lifting equipment and aids
- Carers health often compromised by lack of time to attend medical check-up for their own wellbeing
- 6 out of 10 carers (61%) reported that their physical health has worsened due to caring
- 7 out of 10 carers (70%) reported that their mental health had worsened due to caring
- Worsening health reporting was more prevalent in carers providing more than 50 hours per week
- Carers looking after a disabled child were most likely to suffer from depression – 54%
- Carers report that keeping healthy is more difficult due to difficulty in finding time for exercise and maintaining a healthy diet

4.0 Protected characteristic of Gender Reassignment

Population data for this group is not collected within national census data, however, estimate figures are thought to be in the region of 0.5%

NHS Morecambe Bay CCG serves a population of 352,063 people, therefore, the **local trans population is estimated at approximately 1760.**

Estimated figures also suggest that around 1% of the population identify as non-binary.

Equality considerations relating to Gender Reassignment/Trans:

- LGBT rights charity Stonewall published a report on transgender experiences in 2018. The report highlights that a significant number of trans people face inequalities and discrimination when accessing healthcare services, despite the legal duty of all health and social care organisations to provide equal treatment and tackle discrimination
- Poorer experiences of health care – staff attitudes and understanding
- More likely to experience poor mental health/more likely to attempt suicide
- Lower rates of health screening e.g. cervical
- More likely to be a victim of hate crime
- Fear of prejudice can create a barrier to access services
- More likely to be a victim of domestic abuse

5.0 Protected characteristic of Marriage and Civil Partnership

Area	Married	In a registered same-sex civil partnership
England	46.6	0.2
NHS Lancashire North CCG	44.9	0.2
NHS Cumbria CCG	50.9	0.2

Best fit data sets used in the table above.

The protected characteristic relates only to employment and not service provision. Within the context of this assessment the impact can relate to workforce issues.

Analysis:

- Rates are not dissimilar to the nation rate for civil partnership
- The Cumbria area has higher rates of marriage compared to national rate.

Equality considerations for marriage and civil partnership:

- Discrimination in the workplace/lack of promotion opportunities and unfavourable treatment
- Flexible working arrangements

6.0 Protected characteristic of Race

Ethnic Group	England		NHS Cumbria		NHS Lancashire North	
	number	%	number	%	number	%
All usual residents	53,012,456	100.0	505,938	100.0	157,041	100.0
White	45,281,142	85.4	498,275	98.5	150,708	96.0
White: English/Welsh/Scottish/Northern Irish/British	42,279,236	79.8	488,072	96.5	144,766	92.2
White: Irish	517,001	1.0	1,570	0.3	916	0.6
White: Gypsy or Irish Traveller	54,895	0.1	316	0.1	344	0.2
White: Other White	2,430,010	4.6	8,317	1.6	4,682	3.0
Mixed/multiple ethnic groups	1,192,879	2.3	2,544	0.5	1,482	0.9
Mixed/multiple ethnic groups: White and Black Caribbean	415,616	0.8	763	0.2	402	0.3
Mixed/multiple ethnic groups: White and Black African	161,550	0.3	321	0.1	200	0.1
Mixed/multiple ethnic groups: White and Asian	332,708	0.6	896	0.2	530	0.3
Mixed/multiple ethnic groups: Other Mixed	283,005	0.5	564	0.1	350	0.2
Asian/Asian British	4,143,403	7.8	4,084	0.8	3,859	2.5
Asian/Asian British: Indian	1,395,702	2.6	899	0.2	1,253	0.8
Asian/Asian British: Pakistani	1,112,282	2.1	321	0.1	422	0.3
Asian/Asian British: Bangladeshi	436,514	0.8	486	0.1	317	0.2
Asian/Asian British: Chinese	379,503	0.7	1,157	0.2	1,256	0.8
Asian/Asian British: Other Asian	819,402	1.5	1,221	0.2	611	0.4
Black/African/Caribbean/Black British	1,846,614	3.5	581	0.1	654	0.4
Black/African/Caribbean/Black British: African	977,741	1.8	374	0.1	483	0.3
Black/African/Caribbean/Black British: Caribbean	591,016	1.1	142	0.0	118	0.1
Black/African/Caribbean/Black British: Other Black	277,857	0.5	65	0.0	53	0.0
Other ethnic group	548,418	1.0	454	0.1	338	0.2
Other ethnic group: Arab	220,985	0.4	153	0.0	170	0.1
Other ethnic group: Any other ethnic group	327,433	0.6	301	0.1	168	0.1

Best fit data used from CCG 2011 footprints.

Analysis:

- The area is mainly white British, with higher representation compared to the national rate
- Across the area, Lancaster North area is more diverse compared to Cumbria area
- Compared to the national rates, Lancashire North area has slightly higher rates for the following groups:
 - White Gypsy or Irish Traveller
 - Asian / Asian British Chinese

Equality considerations for race:

- Access to language support
- Cultural considerations
- Certain health conditions affect different ethnic groups e.g. diabetes prevalence in South East Asian men
- Health inequalities in relation to BAME groups – cross reference with deprivation
- Poorer experiences of healthcare for BAME groups
- Poorer experiences of BAME groups in the workplace
- Health needs of BAME groups often not well understood
- BAME groups more likely to be a victim of hate crime

7.0 Protected characteristic of Religion and Belief

Religion	NHS Lancashire North CCG	NHS Cumbria CCG	NHS Morecambe Bay CCG area*	England
Christian	67.4%	71.8%	70.8%	59.4%
Buddhist	0.4%	0.3%	0.3%	0.5%
Hindu	0.3%	0.1%	0.2%	1.5%
Jewish	0.1%	0.04%	0.05%	0.5%
Muslim (Islam)	1.1%	0.3%	0.5%	5.0%
Sikh	0.1%	0.01%	0.03%	0.8%
Other religion: Total	0.4%	0.3%	0.3%	0.4%
No religion	23.2%	20.3%	21.0%	24.7%
Religion not stated	7.0%	6.9%	6.9%	7.2%

*NHS Lancashire North CCG and NHS Cumbria CCG data combined

Source: Census 2011 data, NOMIS official labour market statistics, <https://www.nomisweb.co.uk/>

Best fit data has been used from CCG 2011 footprints. Please note the data in the table above relates to the 2011 Census, and therefore may not reflect current populations in CCG areas.

