

# Left-behind Areas: Health data dive



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# Introduction

Understanding the causal factors of health outcomes, as well as underlying health patterns within a population is essential to the planning and delivery of necessary and effective public health services in order to support some of society's most vulnerable people. Premature death and disability do not occur in isolation but are part of a complex interplay of social, economic and environmental factors and understanding these specific determinants of health is essential to understanding the needs and services required by people living in 'left-behind' areas.

This report brings together a range of socio-economic data to provide an understanding of the health characteristics of 'left-behind' areas. The report is broken down into the following sections:

1. Life expectancy and mortality
2. General health and prevalence of key health conditions
3. Limiting long-term illness and disability
4. Mental health
5. Risk factors
6. Hospital admissions
7. Informal care
8. COVID-19
9. Access to health services

## A note about geographies and data used in this report

The information in the report is presented for 'Left-behind' areas as whole - the aggregate average score for all 225 Left Behind areas – these are referred to as **LBA**s throughout this report. The figures for LBAs are benchmarked against the national average and the average across 'other deprived areas' – areas ranked in the most deprived 10% on the 2019 Indices of Deprivation, which were not identified as left-behind i.e. they were ranked among the most deprived 10% on the Community Needs Index – these are referred to as to as **deprived non-LBAs** throughout this report. The report also identifies individual LBAs which have the greatest identified need on key economic measures.

Each of the datasets included in the report are aggregated from standard statistical geographies (Output Areas, Lower-layer Super Output Areas, Middle Layer Super Output Areas and Wards) to individual LBAs, deprived-non LBAs and national geographies. The Output Area to Ward 2017 look-up table<sup>1</sup> is used to apportion and aggregate data to these geographies.

All of the indicators used in the report are published at 'neighbourhood' level (Grid reference, Postcode Output Areas, Lower-layer Super Output Areas, Middle Layer Super Output Areas and Wards) to enable aggregation to LBAs and other deprived areas.

All of the underlying data is published in the accompanying excel 'Health-Data Dive Workbook.xlsx' to allow you to interrogate the data presented in this report in more detail.

Appendix A details each of the underlying indicators explored in this report.

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<sup>1</sup> <https://geoportal.statistics.gov.uk/datasets/output-area-to-ward-to-local-authority-district-december-2017-lookup-in-england-and-wales>

## Life expectancy and mortality in left-behind areas

This section looks at average life expectancy and mortality rates across LBAs and their comparators. Life expectancy can be used as a measure of premature death, giving an overview of the health outcomes of a population. Mortality by cause provides an insight into the health experiences of people in an area and can be linked to risk factors and the external impacts on health.

## Key findings

Life expectancy for males and females in LBAs is lower than the national average.

There is a high degree of inequality across LBAs - males in Peterlee West are expected to live 13.5 years longer than males in Bloomfield (80.6 compared with 67) and females in Halewood South are expected to live 10 years longer than females in Stockton Town Centre (74 years and 84 years).

LBAs perform particularly poorly in terms of healthy life expectancy and can expect to experience 7.5 fewer years in good health compared with the national average.

All 225 of the LBAs have lower healthy life expectancy than the national average.

Mortality rates for all causes are higher in LBAs (133.2) than other deprived areas (131.6).

LBAs have above average rates of deaths from respiratory diseases (155.0) and cancer (139.2) compared to other deprived areas (146.8 and 132.9 respectively).

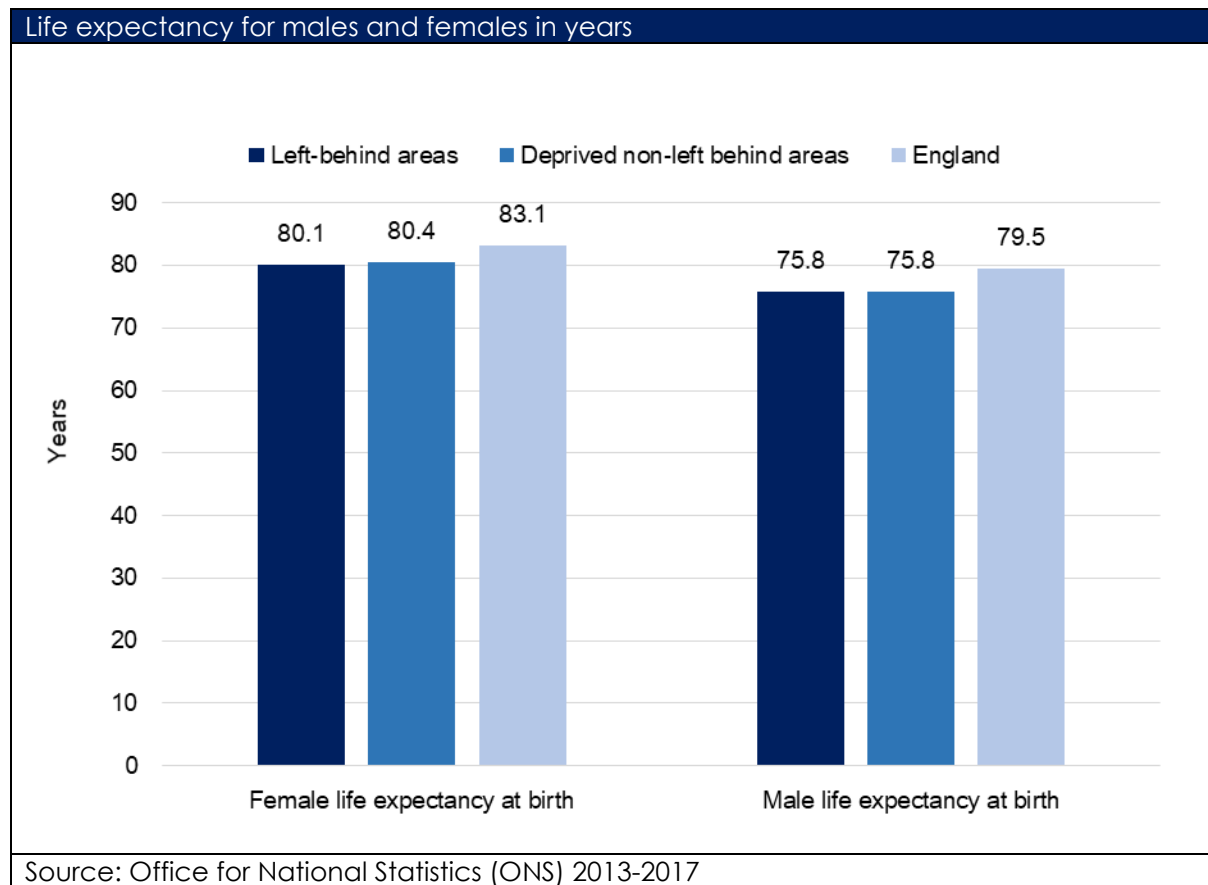
The following LBAs face notable challenges around premature death and mortality:

- Stockton Town Centre has the lowest female life expectancy of all LBAs – 74.2, second lowest male life expectancy (68.5), second highest death rates for all causes (221.8), the highest cancer death rates of all LBAs (207.1) and is ranked among the top 10 LBAs with the highest scores on the IMD 2019 years of potential life lost indicator.
- Bloomfield in Blackpool has the lowest male life expectancy of all LBAs (67) as well as the lowest expected healthy life expectancy (49 years). Bloomfield also has the third highest rate of deaths (211.5) and fifth highest deaths due to respiratory disease of all LBAs (232.7). Bloomfield also faces the greatest challenges of all LBAs around premature death with a score of 143.6 on the IMD years of potential life lost measure.
- The highest death rates for all causes are in St Andrew's in Hull (226.7). St Andrew's also has the highest rate of deaths due to respiratory disease (298) and the second highest rates of deaths due to cancer (187.2). St Andrew's also has the second lowest levels of female life expectancy (74.5) and the fifth highest score of all LBAs on the IMD 2019 years of potential life lost indicator (98.1).
- Females in Grangetown in Redcar and Cleveland in North Yorkshire have the lowest average healthy life expectancy of all LBAs, at just 52.2 years and the eighth lowest male healthy life expectancy out of 225 LBAs (51.5). Grangetown also has the 9<sup>th</sup> highest rates of deaths due to respiratory disease (225.3).
- North Ormesby in Middlesbrough has the third lowest female life expectancy of all 225 LBAs (76.1) and sixth lowest male life expectancy (71.5), as well as the seventh lowest female healthy life expectancy (52.8). North Ormesby has the ninth highest death rates for all causes of all LBAs (170.9) and the second highest death rate due to respiratory disease (256.6). In addition North Ormesby has the sixth highest score on the Indices of Deprivation 2019 years of potential life lost indicator.
- Miles Platting and Newton Heath in Manchester has the fifth lowest level of female life expectancy of all LBAs (76.5), the seventh lowest male healthy life expectancy (51 years) and the eighth lowest female healthy life expectancy (53.1). Miles

Plattling also has the eighth highest rate of deaths for all causes of all LBAs (173.1), the sixth highest rate of deaths due to cancer (181.4) and the third highest score on the years of potential life lost indicator of all 225 LBAs (100.7).

*Life expectancy for males and females in LBAs is lower than the national average*

As shown in the chart below, male and female life expectancy at birth is lower across LBAs (76 for males and 80 for females) than across England as a whole (79 and 83 respectively). Life expectancy in LBAs is similar to other deprived areas (where it is also 76 years for males) and slightly lower for females (80.1 years compared to 80.4 years).



*There is a high degree of inequality across LBAs - males in Peterlee West are expected to live 13.5 years longer than males in Bloomfield (80.6 compared with 67) and females in Halewood South are expected to live 10 years longer than females in Stockton Town Centre (74 years and 84 years)*

223 of the 225 LBAs have lower female life expectancy than the national average (83.1). The table below shows the 10 LBAs with the lowest female life expectancy across all LBAs.

There is a high degree of inequality across LBAs, with a 10 year age gap between female life expectancy in Stockton Town Centre (the LBA with the lowest female life expectancy – 74.2) and Halewood South in Knowsley (the LBA with the highest female life expectancy – 84). Each of the 10 LBAs with the lowest female life expectancy are located in the North of England, including four in Teeside.

LBA	Local Authority	Female life expectancy
Stockton Town Centre	Stockton-on-Tees	74.2
St Andrew's	Kingston upon Hull, City of	74.5
North Ormesby	Middlesbrough	76.1
Bloomfield	Blackpool	76.2
Miles Platting and Newton Heath	Manchester	76.5
Parr	St. Helens	76.7
Berwick Hills & Pallister	Middlesbrough	76.8
Harpurhey	Manchester	76.9
Brambles & Thorntree	Middlesbrough	77.0
Sandwith	Copeland	77.0

Source: Office for National Statistics (ONS) 2013-2017

223 of the 225 LBAs have lower male life expectancy than the national average (79.5). The table below shows the 10 LBAs with the lowest male life expectancy across all LBAs.

As shown in the table, Bloomfield in Blackpool (67) and Stockton Town Centre (68.5) have the lowest male life expectancy of all LBAs and the inequality gap is even wider for male life expectancy, with males in Peterlee West living 13.5 years longer than males in Bloomfield (80.6 compared with 67.1). Five of the 10 LBAs with the lowest life expectancy are found in coastal areas.

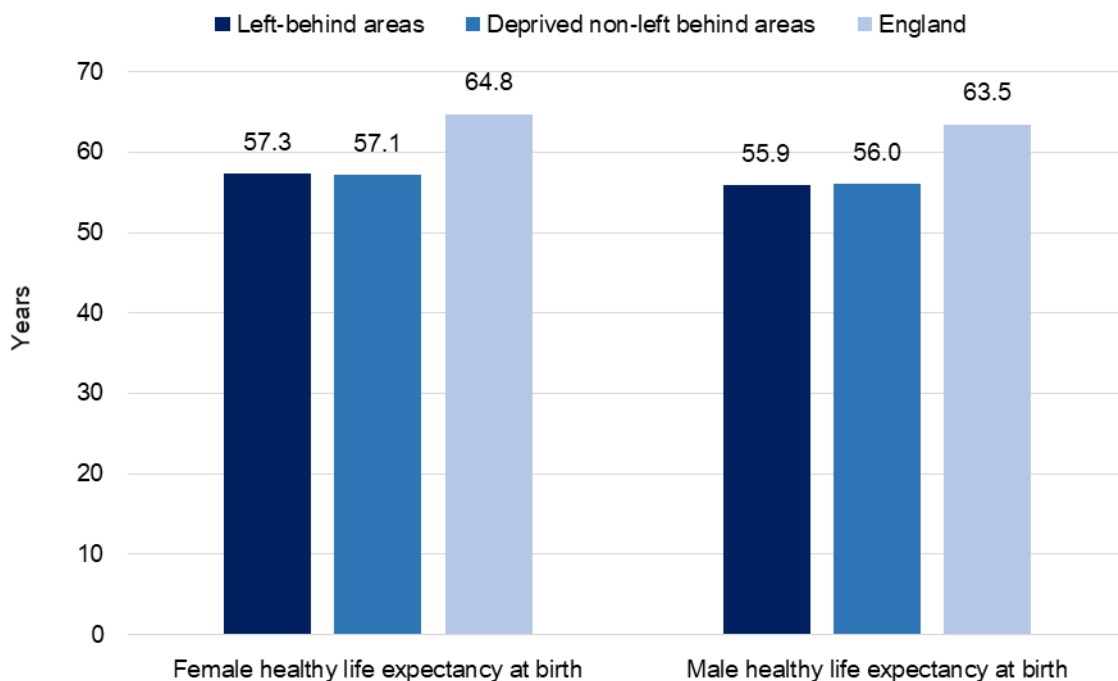
LBA	Local Authority	Male life expectancy
Bloomfield	Blackpool	67.1
Stockton Town Centre	Stockton-on-Tees	68.5
Pier	Tendring	69.5
St Andrew's	Kingston upon Hull, City of	70.1
Hendon	Sunderland	71.2
North Ormesby	Middlesbrough	71.5
Park End & Beckfield	Middlesbrough	71.8
Nelson	Great Yarmouth	71.9
Cliftonville West	Thanet	72.0
Stockbridge	Knowsley	72.3

Source: Office for National Statistics (ONS) 2013-2017

*The gap in healthy life expectancy between LBAs and the national average is even greater with male and female healthy life expectancy 7.5 years longer across England than on average in LBAs*

Male and female *healthy life expectancy* - the average number of years that an individual might expect to live in "good" health in their lifetime - is lower in LBAs than the national average, as illustrated in the chart below. Male healthy life expectancy is 55.9 years in LBAs compared with 63.5 years nationally. Female healthy life expectancy is 57.3 years in LBAs and 64.8 years nationally.

### Healthy life expectancy for males and females in years



Source: Office for National Statistics (ONS) 2009-2013

*All 225 of the LBAs have lower healthy life expectancy than the national average*

The tables below show the 10 LBAs with the lowest healthy life expectancy for males and females across all LBAs.

LBA	Local Authority	Male healthy life expectancy
Bloomfield	Blackpool	49.0
Stockton Town Centre	Stockton-on-Tees	49.9
Walker	Newcastle upon Tyne	50.2
Harpurhey	Manchester	50.7
Horden	County Durham	50.9
Dearne North	Barnsley	50.9
Miles Platting and Newton Heath	Manchester	51.0
Grangetown	Redcar and Cleveland	51.5
Hendon	Sunderland	51.6
Bentilee and Ubbertley	Stoke-on-Trent	51.6

Source: Office for National Statistics (ONS) 2009-2013

Males living in Bloomfield in Blackpool can expect to live 49 years of healthy life expectancy – approximately 14.5 years less than the national average (63.5 years) and more than 13 years less than the average across the LBA of Walton in Tendring, Essex (62.2) (the LBA with the highest male healthy life expectancy). Bloomfield and Stockton Town Centre were also ranked as the LBAs with the lowest overall life expectancy showing that males living in these areas not only live shorter lives overall, but they can also expect to be healthy for a shorter period of time.



There is also a high degree of inequality in female healthy life expectancy across the LBAs – with females in Grangetown in Redcar and Cleveland in North Yorkshire estimated to have an average healthy life expectancy of 52.2 years, compared with 63.6 years in the LBA of Littlemoor in Dorset – a gap of 11.4 years.

LBA	Local Authority	Female healthy life expectancy
Grangetown	Redcar and Cleveland	52.2
Dearne North	Barnsley	52.2
Walker	Newcastle upon Tyne	52.2
Horden	County Durham	52.3
Stockton Town Centre	Stockton-on-Tees	52.7
Bentilee and Ubbberley	Stoke-on-Trent	52.8
North Ormesby	Middlesbrough	52.8
Miles Platting and Newton Heath	Manchester	53.1
Halton Castle	Halton	53.1
Harpurhey	Manchester	53.2

Source: Office for National Statistics (ONS) 2009-2013

*Mortality rates for all causes are higher in LBAs (133.2) than other deprived areas (131.6)*

The table below shows the age standardised estimates of deaths by cause across LBAs, deprived non-LBAs and England. The data is presented as a standardised mortality ratio, calculated by dividing the observed total deaths in the area (by five year age and gender band) by the expected deaths (applying age-specific death rates for England) and multiplying by 100. A score of over 100 indicates the area experiences higher mortality than expected given the age profile of the population.

The table shows that overall mortality rates for all causes are higher in LBAs than comparators with a mortality ratio of 133.2 compared to 131.6 in other deprived areas.

The highest mortality ratio in LBAs is for Coronary Heart Disease with a rate of 179.9, well above the England average (100), but below the average across other deprived areas (192.3). However, LBAs have above average rates of deaths from respiratory diseases (155.0) and cancer (139.2) compared to other deprived areas (146.8 and 132.9 respectively).

Indicator	LBAs	Deprived non-LBAs	England
Deaths (all causes)	133.2	131.6	102.4
Deaths under 65, all causes	150.8	153.4	100.0
Deaths under 75, all causes	152.9	152.7	103.5
Deaths all ages, coronary heart disease (CHD)	138.6	142.5	104.6
Deaths under 75, coronary heart disease (CHD)	179.9	192.3	100.0
Deaths all ages, circulatory disease	127.5	130.6	103.0
Deaths under 75, circulatory disease	157.8	165.9	106.1
Deaths under 75, all cancers	139.2	132.9	102.4
Deaths all ages, respiratory disease	155.0	146.8	104.8
Deaths all ages, stroke	118.7	121.4	101.0

Source: Office for National Statistics (ONS) 2013-2017

The tables below look more closely at which LBAs have the highest rates of mortality for all causes, respiratory disease and cancer.

222 of 225 LBAs have higher mortality rates than would be expected given the age profile of their population. The table below shows the ten LBAs with the highest age-standardised mortality rates for all causes. The highest death rates for all causes are in St Andrew's in Hull (226.7), Stockton Town Centre (221.8) and Bloomfield in Blackpool (211.5). Unsurprisingly, many of these areas also ranked among the LBAs with the lowest life expectancy.

LBA	Local Authority	Deaths (all causes) (standardised ratio)
St Andrew's	Kingston upon Hull, City of	226.7
Stockton Town Centre	Stockton-on-Tees	221.8
Bloomfield	Blackpool	211.5
Halton Lea	Halton	181.4
Parr	St. Helens	178.6
Boscombe West	Bournemouth	174.4
Cowpen	Northumberland	173.2
Miles Platting and Newton Heath	Manchester	173.1
North Ormesby	Middlesbrough	170.9
Kitty Brewster	Northumberland	170.5
Source: Office for National Statistics (ONS) 2013-2017		

220 of 225 LBAs have higher mortality rates from respiratory disease than would be expected given the age profile of their population. The table below shows the ten LBAs with the highest age-standardised mortality rates for respiratory disease across all LBAs. Death rates due to respiratory disease are particularly high in St Andrew's in Hull (298) and North Ormesby in Middlesbrough (256.6). Each of these areas is located in the North of England.

LBA	Local Authority	Deaths respiratory disease (standardised ratio)
St Andrew's	Kingston upon Hull, City of	298.0
North Ormesby	Middlesbrough	256.6
Bidston and St James	Wirral	235.6
Page Moss	Knowsley	235.4
Bloomfield	Blackpool	232.7
Brambles & Thorntree	Middlesbrough	232.7
Harpurhey	Manchester	227.4
Parr	St. Helens	226.4
Grangetown	Redcar and Cleveland	225.3
Halton Lea	Halton	224.8
Source: Office for National Statistics (ONS) 2013-2017		

220 of 225 LBAs have higher mortality rates from cancer than would be expected given the age profile of their population. The table below shows the ten LBAs with the highest age-standardised mortality rates for cancer (under 75) across all LBAs. Again, areas in Hull show particularly high death rates due to cancer at 199.2 in Orchard Park and Greenwood and 187.2 in St Andrew's. Cancer death rates are highest in Stockton Town Centre of all LBAs at 207.1.

