Tameside

Unitary authority

This profile gives a picture of people's health in Tameside. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Health in summary
The health of people in Tameside is generally worse than the England average. Tameside is one of the 20% most deprived districts/unitary authorities in England and about 20% (8,800) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities
Life expectancy is 10.0 years lower for men and 8.2 years lower for women in the most deprived areas of Tameside than in the least deprived areas.**

Child health
In Year 6, 20.3% (514) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 is 67*, worse than the average for England. This represents 33 stays per year. Levels of teenage pregnancy, breastfeeding initiation and smoking at time of delivery are worse than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 729*, worse than the average for England. This represents 1,563 stays per year. The rate of self-harm hospital stays is 230*, worse than the average for England. This represents 512 stays per year. Estimated levels of adult excess weight and smoking are worse than the England average. The rate of hip fractures is worse than average. Rates of sexually transmitted infections and people killed and seriously injured on roads are better than average.

* rate per 100,000 population
** see page 3

For more information on priorities in this area, see:
• www.tameside.gov.uk
• www.lifeintamesideandglossop.org

Visit www.healthprofiles.info for more area profiles, more information and interactive maps and tools.

Local Authority Health Profiles are Official Statistics and are produced based on the three pillars of the Code of Practice for Statistics: Trustworthiness, Quality and Value.

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Understanding the sociodemographic profile of an area is important when planning services. Different population groups may have different health and social care needs and are likely to interact with services in different ways.

<table>
<thead>
<tr>
<th></th>
<th>Tameside (persons)</th>
<th>England (persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (2016)*</td>
<td>223</td>
<td>55,268</td>
</tr>
<tr>
<td>Projected population (2020)*</td>
<td>226</td>
<td>56,705</td>
</tr>
<tr>
<td>% population aged under 18</td>
<td>22.1%</td>
<td>21.3%</td>
</tr>
<tr>
<td>% population aged 65+</td>
<td>17.5%</td>
<td>17.9%</td>
</tr>
<tr>
<td>% people from an ethnic minority group</td>
<td>9.6%</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

* thousands

Source: Populations: Office for National Statistics licensed under the Open Government Licence

The level of deprivation in an area can be used to identify those communities who may be in the greatest need of services. These maps and charts show the Index of Multiple Deprivation 2015 (IMD 2015).

**National**

The first of the two maps shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of IMD 2015, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

The chart shows the percentage of the population who live in areas at each level of deprivation.

**Local**

The second map shows the differences in deprivation based on local quintiles (fifths) of IMD 2015 for this area.

Health inequalities: life expectancy

The charts show life expectancy for males and females within this local authority for 2014-16. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015). The life expectancy gap is the difference between the top and bottom of the inequality slope. This represents the range in years of life expectancy from most to least deprived within this area. If there was no inequality in life expectancy the line would be horizontal.

Trends over time: under 75 mortality

These charts provide a comparison of the trends in death rates in people under 75 between this area and England. For deaths from all causes, they also show the trends in the most deprived and least deprived local quintiles (fifths) of this area.

Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with the time period of the data. This provides a more accurate way of examining changes over time by deprivation. Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.
Health summary for Tameside

The chart below shows how the health of people in this area compares with the rest of England. This area’s value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

### Life expectancy and causes of death

#### Indicator names
- Life expectancy at birth (Male)
- Life expectancy at birth (Female)
- Under 75 mortality rate: all causes
- Under 75 mortality rate: cardiovascular
- Under 75 mortality rate: cancer
- Suicide rate

#### Period
- 2014 – 16
- 2014/16
- 2016/17

#### Local count

#### Local value

#### Eng value

#### Eng worst

#### Eng best

#### Percentile
- 25th percentile
- 75th percentile

### Injuries and ill health

#### Indicator names
- Killed and seriously injured on roads
- Hospital stays for self-harm
- Hip fractures in older people (aged 65+)
- Cancer diagnosed at early stage
- Diabetes diagnoses (aged 17+)
- Dementia diagnoses (aged 65+)

#### Period
- 2014 – 16
- 2016/17
- 2017

#### Local count

#### Local value

#### Eng value

#### Eng worst

#### Eng best

### Behavioural risk factors

#### Indicator names
- Alcohol-specific hospital stays (under 18s)
- Alcohol-related hospital stays
- Smoking prevalence in adults (aged 18+)
- Physically active adults (aged 19+)
- Employment rate (aged 16–64)

#### Period
- 2014/15 – 2016/17

#### Local count

#### Local value

#### Eng value

#### Eng worst

#### Eng best

### Child health

#### Indicator names
- Under 18 conceptions
- Smoking status at time of delivery
- Breastfeeding initiation
- Infant mortality rate
- Obese children (aged 10–11)

#### Period
- 2014 – 16
- 2016/17

#### Local count

#### Local value

#### Eng value

#### Eng worst

#### Eng best

### Inequalities

#### Indicator names
- Deprivation score (IMD 2015)
- Smoking prevalence: routine and manual occupations

#### Period
- 2015
- 2017

#### Local count

#### Local value

#### Eng value

#### Eng worst

#### Eng best

### Wider determinants of health

#### Indicator names
- Children in low income families (under 16s)
- GCSEs achieved
- Employment rate (aged 16–64)
- Statutory homelessness
- Violent crime (violence offences)

#### Period
- 2015
- 2016
- 2017

#### Local count

#### Local value

#### Eng value

#### Eng worst

#### Eng best

### Health protection

#### Indicator names
- Excess winter deaths
- New sexually transmitted infections
- New cases of tuberculosis

#### Period
- 2017
- 2014 – 16

#### Local count

#### Local value

#### Eng value

#### Eng worst

#### Eng best

For full details on each indicator, see the definitions tab of the Health Profiles online tool: [www.healthprofiles.info](http://www.healthprofiles.info)

**Indicator value types**
- Crude rate per 100,000 population
- Crude rate per 1,000 population
- Directly age-standardised rate per 100,000 population
- Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes
- Directly age-standardised rate per 100,000 population aged 15 to 64
- Proportion - % of cancers diagnosed at stage 1 or 2
- Crude rate per 1,000 females aged 15 to 17
- Directly age-standardised rate per 100,000 population aged under 18
- Crude rate per 1,000 live births
- Proportion - % of cancers diagnosed at stage 1 or 2
- Crude rate per 100,000 population
- Proportion - % of cancers diagnosed at stage 1 or 2
- Crude rate per 1,000 population
- Directly age-standardised rate per 100,000 population
- Proportion - % of cancers diagnosed at stage 1 or 2
- Crude rate per 100,000 population

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