Analysis

- The most common religious affiliation in the NHS Morecambe Bay CCG area is Christianity, with the proportion of people identifying as Christian significantly higher than the England comparator
- The data suggests that the CCG area is less diverse in terms of the strands of religion and belief followed compared to England in general – the proportion of people who identify as following religions other than Christianity in area is lower than the national equivalents

Equality considerations relating to religion and belief:

- Facilities e.g. prayer rooms / changing rooms
- End of life plans – spiritual needs of patients considered
- Chaplaincy service
- Human resource policies relating to religious festivals/needs e.g. Ramadan
- Workforce considerations - dress
- Belief impacting on how patients view their care
- Ingredients of medication/compatibility of religious belief
- Cultural considerations for care – chaperone
- Dietary requirements

8.0 Protected characteristic of Sex

Cross reference with Age section which contains population profiles for male and females cross referenced with age.

Chart showing males and females with comparison of national population:

Population sex profile (GP registered population)		
	NHS Morecambe Bay CCG	England
Male	174,471	29,849,678
Female	174,513	29,909,960
Total	348,984	59,759,638

Source: Public Health England. Public Health Profiles. [08/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there are slightly more females than males
- The sex demographic of the area mirrors the national demographic with slightly more females than males

Equality considerations relating to Sex:

- Certain health conditions affect males/females
- Females have longer life expectancy compared to males
- Workforce considerations:
 - Human resource policies – menopause, caring responsibilities
 - Gender pay gap
 - Flexible working arrangements
- Personal safety
- Facilities – single sex changing rooms etc.
- Chaperone services
- Young men are more likely to experience mental health issues/commit suicide
- Health promotion and screening

9.0 Protected characteristic of Sexual Orientation

Estimate source	% LGB	Estimate population who are Lesbian, gay and bisexual	% heterosexual
England – Stonewall	5-7%	-	93-95%
England - ONS	2.2%	-	94.6%
Morecambe Bay CCG	2.2% to 7%	7,677 to 24,428	

ONS data highlights that the proportion of people who identify as heterosexual or straight in the UK is approximately 94.6% This figure has decreased since 2014 (when 95.3% of the population identified as heterosexual or straight).

In terms of age and sexual orientation, ONS data shows that people aged 16-24 were more likely to identify as LGB compared to other age groups. The proportion of people identifying as LGB decreases in each successive age group.

Equality considerations relating to sexual orientation:

- National research notes that the LGB community face barriers and disadvantage when accessing health and social care
- Stonewall found that 52% of people surveyed in 2018 had experienced depression in the previous year, and 31% of LGB people had thought about taking their own life
- 15% of people surveyed by Stonewall in 2018 smoked almost every day, which is slightly higher compared to ONS data regarding the proportion of the general population (14.7%)
- Stonewall's 2018 report found that one in six LGBT (16%) people surveyed drank alcohol every day, compared with one in ten people in the general population. 13% of LGBT people surveyed took drugs at least once a month
- Information from Public Health England suggests that cancer screening coverage is lower in LGB and T communities. In particular, lesbian and bisexual women are less likely to attend cervical screening: 15% of lesbian and bisexual women over 25 have never had a test, compared to 7% of the general population
- Barriers to accessing healthcare include:
 - Fear, or experience, of discrimination when accessing services
 - Assumptions of sexuality
 - Inappropriate curiosity and insensitive questions
 - Lack of understanding from healthcare staff regarding LGB health needs

10.0 Protected characteristic of Pregnancy and maternity

The table below shows pregnancy and birth data captured from the PHE Fingertips website:

Indicator	Year	NHS Morecambe Bay CCG	England
Percentage of deliveries to mothers from BME groups	2018/19	4.2%	20.6%
General fertility rate	2017	53.2 per 1000	61.2 per 1000
Caesarean section	2018/19	30.1%	29.7%
Multiple births	2017	12.3 per 1000	15.9 per 1000
Low birth weight of all babies	2017	7.8%	7.4%
Very low weight of all babies	2017	0.98%	1.14%
Stillbirth rate	2016-18	4.3 per 1000	4.2 per 1000
Admissions of babies under 14 days	2018/19	98.5 per 1000	75.0 per 1000
Teenage mothers	2018/19	0.8%	0.6%
Baby's first feed breastmilk	2018/19	65.0%	67.4%

Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- NHS Morecambe Bay CCG has a significantly lower rate of deliveries to mothers from BME groups when compared to the national rate
- The general fertility rate is also lower than the national figure
- There is a higher incidence of hospital admissions of babies under 14 days in the CCG area than in England generally

Equality considerations for pregnancy and maternity:

- Workforce issues: Human resource policies – pregnancy, maternity and paternity
- Facilities such as baby changing, parent and child parking, breast feeding rooms, pram space/parking
- Better Births Report – disproportionate experiences for BAME mothers and mothers from lower income backgrounds
- Cultural considerations – link with care plans
- Link to certain conditions during perinatal period e.g. post-natal depression

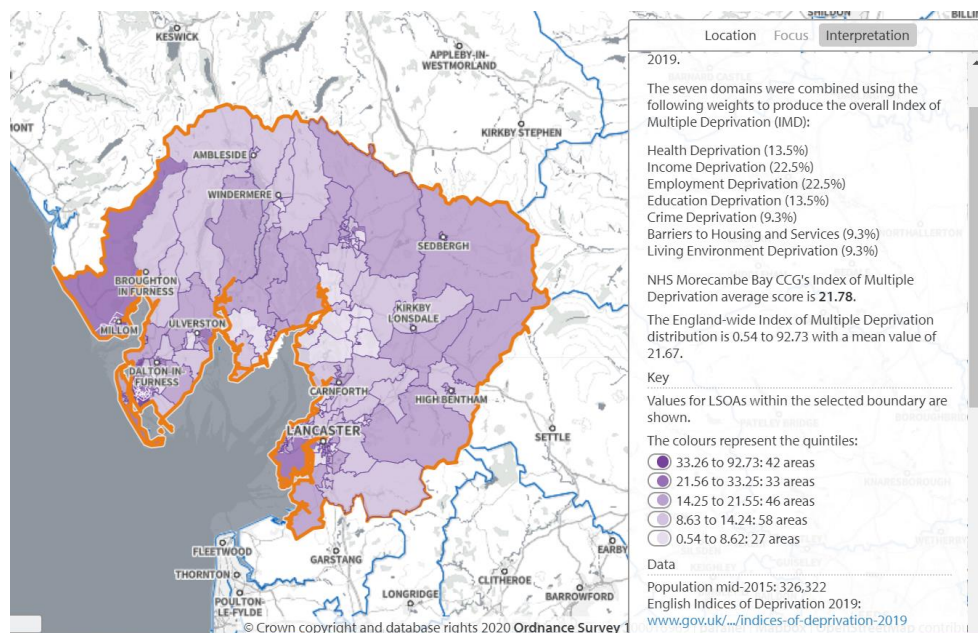
11.0 Vulnerable groups: Deprivation

Deprivation data for the area:

Indicator	Period	England	your area list
Deprivation score (IMD 2019)	2019	21.7	21.8
Deprivation score (IMD 2015)	2015	21.8	-

Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Higher deprivation areas denoted by darker shades of purple:



Source: SHAPE © Crown copyright and database rights 2018 Ordnance Survey 100016969 accessed 28/5/2020

Analysis:

- The map shows that there is variation in deprivation levels across the area
- Significant high deprivation levels are located in Barrow-In-Furness and pockets within Morecambe and Lancaster district

See section on health inequalities for details on link between health outcomes and deprivation.

12.0 Vulnerable groups: Asylum and Refugees

Asylum and Refugee (ASR) population information

As at 31 December 2019, there were 43,549 asylum seekers in receipt of Section 95 support in the UK. Best fit local authority level data for the CCG area shows that there were approximately 131 asylum seekers in receipt of Section 95 support:

Number of ASR in receipt of Section 95 support in CCG area as at 31 December 2019	
England	35,997
North West region	9,665
Lancaster	131

Further information regarding ASR in Lancashire is available in Lancashire County Council's *Health needs assessment of asylum seekers and refugees in Lancashire*. Information regarding the ASR local area e.g. population trends is available via The Migrant Observatory Local Data Guide (link in section 19).

Asylum and Refugee health related information

People claiming asylum or holding refugee status are recognised as being at risk of experiencing complex health problems. The most common health problems are:

- Communicable diseases (e.g. hepatitis, TB, HIV / AIDS, malaria)
- Chronic diseases (e.g. COPD, cardiovascular disease, diabetes)
- Sexual health related needs
- Dental conditions
- Injury due to torture
- Poor mental health / psychosomatic disorders. Compared to the general population, the incidence of mental illness is higher in this group
- Women's health issues and disability issues

13.0 Vulnerable groups: Homelessness

	Total Assessment	Owed a prevention / relief of duty	Rough sleepers
England	70,990	67,280	4266
North West	9,540	9,190	349
Lancaster	135*	135*	6
Barrow-in-Furness	74	74	3

Best fit local authority level data used. Available data is for October – December 2019 (asterisked figures are from July – September 2019)

People who don't have a home are described as homeless; this is not just people living on the streets. Homelessness can include people:

- Staying with friends or family
- Staying in a hostel or bed & breakfast accommodation
- Squatting
- At risk of violence or abuse in their home
- People living in poor conditions that affects their health
- Living apart from their family because they don't have a place to live together

There is no single reason why someone can end up without a home. Personal circumstances and wider factors both play their part. Homelessness can be devastating, dangerous and isolating for those who experience it.

14.0 Vulnerable groups: Veterans and Military families

Military veterans data set:

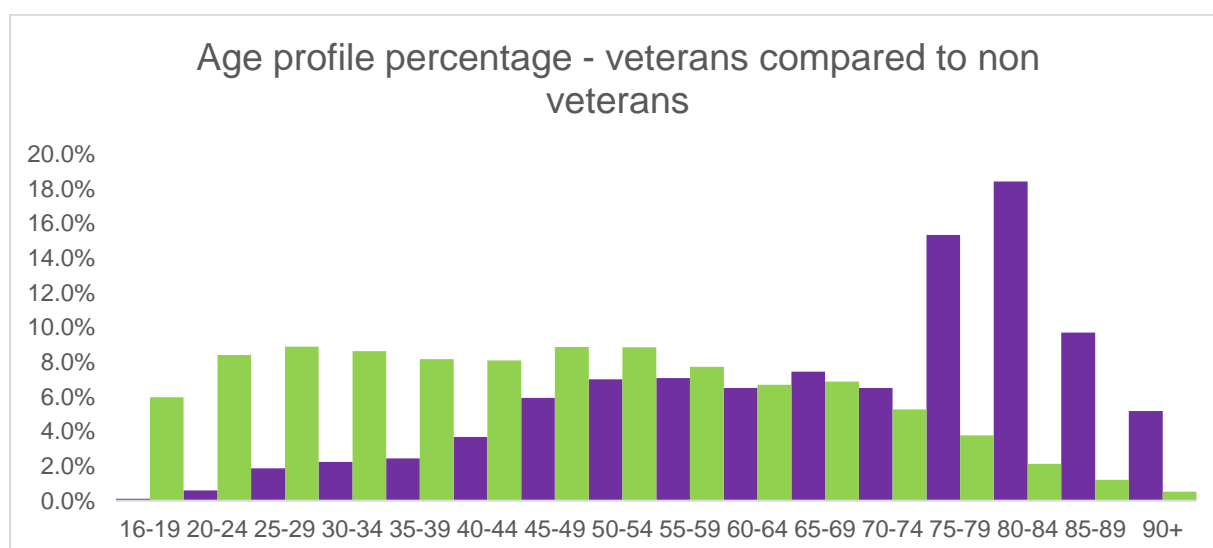
	2017	
	% Veterans	% Non-veterans
UK	2,401	48,903
	5%	95%
Lancashire	5%	95%
Cumbria	6%	94%

Data is best fit.