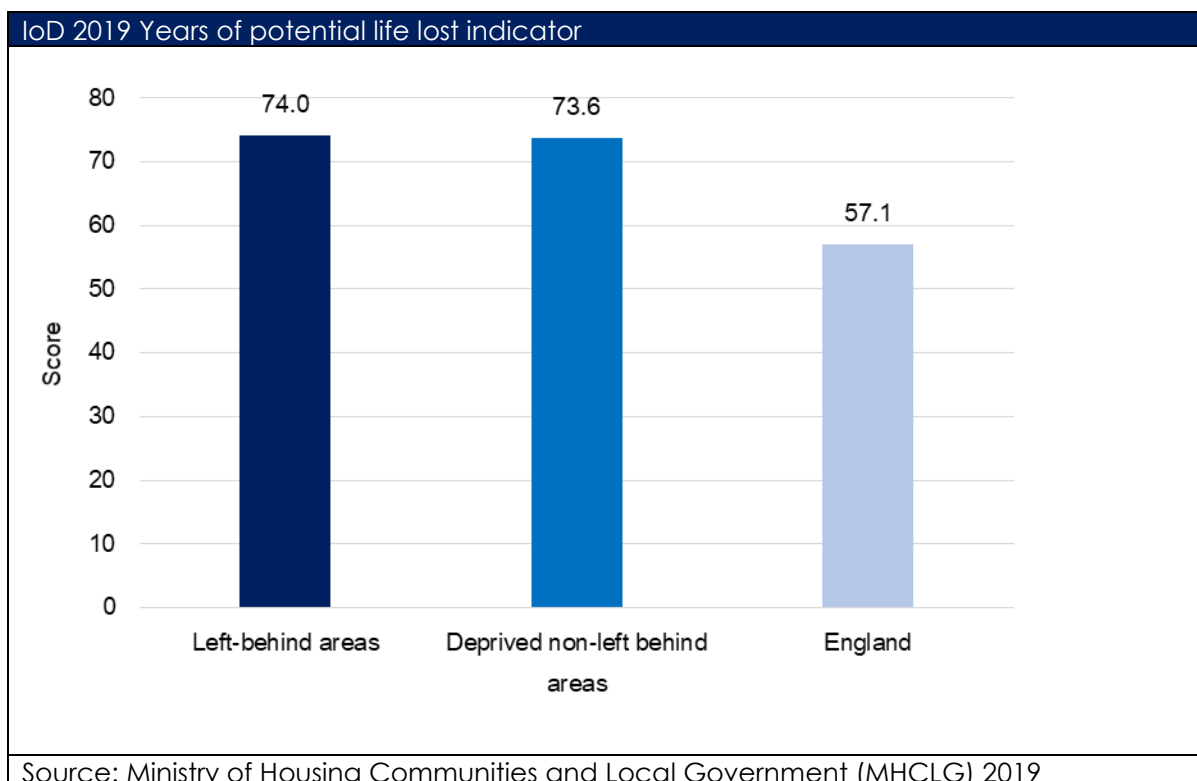
LBA	Local Authority	Deaths cancer (under 75) (standardised ratio)
Stockton Town Centre	Stockton-on-Tees	207.1
Orchard Park and Greenwood	Kingston upon Hull, City of	199.2
St Andrew's	Kingston upon Hull, City of	187.2
Northwood	Knowsley	185.7
Headland and Harbour	Hartlepool	182.3
Miles Platting and Newton Heath	Manchester	181.4
Cherryfield	Knowsley	178.4
Berwick Hills & Pallister	Middlesbrough	176.5
Brambles & Thorntree	Middlesbrough	175.7
Mexborough	Doncaster	174.2

Source: Office for National Statistics (ONS) 2013-2017

*LBA's are ranked on average as more deprived in terms of years of potential life lost*

The Indices of Deprivation (IoD) 2019 Years of potential life lost indicator measures premature death, defined as death before the age of 75 from any cause (the commonly used measure of premature death). This includes death due to disease as well as external causes such as accidents, unlawful killing and deaths in combat. A higher score indicates that an area is experiencing high levels of deprivation.

LBA's have a higher score on the years of potential life lost indicator (74) compared to other deprived areas (73.6) and England as a whole (57.1), suggesting higher level of deprivation on this measure.



224 out of 225 LBAs have higher scores on the years of potential life lost indicator than the England average. The table below shows the ten LBAs with the highest years of potential life lost scores on this measure.

Bloomfield in Blackpool faces the greatest challenges around premature deaths with a score of 143.6 on the IMD years of potential life lost measure, followed by Sheppey East in Swale (102) and Miles Platting and Newton Heath in Manchester (100.7).

LBA	Local Authority	IoD 2019 Years of potential life lost indicator
Bloomfield	Blackpool	143.6
Sheppey East	Swale	102.0
Miles Platting and Newton Heath	Manchester	100.7
Hendon	Sunderland	99.5
St Andrew's	Kingston upon Hull, City of	98.1
North Ormesby	Middlesbrough	97.8
Stockton Town Centre	Stockton-on-Tees	96.4
Pier	Tendring	96.0
Golf Green	Tendring	92.1
Boscombe West	Bournemouth	91.4
Source: Ministry of Housing Communities and Local Government (MHCLG) 2019		

## General health and prevalence of key health conditions in Left-behind Areas

This section profiles the general health of the population looking at levels of self-reported health as well as the prevalence of key health conditions across LBAs.

### Key findings

LBAs have a higher proportion of people who self-reported their health to be 'bad' or 'very bad' (9.1%) than other deprived areas (8.1%) and England as whole (5.5%).

24.4% of people in LBAs aged over 65 self-reported 'bad' or 'very bad' health, compared to 23.5% in other deprived areas and 15.3% nationally.

All 225 LBAs show higher levels of health deprivation than on average across England - Bloomfield in Blackpool faces the greatest challenges around health deprivation of all LBAs with an average LSOA rank of 41 on the IMD 2019 Health deprivation and disability domain.

LBAs show a relatively high prevalence on a range of health outcomes.

LBAs have particularly high prevalence rates of high blood pressure (14.9%), obesity (12.9%) and depression (12%).

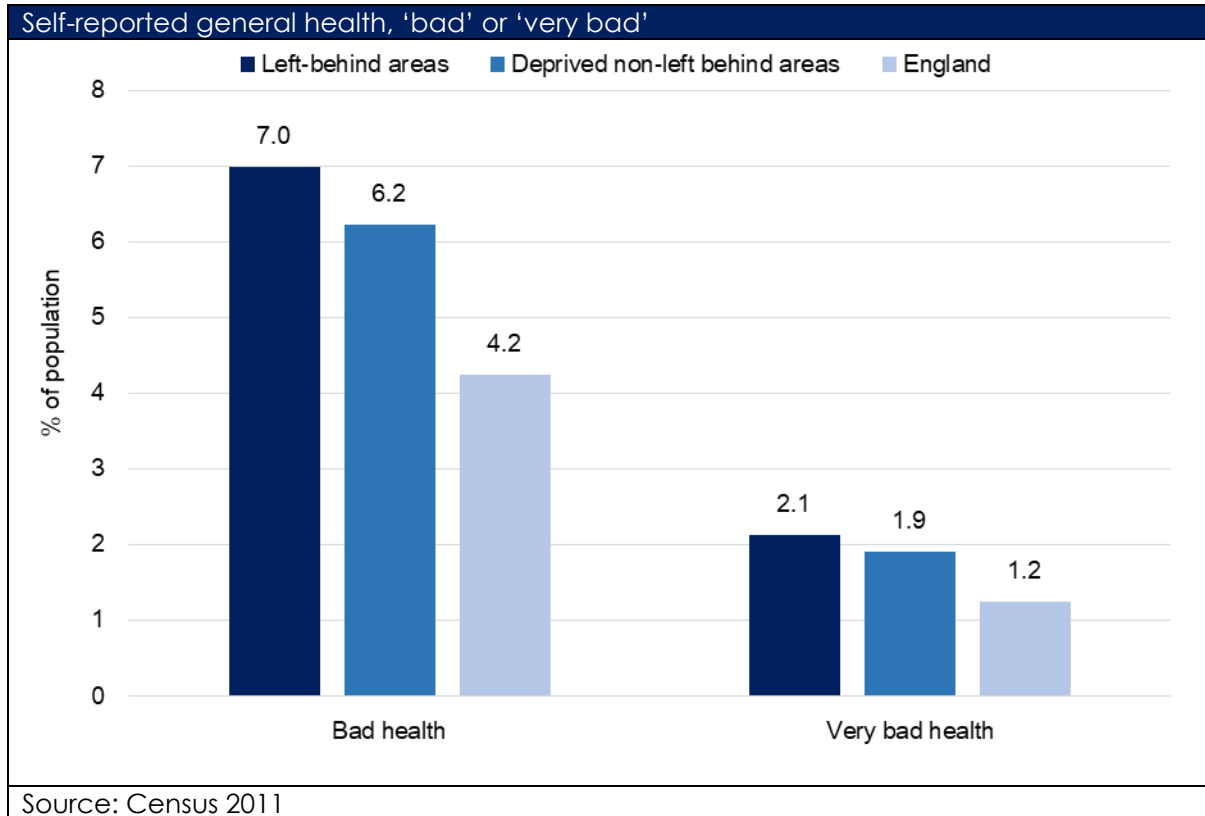
Cancer incidence rates are also above the average across other deprived areas and England as a whole- lung cancer incidence is particularly high (more than 74% above the national incidence rate).

The following LBAs had notable general health challenges:

- Bloomfield in Blackpool faces the greatest challenges around health deprivation of all LBAs with an average rank of 41 on the IMD 2019 health deprivation and disability domain. Bloomfield also has the fifth highest rate of people with 'bad or very bad' health of (12.9%).
- People living in Golf Green in Tendring are nearly three times as likely to report that they have bad or very bad health as the England average, with 16.2%.
- More than one-third of people over 65 reported bad or very bad health in Halton Lea in Halton, Cheshire, at 37.3%.
- Shevington in Knowsley recorded the highest lung cancer incidence of all LBAs, with an incidence rate of 284.2. Shevington also has the tenth highest rate of people over 65 years old with 'bad or very bad' health (32.3%).
- Northwood in Knowsley has the second highest rates of people aged 65+ with 'bad or very bad' health (34.1%) and the second highest rates of lung cancer incidence of all LBAs (279.6). Northwood also has the fourth highest rank on the IMD 2019 health deprivation and disability domain (371) of all LBAs.
- Stockton Town Centre has the fifth highest rate of people aged 65+ with 'bad or very bad' health (33.2%), the third highest levels of health deprivation and disability and the tenth highest lung cancer incidence rate of all LBAs (251.7).

LBA's have a higher proportion of people who self-reported their health to be 'bad' or 'very bad' (9.1%) than across other deprived areas (8.1%) and England as a whole (5.5%)

7% of people in LBA's consider their health to be 'bad', compared to 6.2% across other deprived areas and 4.2% in England. 2.1% of people in LBA's self-reported their health as 'very bad', above the average for other deprived areas (1.9%) and England (1.2%).



223 out of 225 LBA's have higher levels of 'bad' or 'very bad' health than the average across England. The table below shows the ten LBA's with the highest levels of self-reported 'bad' or 'very bad' health.

People living in Golf Green in Tendring are nearly three times as likely to report that they have 'bad' or 'very bad' health (16.2%) compared with the England average (5.5%).

LBA	Local Authority	% bad or very bad health
Golf Green	Tendring	16.2
Shirebrook North West	Bolsover	14.7
Horden	County Durham	14.5
Dearne North	Barnsley	13.0
Bloomfield	Blackpool	12.9
Peterlee East	County Durham	12.5
Oak Tree	Mansfield	12.5
Bentilee and Ubbberley	Stoke-on-Trent	12.1
Miles Platting and Newton Heath	Manchester	12.1
Halton Castle	Halton	12.1

Source: Census 2011

*Just under one-in-four older people in LBAs describe their health as 'bad' or 'very bad'*

24.4% of people in LBAs aged over 65 self-reported 'bad' or 'very bad' health, compared to 23.5% in other deprived areas and 15.3% nationally.

The table below shows the proportion of people over 65 with 'bad' or 'very bad' health in the ten LBAs with the highest rates of elderly poor health. 220 of 225 LBAs have higher levels older people reporting 'bad' or 'very bad' health than on average across England. In eight of these LBAs more than one-third of people over 65 reported 'bad' or 'very bad' health. Four of these areas are located in greater Merseyside, with the highest proportion in Halton Lea (37.3%), followed by Northwood in Knowsley (34.1%).

LBA	Local Authority	% aged 65+ bad or very bad health
Halton Lea	Halton	37.3
Northwood	Knowsley	34.1
Grangetown	Redcar and Cleveland	33.6
Shirebrook North West	Bolsover	33.6
Stockton Town Centre	Stockton-on-Tees	33.2
Hendon	Sunderland	33.1
Brambles & Thorntree	Middlesbrough	33.1
Parr	St. Helens	33.0
Speke-Garston	Liverpool	32.3
Shevington	Knowsley	32.3

Source: Census 2011

*All 225 LBAs show higher levels of health deprivation than the average across England*

The Indices of Deprivation (IoD) 2019 Health deprivation and disability domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The data in the table below shows the average LSOA Rank on this measure, a lower rank indicates that an area is experiencing high levels of deprivation.

LBA	Local Authority	IoD 2019 Health deprivation and disability domain rank
Bloomfield	Blackpool	41
North Ormesby	Middlesbrough	215
Stockton Town Centre	Stockton-on-Tees	348
Northwood	Knowsley	371
Stockbridge	Knowsley	471
Brambles & Thorntree	Middlesbrough	509
Pier	Tendring	680
Walker	Newcastle upon Tyne	736
Norris Green	Liverpool	759
Barrow Island	Barrow-in-Furness	786
LBA's		4,503
Deprived non-LBA's		5,470
England		16,567

Source: Ministry of Housing Communities and Local Government (MHCLG) 2019

LBA's have an average rank of 4,503, showing higher levels of health and disability deprivation than other deprived areas (5,470) and England (16,567).

All 225 LBA's show higher levels of health deprivation than on average across England, with lower ranks on the health domain in all LBA's. Bloomfield in Blackpool faces the greatest challenges around health deprivation of all LBA's with an average rank of 41. This is likely to reflect the low life expectancy, high premature mortality and high self-reported levels of poor health identified above.

*LBA's show a relatively high prevalence on a wide range of health outcomes*

The table below shows the proportion of people in LBA's experiencing specified health conditions (based on GP records). LBA's show higher prevalence on 15 of the 21 selected health conditions than across other deprived areas and England as a whole.

The following health conditions are of particular concern across LBA's, when compared against the England average: Obesity (12.9% in LBA's, 9.8% nationally), Depression (12% in LBA's, 9.9% nationally), Diabetes (7.9% in LBA's, 6.8% nationally), COPD (3% in LBA's, 1.9% nationally) and High Blood Pressure (14.9% in LBA's, 14% nationally).

Prevalence of key health condition	LBA's	Deprived non-LBA's	England
High Blood Pressure	14.93	13.57	13.99
Obesity	12.94	11.94	9.79
Depression	11.98	11.20	9.87
Diabetes	7.86	7.92	6.78
Asthma	6.31	6.06	5.92
Chronic Kidney Disease	4.66	4.16	4.14
Coronary Heart Disease	3.72	3.25	3.15
COPD	2.97	2.41	1.92
Cancer	2.56	2.23	2.75
Stroke and Transient Ischaemic Attack	1.93	1.69	1.78
Atrial Fibrillation	1.85	1.61	1.93
Cardiovascular Disease	1.21	1.16	1.14
Serious Mental Illness	1.05	1.14	0.93
Epilepsy	1.03	0.94	0.80
Heart Failure	0.95	0.89	0.84
Rheumatoid Arthritis	0.83	0.75	0.75
Peripheral Arterial Disease	0.81	0.69	0.59
Dementia	0.73	0.64	0.77
Learning Disabilities	0.65	0.62	0.49
Osteoporosis	0.54	0.56	0.60
Palliative Care	0.45	0.39	0.39

Source: House of Commons Library 2017/18

*Cancer incidence rates are also above the average across other deprived areas and England as whole– lung cancer incidence is particularly high (more than 74% above the national incidence rate)*



The table below shows the cancer incidence rates by key cause in LBAs, other deprived areas and England. Figures are presented as indirectly age-sex standardised registration ratios (ratio of observed incidence vs expected incidence given the age profile of the population).

Cancer incidence rates in LBAs (113.5) are higher than across other deprived areas (108) and England as a whole (100). There is some variation across different types of cancer. As shown in the table, lung cancer incidence is a particular area of concern – with a recorded incidence rate of 174.2 in LBAs, compared to 159 in other deprived areas and 106.1 in England as a whole. By contrast, incidence of breast and prostate cancer are below the national average.

	LBAs	Deprived non-LBAs	England
Cancer incidence	113.5	108.0	100.4
Incidence of breast cancer	94.7	90.0	99.2
Incidence of colorectal cancer	108.0	102.0	99.9
Incidence of lung cancer	174.2	159.0	106.1
Incidence of prostate cancer	91.0	87.9	99.3

Source: National Cancer Registration and Analysis Service and Office for National Statistics (ONS) 2012-2016

The table below shows the ten LBAs with the highest lung cancer incidence rates. In total, 220 out of 225 LBAs have higher lung cancer incidence rates than the England average (106.1). The two LBAs with the highest incidence rates are both in Knowsley, with an incidence rate of 284.2 in Shevington and 279.6 in Northwood. LBAs in Newcastle also feature prominently, with lung cancer incidence rates at more than 2.5 times the national average in Walker (272.2) and Byker (269.7).

LBA	Local Authority	Incidence of lung cancer
Shevington	Knowsley	284.2
Northwood	Knowsley	279.6
Walker	Newcastle upon Tyne	272.2
Byker	Newcastle upon Tyne	269.7
Orchard Park and Greenwood	Kingston upon Hull, City of	268.8
Biddick and All Saints	South Tyneside	267.2
Woodhouse Park	Manchester	265.9
Headland and Harbour	Hartlepool	255.0
Harpurhey	Manchester	253.8
Stockton Town Centre	Stockton-on-Tees	251.7

Source: National Cancer Registration and Analysis Service and Office for National Statistics (ONS) 2012-2016

## Limiting long-term illness and disability in Left-behind Areas

This section explores data on limiting long-term illness and disability in LBAs and comparator areas. Disability can be defined as the loss of or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical or social barriers<sup>2</sup>. This section uses both self-reported measures of disability and administrative data on people receiving benefits to support their social care needs or barriers to employment caused by their primary disabling condition.

### Key findings

People in LBAs are more likely to be living with a limiting long-term illness than in other deprived areas and nationally – 20.1% of working age people have a limiting long-term illness in LBAs compared to 18.3% in other deprived areas and 12.7% in England.

All 225 LBAs have a higher proportion of working age people with a limiting long-term illness than the England average (12.7%) – including one-third of people aged 16-64 in Golf Green in Tendring (33%).

For five of the six principal health-related benefits, LBAs show a higher claimant rate than across other deprived areas.

Personal Independence Payment claimant rates in LBAs are double the national average.

Nearly twice the proportion of people in LBAs are out of work due to sickness than the England average (13.4% compared to 6.7% nationally).

LBAs face greater levels of illness and disability deprivation than other deprived areas and England with a higher score on the IoD 2019 Comparative illness and disability ratio indicator (196 in LBAs compared to 116.8 nationally).