A veteran is someone who has served in the armed forces for at least one day

The Royal British Legion produce a national household survey which summarises data and needs of military veterans. Summary data includes:

- 90% of veterans are male
- Veterans are less likely to be single (10%) and more likely to be widowed (16%) compared to non-veterans (10%)
- Veterans are predominantly white (98%). Although 2% of veterans are from Black and Minority Ethnic groups (BAME) this may include Gurkhas – from Nepal served in the British Army

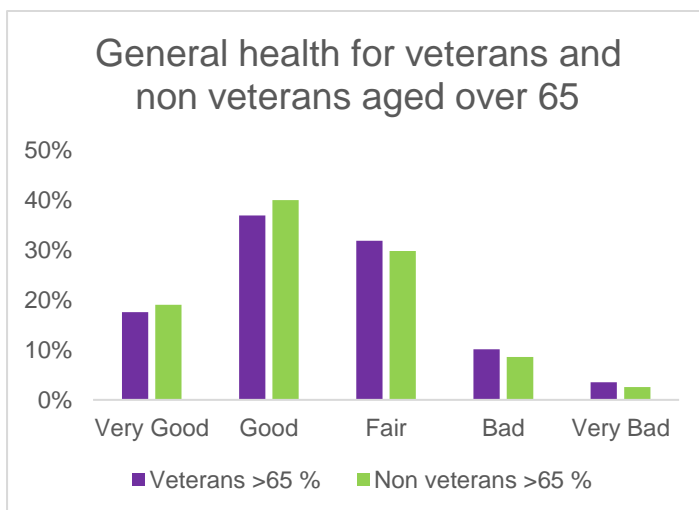
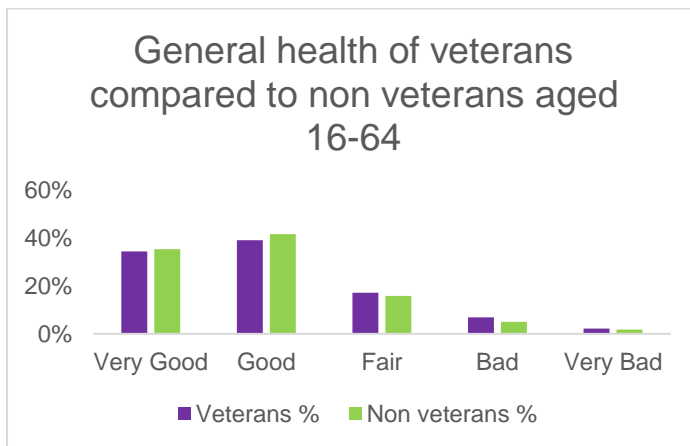


Key

Purple: veterans

Green: non-veterans

General health of veterans:



Analysis:

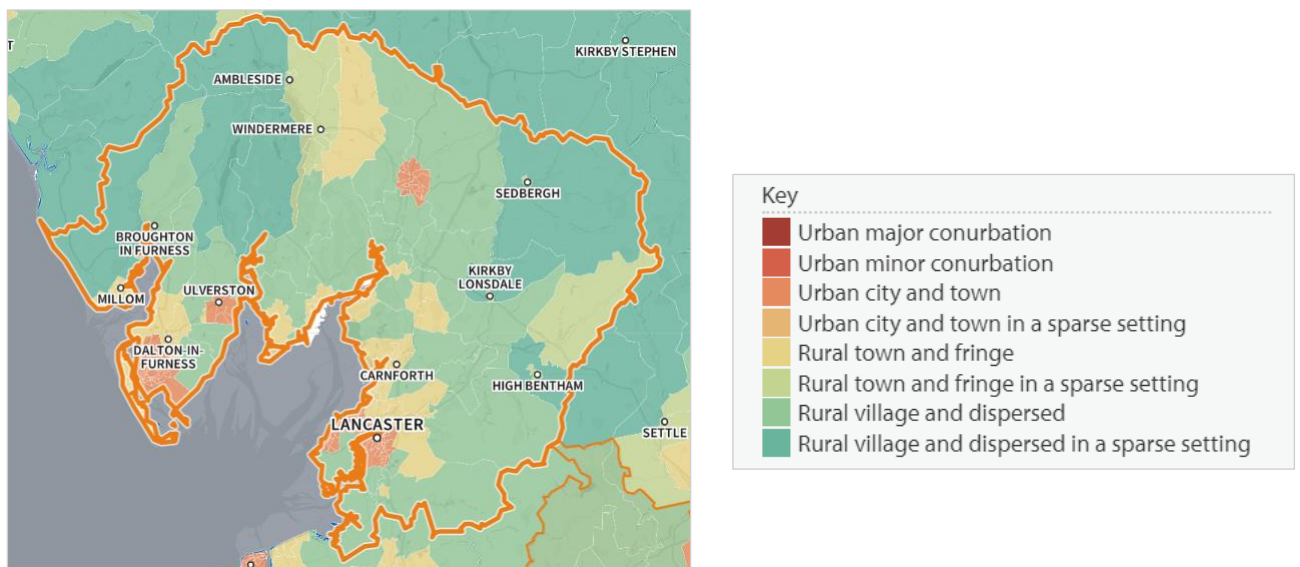
- In 2016 there were estimated 2.5 million UK armed forces veterans
- UK veteran population is elderly and declining in size. 49% of veterans are aged over 75 compared to non-veterans 8%
- The high rate of older veterans can be related to those who undertook National Service which officially ended at the end of 1960

15.0 Vulnerable Groups: Rural Communities

The Office for National Statistics rural-urban classification (RUC2011) allows for a consistent approach when viewing rural/urban datasets.

Output areas are defined as rural if there is a population size of 10,000 or less. Output areas with a population size of over 10,000 are classed as urban. Further information regarding the rural-urban classification is available on the ONS website.

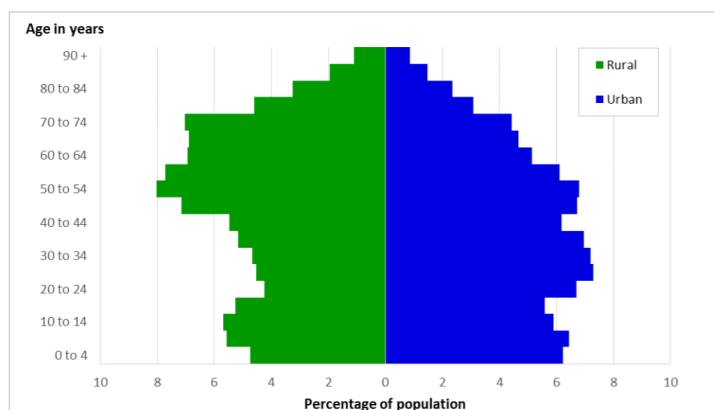
NHS Morecambe Bay CCG area rural-urban population



Source SHAPE © Crown copyright and database rights 2018 Ordnance Survey 100016969 accessed 28/5/2020

9.5 million (17% of population) people live in areas defined as rural in England. It is challenging to fully understand rural areas as available data is limited and less specific in focus compared to urban data. The population in rural areas has a higher proportion of older people compared with urban areas.

Percentage of population within age bands by rural-urban classification (LSOA) in England, 2018:



Analysis:

- In terms of ethnicity, the proportion of BME groups has risen slightly over the last five years in rural areas, however 97.6% of the rural population in England falls into White ethnic groups
- NHS Morecambe Bay CCG covers a largely rural area, with pockets of urban populations in and around the city of Lancaster, and the main towns in North Lancashire and South Cumbria (Kendal, Ulverston, and Dalton-in-Furness).

Rural communities health related information

As there is complexity and diversity in rural areas that make it difficult to understand rural areas as a whole, caution must be taken when considering rural communities. However, available data highlights that there are general demographic and health-related considerations for this vulnerable group:

- Population pattern – outward migration of young people and inward migration of older people, are leading to a rural population that is increasingly older than the urban population, with accompanying health and social care needs
- Access to health and social care services e.g. longer travel distances, increased travel costs and scarcity of public transport links to access services
- Digital exclusion resulting from a combination of older population and the unavailability of high-speed broadband / mobile phone networks are leading to an increasing digital gap
- Social isolation / exclusion. This may also include marginalisation and lack of social connections felt by protected groups such as LGBT and/or people living with a disability, as well as those who are divorced or living alone
- Health impacts of rural housing and/or fuel poverty

Equality considerations relating to vulnerable groups:

- People living in deprived areas are more likely to have poorer health outcomes
- Veterans – mental illness, MSK, hearing loss and liver, kidney and digestion problems. Veterans are more likely to smoke compared to non-veterans
- Asylum and Refugees – social invisibility, stereotyping, social stigma, cultural considerations, language/communication needs, barriers to accessing services, healthcare needs related to ASR status (as detailed in section 12.0)
- People experiencing homelessness – complex and multiple health needs, poorer health outcomes, lower life expectancy, barriers to accessing primary care services, lack of understanding of health and social care entitlements, stigma and stereotyping
- Rural communities – social isolation, barriers to accessing health and social care due to longer travel distances, poor public transport links and/or digital exclusion

16.0 Health Inequalities

Health is determined by a complex mix of factors including income, housing and employment, lifestyles and access to health care and other services. Significant inequalities in health exist between individuals and different groups in society. In particular, there is a 'social gradient' in health; neighbourhood areas with higher levels of income deprivation typically have lower life expectancy and disability-free life expectancy.

Key themes relating to health inequalities include:

Life expectancy

Best fit data used for Local Authority areas:

Indicator	Period	England	your area list	Copeland	Barrow-in-Furness	Craven	Lancaster	South Lakeland
Life expectancy at birth (Male)	2016 - 18	79.6	-	78.2	77.3	81.1	78.3	81.9
Life expectancy at birth (Female)	2016 - 18	83.2	-	81.7	81.0	85.0	82.5	84.7
Under 75 mortality rate from all causes	2016 - 18	330	-	387	424	259	374	245
Under 75 mortality rate from all cardiovascular diseases	2016 - 18	71.7	-	93.6	90.9	51.3	77.9	51.9
Under 75 mortality rate from cancer	2016 - 18	132.3	-	138.2	149.3	109.7	142.8	104.3
Suicide rate	2016 - 18	9.6	-	12.9	15.4	12.4	12.6	10.5

Mortality profiles

Table showing under 75 mortality rate from all causes:

Indicator	Period	England	your area list	Copeland	Barrow-in-Furness	Craven	Lancaster	South Lakeland
Under 75 mortality rate from all causes (Persons)	2016 - 18	330	-	387	424	259	374	245
Under 75 mortality rate from all causes (Male)	2016 - 18	402	-	454	507	320	465	291
Under 75 mortality rate from all causes (Female)	2016 - 18	263	-	319	343	202	287	202

Causes of death

Under 75 mortality rate from all cardiovascular diseases (Persons) 2016 - 18 Directly standardised rate - per 100,000

Export table as image | Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	102,334	71.7	71.3	72.1
MBCCG	—	—	—	—	—
Copeland	—	197	93.6	80.9	107.7
Barrow-in-Furness	—	182	90.9	78.1	105.2
Lancaster	—	296	77.9	69.3	87.4
South Lakeland	—	190	51.9	44.7	60.0
Craven	—	100	51.3	41.6	62.5

Source: Public Health England (based on ONS source data)

Under 75 mortality rate from heart disease (Persons) 2016 - 18 Directly standardised rate - per 100,000

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	54,406	38.2	37.9	38.5
MBCCG	—	—	—	—	—
Copeland	—	123	58.1	48.2	69.4
Barrow-in-Furness	—	103	51.3	41.8	62.3
Lancaster	—	162	42.8	36.5	50.0
South Lakeland	—	110	29.9	24.5	36.1
Craven	—	49	25.2	18.6	33.5

Source: Public Health England (based on ONS source data)

Under 75 mortality rate from stroke (Persons) 2016 - 18 Directly standardised rate - per 100,000

Export table as image | Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	18,309	12.8	12.6	13.0
MBCCG	—	—	—	—	—
Barrow-in-Furness	—	33	16.5	11.3	23.2
Lancaster	—	60	15.8	12.1	20.4
Copeland	—	25	12.0	7.7	17.8
Craven	—	22	11.2	6.9	17.1
South Lakeland	—	40	10.4	7.4	14.2

Source: Public Health England (based on ONS source data)

Under 75 mortality rate from cancer (Persons) 2016 - 18 Directly standardised rate - per 100,000

Export table as image | Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	188,722	132.3	131.7	132.9
MBCCG	—	—	—	—	—
Barrow-in-Furness	—	301	149.3	132.8	167.2
Lancaster	—	550	142.8	131.1	155.2
Copeland	—	298	138.2	122.9	154.8
Craven	—	216	109.7	95.4	125.4
South Lakeland	—	388	104.3	94.0	115.3

Source: Public Health England (based on ONS source data)

Under 75 Mortality rate from breast cancer 2016 - 18 Directly standardised rate - per 100,000

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	14,973	20.4	20.1	20.7
MBCCG	—	—	—	—	—
Craven	—	22	23.0	14.3	35.0
South Lakeland	—	40	21.8	15.5	29.7
Lancaster	—	34	17.7	12.2	24.8
Copeland	—	18	17.3	10.2	27.3
Barrow-in-Furness	—	17	17.2	10.0	27.7

Source: Public Health England (based on ONS source data)

Under 75 mortality from colorectal cancer (Persons) 2016 - 18 Directly standardised rate - per 100,000