The following LBAs had notable challenges around limiting long-term illness and disability:

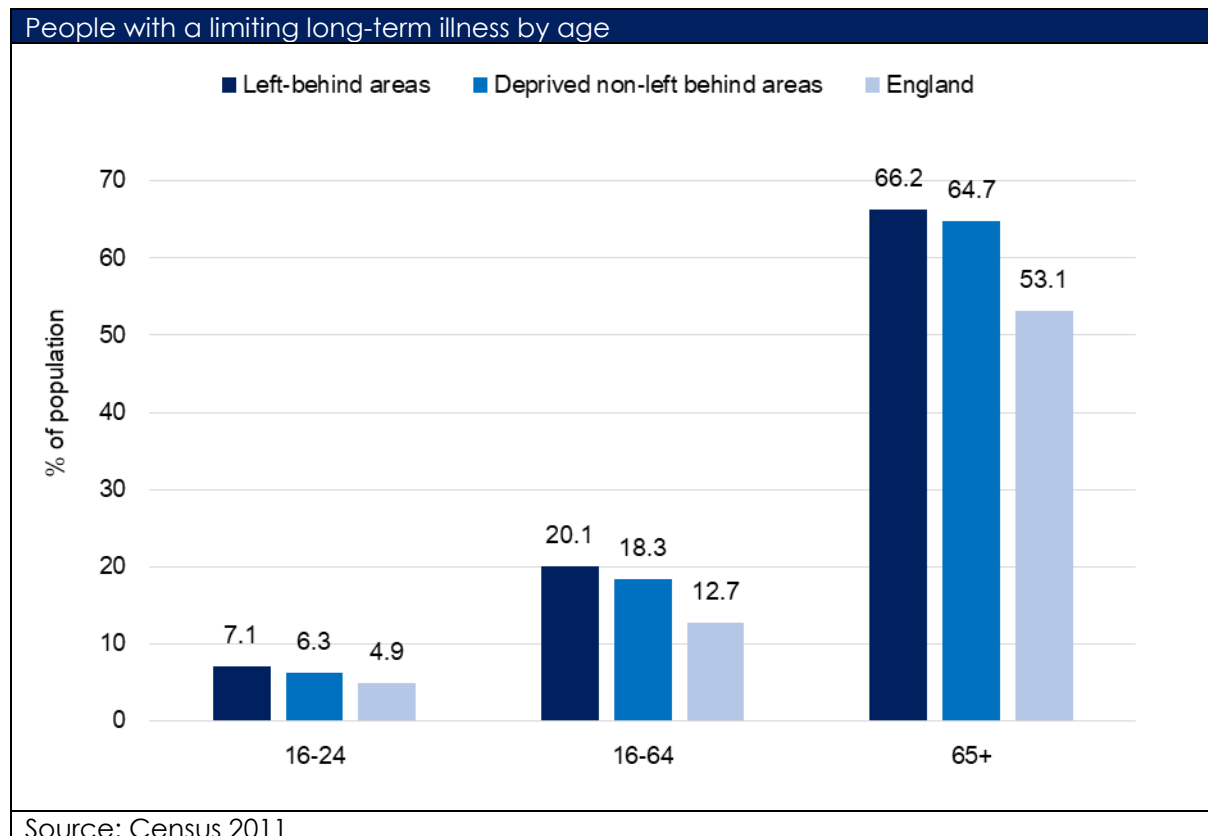
- One-third of people aged 16-64 living in Golf Green in Tendring have a limiting long-term illness (33%) the highest proportion of all LBAs. Golf Green also has the second highest proportion of people claiming out of work sickness benefits (23.5%) of all LBAs.
- Rates of people out of work due to sickness are highest in Bloomfield in Blackpool of all LBAs (23.7%) and Bloomfield faces the highest levels of work limiting morbidity and disability with the highest score of the 225 LBAs on this measure of deprivation on the IMD 2019 (302.3). Bloomfield also has the seventh highest proportion of people aged 16-64 with a limiting long-term illness of all LBAs (27%).
- Oak Tree in Mansfield, Nottinghamshire, has the third highest rate of out of work sickness benefit claimants of all LBAs (22.7%) and the third highest levels of work limiting morbidity and disability based on the IMD 2019 (281.3). Oak Tree also has the third highest rates of people aged 16-64 living with a limiting long-term illness (28.7%) of all LBAs.

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<sup>2</sup> Borsay, A. (2004) *Disability and Social Policy in Britain since 1750*. Basingstoke: Palgrave

People in LBAs are more likely to be living with a limiting long-term illness across than in other deprived areas and nationally – 20.1% of working age people have a limiting long-term illness in LBA compared to 18.3% in other deprived areas and 12.7% in England

The chart below shows the proportion of people with a limiting-long term illness<sup>3</sup> by age group. LBAs have a higher proportion of people living with a limiting long-term illness across all of the selected age groups. 7.1% of people aged 16-24 in LBAs have a limiting long-term illness, compared with 6.3% in deprived non-LBAs and 4.9% nationally. 20.1% of working age people have a limiting-long term illness in LBAs compared with 18.3% in deprived non-LBAs and 12.7% in England; and 66.2% aged 65+, compared with 64.7% and 53.1% respectively in other deprived areas and England as a whole.



All 225 LBAs have a higher proportion of working age people with a limiting long-term illness than the England average (12.7%) – including one-third of people aged 16-64 in Golf Green (33%)

The table below shows the ten LBAs with the highest proportion of working age people (aged 16-64) living with a limiting-long term illness; each of these LBAs has a limiting long-term illness rate that is more than double the national average. One-third of people aged 16-64 living in Golf Green in Tendring have a limiting long-term illness (33%), followed by 29.9% in Horden, County Durham and 28.7% in Oak Tree, Mansfield – Nottinghamshire. All of the 225 LBAs have a higher proportion of working age people with a limiting long-term illness than the England average.

<sup>3</sup> People are identified as having a limiting long-term illness if they responded in the 2011 Census to the question "Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?" with the reply "Yes, limited a lot" or "Yes, limited a little".

LBA	Local Authority	% limiting long-term illness (aged 16-64)
Golf Green	Tendring	33.0
Horden	County Durham	29.9
Oak Tree	Mansfield	28.7
Dearne North	Barnsley	27.7
Peterlee East	County Durham	27.2
Halton Castle	Halton	27.2
Bloomfield	Blackpool	27.0
Bidston and St James	Wirral	26.3
Shirebrook North West	Bolsover	26.3
Blurton West and Newstead	Stoke-on-Trent	25.9
Source: Census 2011		

*A higher proportion of people in LBAs are claiming disability and sickness benefits compared to rates across England*

The table below shows the proportion of people claiming the main disability benefits across LBAs, other deprived areas and England. Incapacity Benefit, Employment and Support Allowance and the two Universal Credit components shown in the table are applicable where people have limited or no capacity to work due to poor mental or physical health, illness or disability, according to various conditions for claimants. Disability Living Allowance, Personal Independence Payment and Attendance Allowance are payable to people with long-term illness or disability that require social care support to manage their conditions – regardless of their employment or financial circumstances.

Area name	LBAs	Deprived non-LBAs	England
Incapacity Benefit/Employment and Support Allowance (May-2020)	8.7	7.8	4.5
Universal Credit claimants: No work requirements (May-2020)	4.7	4.1	2.2
Households on Universal Credit - Limited Capability for Work Entitlement (Aug-2020)	3.5	3.3	1.6
Disability benefit (DLA) (May-2020)	3.5	3.0	2.1
Personal Independence Payment (PIP) (July-2020)	11.9	10.0	6.0
Older people social care benefit (Attendance Allowance) (May-2020)	15.9	16.1	12.5
Source: DWP			

For five of the six principal health-related benefits, LBAs show a higher claimant rate than across deprived non-LBAs, while LBAs shows considerably higher claimant rates than the national average across all health-related benefits.

The Personal Independence Payment claimant rate in LBAs is approximately double the national average (12% compared to 6%). PIP helps with some of the extra costs caused by long-term disability, ill-health or terminal ill-health and began to replace Disability Living Allowance (DLA) as the main disability benefit for working age people from April 2013.

The proportion of people claiming Universal Credit with no work requirements in LBAs is also double the average across England (4.7% compared to 2.2%). This benefit is payable to

people are not expected to work due to health or caring responsibilities which prevent the claimant from working or preparing for work. Similarly, the proportion of households receiving Universal Credit where at least one member of the household is identified as having a limited capacity to work due to poor mental or physical health conditions is also more than double the national average - 3.5% in LBAs compared to 1.6% nationally.

*Nearly twice the proportion of people in LBAs are out of work due to sickness than the England average (13.4% compared to 6.7% nationally)*

The table below shows the ten LBAs with the highest rates of people claiming Incapacity Benefit/Employment and Support Allowance or Universal Credit with No work requirements (May-2020) – benefits payable to people who are out of work due to sickness and disability. All of the 225 LBAs have a higher proportion of people out of work through sickness than on average across England.

Rates of people out of work due to sickness are highest in Bloomfield in Blackpool (23.7%), followed closely by Tendring, Essex, and the neighbourhoods of Golf Green (23.5%) and Pier (21.6%) and Oak Tree in Mansfield, Nottinghamshire, 22.7%.

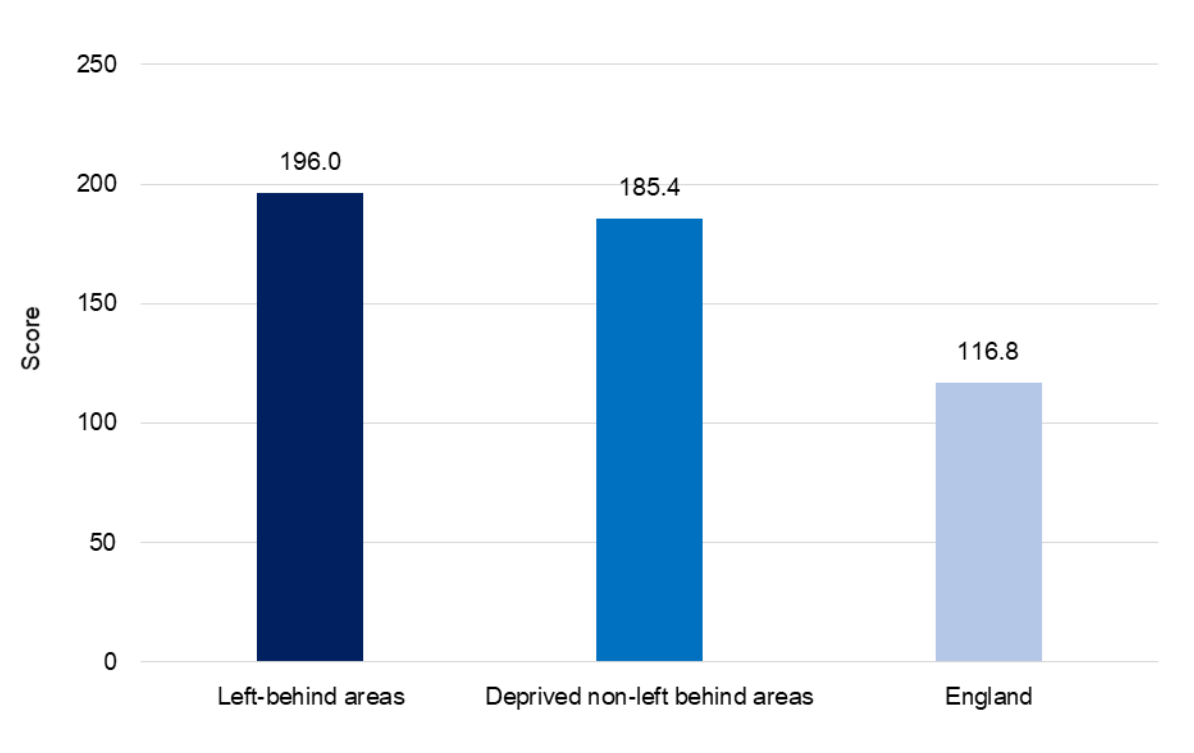
LBA	Local Authority	Workless through sickness benefit (IB/ESA/UC: no work requirements)
Bloomfield	Blackpool	23.7
Golf Green	Tendring	23.5
Oak Tree	Mansfield	22.7
Pier	Tendring	21.6
Bidston and St James	Wirral	21.3
Manor House	Hartlepool	20.7
Northwood	Knowsley	20.2
Brambles & Thorntree	Middlesbrough	19.8
Peterlee East	County Durham	19.8
Rush Green	Tendring	19.7
Source: DWP May-2020		

*Levels of sickness and disability are widespread across LBAs with all LBAs ranked as more deprived than the national average on the IoD comparative illness and disability indicator*

The Indices of Deprivation (IoD) 2019 comparative illness and disability ratio is an indicator of work limiting morbidity and disability. The indicator is constructed from a combination of the benefit indicators explored in the previous section and is age standardised to capture premature sickness and disability. A higher score indicates that an area is experiencing high levels of deprivation.

The chart below shows the IoD 2019 comparative illness and disability score for LBAs, other deprived areas and England. It shows that LBAs face greater levels of work limiting morbidity and disability than across deprived-non LBAs and England, with a score of 196 compared to 185.4 in other deprived areas and 116.8 nationally.

### IoD 2019 Comparative illness and disability ratio indicator



Source: MHCLG 2019

All 225 LBAs have higher levels of work limiting morbidity and disability than the national average on this measure.

LBA	Local Authority	IoD 2019 Comparative illness and disability score
Bloomfield	Blackpool	302.3
Northwood	Knowsley	288.2
Oak Tree	Mansfield	281.3
Bidston and St James	Wirral	279.3
Pier	Tendring	270.2
Stockbridge	Knowsley	268.2
Norris Green	Liverpool	263.8
Page Moss	Knowsley	262.5
Rock Ferry	Wirral	262.5
Walker	Newcastle upon Tyne	258.7

Source: MHCLG 2019

Bloomfield in Blackpool is ranked as the most deprived LBA on the IoD 2019 Comparative illness and disability, followed by Northwood in Knowsley, Merseyside, and Oak Tree in Mansfield, Nottinghamshire. This reflects the poor levels of general health identified in the previous sections.

## Mental health in Left-behind Areas

This section looks at the overall levels of mental health in LBAs and comparator areas. People with mental health issues face significant additional barriers in terms of employment, health and other aspects.

### Key findings

LBAs face greater mental health challenges than other deprived areas and England with a higher score on the IoD 2019 Mood and anxiety disorder indicator (0.825 compared to 0.479 in other deprived areas and -0.028 in England).

215 out of 225 LBAs experience greater mental health challenges than the national average – two of the highest scoring LBAs on the IoD 2019 Mood and anxiety disorder indicator are located in Tendring: Pier (2.3) and Golf Green (2.2).

LBAs (4.4%) have a higher proportion of people claiming incapacity benefits due to mental health-related conditions than deprived non-LBAs (4.1%) and nearly double that of England as a whole (2.3%).

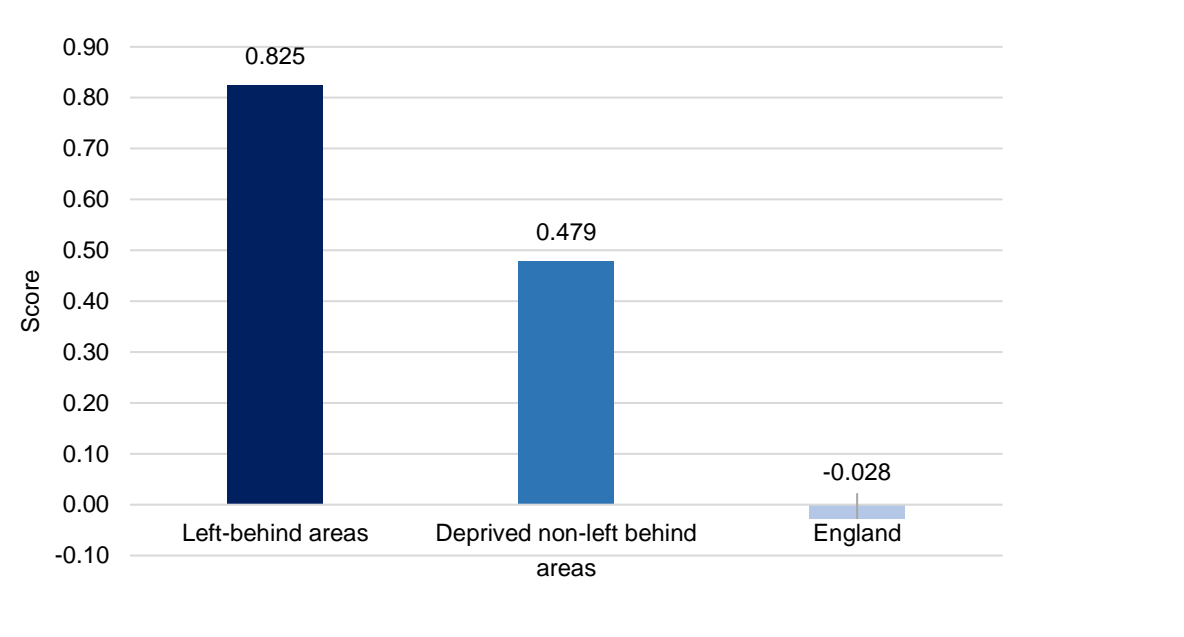
218 out of 225 LBAs have higher levels of people receiving out of work benefits for mental health reasons than the national average (2.3%) – including Oak Tree in Mansfield where one-in-ten people are claiming mental health-related incapacity benefits.

### *LBAs face greater mental health challenges than other deprived areas and England with a higher score on the IoD 2019 Mood and anxiety disorder indicator*

The Indices of Deprivation (ID) 2019 Mood and anxiety disorder indicator is a broad measure of levels of mental ill health in the local population. The indicator is modelled from three sources: GP prescriptions for people with a mental health condition; hospital admissions for mental health conditions and suicide mortality. A higher score indicates higher levels of deprivation on this measure.

The chart below shows the IoD 2019 Mood and anxiety disorder score for LBAs and their comparator areas. It shows that LBAs face greater mental health challenges than across deprived non-LBAs and England as a whole, with a score of 0.825 compared to 0.479 in other deprived areas and -0.028 in England.

### IoD 2019 Mood and anxiety disorder indicator



Source: Ministry of Housing Communities and Local Government (MHCLG) 2013 to 2018

215 out of 225 LBAs see greater mental health challenges compared to the national average. The table below shows the 10 LBAs with the highest concentrations of mental ill-health. Two of the highest scoring LBAs are Pier and Golf Green located in Tendring. Other LBAs that have a high concentration of mental ill-health are Parr in St. Helens (2.2), Loundsley Green in Chesterfield (2.1), Bloomfield in Blackpool (2.1), and Bidston and St James in Wirral (2.1).

LBA	Local Authority	IoD 2019 Mood and anxiety disorders indicator (score)
Pier	Tendring	2.3
Golf Green	Tendring	2.2
Parr	St. Helens	2.2
Loundsley Green	Chesterfield	2.1
Bloomfield	Blackpool	2.1
Bidston and St James	Wirral	2.1
Rock Ferry	Wirral	2.0
Barrow Island	Barrow-in-Furness	2.0
Rush Green	Tendring	1.9
North Ormesby	Middlesbrough	1.9

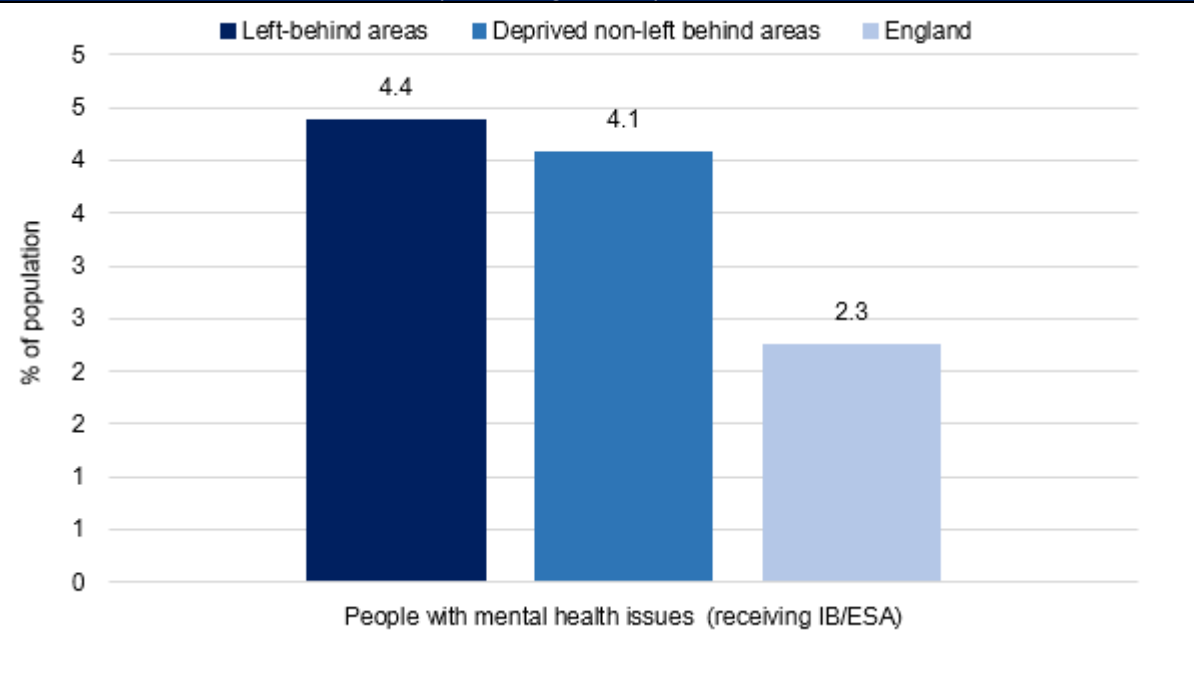
Source: Ministry of Housing Communities and Local Government (MHCLG) 2013 to 2018

### People in living in LBAs are more likely to be not in employment due to mental health related conditions

The chart below shows the proportion of working age people that receive Incapacity Benefits due to mental health-related conditions in LBAs and their comparators. The chart shows that 4.4% of working age people in LBAs receive mental health-related Incapacity Benefits, above the average for deprived non-LBAs (4.1%) and nearly double the rate across England as a whole (2.3%).