Export table as image | Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	16,946	11.9	11.7	12.1
MBCCG	—	—	—	—	—
Barrow-in-Furness	—	30	15.1	10.2	21.6
Craven	—	22	11.1	6.9	16.8
Lancaster	—	34	8.9	6.2	12.5
South Lakeland	—	30	7.9	5.3	11.3
Copeland	—	11	5.0	2.5	9.0

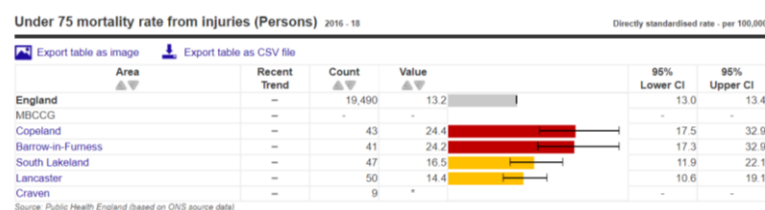
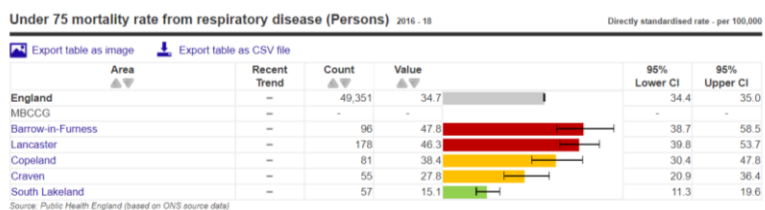
Source: Public Health England (based on ONS source data)

Under 75 mortality rate from liver disease (Persons) 2016 - 18 Directly standardised rate - per 100,000

Export table as image | Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	26,558	18.5	18.3	18.7
MBCCG	—	—	—	—	—
Barrow-in-Furness	—	56	29.2	22.0	38.0
Lancaster	—	99	26.6	21.6	32.5
Copeland	—	44	21.1	15.3	28.4
South Lakeland	—	46	13.6	9.8	18.3
Craven	—	24	13.6	8.6	20.5

Source: Public Health England (based on ONS source data)



Source: Public Health England. Public Health Profiles. [11/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Nationally and locally, there is variation across life expectancy for males and female. Males have higher mortality rates across all causes compared to females
- There are variations for life expectancy across the CCG area with significantly lower life expectancy within Barrow in Furness, Lancashire, and Copeland areas
- Compared to England rates, parts of the area have higher mortality with variation within Copeland, Barrow, Lancaster, Craven and South Lakeland
- Copeland and Barrow have significantly higher mortality relating to cardiovascular disease, heart disease and injuries. With Barrow having additional poor outcomes relating to liver disease and respiratory disease
- Lancaster area has significantly higher mortality relating to liver disease and respiratory disease
- Craven and South Lakeland areas have similar or better outcomes compared to England rate with the exception of mortality rate from injuries for women for South Lakeland

Further information can be found within the Rightcare Health Equality and Inequality report:

<https://www.england.nhs.uk/about/equality/equality-hub/equality-and-health-inequalities-rightcare-packs/>

17.0 Other health related data from Public Health England – Fingertips data

Child health data set

Indicator	Period	England	your area list	NHS Morecambe Bay CCG
Infant mortality rate	2016 - 18	3.9	-	2.5
Child mortality rate (1-17 years)	2016 - 18	11.0	-	11.6
MMR vaccination for one dose (2 years)	2018/19	89.9*	-	92.8
<div style="display: flex; justify-content: space-between; font-size: small;"> <90% 90% to 95% ≥95% </div>				
Dtap / IPV / Hib vaccination (2 years)	2018/19	94.1*	-	95.4
<div style="display: flex; justify-content: space-between; font-size: small;"> <90% 90% to 95% ≥95% </div>				
Children killed and seriously injured (KSI) on England's roads	2016 - 18	17.7	-	34.3
Obese children Reception Year, three year average	2016/17 - 18/19	9.6	-	10.4*
Obese children Year 6, three year average	2016/17 - 18/19	20.1	-	18.7*
Children with one or more decayed, missing or filled teeth	2016/17	23.3	-	-
Hospital admissions for dental caries (0-5 years)	2016/17 - 18/19	299.1	-	43.4
Teenage mothers	2018/19	0.6	-	0.8
Admission episodes for alcohol-specific conditions - Under 18s	2016/17 - 18/19	31.4	-	71.0
Hospital admissions due to substance misuse (15-24 years)	2016/17 - 18/19	74.6	-	100.4
Smoking status at time of delivery	2018/19	10.6	-	12.5
Baby's first feed breastmilk	2018/19	67.4	-	65.0
A&E attendances (0-4 years)	2018/19	672.2	-	485.8
Hospital admissions caused by injuries in children (0-14 years)	2018/19	95.8	-	137.2
Hospital admissions caused by injuries in young people (15-24 years)	2018/19	130.4	-	135.6
Hospital admissions for asthma (under 19 years)	2018/19	176.8	-	229.5
Hospital admissions for mental health conditions	2018/19	87.8	-	139.6
Hospital admissions as a result of self-harm (10-24 years)	2018/19	426.9	-	534.1

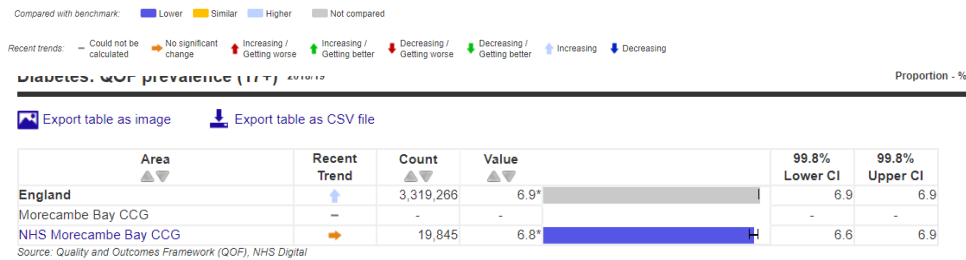
Source: Public Health England. Public Health Profiles. [29/05/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Infant mortality rate is lower than England rate
- Immunisation rates (MMR) are higher than England rate

- Hospital admissions relating to alcohol (under 18 yrs), asthma, mental health conditions, self-harm, injuries are worse than the England rate
- Deaths caused by road injuries is significantly higher compared to England rate