People with mental health issues (receiving IB/ESA)



Source: Department for Work and Pensions (DWP) May-20

218 out of 225 LBAs have higher levels of people with mental health issues than the national average. The table below shows the 10 LBAs with the highest proportion of working age people with mental health issues (those in receipt of mental health related incapacity benefits IB/ESA). One-in-ten working age people in Oak Tree, Mansfield are in receipt of mental health-related incapacity benefits. The other LBAs with high rates are geographically dispersed and include the coastal areas of Pier in Tendring (9.6%), Barrow Island in Barrow-in-Furness (8.4%), and Bloomfield in Blackpool (8.3%).

Eight LBAs with higher levels of mental health issues also have a dual challenge of worklessness due to poor health. This suggests that mental health is a key driver for the high levels of wider worklessness in these areas.

LBA	Local Authority	People with mental health issues (receiving IB/ESA) %
Oak Tree	Mansfield	10.0
Pier	Tendring	9.6
Barrow Island	Barrow-in-Furness	8.4
Bloomfield	Blackpool	8.3
Loundsley Green	Chesterfield	7.8
Golf Green	Tendring	7.5
Miles Platting and Newton Heath	Manchester	7.2
Northwood	Knowsley	7.0
Rother	Chesterfield	6.4
Belle Vale	Liverpool	6.3

Source: Department for Work and Pensions (DWP) May-20

## Risk factors in Left-behind Areas

Health risk factors are attributes, characteristics or exposures that increase the likelihood of a person developing a disease or health disorder. This section focuses on the risks to health presented by the lifestyles that people lead, such as smoking, poor diet and alcohol consumption - factors with direct links to early death and disability within a population and therefore primary drivers of health inequalities across LBAs and comparator areas.

### Key findings

Behavioural risk factors are likely to be more common in LBAs than in other deprived areas and across England with higher rates of smoking, drinking and poor diet – 34.9% of adults smoke in LBAs compared to 31.9% across deprived non-LBAs and 22.2% in England.

222 out of 225 LBAs have a higher proportion of adults who smoke than the England average (22.2%) – including more than half of adults smoking in Berwick Hills & Pallister in Middlesbrough.

People in LBAs are less likely to be physically active than in other deprived areas and across England – 30.7% of adults (aged 16+) in LBAs are physically inactive compared to 29.9% in deprived non-LBAs and 23.5% in England.

221 out of 225 LBAs have higher levels of physical inactivity than the national average (23.5%) – three of the highest are located in Middleborough: Berwick Hills & Pallister (37.4%), North Ormesby (37.3%) and Brambles & Thorntree (36.8%).

LBAs face similar levels of child obesity to other deprived areas, where this is most prevalent in the reception year group. More than a quarter (26.2%) of children in reception year in LBAs are overweight or obese, slightly higher than other deprived areas (25.5%) and above the national average (22.1%).

The proportion of children who are overweight and obese in reception year is particularly high in Middlesbrough - Berwick Hills & Pallister area (37.1% compared to 22.1% nationally). Nearly half of children in year 6 in Darlaston South, Walsall are overweight or obese (46.7%).

A lower proportion of babies are born with a low birth weight in LBAs (3.3%), compared with other deprived areas (3.7%); however, this is above the national average 2.8%.

150 out of 225 LBAs have a higher proportion of babies born with a low birth weight than the England average (2.8%) – including Golf Green in Tendring (9.7%) which has a rate that is three times the national average.

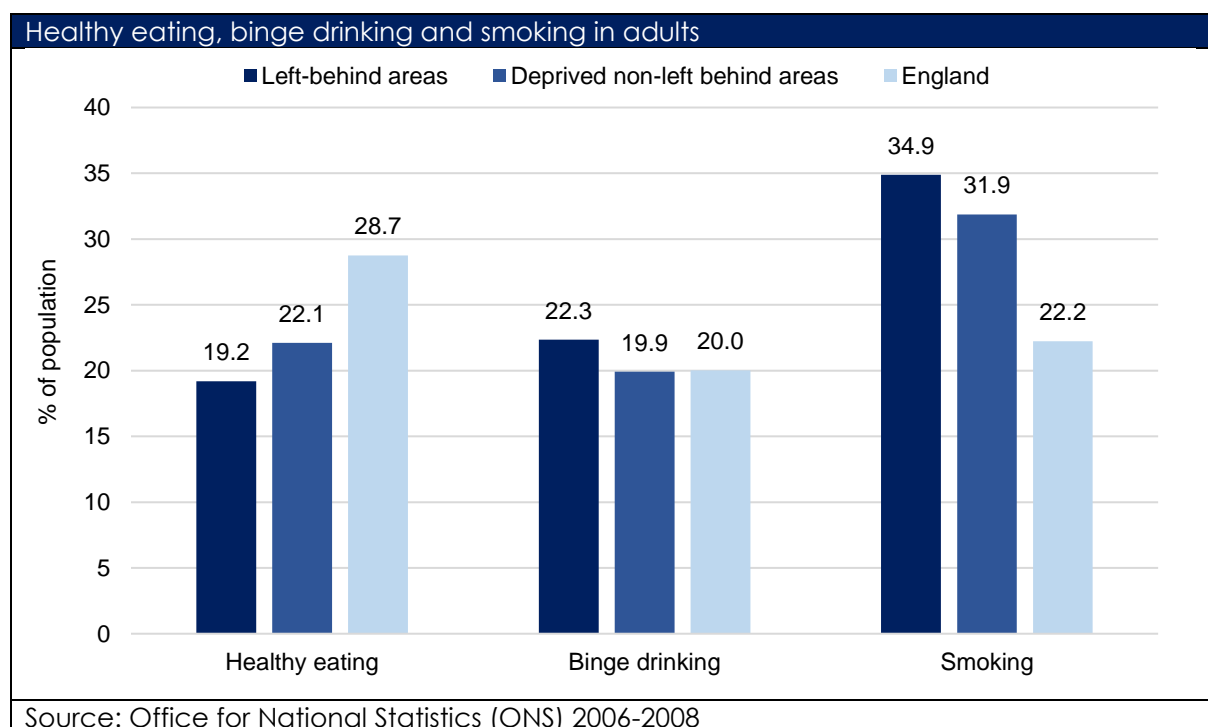
LBAs have a higher prevalence of smoking among 15 year olds than deprived areas; however, they outperform the national average – 7.7% of people aged 15 are regular or occasional smokers compared to 6.8% in deprived non-LBAs and 8.3% nationally.

Despite this, 91 out of 225 LBAs have a higher prevalence of people aged 15 who are regular smokers than the national average (5.5%) – the proportion of those aged 15 who smoke regularly is particularly high in Stoke-on-Trent with the two highest LBAs in Meir South (13.1%) and Abbey Hulton (9.8%).

People living in LBAs are more likely to be engaged in smoking drinking and less likely to engage in healthy eating compared with the average across deprived non-LBAs and England

The chart below shows the levels of healthy eating (consumption of five or more portions of fruit and vegetables a day among adults), binge drinking, and smoking in LBAs and their comparators.

The chart shows that over one-third of adults in LBAs smoke (34.9%), notably higher than the rate in deprived non-LBAs (31.9%) and England as a whole (22.2%). There is a slightly higher prevalence of binge drinking in LBAs (22.3%) compared with deprived non-LBAs (19.9%) and the national average (20%). People in LBAs are also less likely to engage in healthy eating than comparator areas with less than one-in-five people eating five or more portions of fruit and vegetables a day (19.2%), lower than in deprived non-LBAs (22.1%) and across England as a whole (28.7%)<sup>4</sup>. The prevalence of higher behavioural risk factors is likely to be linked to higher rates of poor general health in LBAs.



The table below shows the 10 LBAs with the highest prevalence of smoking among adults. 222 out of 225 LBAs have a higher rate of smoking than the national average.

The rates are particularly high in Middlesbrough with four LBAs located here: Berwick Hills & Pallister, North Ormesby, Park End & Beckfield, and Brambles & Thornton. Over half the adult population in Berwick Hills & Pallister smoke. Walker in Newcastle upon Tyne also has a particularly high rate of smoking (49%) which may be linked to a higher prevalence of lung cancer in this LBA.

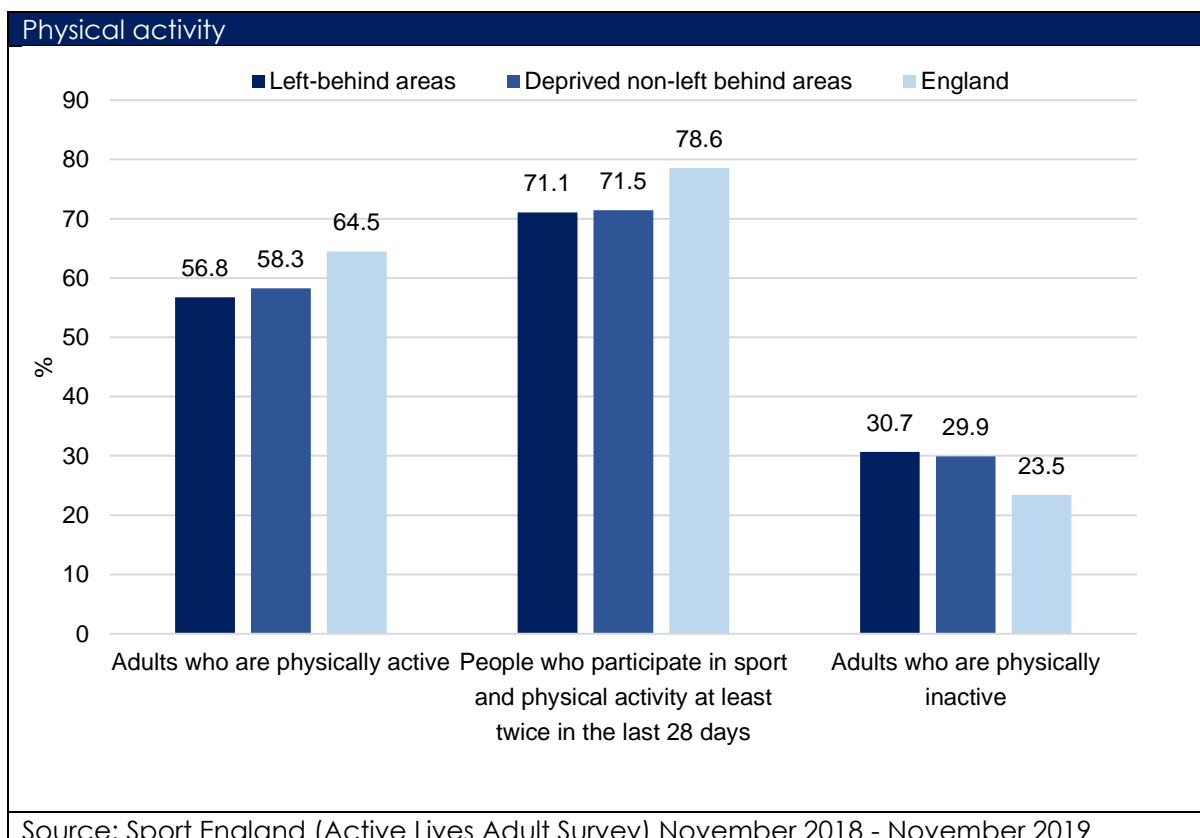
<sup>4</sup> However, it is important to note that this information is increasingly out of date and there is a lack of up to date information on healthy lifestyle behaviours for these areas.

Left behind area	Local Authority	Adults smoking %
Berwick Hills & Pallister	Middlesbrough	50.7
Grangetown	Redcar and Cleveland	49.9
Walker	Newcastle upon Tyne	49.0
Bentilee and Ubbertley	Stoke-on-Trent	48.6
North Ormesby	Middlesbrough	47.9
Park End & Beckfield	Middlesbrough	47.8
Brambles & Thorntree	Middlesbrough	47.2
Kingswood & Hazel Leys	Corby	47.1
Bransholme West	Kingston upon Hull, City of	47.0
Harpurhey	Manchester	45.4

Source: Office for National Statistics (ONS) 2006-2008

### People in LBAs are less physically active than in other deprived areas and across England

The chart below shows the levels of physical activity amongst adults (aged 16+) in LBAs and their comparators. LBAs have lower levels of physical activity among adults compared with other deprived areas and across England as a whole. However, the disparity is smaller between LBAs and other deprived areas. A higher proportion of adults are physically inactive (30.7%) in LBAs than in other deprived areas (29.9%) and nationally (23.5%). This is likely to correlate with a higher prevalence of certain health conditions where LBAs experience a higher rate of obesity, cardiovascular disease, high blood pressure, and depression.



221 out of 225 LBAs have higher levels of physical inactivity among adults than the national average. The table below shows the 10 LBAs with the highest rates of physical inactivity. In each of these areas more than one-third of adults are physically inactive. Three of the LBAs with the highest rates of physical inactivity are located in Middlesbrough: Berwick Hills & Pallister (37.4%), North Ormesby (37.3%) and Brambles & Thorntree (36.8%).

Left behind area	Local Authority	Adults who are physically inactive %
Berwick Hills & Pallister	Middlesbrough	37.4
North Ormesby	Middlesbrough	37.3
Brambles & Thorntree	Middlesbrough	36.8
Hateley Heath	Sandwell	36.8
Marfleet	Kingston upon Hull, City of	36.7
Stockbridge	Knowsley	36.1
Park End & Beckfield	Middlesbrough	36.0
Hodge Hill	Birmingham	35.9
Orchard Park and Greenwood	Kingston upon Hull, City of	35.4
Northwood	Knowsley	35.4

Source: Sport England (Active Lives Adult Survey) November 2018 - November 2019

### LBA's face high levels of childhood obesity

LBA's have higher rates of child obesity than the national average, with a higher prevalence among children in reception year. More than one-quarter of children in reception year (26.2%) in LBA's are overweight or obese, slightly higher than other deprived areas (25.5%) and above the national average (22.1%). LBA's also have a higher prevalence of child obesity in reception year (12.2%), slightly above deprived non-LBA's (12.1%) and above the national average (9.6%). LBA's perform slightly better on average than deprived non-LBA's in the year 6 group. However, the proportion of children that are overweight or obese in year 6 is notably higher than the national average (39.5% compared to 33.6%).

Weight indicator	LBA's	Deprived non-LBA's	England
Overweight or obese children in reception year	26.2	25.5	22.1
Overweight or obese children in year 6	39.5	39.7	33.6
Obese children in reception year	12.2	12.1	9.6
Obese children in year 6	25.1	25.5	20.0

Source: National Child Measurement Programme, NHS Digital 2015/16 to 2017/18

The table below shows the 10 LBA's with the highest proportion of children in reception year that are overweight or obese. LBA's in Middlesbrough see particularly high rates, with the highest proportion in the Berwick Hills & Pallister area (37.1%). This is closely followed by Byker in Newcastle upon Tyne (36.9%) and Newbiggin Central and East in Northumberland (35.2%).

Left behind area	Local Authority	Overweight or obese children in reception year %
Berwick Hills & Pallister	Middlesbrough	37.1
Byker	Newcastle upon Tyne	36.9
Newbiggin Central and East	Northumberland	35.2
North Ormesby	Middlesbrough	34.6
Oak Tree	Mansfield	33.6
Moss Bay	Allerdale	33.6
Bondfields	Havant	33.4
Brambles & Thorntree	Middlesbrough	33.1
Walker	Newcastle upon Tyne	33.0
Park End & Beckfield	Middlesbrough	32.7

Source: National Child Measurement Programme, NHS Digital 2015/16 to 2017/18

The table below shows the 10 LBA's with the highest proportion of children in year 6 that are overweight or obese. 215 out of 225 LBA's have a higher proportion of children in year 6 that

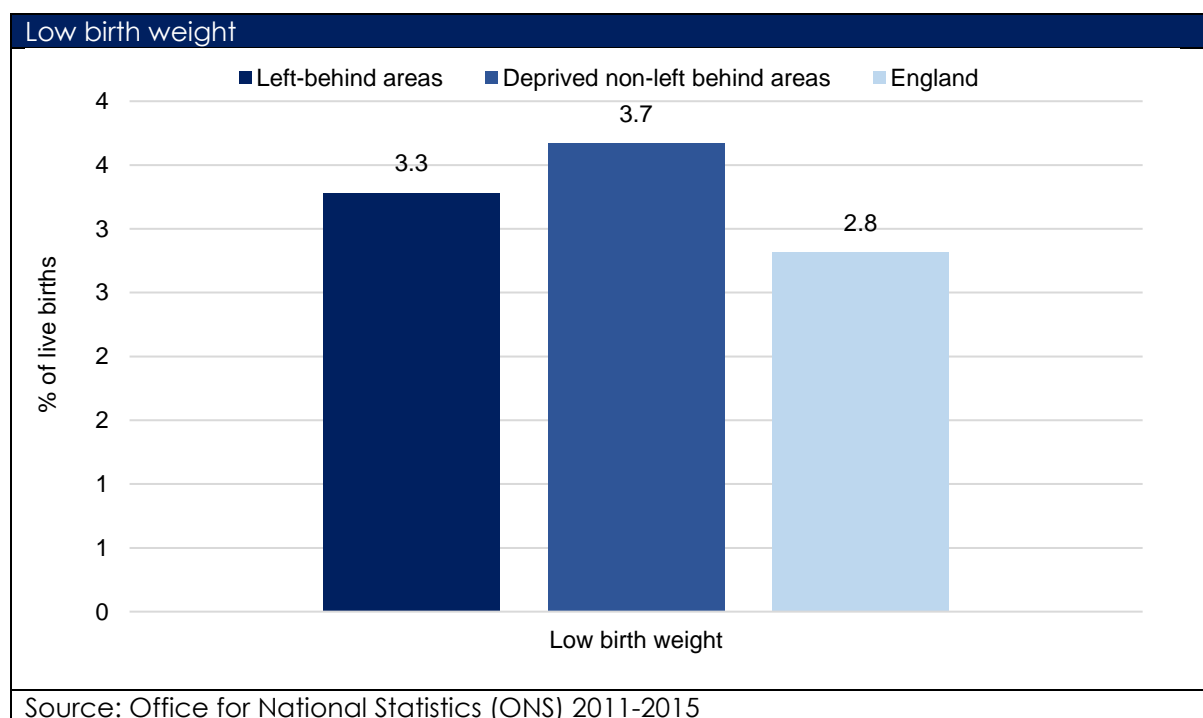
are overweight or obese compared to the national average. Nearly half of all children in year 6 in Darlaston South, Walsall are overweight or obese (46.7%), followed by 45.9% in Newbiggin Central and East, Northumberland and 45.8% in St Anne's, Sunderland.

Left behind area	Local Authority	Overweight or obese children in year 6 %
Darlaston South	Walsall	46.7
Newbiggin Central and East	Northumberland	45.9
St Anne's	Sunderland	45.8
Bilston East	Wolverhampton	45.7
St Andrew's	Kingston upon Hull, City of	45.6
Sandhill	Sunderland	45.5
Woodhouse Park	Manchester	45.4
Horden	County Durham	45.4
Walker	Newcastle upon Tyne	44.8
Sandwith	Copeland	44.7

Source: National Child Measurement Programme, NHS Digital 2015/16 to 2017/18

*LBAs have a lower rate of babies born with a low birth rate than across other deprived areas*

The chart below shows the proportion of babies born with a low birth weight (the number of live and still births with a birth weight greater than 0 and less than 2500 grams) in LBAs and their comparators. LBAs perform better here than other deprived areas, with a lower rate of low birth weight (3.3%) than deprived non-LBAs (3.7%). However, the rate for LBAs is much higher than the national average (2.8%).



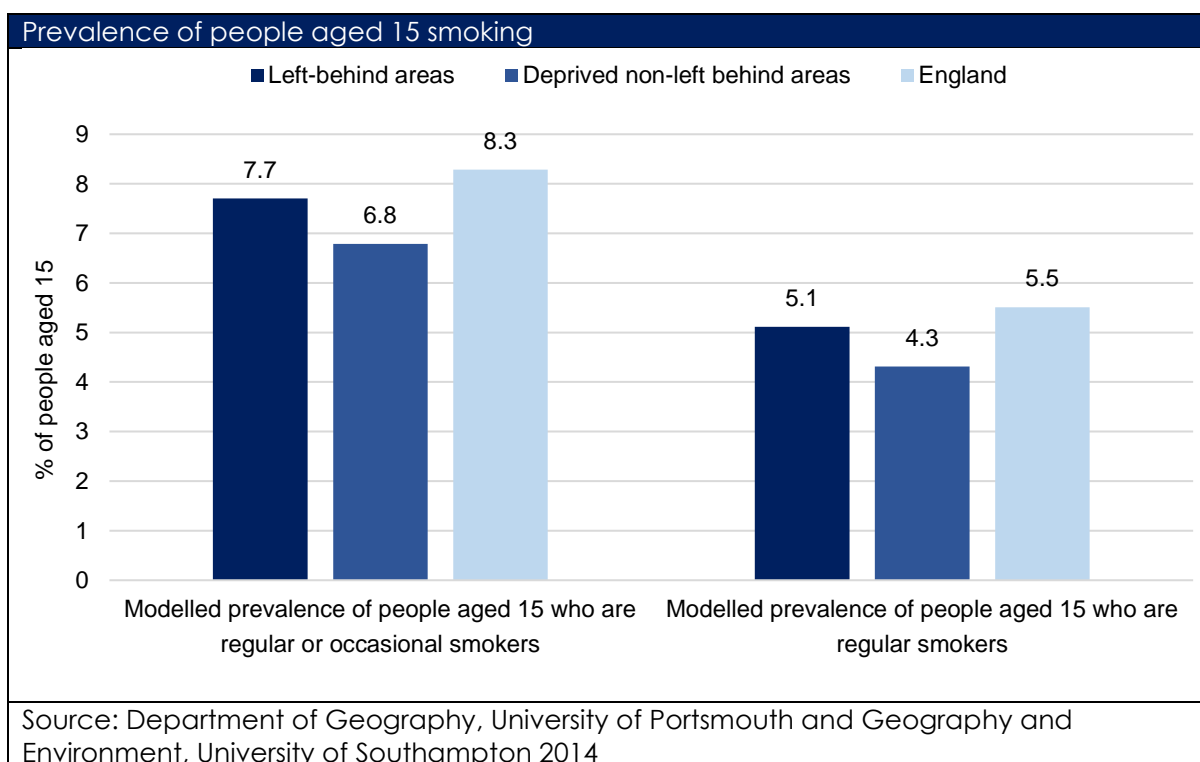
150 out of 225 LBAs have a higher proportion of babies born with a low birth weight than the national average. The table below shows the 10 LBAs with the highest recorded rates of low birth weight. The prevalence of low birth weight is more than three times the national average in Golf Green in Tendring (9.7%). Higher rates are also seen in Gamesley, High Peak (5.8%) and Horden in County Durham (5.6%), both twice the national average (2.8%).

Left behind area	Local Authority	Low birth weight %
Golf Green	Tendring	9.7
Gamesley	High Peak	5.8
Horden	County Durham	5.6
Shirebrook North West	Bolsover	5.5
Rush Green	Tendring	5.4
Peterlee West	County Durham	5.4
Sildon and Dene Valley	County Durham	5.4
Norton South	Halton	5.3
Gawthorpe	Burnley	5.3
Oak Tree	Mansfield	5.3

Source: Office for National Statistics (ONS) 2011-2015

### LBA's have a lower prevalence of people aged 15 who smoke

The chart below shows the percentage of people aged 15 who are regular smokers or regular or occasional smokers. LBAs perform worse compared to other deprived non-LBAs where 7.7% of people aged 15 are regular or occasional smokers compared to 6.8% in deprived non-LBAs. By contrast, levels of smoking among people aged 15 is lower in LBAs than the national average (7.7% compared to 8.3% nationally).



Despite this, 91 out of 225 LBAs have a higher prevalence of people aged 15 who are regular smokers than the national average (5.5%). The table below shows the 10 LBAs with the highest proportion of people aged 15 who regularly smoke. Five of these LBAs are located in Stoke-on-Trent with the two highest rates in the Meir South (13.1%) and Abbey Hulton (9.8%) area.

Left behind area	Local Authority	Modelled prevalence of people aged 15 who are regular smokers %
Meir South	Stoke-on-Trent	13.1
Abbey Hulton and Townsend	Stoke-on-Trent	9.8
Bloomfield	Blackpool	9.5
Bentilee and Ubbberley	Stoke-on-Trent	9.3
Meir North	Stoke-on-Trent	9.3
Blurton West and Newstead	Stoke-on-Trent	9.0
Washington North	Sunderland	8.5
Longdendale	Tameside	8.4
Hyde Godley	Tameside	8.4
Deneside	County Durham	8.3
Source: Department of Geography, University of Portsmouth and Geography and Environment, University of Southampton 2014		



## Emergency hospital admissions in Left-behind Areas

Approximately 35% of all admissions in the NHS in England are classified as emergency admissions, costing approximately £11 billion a year. Admitting a patient to hospital as an emergency case is costly and frequently preventable, yet the number of emergency admissions to hospital has been rising for some time. From a public health point of view, emergency admissions data gives an indication of wider determinants of poor health, linked to areas such as housing and transport. High levels of emergency admissions may also be due to high levels of injury within a population or poor management of chronic conditions within primary care. This section explores emergency and elective admissions data by key cause for LBAs and comparators.

### Key findings

People in LBAs are considerably more likely to be admitted to hospital for all key health conditions than across England as a whole, with 218 of the 225 LBAs having higher levels of emergency admissions to hospital than the national average.

Emergency admissions are highest for LBAs in the north of England with four of the ten areas with the highest level of admissions located in Merseyside and four in Teeside - including Stockton Town Centre – the LBA with the highest overall admissions rate.

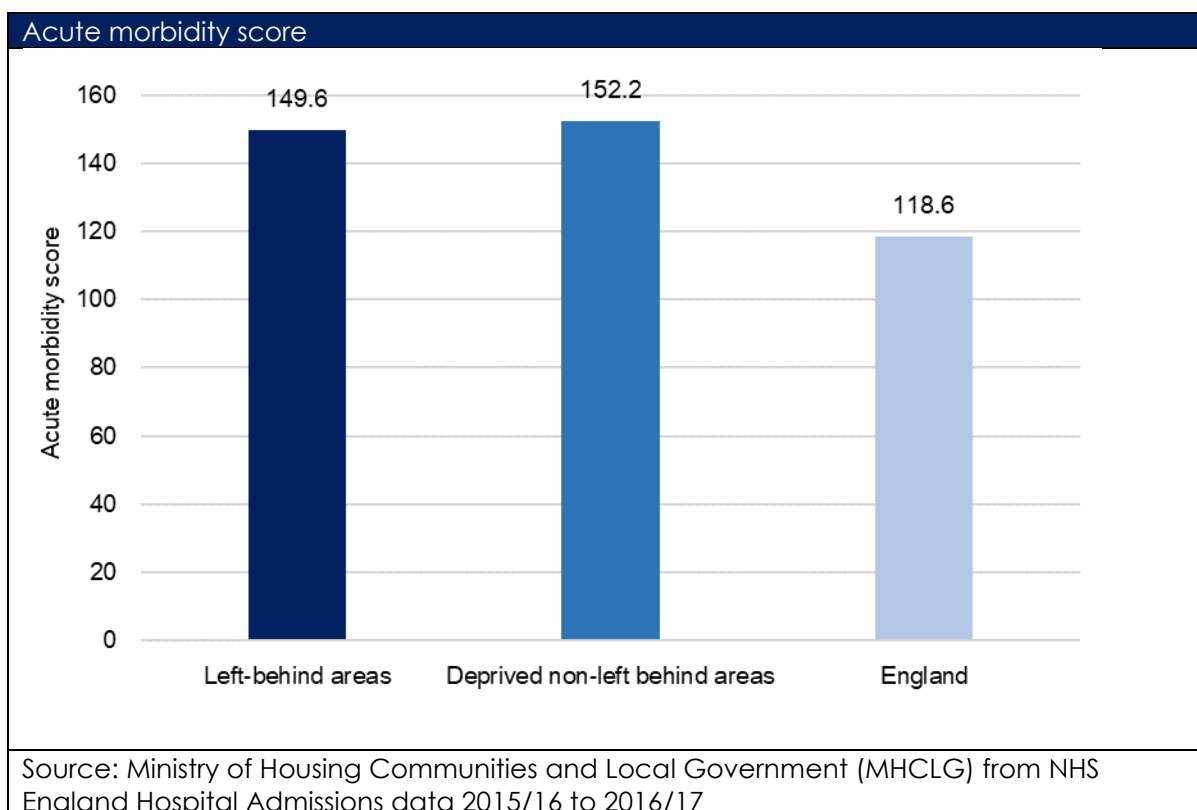
People living in LBAs are particularly likely to experience emergency admissions to hospital for Chronic Obstructive Pulmonary Disease (COPD) with admissions more than double the expected rate given the age profile of the population (an SAR 216.2) and higher than across other deprived areas.

Young children are more likely to be admitted to hospital in LBAs (185.8 per 1,000) than across deprived non-LBAs (178.7) and England as a whole (149.3).

Children and young people across all age groups are also more likely to experience an emergency admission to hospital as a result of an injury across LBAs than across other deprived areas and England as a whole.

*People in LBAs are considerably more likely to be admitted to hospital for all key health conditions than across England as a whole*

The chart below shows the Indices of Deprivation (IoD) 2019 Acute morbidity indicator score across LBAs and comparator areas. The Acute morbidity indicator measures the level of emergency admissions to hospital. Emergency admissions are defined as cases where admission is unpredictable and at short notice because of clinical need. Data is age and sex standardised so that admissions levels are not affected by the age profile of the population. A higher score indicates that an area is experiencing high levels of deprivation on this measure.



The chart shows that people living in LBAs are more likely to experience emergency admissions to hospital than across England as a whole, though slightly below the average across other deprived areas. 218 of the 225 LBAs have higher levels of emergency admissions to hospital than the national average. The table below shows the 10 LBAs with the highest acute morbidity scores.

LBA	LA	ID 2019 Acute Morbidity Score (emergency admissions to hospital)
Stockton Town Centre	Stockton-on-Tees	203.9
Bloomfield	Blackpool	200.3
St Andrew's	Kingston upon Hull, City of	199.3
Northwood	Knowsley	193.0
North Ormesby	Middlesbrough	192.2
Brambles & Thorntree	Middlesbrough	191.8
Bidston and St James	Wirral	191.6
Stockbridge	Knowsley	189.6
Halton Lea	Halton	185.9
Hardwick and Salters Lane	Stockton-on-Tees	184.2

Source: Ministry of Housing Communities and Local Government (MHCLG) from NHS England Hospital Admissions data 2015/16 to 2016/17

These areas are predominantly located in the north of England, including four in Teeside and four in Merseyside. Stockton Town Centre has the highest overall admissions rate.

The table below explores the prevalence of emergency admissions to hospital for key health conditions. The figures are presented as Standardised Admission Ratios (SAR) = Number of Observed Admissions/ Adjusted Expected admissions for an area with the same age profile i.e. the level of such admissions at a local level compared to those expected given the age

structure of the local populations. A ratio of 100 indicates an area has an admission rate consistent with the national average, less than 100 indicates that the admission rate is lower than expected and higher than 100 indicates that the admission rate is higher than expected taking into account the age and gender profile of the area.

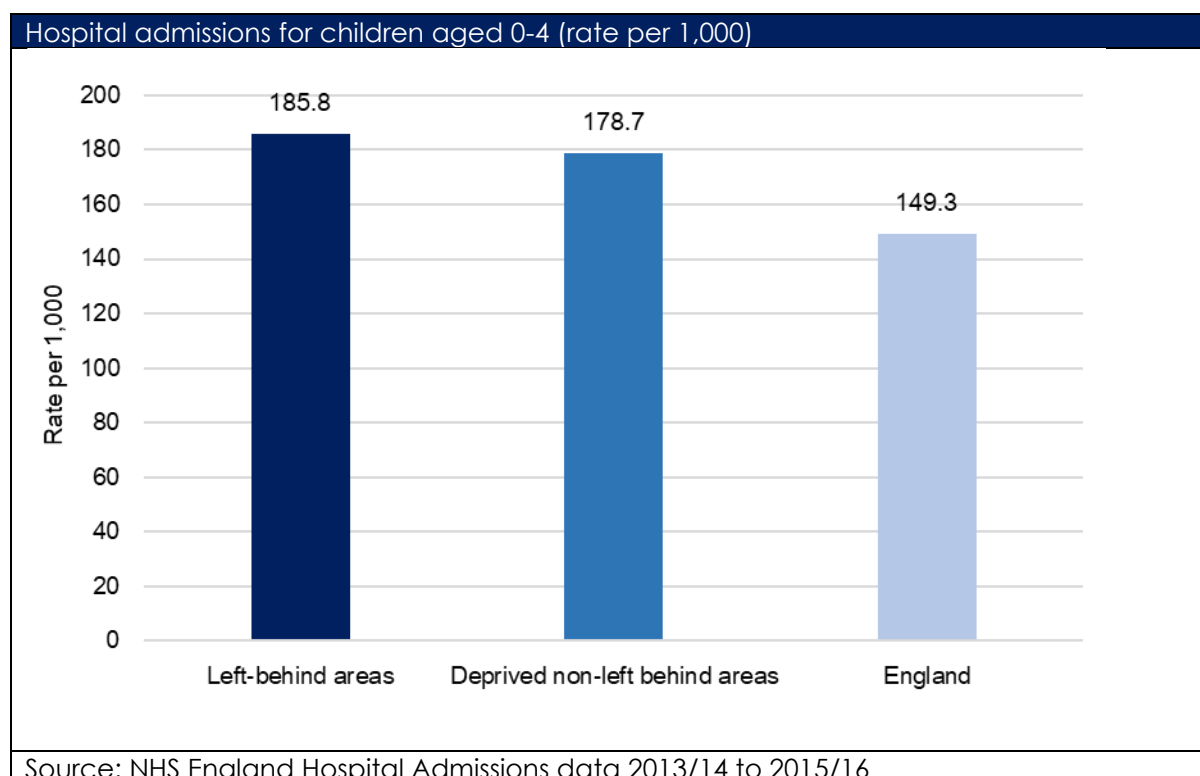
Emergency hospital admissions (SAR)	LBAs	Deprived non-LBAs	England
Coronary heart disease	138.5	150.8	104.1
Chronic Obstructive Pulmonary Disease (COPD)	216.2	203.3	110.0
Hip fracture in 65+	122.0	114.9	100.4
Myocardial Infarction	137.9	144.1	103.4
Stroke	125.9	127.5	103.0
Hospital Episode Statistics (HES) NHS Digital ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> ) 2013/14 to 2016/17			

*People living in LBAs are notably more likely to experience emergency admissions to hospital for all key health conditions than the national average*

People living in LBAs are particularly likely to experience emergency admissions to hospital for Chronic Obstructive Pulmonary Disease (COPD) with admissions more than double the expected rate given the age profile of the population (a SAR 216.2) and higher than across other deprived areas. LBAs also show higher levels of hip fracture than across deprived non-LBAs. By contrast, prevalence of hospital admissions for coronary heart disease, myocardial infarction and Stroke are lower than the average across deprived non-LBAs, reflecting the lower mortality from these conditions (see life expectancy and mortality section above).

*Children in LBAs are more likely to experience emergency admissions to hospital than across other deprived areas and England alike*

The chart below compares levels of emergency admissions for children aged under 5.



Young children are more likely to be admitted to hospital in LBAs (185.8 per 1,000) than across deprived non-LBAs (178.7) and England as a whole (149.3). Over one quarter of emergency hospital admissions in children aged under 5 years in 2014/15 were for respiratory infections. Factors such as smoking in the home and damp housing are known to increase the risk and severity of respiratory infections in young children. Another key factor is high levels of injury – the table below compares proportions of emergency admissions to hospital for children by age band.

Emergency Admissions for injury in children (%)	LBAs	Deprived non-LBAs	England
Under 5	1.84	1.63	1.39
Under 15	1.46	1.28	1.10
Aged 15-24	1.96	1.71	1.37
Source: NHS England Hospital Admissions data 2011 to 2015			

Children and young people across all age groups are also more likely to experience an emergency admission to hospital as a result of an injury across LBAs than across other deprived areas and England as a whole.

## Informal care

The provision of care is one of the necessary consequences of ill health, and whether this provision is informal and unpaid (typically by other family members), or provided by the state or the market is a significant social issue. It is estimated that the support provided by carers makes up to £57 billion per year across the country as a whole<sup>5</sup>. Despite this, carers face substantial financial barriers of their own; a survey of 4,500 carers in 2006-7 identified nearly two-thirds of carers (62%) worry about their financial circumstances a lot or all the time<sup>6</sup> whilst one in three cannot afford to make ends meet and many are in debt.<sup>7</sup> Carers face a number of barriers to employment. These can be individual barriers, for example a lack of skills and confidence due to isolation in the home<sup>8</sup>. Also, they may face labour market barriers such as difficulty of accessing jobs that are sufficiently local or accessible to combine with caring roles. Furthermore, employers are not always attuned to carer needs or to provide flexible working arrangements to enable carers to combine work and caring responsibilities<sup>9</sup>. Even after caring has ceased, former carers encounter problems getting re-employed due to gaps in their employment history<sup>10</sup>.

### Key findings

245,000 people in LBAs provide unpaid care (10.7%) of the population, above the average across other deprived areas (9.9%) and England as a whole (10.2%).

Of these, more than 82,000 provided intensive unpaid care for more than 50 hours per week - 3.6%, compared with 3.0% across other deprived areas and 2.4% across England as a whole.

High informal care demands are impacting on labour market participation in LBAs with 3.9% of working age adults unable to work due to caring responsibilities and receiving Carers Allowance – 3.4% across other deprived areas and 2% across England as a whole.

Golf green is the LBA with the highest proportion of people providing informal care, with 16% of residents providing unpaid care – and 6.3% providing more than 50 hours of unpaid care a week. This is likely to reflect the wider health needs in this area identified in the previous sections.

### *People in LBA are more likely to provide high levels of informal care*

The chart below looks at levels of informal care across LBAs and comparator areas.

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<sup>5</sup> Carers UK (2007) Real Change – Not Short Change. Available at: [www.carersuk.org/Policyandpractice/PolicyResources/Research/ResearchRealchangenotshortchangeMay2007.pdf](http://www.carersuk.org/Policyandpractice/PolicyResources/Research/ResearchRealchangenotshortchangeMay2007.pdf)

<sup>6</sup> Carers UK (2007) Real Change – Not Short Change. Available at: [www.carersuk.org/Policyandpractice/PolicyResources/Research/ResearchRealchangenotshortchangeMay2007.pdf](http://www.carersuk.org/Policyandpractice/PolicyResources/Research/ResearchRealchangenotshortchangeMay2007.pdf)

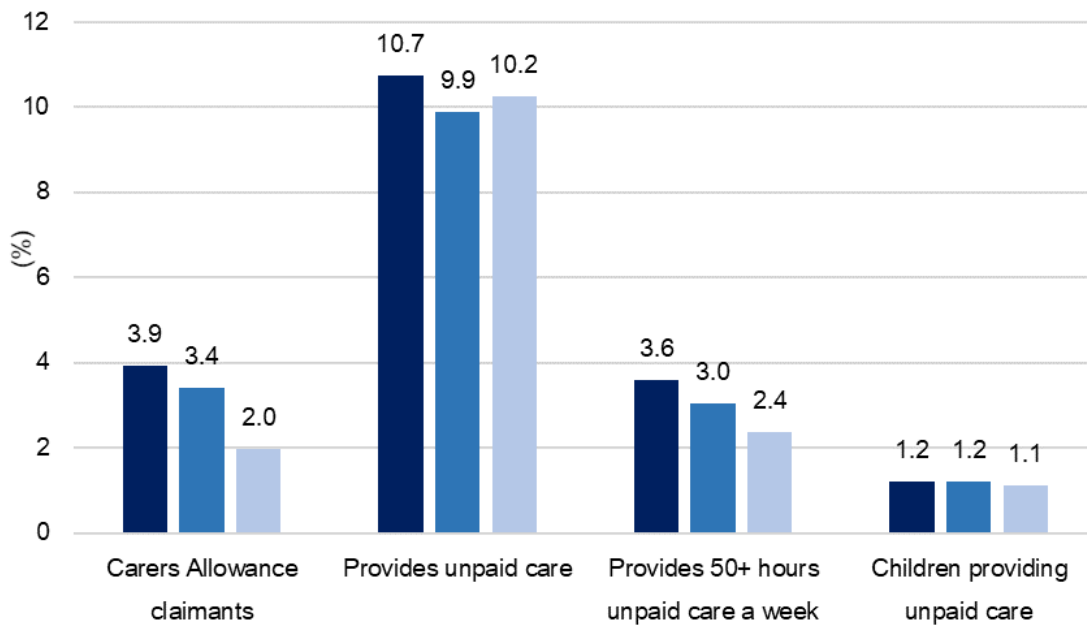
<sup>7</sup> Ibid.

<sup>8</sup> Carers UK. (2007) Real Change, Not Short Change. Available at: <http://www.carersuk.org/Policyandpractice/PolicyResources/Research/ResearchRealchangenotshortchangeMay2007.pdf>

<sup>9</sup> Ibid.

<sup>10</sup> Carers National Association (2000) 'Caring on the Breadline: the financial implications of caring', Carers National Association (now Carers UK).

## Informal care profile



Source: Carers Allowance (Department for Work and Pensions: November 2019), Unpaid care (Census 2011)

245,000 people in LBAs provide unpaid care, 10.7% of the population, above the average across other deprived areas (9.9%) and England as a whole (10.2%). However, this is likely to be an underestimate of the total number of carers across LBAs. A study for Carers UK (2006)<sup>11</sup> found that 65% of people with a caring responsibility did not identify themselves as a carer in the first year of caring. For a third of them (32%) it took over 5 years before they recognised they were a carer. These people are often referred to as 'hidden carers'.