Diabetes data set

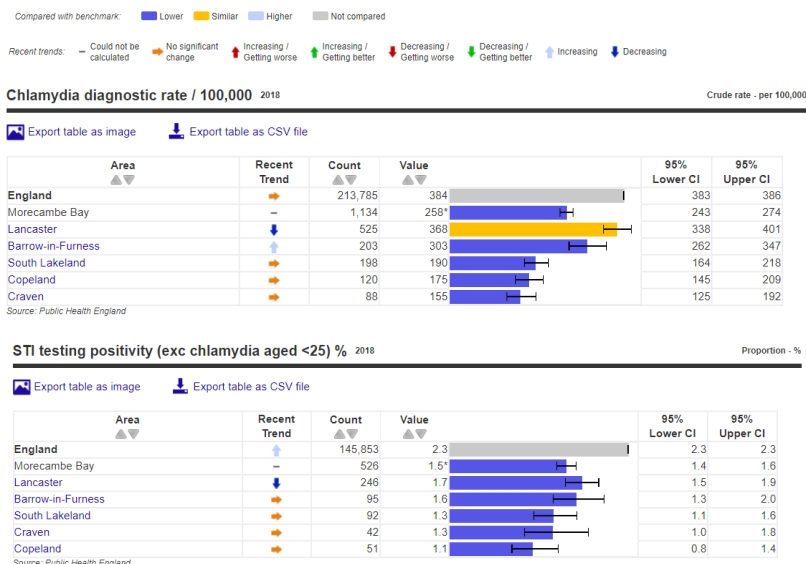


Source: Public Health England. Public Health Profiles. 03/07/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there are slightly lower rates of diabetes prevalence when compared with the England rate
- While the recent rate of diabetes prevalence is increasing across England, the rate remains at a similar level in the NHS Morecambe Bay CCG area

Sexual Health data sets



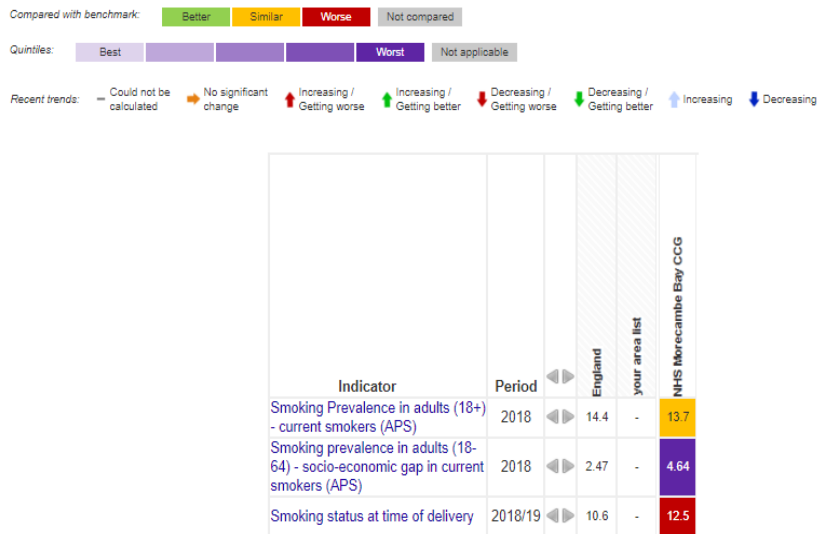
Source: Public Health England. Public Health Profiles. [18/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there is variation in the rates of Chlamydia diagnosis

- Overall, there are higher rates of Chlamydia diagnosis compared with England
- The diagnostic rate of Chlamydia is highest in the Lancaster area
- Across the area, there are lower rates of people testing positive for STIs overall when compared to England

Smoking and Tobacco data set



Source: Public Health England. Public Health Profiles. [11/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there are lower rates of smoking prevalence in adults compared to the national rate
- There is a significantly higher rate of a socio-economic gap in smoking prevalence across the area compared to the national rate – the rate is this area is in the ‘worst’ quintile

Obesity data set

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Quintiles: Best Worst Not applicable

Indicator	Period	England	your area list	NHS Morecambe Bay CCG
Obesity: QOF prevalence (18+)	2018/19	10.1*	-	8.8*
Obese children Reception Year, three year average	2016/17 - 18/19	9.6	-	10.4*
Obese children Year 6, three year average	2016/17 - 18/19	20.1	-	18.7*
Children with excess weight Reception Year, three year average	2016/17 - 18/19	22.5	-	25.6*
Children with excess weight Year 6, three year average	2016/17 - 18/19	34.3	-	32.9*

Source: Public Health England. Public Health Profiles. [12/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there are lower rates of obesity prevalence overall when compared to the national rate
- There are higher rates of obese children in reception year but lower rates of obese children in Year 6 when compared with the national rate
- Across the area, there is a slightly higher (worse) rate of children in reception year with excess weight, but a lower (better) rate of children with excess weight in Year 6 when compared to England

Alcohol and substance misuse data set

Indicator	Period	England	your area list	Lancashire	Cumbria	Blackburn with Darwen	Blackpool
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2018/19	34.2	41.0*	33.9	55.0	34.0	42.8
Concurrent contact with mental health services and substance misuse services for drug misuse	2016/17	24.3	24.1*	31.5	9.8	21.7	23.5
Concurrent contact with mental health services and substance misuse services for alcohol misuse	2016/17	22.7	21.7*	27.3	10.0	23.9	19.7
Hospital admissions due to substance misuse (15-24 years)	2016/17 - 18/19	83.1	-	97.7	105.0	119.4	236.6

Source: Public Health England. Public Health Profiles. [29/05/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Available alcohol and substance abuse data is best fit across Lancashire, as district level data was not available to align to CCG boundaries.