More than 82,000 provided intensive unpaid care for more than 50 hours per week - 3.6%, compared with 3.0% across other deprived areas and 2.4% across England as a whole.

High informal care demands are impacting on labour market participation in LBAs with 3.9% of working age adults unable to work due to caring responsibilities and receiving Carers Allowance – 3.4% across other deprived areas and 2% across England as a whole. This is likely to be linked to a higher prevalence of people with poor health conditions across LBAs.

### *Golf green is the LBA with the highest proportion of people providing informal care*

The table below shows the 10 LBAs with the highest proportion of people providing unpaid care.

Golf Green (covering part of Jaywick in Essex) has the highest proportion of people providing unpaid care (likely to be linked to the high proportion of people with disabilities in the area – see *limiting long-term illness and disability in 'Left-behind' areas* section above).

<sup>11</sup> Carers UK (2006) In the Know – The Importance of Information for Carers. Available at: [www.carersuk.org/Policyandpractice/PolicyResources/Research/InTheKnowFinalCopy.pdf](http://www.carersuk.org/Policyandpractice/PolicyResources/Research/InTheKnowFinalCopy.pdf)

Area	Local Authority	Region	Providing unpaid care (%)
Golf Green	Tendring	East	15.7
St Osyth and Point Clear	Tendring	East	14.4
Shirebrook North West	Bolsover	East Midlands	13.9
Halton Lea	Halton	North West	13.5
Halton Castle	Halton	North West	13.5
Horden	County Durham	North East	13.0
Walton	Tendring	East	12.9
Rother	Chesterfield	East Midlands	12.8
Monk Bretton	Barnsley	Yorkshire/Humber	12.8
Northwood	Thanet	South East	12.7

Source: Census 2011

The table below shows the 10 LBAs with the highest proportion of people providing unpaid care for more than 50 hours per week. 219 of the 225 LBAs have higher levels of people providing more than 50 hours of unpaid care than the national average.

Area	Local Authority	Region	Providing intensive unpaid care (%)
Golf Green	Tendring	East	6.3
Halton Lea	Halton	North West	5.4
Rush Green	Tendring	East	5.2
Stockbridge	Knowsley	North West	5.1
St Osyth and Point Clear	Tendring	East	5.0
Halton Castle	Halton	North West	5.0
Town and Pier	Dover	South East	4.8
Page Moss	Knowsley	North West	4.8
Newington	Thanet	South East	4.8
Abbey Hulton and Townsend	Stoke-on-Trent	West Midlands	4.7

Source: Census 2011

Four of the 10 neighbourhoods with the highest overall levels of informal care were also ranked among the top 10 in terms of intensive unpaid care, with the Golf Green areas again showing the highest levels.

## COVID-19 in Left-behind Areas

This section explores the clinical and potential health impacts of the COVID-19 pandemic on communities in LBAs.

### Key findings

Left behind areas have higher identified levels of vulnerability to COVID-19 than across deprived non-LBAs and England as a whole – 199 of the 225 LBAs have higher COVID-19 vulnerability scores than the national average.

Golf green is identified as the LBA most vulnerable to the impacts of COVID-19. Six of the 10 most vulnerable LBAs are located in Tendring and nine of the top 10 are located in coastal areas.

LBAs have a higher COVID-19 prevalence rate (6,935 per 100,000), than across England as a whole (5,708).

Six of the 10 LBAs with the highest number of cases are located in Knowsley.

However, Sheppey East has had the highest caseload per head overall, with more than 15% of the population testing positive for COVID-19.

The prevalence rates are reflected in overall mortality rates, with LBAs recording a higher mortality from COVID-19 (154.6 per 100,000 people) than across deprived non-LBAs (141.8) and England as a whole (122.4).

Mortality rates from COVID-19 are particularly high in LBAs in the North East: seven of the 10 areas with the highest mortality rates are in this region (including three in County Durham), with the highest recorded rate in Hemlington (Middlesbrough).

*Left behind areas have higher identified levels of vulnerability to COVID-19 than across deprived non-LBAs and England as a whole*

British Red Cross have produced a COVID-19 vulnerability index<sup>12</sup> which aims to capture some of the likely impacts of the pandemic by bringing together data on clinical vulnerability, demographic vulnerability, social vulnerability and health inequalities to identify neighbourhoods 'at risk' from the effects of COVID-19.

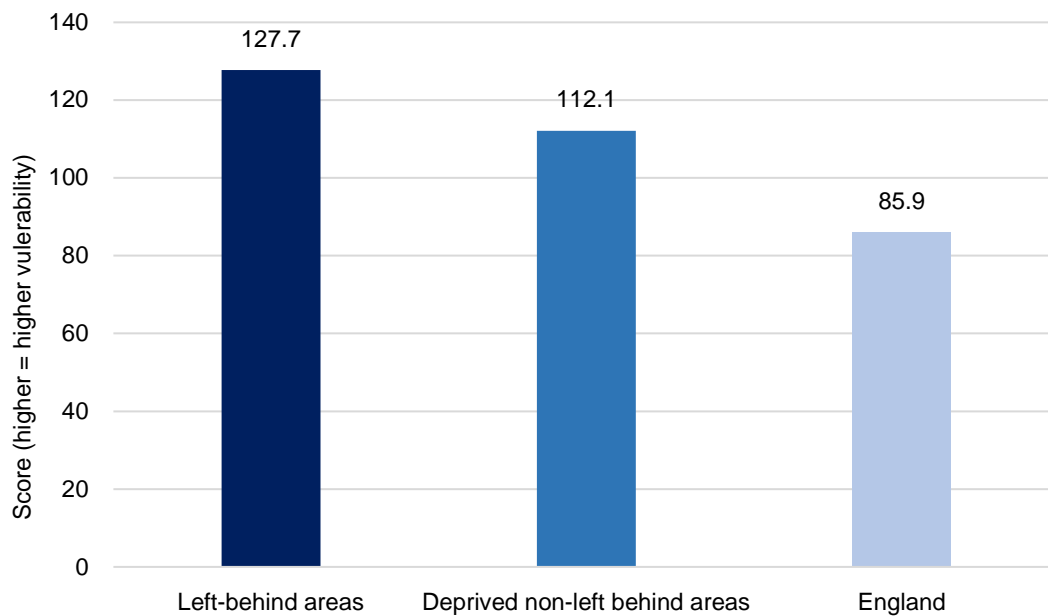
The chart below compares the COVID-19 vulnerability index across LBAs, deprived non-LBAs and England as a whole. The data presented is a score, with higher scores indicating an area has higher levels of vulnerability.

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<sup>12</sup> See Appendix A for details of the indicators included in the Index. For more details see [https://docs.google.com/document/d/1aWpzgvLKGEF5Ay\\_xVps17nnbT1zIEki7RGIIJXL5APo/edit#](https://docs.google.com/document/d/1aWpzgvLKGEF5Ay_xVps17nnbT1zIEki7RGIIJXL5APo/edit#)



## COVID-19 Vulnerability Index



Source: British Red Cross 2020

As can be seen in the chart – LBAs are identified as more ‘vulnerable’ to the impacts of COVID-19 when compared against other similarly deprived areas and England as a whole.

199 of the 225 LBAs have higher COVID-19 vulnerability scores than the national average. The table below shows the 10 LBAs with the highest COVID-19 Vulnerability Index scores (the areas that are most vulnerable to the health and socio-economic impacts of the pandemic).

LBA	LA	COVID-19 Vulnerability Index score
Golf Green	Tendring	290.1
Pier	Tendring	244.3
Walton	Tendring	242.1
St Osyth and Point Clear	Tendring	240.6
Sidley	Rother	238.6
Alton Park	Tendring	234.5
Sandwith	Copeland	233.1
Woodhouse Close	County Durham	227.7
St Marys	Tendring	220.7
Bloomfield	Blackpool	218.5
Coundon	County Durham	217.6
Hetton	Sunderland	212.0
Sildon and Dene Valley	County Durham	208.3
Walker	Newcastle upon Tyne	206.1
Rush Green	Tendring	203.5
Blackhalls	County Durham	203.3
Peterlee East	County Durham	201.5
Kirkleatham	Redcar and Cleveland	200.5
Deneside	County Durham	187.0
Gainsborough East	West Lindsey	186.5

Source: British Red Cross 2020

There are some observable geographic patterns:

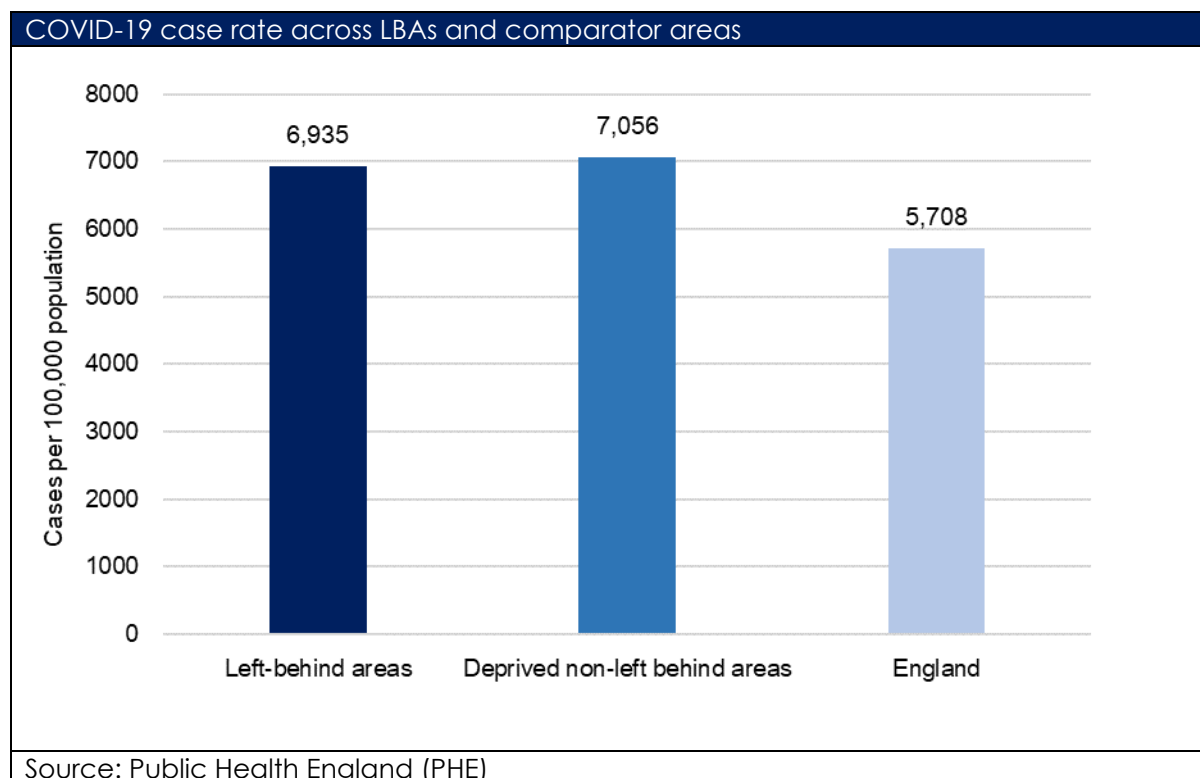
- Six of the 10 most vulnerable LBAs are located in Tendring.
- Nine of the top 10 are located in coastal areas.
- Six of the 20 most vulnerable LBAs are located in County Durham.
- Nine of the 20 most vulnerable LBAs are located in the North East.

However, in order to understand the specific challenges faced by these communities it is important to explore the underlying issues of vulnerability captured in the index in greater detail, to determine the extent to which LBAs are particularly 'at risk' or require specific support in addressing the clinical and economic challenges arising from the pandemic.

#### *LBAs have a higher COVID-19 prevalence rate than across England as a whole....*

The chart below shows the rate of positive cases across LBAs, deprived non-LBAs and England as a whole since the start of the pandemic – figures are presented as positive cases per 100,000 population.

There have been 165,942 positive cases of COVID-19 in LBAs as of 15<sup>th</sup> February 2020 (a rate of 6,935 per 100,000), similar to the prevalence across other deprived areas (7,056) and above the prevalence rate across England as a whole (5,708).



However, there are notable geographic variations across LBAs. It is useful to drill down into the data to identify LBAs that have been particularly acutely affected.

#### *LBAs in Knowsley have had a particularly high level of positive cases*

The table below lists the 10 LBAs that have had the highest prevalence of COVID-19 over the last 12 months. In total 172 of the 225 LBAs have higher COVID-19 prevalence rates than the national average.

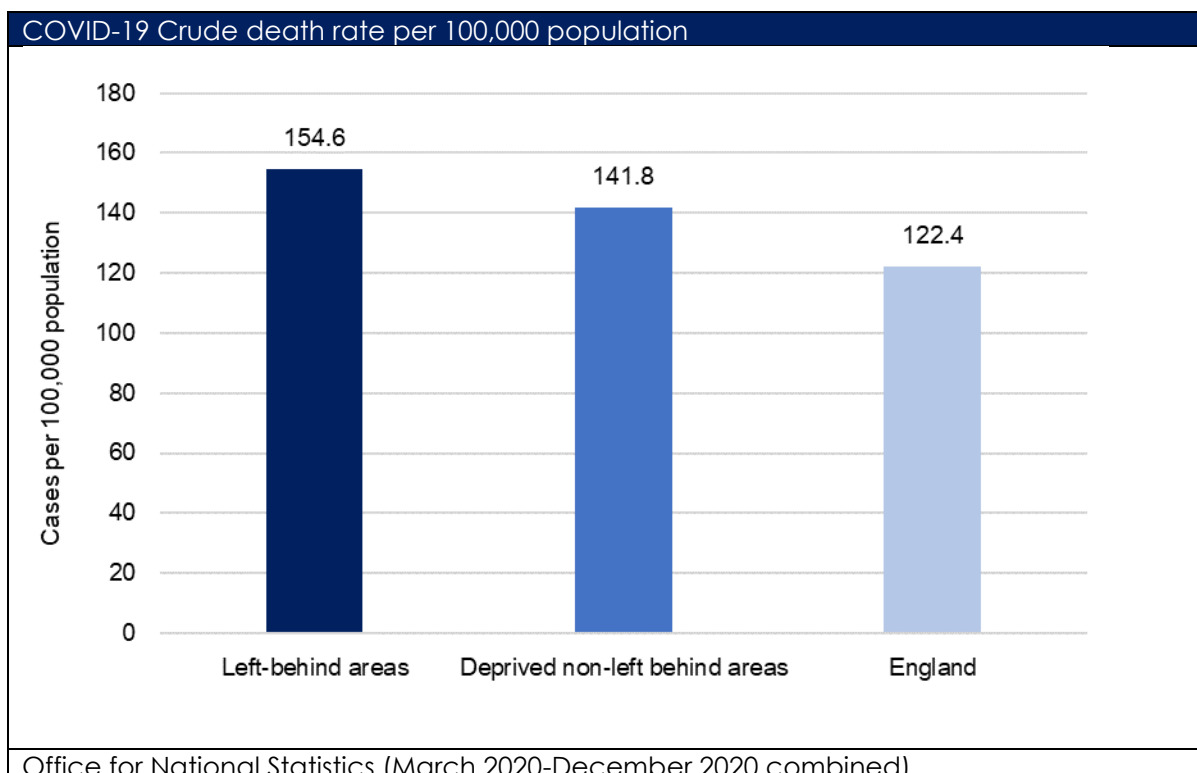
LBA	LA	COVID-19 cases –rate per 100,000
Sheppey East	Swale	15,022
Shevington	Knowsley	11,157
Page Moss	Knowsley	10,452
Clover Hill	Pendle	10,409
Cherryfield	Knowsley	10,272
Becontree	Barking and Dagenham	10,268
St Michaels	Knowsley	10,253
Stockbridge	Knowsley	9,846
Halewood South	Knowsley	9,684
Norris Green	Liverpool	9,587

Source: Public Health England (PHE)

Six of the 10 areas with the highest number of cases are located in Knowsley (which has been particularly impacted by the pandemic). However, Sheppey East has had the highest caseload per head overall, with more than 15% of the population testing positive for COVID-19.

*The prevalence rates are reflected in overall mortality rates, with LBAs recording a higher mortality from COVID-19 in than the national average*

The chart below compares the crude mortality rate across LBAs, other deprived areas and England as a whole – based on recorded deaths between March and December 2020 – where COVID-19 was recorded on the death certificate. This figure includes deaths in all settings including hospitals, care homes and the community based on place of residence and is a crude death rate (number of deaths per 100,000 population).



The chart shows that the death rate in LBAs is higher than in deprived non-LBAs and considerably above the national average – with LBAs experiencing a death rate of 154.6 per 100,000, compared with 141.8 in other deprived areas and 122.4 across England as a whole.

*Mortality rates from COVID-19 are particularly high in LBAs in the North East*

123 of the 225 LBAs have higher mortality rates from COVID-19 than the national average. The table below shows the 10 LBAs with the highest mortality rates from COVID-19<sup>13</sup>.

Left behind area	Local Authority	Crude mortality rate per 100,000
Hemlington	Middlesbrough	363.3
Hetton	Sunderland	361.8
Walton	Tendring	353.0
Deneside	County Durham	351.5
Sildon and Dene Valley	County Durham	348.3
Southwick	Sunderland	344.2
Choppington	Northumberland	343.4
Halton Lea	Halton	342.6
Stanley	County Durham	341.7
Gawthorpe	Burnley	335.8
Source: ONS March 2020 to December		

The LBAs with the highest mortality rates from COVID-19 are predominantly located in North East England – seven of the 10 areas with the highest mortality rates are in this region (including three in County Durham), with the highest recorded rate is in Hemlington (Middlesbrough).

<sup>13</sup> Please note, data has been apportioned from 2011 Middle Layer Super Output Area to 2011 Output Area and then aggregated to 2017 Ward level

## Access to health services in Left-behind Areas

Given the widespread health challenges (identified in previous sections) across the majority of LBAs, it is important that LBAs have good access to health services to meet their clinical needs. This section looks at geographic access to key health services in terms of road distance and travel time by public transport and identifies areas with the dual disadvantage of poor access and poor overall health.

### Key findings

LBAs have longer travel times to hospitals (35 mins) and GPs (11 mins) than in deprived (non-LBAs) (29 mins and 9 mins respectively).

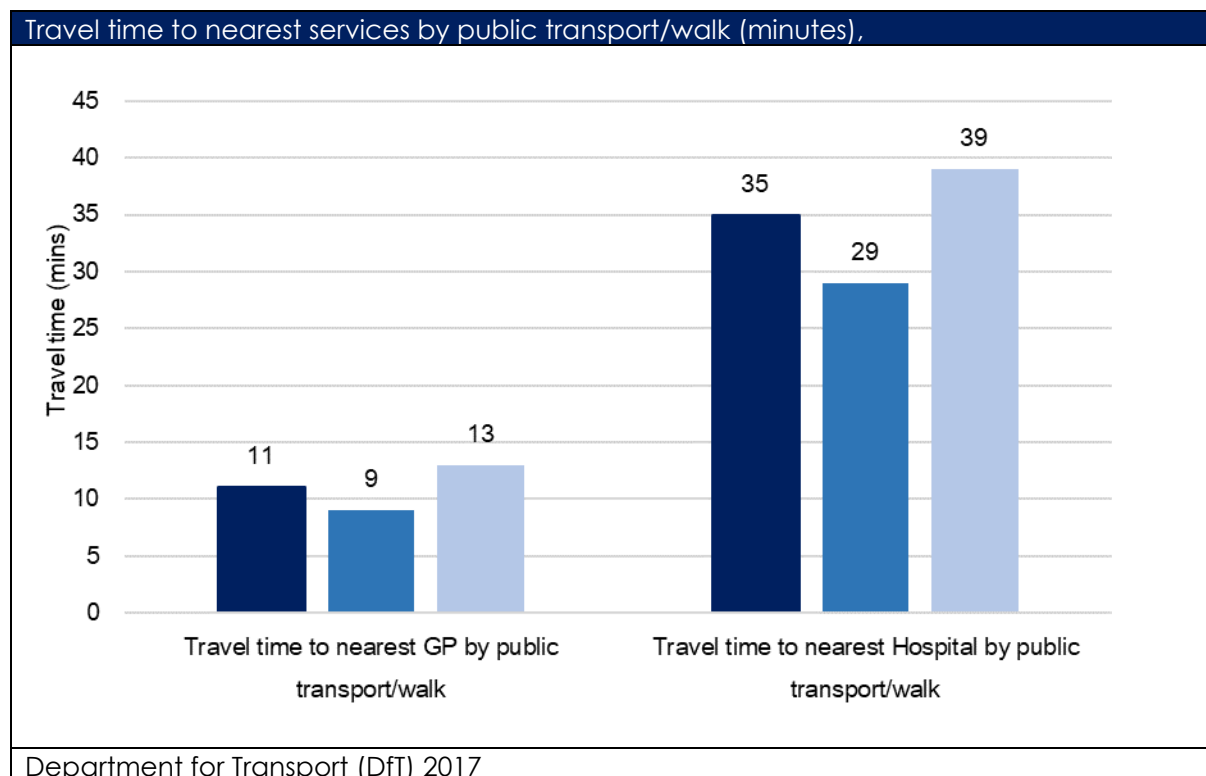
49 of 225 LBAs record longer travel times to the GP than across England (13 minutes). Coastal areas feature predominantly in the list of LBAs with the longest travel times to a GP, with 13 of the 20 LBAs with the longest travel times in coastal areas – with the longest travel times in St Osyth and Point Clear and Sheppey East.

77 of 225 LBAs have greater travel times to hospital than the England average. 8 of the 10 LBAs with the longest average travel times to the nearest hospital are located in coastal areas, with Sheppey East again exhibiting the longest travel times.

Oak Tree, Rush Green, Trimdon and Thornley, Hemsworth, Moss Bay, Hetton and Sheppey East experience the dual challenge of higher than average proportions of people with a limiting long-term illness and longer than average travel times to key services.

### *LBAs have longer travel times to key health services than deprived (non-LBAs)*

The chart below shows average travel time in minutes to hospitals and GPs by public transport/walking in LBAs, other deprived areas and England.



It shows that LBAs record longer travel times on average than deprived (non-LBAs) across both of these health services. The difference is particularly notable for hospitals. By contrast, travel times are on average lower than across England as a whole. However, this is unsurprising as a higher proportion of LBAs are located in urban areas (95.6%) where distances to services are shorter, than the national average (83.0%).

*Neighbourhoods in smaller towns in coastal and former industrial communities record some of the longest travel times to key services*

Although LBAs record slightly lower travel times than across England on key services, there is considerable variation across LBAs. The tables below list the 20 LBAs with the longest travel times to each key health service by public transport/walking.

The table below identifies the 20 LBAs with the longest travel times to a GP. 49 of 225 LBAs record longer travel times to the GP than across England (13 minutes). St Osyth and Point Clear has longer travel times than across other LBAs. Coastal areas feature predominantly in the list of LBAs with the longest travel times to a GP, with 13 of the 20 LBAs with the longest travel times in coastal areas.

Left behind area	Local Authority	GP (minutes)
St Osyth and Point Clear	Tendring	30
Sheppey East	Swale	30
Newbiggin Central and East	Northumberland	27
Sandwith	Copeland	26
Oak Tree	Mansfield	23
Coundon	County Durham	20
Littlemoor	Weymouth and Portland	20
Dane Valley	Thanet	20
Gainsborough East	West Lindsey	19
Paulsgrove	Portsmouth	19
Staithe	Fenland	19
Hemlington	Middlesbrough	19
Avondale Grange	Kettering	19
Moss Bay	Allerdale	18
Grangetown	Redcar and Cleveland	18
Leigh West	Wigan	17
Bondfields	Havant	17
Town and Pier	Dover	17
Easington	County Durham	17
Moorclose	Allerdale	17

Source: DfT 2017

This pattern is also reflected when looking at travel times to a hospital. Eight of the 10 LBAs with the longest average travel times to the nearest hospital are located in coastal areas. These are heavily concentrated in Tendring (with five of the 10 neighbourhoods located in Tendring) and Swale (the Isle of Sheppey), with the remaining two in Wisbech in North Cambridgeshire.

77 of 225 LBAs have greater travel times to hospital than the England average (39 minutes), with the top 5 LBAs all recording more than double the England average and 18 LBAs having travel times of more than one hour to a hospital. Sheppey East has the longest travel time to a hospital and a GP – indicating the challenges to accessing health services in this LBA.

Left behind area	Local Authority	Hospital (minutes)
Sheppey East	Swale	97
Staithe	Fenland	80
St Osyth and Point Clear	Tendring	79
Golf Green	Tendring	79
Waterlees Village	Fenland	75
Rush Green	Tendring	74
Clarkson	Fenland	74
Sheerness	Swale	72
Walton	Tendring	70
St Marys	Tendring	68
Bitterne	Southampton	66
Stacksteads	Rossendale	65
Brookside	Telford and Wrekin	65
Alton Park	Tendring	64
Longbridge	Birmingham	61
Weoley	Birmingham	61
Moorclose	Allerdale	60
Irwell	Rossendale	60
Queensway	Wellingborough	59
Leigh West	Wigan	58
Source: DfT 2017		

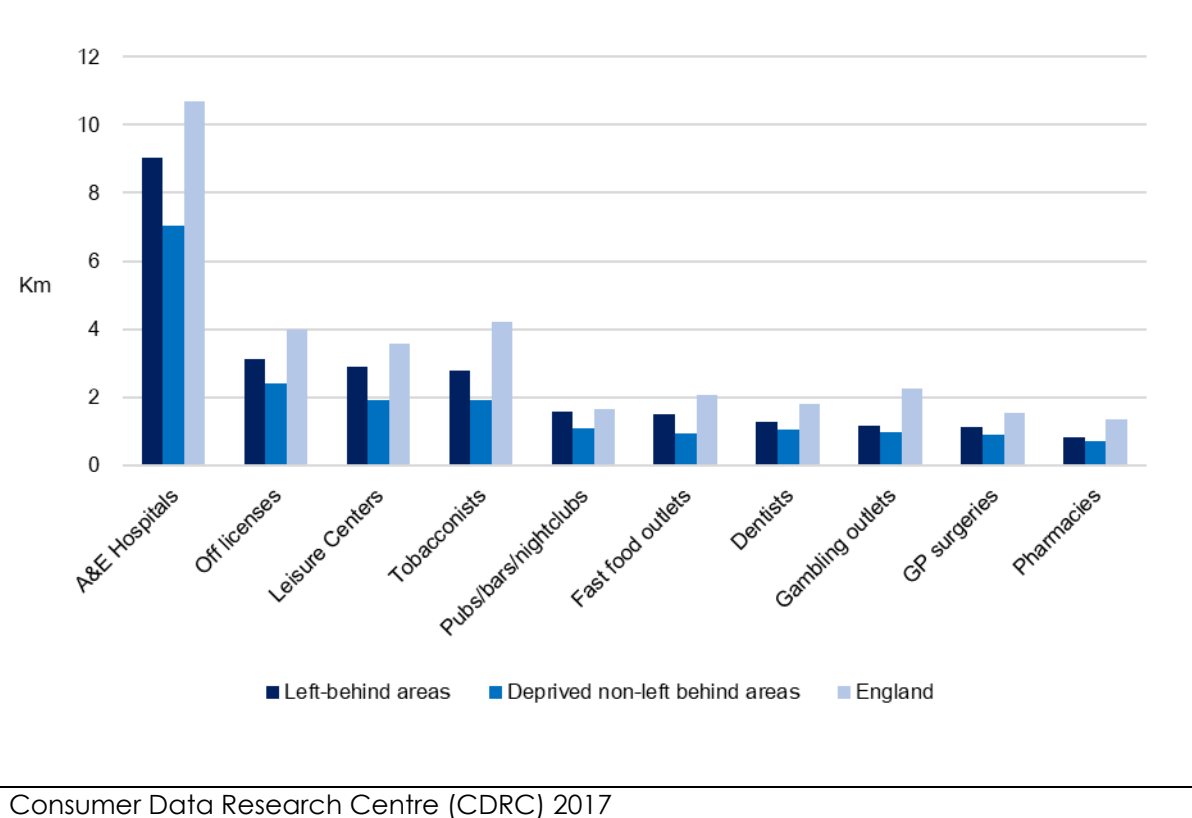
*People living in LBAs live further from key health services than in other deprived areas, reflecting the longer journey times to access these services*

The chart below shows accessibility to various health services based on road distance to these services (in kilometres). Figures are taken from the Index of Access to Healthy Assets and Hazards (AHAH) - a multi-dimensional index measuring how 'healthy' neighbourhoods are based on accessibility to health services and proximity to unhealthy hazards.

The chart below shows accessibility to various services based on road distance to these services (in kilometres).

There is a consistent pattern across all service types, with people living in LBAs travelling longer distances on average to access key services than across deprived non-LBAs. These findings reflect the longer travel times to key services explored in the previous section.

### Access to Health Assets and Hazards (in Km)



*There is a particularly large discrepancy for access to A&E hospitals, with people living in LBAs having to travel an additional 2km on average to access these services compared with those living in deprived non-LBAs.*

80 of 225 LBAs have a greater distance to an A&E hospital compared to the England average (10.7km). The table below shows the 20 LBAs with the longest mean distance to an A&E hospital.

The majority of these areas are situated in coastal areas in the South and East of England, including nine in Tendring and two on the Isle of Sheppey. Five areas in Stoke-on-Trent and three in Fenland also feature among the 20 LBAs that are the farthest distance from an A&E hospital.



Left behind area	Local Authority	A&E hospitals (Km)
Sheppey East	Swale	35.7
Town and Pier	Dover	33.3
Sheerness	Swale	33.0
Harwich East	Tendring	33.0
Walton	Tendring	32.0
Abbey Hulton and Townsend	Stoke-on-Trent	32.0
Golf Green	Tendring	30.9
Bentilee and Ubbberley	Stoke-on-Trent	29.0
Rush Green	Tendring	28.4
Gainsborough East	West Lindsey	28.0
Pier	Tendring	27.8
Alton Park	Tendring	27.6
St Marys	Tendring	26.9
St Osyth and Point Clear	Tendring	26.4
Blurton West and Newstead	Stoke-on-Trent	25.0
Meir North	Stoke-on-Trent	24.9
Clarkson	Fenland	24.2
Staithe	Fenland	24.0
Waterlees Village	Fenland	23.7
Tunstall	Stoke-on-Trent	23.7
Source: CDRC, 2017		

The table below shows the 20 LBAs with the longest mean road distance to a GP surgery; 48 of 225 LBAs have a greater distance to a GP surgery compared to the England average (1.3km). In contrast to the A&E hospitals, the majority of these are located in the North of England, including five in Teeside. However, some areas feature in both lists including St Osyth and Point Clear, Harwich East and Staithe.

Left behind area	Local Authority	GP surgery (Km)
Hardwick and Salters Lane	Stockton-on-Tees	3.7
Sandwith	Copeland	3.1
Roseworth	Stockton-on-Tees	2.9
Hemlington	Middlesbrough	2.8
Town and Pier	Dover	2.5
Moss Bay	Allerdale	2.5
Kitty Brewster	Northumberland	2.3
Bondfields	Havant	2.3
Gainsborough East	West Lindsey	2.3
Halton Lea	Halton	2.2
Eston	Redcar and Cleveland	2.1
Stacksteads	Rosendale	2.1
Grangetown	Redcar and Cleveland	2.0
Talavera	Northampton	1.9
Harwich East	Tendring	1.9
Staithe	Fenland	1.9
Hetton	Sunderland	1.8
Whiteleas	South Tyneside	1.8
St Osyth and Point Clear	Tendring	1.8
Magdalen	Great Yarmouth	1.8
Source: MHCLG 2019		

The table below shows the LBAs with longer distances and travel times to health services than the England average, as well as higher proportions of people with a limiting-long term illness.

These areas are likely to experience both a high demand for health services and poor access to the services – further disadvantaging those with poor health in these communities.

Left-behind Area	Local Authority	% with a limiting long-term illness (aged 16-64)	AHAH: GP surgeries (km)	AHAH: A&E Hospitals (km)	Travel time GP (mins)	Travel time Hospital (mins)
Oak Tree	Mansfield	28.7	2.8	9.2	23	44
Rush Green	Tendring	25.4	1.8	28.4	15	74
Trimdon and Thornley	County Durham	23.6	3.7	15.0	16	36
Hemsworth	Wakefield	23.5	1.8	10.8	13	41
Moss Bay	Allerdale	23.3	2.6	14.9	18	54
Hetton	Sunderland	22.8	1.8	12.7	15	50
Sheppey East	Swale	22.3	8.8	35.7	30	97
England		12.7	1.6	10.7	13	39

Source: CDRC 2017, DfT 2017, Census 2011

## Conclusion

Health is a fundamental determinant of quality of life, having a direct impact on an individual's ability to live a fulfilling and enjoyable life and also indirectly impacting their ability to sustain standards of living through income. Ill health may also have a severe effect on other people, either directly through changing relationships (for example forcing people into informal unpaid care), or through indirect effects such as change in household income.

Evidence from the previous sections reveals that people living in LBAs are more likely to experience poor health conditions throughout their lives than across other similarly deprived areas. This can be seen in higher admissions to hospital, higher recorded prevalence of key conditions, higher levels of self-reported poor health, higher than average levels of people receiving benefits for poor health and disability, lower life expectancy and healthy life expectancy and higher recorded mortality rates for a range of key conditions than the national average.

Relatively high levels of disability and long-term illness in LBAs have social and economic impacts, leading to lower levels of labour market participation and higher social care demands which are often met by family members. This has been exacerbated by the COVID-19 pandemic which has disproportionately affected LBAs with higher mortality rates from COVID-19 than across other deprived areas and England as a whole, despite these areas having a younger age profile than the national average. The presence of vulnerable groups and underlying health conditions of people living in LBAs has likely been a key contributor to these poor health outcomes.

Drilling down to look at health outcomes in individual LBAs reveals that there are a number of health issues that are widespread and shared across all LBAs for example:

- All 225 LBAs show higher levels of health deprivation than the average across England.
- All 225 of the LBAs have lower healthy life expectancy than the national average.
- 224 out of 225 LBAs have higher scores on the years of potential life lost indicator than the England average.
- All 225 LBAs have a higher proportion of working age people with a limiting long-term illness than the England average.
- All 225 LBAs have a higher proportion of people out of work through sickness than on average across England.
- All 225 LBAs have a higher IoD 2019 comparative illness and disability score than the England average.

However, there are also a subset of LBAs which experience notably poorer health outcomes than other areas. The following LBAs experience profound and multiple health challenges:

- Bloomfield in Blackpool faces the greatest challenges around health deprivation of all LBAs with an average rank of 41 on the IMD 2019 health deprivation and disability domain. Bloomfield also has the lowest male life expectancy of all LBAs (67) as well as the lowest expected healthy life expectancy (49 years). Bloomfield also faces the greatest challenges of all LBAs around premature death with a score of 143.6 on the IMD years of potential life lost measure. Rates of people out of work due to sickness are highest in Bloomfield of all LBAs (23.7%) and Bloomfield faces the highest levels of work limiting morbidity and disability with the highest score of the 225 LBAs on this measure of deprivation on the IMD 2019 (302.3). Bloomfield also has the seventh highest proportion of people aged 16-64 with a limiting long-term illness of all LBAs (27%).
- One-third of people aged 16-64 living in Golf Green in Tendring have a limiting long-term illness (33%) the highest proportion of all LBAs. Golf Green also has the second

highest proportion of people claiming out of work sickness benefits (23.5%) of all LBAs. People living in Golf Green in Tendring have the highest self-reported bad or very bad health, with 16.2% in bad health (nearly three times the England average). Golf green is the LBA with the highest proportion of people providing informal care, with 16% of residents providing unpaid care – and 6.3% providing more than 50 hours of unpaid care a week.

- Stockton Town Centre has the lowest female life expectancy of all LBAs – 74.2, second lowest male life expectancy (68.5), second highest death rates for all causes (221.8), the highest cancer death rates of all LBAs (207.1) and is ranked among the top 10 LBAs with the highest scores on the IMD 2019 years of potential life lost indicator. Stockton Town Centre also had the highest emergency admissions to hospital for key health conditions.
- The highest death rates for all causes are in St Andrew's in Hull (226.7). St Andrew's also has the highest rate of deaths due to respiratory disease (298) and the second highest rates of deaths due to cancer (187.2). St Andrew's also has the second lowest levels of female life expectancy (74.5) and the fifth highest score of all LBAs on the IMD 2019 years of potential life lost indicator (98.1).

These areas are likely to need additional support to improve health outcomes and address the social and economic challenges arising from widespread poor health.

## Appendix A: Indicator metadata

Indicator	Description	Date	Source
<b>Life expectancy at birth by gender</b>	Life Expectancy data is calculated using mortality rates by single age bands and is a measure of the age a person being born today can expect to live until. Please note: Data is published at Local Authority and MSOA level and apportioned down to LSOA and Output Area before being aggregated to other areas using a population weighted aggregation method. Also note, data is missing and imputed for a small number of MSOAs.	2013-2017	Office for National Statistics (ONS) ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>Healthy life expectancy at birth</b>	Healthy life expectancy (HLE) is the average number of years that an individual might expect to live in "good" health in their lifetime. The 'good' health state used for estimation of HLE was based on self-reports of general health at the 2011 Census; specifically those reporting their general health as 'very good' or 'good' were defined as in 'Good' health in this context. The HLE estimates are a snapshot of the health status of the population, based on self-reported health status and mortality rates for each area in that period. They are not a guide to how long someone will actually expect to live in "good" health, both because mortality rates and levels of health status are likely to change in the future, and because many of those born in an area will live elsewhere for at least part of their lives.	2009-2013	Office for National Statistics (ONS) ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>Deaths by cause</b>	Shows age standardised estimates of deaths from all causes. The data is presented as a standardised mortality ratio of calculated by dividing the observed total deaths in the area (by five year age and gender band) by the expected deaths (applying age-specific death rates for England) and multiplying by 100.	2013-2017	Office for National Statistics (ONS) ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>IoD 2019 Years of potential life lost indicator</b>	The Indices of Deprivation (ID) 2019 Years of potential life lost indicator measures premature death, defined as death before the age of 75 from any cause (the commonly used measure of premature death). This includes death due to disease as well as external causes such as accidents, unlawful killing and deaths in combat. The indicator was based on mortality data covering the period 2013 to 2017, provided by the Office for National Statistics. The denominator was the 2013 to 2017 mid-year population estimates (minus the prison population) in five-year age-sex bands. The level of unexpected mortality was weighted by the age of the individual who has died. The unexpected death of a younger person therefore has a greater impact on the overall score than someone who is older, even if their death is also unexpected. The indicator was directly age and sex standardised in five-year age-sex bands: comparing the actual number of deaths in an area to what would be expected given the area's age and sex structure. Shrinkage was applied to the indicator. A higher score indicates that an area is experiencing high levels of deprivation.	2013 to 2017	Ministry of Housing Communities and Local Government (MHCLG) ( <a href="https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019">https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019</a> )
<b>Bad and very bad health</b>	Shows the proportion of residents who have self reported that their health is bad or very bad. Figures are taken from responses to the 2011 Census, based on a self assessment of their general health. Rate calculated as = (Bad health/Very bad health (census KS301))/(All usual residents (census KS301))*100	2011	Census 2011 ( <a href="https://www.nomisweb.co.uk/census/2011/ks301ew">https://www.nomisweb.co.uk/census/2011/ks301ew</a> )
<b>People over the age of 65 with bad or very bad health</b>	Shows the proportion of people over the age of 65 that reported to have bad or very bad health. Figures are self-reported and taken from the 2011 Census. Rate calculated	2011	Census 2011 ( <a href="https://www.nomisweb.co.uk/census/2011/ks301ew">https://www.nomisweb.co.uk/census/2011/ks301ew</a> )