Analysis:

- There is some variation across the Lancashire and South Cumbria area
- Substance misuse data for those engaging with mental health services / misuse services is similar to England rate for Blackburn with Darwen and Blackpool but lower for Cumbria and highest for Lancashire
- All areas have significantly high rates of hospital admissions (15-24 years) compared to the England rate. The highest is Blackpool

Equality considerations relating to public health data in this section

- Child health: children and young people living in households experiencing deprivation are more likely to have poor health outcomes
- Adverse child experiences that may relate to poorer health outcomes. A child's health can be impacted by environmental, social, economic and health-related factors
- Health and wellbeing of women before and during pregnancy is associated with health outcomes for infants e.g. substance abuse, smoking, and poor diet before and during pregnancy are associated with adverse health outcomes for infants
- Diabetes may be a 'hidden disability' that requires workplace consideration e.g. reasonable adjustments such as flexibility of break times to eat, safe space to inject insulin, and adjustments relating to diabetes-related health conditions including modified equipment for visual impairment
- Sexual health inequalities such as variability to access can impact upon an individual's general health, wellbeing and upon their quality of life. Considerations in relation to culture, religion, sexual orientation and age should be given.
- Smoking and tobacco: link between likelihood of smoking and level of deprivation in area, impact of smoking and tobacco on health and availability of health services, consideration of age, sex, ethnicity (e.g. men more likely to be smokers than women)
- Obesity and prevalence of associated health conditions (e.g. hypertension, cardiovascular disease, diabetes, mental health conditions etc.) are closely linked to deprivation
- Alcohol and substance misuse: impact upon individual health and wellbeing – health conditions related to alcohol/substance misuse may fall under definition of disability, consideration of prevalence by age, sex, level of deprivation in area and links to higher prevalence in certain protected groups e.g. younger men, LGB

18.0 Evaluation of data sets

- Collation of the data has used both Public Health Profiles, JSNA and ONS
- The majority of data sets is not current however is the latest available

Data collated by Equality and Inclusion Project Team July 2020

19.0 List of data sources

Sexual orientation sources

Student Frequently Asked Questions, <https://www.stonewall.org.uk/help-advice/student-frequently-asked-questions-faqs>

Office for National Statistics Sexual Orientation, UK: 2018, <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2018>

Office for National Statistics, adult smoking habits in the UK: 2018, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2018>

Public Health England, Addressing inequalities in LGBT cancer screening coverage, <https://phescreening.blog.gov.uk/2019/03/15/addressing-inequalities-in-lgbt-cancer-screening-coverage/>

Government Equalities Office, National LGBT Survey Summary Report, 2018, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf

Local LGB organisation, Lancashire LGBT, <https://lancslgbt.org.uk/>

Pregnancy/Maternity sources

NHS Morecambe Bay CCG, https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/46/par/E39000040/ati/165/are/E38000228/id/92974/age/1/sex/2/cid/4/page-options/car-do-0_eng-vo-0_eng-do-0

Asylum seekers sources

MLCSU Commissioning guidance for Asylum Seekers and Refugees, https://www.midlandsandlancashirecsu.nhs.uk/download/publications/equality_and_inclusion/Asylum-Guidance.pdf

Section 95 support by local authority, <https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets>

Health needs assessment of asylum seekers and refugees in Lancashire, https://www.lancashire.gov.uk/media/902306/hna_asylum-seekers-and-refugees_lancashire.pdf

Migrant Health Guide, Public Health England, <https://www.gov.uk/topic/health-protection/migrant-health-guide>

The Migration Observatory Local Data Guide, <https://dataguide.migrationobservatory.ox.ac.uk/>

Rural Communities sources

ONS rural / urban classification, <https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications/2011ruralurbanclassification>

Statistical Digest of Rural England, March 2020, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875793/03_Statistical_Digest_of_Rural_England_2020_March_edition.pdf

Health and Wellbeing in Rural Areas, <https://www.local.gov.uk/health-and-wellbeing-rural-areas>

Older People in Rural Areas: Vulnerability Due to Poor Health Paper, <https://ruralengland.org/wp-content/uploads/2015/12/Final-report-Poor-Health.pdf>

Rural Ageing, https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/housing-and-homes/ppp_rural_ageing_uk.pdf

Evidence summary of health inequalities in older populations in coastal and rural areas, <https://www.gov.uk/government/publications/health-inequalities-in-ageing-in-rural-and-coastal-areas>

Health inequality sources

Inequality in Health, <https://www.gov.uk/government/publications/health-profile-for-england/chapter-5-inequality-in-health>

Better Births: improving outcomes of maternity services in England, <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

Map data

Shape Atlas, <https://shapeatlas.net/>

Age data

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/12/qid/1938133222/pat/15/par/E92000001/ati/165/are/E3800018>

[9/iid/92266/age/179/sex/2/cid/4/page-options/map-ao-4_tre-ao-0_tre-do-0_tre-so-0_car-do-0_cin-ci-4_eng-vo-0_eng-do-0_ovw-tdo-0](https://www.nhs.uk/9/iid/92266/age/179/sex/2/cid/4/page-options/map-ao-4_tre-ao-0_tre-do-0_tre-so-0_car-do-0_cin-ci-4_eng-vo-0_eng-do-0_ovw-tdo-0)

Disability data

<https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

<https://www.england.nhs.uk/publication/joint-strategic-needs-assessment-toolkit/>

<https://fingertips.phe.org.uk/search/dementia#page/0/gid/1/pat/30000/par/al-Bd9spmuKXU/ati/165/are/E38000056/cid/4/page-options/ovw-tdo-0>

<https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

www.carersuk.org/stateofcaring

Gender Reassignment

Stonewall, LGBT Life in Britain – Trans Report, 2018,

https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf

Government Equalities Office, Trans People in the UK, 2018,

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf

Lancashire County Council, Clinical Commission Groups profiles,

<https://www.lancashire.gov.uk/lancashire-insight/area-profiles/clinical-commissioning-groups/>

Race

<https://www.nomisweb.co.uk/query/construct/submit.asp?menuOpt=201&fmt=xls&lr=geography&lc=Ethnic%20Group&fn=>

Marriage and Civil Partnership

<https://www.nomisweb.co.uk/query/construct/submit.asp?forward=yes&menuopt=201&subcomp=>

Religion and Belief

Census 2011 data, NOMIS official labour market statistics,

<https://www.nomisweb.co.uk/>

Homelessness

<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#statutory-homelessness-live-tables>

Veterans

<https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017>

https://www.local.gov.uk/sites/default/files/documents/1.17%20LAs%20Mythbuster%20resource_v06.pdf

Other health related data

Alcohol and substance misuse - NHS Digital, <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2019/part-1-hospital-admissions-related-to-drug-misuse>

Smoking – ONS,

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14#:~:text=Smoking%20contributes%20to%20health%20inequality&text=In%2085%25%20of%20cases%20where,in%20the%20least%20deprived%20areas.>

NHS Digital (age/sex/ethnicity and other protected group info), <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2019/part-3-smoking-patterns-in-adults-copy>