	$as = (\text{Bad or very bad health (census LC3206)} / (\text{Population aged 65+}) * 100$		<a href="http://co.uk/census/2011/lc3206ew">co.uk/census/2011/lc3206ew</a>
<b>IoD 2019 Health Deprivation and Disability Rank</b>	The Indices of Deprivation (IoD) 2019 Health Deprivation and Disability Domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation. The following indicators are included: Years of potential life lost: An age and sex standardised measure of premature death; Comparative illness and disability ratio: An age and sex standardised morbidity/disability ratio; Acute morbidity: An age and sex standardised rate of emergency admission to hospital; Mood and anxiety disorders: A composite based on the rate of adults suffering from mood and anxiety disorders derived from gp registrations, hospital episodes data, and suicide mortality data. Data shows Average LSOA Rank, a lower rank indicates that an area is experiencing high levels of deprivation	2019	Ministry of Housing Communities and Local Government (MHCLG) ( <a href="https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019">https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019</a> )
<b>Prevalence of health conditions by cause</b>	The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition. For full notes, methodology, and limitations, please see <a href="https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/">https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/</a> for more details.	2017/18	House of Commons Library ( <a href="https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/">https://commonslibrary.parliament.uk/social-policy/health/diseases/constituency-data-how-healthy-is-your-area/</a> )
<b>Cancer incidence rates</b>	Shows the number of cases of cancer by type. Figures are presented as indirectly age-sex standardised registration ratios (number of new cases as a percentage of expected new cases), calculated relative to England.	2012-2016	National Cancer Registration and Analysis Service and Office for National Statistics (ONS) ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>People with a limiting long-term illness by age</b>	Shows the proportion of residents with a limiting long-term illness. Figures are taken from responses to the 2011 Census, based on a self assessment whether or not a person has a limiting long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age.	2011	Census 2011 ( <a href="https://www.nomisweb.co.uk/census/2011/ks301uk">https://www.nomisweb.co.uk/census/2011/ks301uk</a> )
<b>Incapacity Benefit/Employment and Support Allowance (May-2020)</b>	Shows the proportion of people who are out of work and receiving benefits relating to poor health: Incapacity Benefit (IB) / Employment Support Allowance (ESA). IB and ESA are workless benefits payable to people who are out of work and have been assessed as being incapable of work due to illness or disability and who meet the appropriate contribution conditions. ESA replaced IB and Income Support paid on the grounds of incapacity for new claims from 27th October 2008. From March 2016 Universal Credit began to replace ESA for new claims. Rate calculated as = $(\text{Incapacity Benefit claimants}) / (\text{Population aged 16-64}) * 100$	May-20	Department for Work and Pensions (DWP) ( <a href="https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics">https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics</a> )
<b>Universal Credit claimants - Conditionality Regime: No work requirements</b>	Shows the proportion of people receiving Universal Credit who are not expected to work at present. Health or caring responsibility prevents claimant from working or preparing for work. Conditionality means work-related things an eligible adult will have to do in order to get full entitlement	May-20	Department for Work and Pensions (DWP) ( <a href="https://www.gov.uk/government/organisations/department-for-work-">https://www.gov.uk/government/organisations/department-for-work-</a>

	to Universal Credit. Each eligible adult will fall into one of six conditionality regimes based on their capability and circumstances. Different members of a household can be subject to the same or different requirements. As circumstances change claimants will also transition between different levels of conditionality. Rate calculated as = (Universal Credit claimants with no work requirements)/(Total population aged 16-64)*100.		pensions/about/statistics )
<b>Households on Universal Credit - Limited Capability for Work Entitlement</b>	Shows the proportion of households on Universal Credit containing household members who have limited capacity to work due to poor mental or physical health conditions. The work capability assessment determines whether an individual has limited capability for work based upon mental and physical health. For those assessed to have limited capability for work there are two levels - limited capability for work element and the limited capability for work and work related activity element. An individual cannot get both elements; they can only get one or the other. If more than one person in the household has limited capability for work/work related activity, the award will only include one element. Rate calculated as = (Universal Credit households with Limited Capability for Work Entitlement)/(Total households)*100.	Aug-20	Department for Work and Pensions (DWP) ( <a href="https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics">https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics</a> )
<b>Disability benefit (DLA)</b>	Shows the proportion of people who are disabled and receiving Disability Living Allowance (DLA). DLA is payable to children and adults who become disabled before the age of 65, who need help with personal care or have walking difficulties because they are physically or mentally disabled. People can receive DLA whether they are in or out of work. It is non-means tested and is unaffected by income or savings of the claimant. DLA provides support for paying with additional care or mobility requirements associated with a disability. Please note, from April 2013 Personal Independence Payment (PIP) has replaced DLA for all new claimants aged 16-64, while existing DLA claimants are being slowly moved on to PIP. Therefore, DLA no longer represents the total count of disability benefit claimants for those aged 16-64. Rate calculated as = (Disability Living Allowance claimants)/(Total population)*100	May-20	Department for Work and Pensions (DWP) ( <a href="https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics">https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics</a> )
<b>Personal Independence Payment (PIP)</b>	Shows the proportion of working age people receiving Personal Independence Payment (PIP). PIP helps with some of the extra costs caused by long-term disability, ill-health or terminal ill-health. From 8th April 2013 DWP started to replace Disability Living Allowance (DLA) for working age people with PIP. Note only claims in payment are included in the indicator. Rate calculated as = (Personal Independence Payment (PIP) claims in payment)/(Total population aged 16-64)*100.	Jul-20	Department for Work and Pensions (DWP) ( <a href="https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics">https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics</a> )
<b>Older people social care benefit (Attendance Allowance)</b>	Shows the proportion of people aged 65+ who have social care needs and are receiving Attendance Allowance (AA). AA is payable to people over the age of 65 who are so severely disabled, physically or mentally, that they need a great deal of help with personal care or supervision. Rate calculated as = (Attendance Allowance claimants)/(Population aged 65+)*100	May-20	Department for Work and Pensions (DWP) ( <a href="https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics">https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics</a> )
<b>IoD 2019 Comparative illness and disability ratio indicator</b>	The Indices of Deprivation (IoD) 2019 comparative illness and disability ratio is an indicator of work limiting morbidity and disability, based on those receiving benefits due to inability to work through ill health. The benefits paid to people who are unable to work due to ill health are Disability Living Allowance, Employment and Support	2016	Ministry of Housing Communities and Local Government (MHCLG) ( <a href="https://www.gov.uk/government/statistics/englis">https://www.gov.uk/government/statistics/englis</a> )

	<p>Allowance, Attendance Allowance, the disability premium of Income Support, Incapacity Benefit, and Severe Disablement Allowance. In addition, since 2013, two new benefits have been introduced: Personal Independence Payment (PIP) and Universal Credit (UC). Personal Independence Payment is a benefit providing support to meet the extra costs associated with a long-term health condition or disability. Like the benefit it replaces Disability Living Allowance it is non-means tested, non-taxable and is paid to people who are in or out of work. Personal Independence Payment has replaced Disability Living Allowance for all new disability benefit claims and all Personal Independence Payment claimants are included in the numerator for this indicator. Additionally, this indicator includes a subset of Universal Credit claimants who are receiving benefits due to poor health. The following categories of Universal Credit claimants have been included in the indicator numerator: Universal Credit claimants in the 'Preparing for work' conditionality category whose 'Family type' classification is 'not single, with child dependant(s)' and Universal Credit claimants with no Carer Entitlement' in the 'No work requirements' conditionality category. The indicator was based on data from 2016 (in order to precede the rollout of Universal Credit to people with work limiting illness or disability) provided by the Department of Work and Pensions. The denominator was the 2016 mid-year population estimate (minus the prison population) in five-year age-sex bands. The indicator was directly age and sex standardised in five-year age-sex bands; comparing the actual number of benefit recipients in an area to what would be expected given the area's age and sex structure. Shrinkage was applied to the indicator. A higher score indicates that an area is experiencing high levels of deprivation.</p>		h-indices-of-deprivation-2019)
<b>IoD 2019 Mood and anxiety disorders indicator</b>	<p>The Indices of Deprivation (IoD) 2019 Mood and anxiety disorders indicator is a broad measure of levels of mental ill health in the local population. The definition used for this indicator includes mood (affective), neurotic, stress-related and somatoform disorders. The indicator is a modelled estimate based on three separate sources outlined in the sections below: prescribing data; hospital episodes data; and suicide mortality data. Although none of the three sources on their own provide a comprehensive measure of mood and anxiety disorders, used in combination they represent a large proportion of all those suffering mental ill health. In the Indices of Deprivation 2015 (and earlier) this indicator also included a fourth component which was derived from health benefits data from the Department for Work and Pensions. The health benefits data component has been dropped from this indicator for the Indices of Deprivation 2019 due to concerns about the quality of the data on health conditions within the health benefits dataset.</p>	2013 to 2018	Ministry of Housing Communities and Local Government (MHCLG) ( <a href="https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019">https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019</a> )
<b>People with mental health issues (receiving IB/ESA)</b>	<p>The figures for the number and proportion of people with mental health issues are based on the claimants of Incapacity Benefit who are claiming due to mental health related conditions. Incapacity Benefit is payable to persons unable to work due to illness or disability. Note, since March 2016, ESA is being replaced by Universal Credit for new claimants.</p> <p>Rate calculated as = (Employment Support Allowance/Incapacity Benefit claimants, disease code mental)/(Population aged 16-64)*100</p>	May-20	Department for Work and Pensions (DWP) ( <a href="https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics">https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics</a> )



<b>Binge drinking</b>	<p>Synthetic estimate of the proportion (%) of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more units for women). The individual - level measure of binge drinking was generated from the data collected in the Health Survey for England (HSE) about the quantities of all the different types of alcoholic drinks (beer, wine, spirits, sherry and alcopops) consumed on a respondent's heaviest drinking day in the previous week. The measures were combined to give the number of units of alcohol consumed on the heaviest drinking day. Binge drinking was then defined separately for men and women: men were defined as having indulged in binge drinking if they had consumed 8 or more units of alcohol on the heaviest drinking day in the previous seven days; for women the cut -off was 6 or more units of alcohol. Data was then modelled to MSOA level by combining together data from HSE with census and administrative data available at MSOA level and modelling lifestyle data down to MSOA level based on MSOA characteristics including census demographics, hospital episode statistics, data on dwellings and benefit claimant rates. Please see the detailed methodology paper below for more information: <a href="http://www.localhealth.org.uk/Spreadsheets/HealthyLifestyleBehavioursModelBasedEstimatesforMSOAs.pdf">http://www.localhealth.org.uk/Spreadsheets/HealthyLifestyleBehavioursModelBasedEstimatesforMSOAs.pdf</a> . Rate calculated as = (Adults who binge drink)/(Adults aged 16 or over)*100</p>	2006-2008	Office for National Statistics (ONS) ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>Healthy eating</b>	<p>Synthetic estimate of the proportion (%) of adults who are engaged in healthy eating (consumption of 5 or more portions of fruit and vegetables a day). Rate calculated as = (Adults who eat 5 or more portions of fruit and vegetables a day)/(Adults aged 16 or over)*100</p>	2006-2008	Office for National Statistics (ONS) ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>Adults who are physically active (modelled MSOA estimates) (2018/19)</b>	<p>This data shows the modelled estimated percentage of adults (aged 16+) who are classed as 'active'. People are described as being active if they have done at least 150 minutes of moderate intensity equivalent (MIE) physical activity (excluding gardening) in the past week. Activity is counted in moderate intensity equivalent minutes whereby each 'moderate' minute counts as one minute and each 'vigorous' minute counts as two moderate minutes. Moderate activity is defined as activity where you raise your breathing rate, whereas vigorous activity is defined as doing activity where you are out of breath or are sweating (you may not be able to say more than a few words without pausing for breath). Sport England have modelled their Active Lives activity estimates to produce small area estimates at MSOA level. More information about the data modelling process can be found in Sport England's SAE Technical Document: <a href="https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables">https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables</a></p>	November 2018 - November 2019	Sport England (Active Lives Adult Survey)
<b>Adults who are physically inactive (modelled MSOA estimates) (2018/19)</b>	<p>This data shows the modelled estimated percentage of adults (aged 16+) who are classed as 'inactive'. People are described as being inactive if they have done fewer than 30 minutes of moderate intensity equivalent (MIE) physical activity (excluding gardening) in the past week. Activity is counted in moderate intensity equivalent minutes whereby each 'moderate' minute counts as one minute and each 'vigorous' minute counts as two moderate minutes. Moderate activity is defined as activity where you raise your breathing rate, whereas vigorous activity is defined as doing activity where you are out of breath or are sweating (you may not be able to say more than a few words without pausing for breath). Sport England have modelled</p>	November 2018 - November 2019	Sport England (Active Lives Adult Survey)

	their Active Lives activity estimates to produce small area estimates at MSOA level. More information about the data modelling process can be found in Sport England's SAE Technical Document: <a href="https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables">https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables</a>		
<b>People who participate in sport and physical activity at least twice in the last 28 days (2018/19)</b>	This data shows the estimated percentage of people who have participated in sport and physical activity (excluding gardening) at least twice in the last 28 days. Participation is defined as the equivalent of 30 minutes activity at least twice in the last 28 days, with each session being at least 10 minutes and of at least moderate intensity. An individual can reach the minimum threshold by a combination of two 30 minute sessions across the last 28 days or by six 10 minute sessions, for example. Moderate activity is defined as activity where you raise your breathing rate. Sport England have modelled their Active Lives activity estimates to produce small area estimates at MSOA level. More information about the data modelling process can be found in the SAE Technical Document: <a href="https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables">https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables</a>	November 2018 - November 2019	Sport England (Active Lives Adult Survey)
<b>Overweight or obese children in reception year and year 6</b>	Shows the number of children in reception (aged 4-5 years) and year 6 (aged 10-11) classified as overweight or obese in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England as a proportion of all children measured. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. This indicator is important because it can be used to estimate and monitor excess weight and obesity in children in order to reduce prevalence, inform planning and delivery of services for children, and ensure the proper targeting of resources to tackle obesity.	2015/16-2017/18	National Child Measurement Programme, NHS Digital ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>Low birth weight</b>	Shows the proportion of babies born with a low birth weight. The Low birth weight count is the number of live and still births occurring in the year with a stated birth weight greater than 0 and less than 2500 grams for all maternal ages. The denominator is all live and still births occurring in a year with a valid stated birth weight for all maternal ages. The figures presented here are expressed as percentages of total births with a stated birth weight. Rate calculated as = (Low birth weight births)/(Total births)*100	2011-2015	Office for National Statistics (ONS) ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>Modelled prevalence of people aged 15 who are regular smokers</b>	Shows the modelled prevalence of people aged 15 who are regular smokers. This indicator is important because smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The 2017 tobacco control plan sets out the Government's aim to reduce the number of 15 year olds who regularly smoke from 8% to 3% or less. This indicator will ensure that as well as focusing on reducing the prevalence of smoking among adults (primarily through quitting) local authorities will also address the issue of reducing the uptake of smoking among children.	2014	Department of Geography, University of Portsmouth and Geography and Environment, University of Southampton ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>IoD 2019 Acute morbidity indicator</b>	The Indices of Deprivation (IoD) 2019 Acute morbidity indicator measures the level of emergency admissions to hospital, based on administrative records of inpatient admissions. Emergency admissions are defined as cases where admission is unpredictable and at short notice	2015/16 to 2016/17	Ministry of Housing Communities and Local Government (MHCLG) ( <a href="https://www.gov.uk/government/statistics/englis">https://www.gov.uk/government/statistics/englis</a> )

	because of clinical need. This includes admission via the Accident and Emergency department, admission directly onto a ward or into theatre and the emergency transfer of patients between hospitals. All emergency admissions greater than one day in length (where discharge is not on the same date as admission) are included as an indication of acute health problems. Only admissions to NHS hospitals are included in the data. The numerator used the number of hospital spells starting with admission in an emergency and lasting more than one calendar day, and was based on data from the period 2015/16 to 2016/17 provided by the Health and Social Care Information Centre from the Hospital Episode Statistics database. The denominator was the 2016 and 2017 mid-year population estimates (minus the prison population) in five-year age-sex bands. Two years of data were used to reduce the problems of small numbers. The indicator was directly age and sex standardised in five-year age-sex bands, and shrinkage applied. A higher score indicates that an area is experiencing high levels of deprivation.		h-indices-of-deprivation-2019)
<b>Emergency hospital admissions by cause</b>	Shows emergency admissions to hospital by cause. The NHS Data Model and Dictionary defines emergency admissions as those which are 'unpredictable and at short notice because of clinical need'. This indicator allows the level of such admissions at a local level to be compared to those expected given the age structure of local populations. High levels of emergency admissions may be due to a variety of causes such as high levels of injury within a population or poor management of chronic conditions within primary care. It should be viewed as an indication of the levels of unplanned secondary care use within a population and care should be taken when interpreting these results. The figures in the dataset are presented as Standardised Admission Ratios (SAR) = Number of Observed Admissions/ Adjusted Expected admissions (national average).	2013/14 - 2017/18	Hospital Episode Statistics (HES) NHS Digital ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>Rate of A&amp;E attendance for children under 5</b>	Shows the crude rate of A&E attendances for children (aged under 5 years), per 1,000 resident population. This indicator is important because A&E attendances in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.	2013/14 - 2015/16	Hospital Episode Statistics (HES) Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved. Office for National Statistics. ( <a href="http://www.localhealth.org.uk/">http://www.localhealth.org.uk/</a> )
<b>Emergency Admissions for injury in children by age group</b>	Shows the total number of emergency admissions to hospital for children as a result of injury (with an ICD10 external injury cause code of V01 to Y98 (inclusive) in either the cause field or the first seven diagnosis fields, excluding any mention of X33 - X39 or X52 in either the cause field or the first seven diagnosis fields) divided by the total population aged 0-4 for the five year period.	2011 to 2015	Hospital Episode Statistics ( <a href="http://content.digital.nhs.uk/hes">http://content.digital.nhs.uk/hes</a> )
<b>Children providing unpaid care</b>	Children (aged 0-15) providing informal unpaid care. Figures are based on self reported responses to the 2011 Census. A person is a provider of unpaid care if they give any help or support to family members, friends, neighbours or others because of long-term physical or mental health or disability, or problems related to old age. Rate calculated as = (People aged 0-15 providing unpaid care)/(Population aged under 16 (Census 2011))*100	2011	Census 2011 ( <a href="https://www.nomisweb.co.uk/census/2011/lc3304ew">https://www.nomisweb.co.uk/census/2011/lc3304ew</a> )
<b>Provides 50+ hours unpaid care a week</b>	Shows the proportion of people providing unpaid care for 50 or more hours per week. Figures are based on self	2011	Census 2011 ( <a href="https://www.nomisweb.co.uk/census/2011/lc3304ew">https://www.nomisweb.co.uk/census/2011/lc3304ew</a> )

	reported responses to the 2011 Census. A person is a provider of unpaid care if they give any help or support to family members, friends, neighbours or others because of long-term physical or mental health or disability, or problems related to old age. The figures include all people of all ages providing unpaid care. Rate calculated as = (Provides 50 or more hours unpaid care a week (census KS301))/(All usual residents (census KS301))*100		co.uk/census/2011/KS301ew)
<b>COVID-19 vulnerability index (MSOA Level)</b>	The COVID-19 vulnerability index combines multiple sources of (mostly) open data to identify vulnerable areas and groups within Local Authorities and neighbourhoods (MSOAs). The Index currently maps clinical vulnerability (underlying health conditions), demographic vulnerability (over-70s, people seeking asylum), social vulnerability (barriers to housing and services, poor living environment, living in 'left-behind' areas, loneliness, digital exclusion), and health inequalities. Other vulnerabilities which will be added include: Mental health, Economic vulnerability, Social isolation and Physical isolation from supermarkets, pharmacies. The data presented is a score calculated from the overall ranks of MSOAs in England, apportioned down to Output Area using population weighted apportioning techniques. For detailed information about the methodological approach taken, please see <a href="https://docs.google.com/document/d/1aWpzgvLKGEF5Ay_xVps17nbnT1zEki7RGIIJXL5APo/edit#">https://docs.google.com/document/d/1aWpzgvLKGEF5Ay_xVps17nbnT1zEki7RGIIJXL5APo/edit#</a>	Apr-20	British Red Cross ( <a href="https://www.redcross.org.uk/">https://www.redcross.org.uk/</a> )
<b>COVID-19 mortality rate (crude death rate from MSOA level data)</b>	Shows the Covid-19 crude death rate per 100,000 population. Figures are taken from the number of registered deaths where there is any mention of COVID-19 on the death certificate. This includes deaths at home and deaths in care homes, hospitals and other communal establishments. Data is based on provisional counts of the number of deaths and age-standardised mortality rates involving the coronavirus (COVID-19) between 1 March and 17 April 2020 in England and Wales. Note, data is published at MSOA level - the rate shown at LSOA level on the map will be the rate of the parent MSOA. Figures for areas that are smaller than MSOA should be treated with caution. Rate is calculated as the number of deaths (with mention of COVID-19 on the death certificate) / Mid-Year Estimate Total Population 2018 * 100,000	March 2020 to April 2020	ONS ( <a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deaths-involving-covid-19-by-local-areas-and-deprivation">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deaths-involving-covid-19-by-local-areas-and-deprivation</a> )
<b>COVID-19 prevalence rate</b>	Number of people with positive Covid-19 diagnosis	2020	NHS England
<b>Travel time to key services</b>	Travel times in minutes to a GP and Hospital (general practitioner) by public transport/walking and cycling. These statistics are derived from the analysis of spatial data on public transport timetables; road, cycle and footpath networks; population and key local services. The data shows the average minimum travel time - the shortest travel time by walking and public transport, averaged over the LSOA. Where the shortest journey is by public transport, an average of five minutes is added to allow for a margin for catching the service, but if a quicker walking journey is available, this will be used with nothing added.	2017	Department for Transport (DfT) ( <a href="https://www.gov.uk/government/collections/journey-time-statistics">https://www.gov.uk/government/collections/journey-time-statistics</a> )
<b>Access to Health Assets and Hazard (in Km)</b>	Shows the accessibility to key services in kilometres. These indicators are part of the Access to Healthy Assets and Hazards (AHAH) index as part of the Health Services domain. The AHAH index is a multi-dimensional index developed by the CDRC for Great Britain measuring how 'healthy' neighbourhoods are. It combines indicators under four different domains of accessibility: retail environment, health services, physical environment and air quality.	2017	NHS digital ( <a href="https://data.cdrc.ac.uk/dataset/ahah2">https://data.cdrc.ac.uk/dataset/ahah2</a> )