

Public Document Pack

Health & Wellbeing Board

Tuesday, 9th June, 2020
5.00 pm
Virtual Meeting
(link to be inserted below)

AGENDA

- 1. Welcome and Apologies**
To welcome those present to the meeting and to receive any apologies for absence.

- 2. Minutes of the Meeting held on 11th March 2020**
To approve as a correct record the minutes of the meeting held on 11th March 2020.

Minutes of the meeting held on 11th March 2020 **3 - 7**

- 3. Update on the Health and Wellbeing arrangements across Lancashire**
To receive a presentation from the Director of Public Health

- 4. Update on COVID19 impact in Blackburn with Darwen and Pennine Lancashire.**
To receive a presentation from the Director of Public Health.

- 5. Update on the Test, Track, Isolate system and implications for the BWD Health and Wellbeing Board.**
To receive a presentation from the Director of Public Health.

- 6. Joint Strategic Needs Assessment**
To receive a report of the Director of Public Health

HWBB - JSNA Summary Review paper **8 - 67**
Summary Review 2020

- 7. Suspension of PNA**

To receive a report of the Director of Public Health

PNA HWB update June 2020 v0.03

68 - 70

Date Published: 3rd June2020
Denise Park, Chief Executive



BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD MINUTES OF A MEETING HELD ON 11TH MARCH 2020

PRESENT:

Councillors	Mohammed Khan (Chair)
	Maureen Bateson
	Mustafa Desai
Clinical Commissioning Group (CCG)	Claire Richardson
	Carl Ashworth
Voluntary Sector	Angela Allen
Healthwatch	Abdul Mulla
Council	Dr Gifford Kerr
	Prof. Dominic Harrison
	Katherine White
	Jayne Ivory
	Sayyed Osman
	Laura Wharton
	Firoza Hafeji
	Rachel Surkitt

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Cllr Julie Slater and Dr Julie Higgins.

2. Declarations of Interest

There were no declarations of interest received.

3. Minutes of the meeting held on 4th December 2019

RESOLVED – That the minutes of the meeting held on 4th December 2019 be agreed as a correct record and signed by the Chair.

4. Actions from the Previous Meeting

Dominic Harrison gave a verbal update on work undertaken by the PAN Lancashire Child Death Overview Panel (CDOP). Information on transferring

responsibility for CDR/CDOP to Health and Wellbeing Boards would be shared at future meetings.

5. Better Care Fund Update

Katherine White, Head of Integration, Community and Strategy, summarised the Better Care Fund Update report and provided a summary for Quarter 3 of performance and delivery, as well as providing an update for end of Quarter 2 on the BCF and Improved BCF, and iBCF finance position.

The report also provided a summary of performance against metrics BCF targets up to Quarter 3 2019/20 with a narrative summary. It was noted that all the targets were on track besides metric 4, Delayed Transfers of Care. Strategies were in place to ensure the targets were met.

RESOLVED - That the Health and Wellbeing Board noted the Better Care Fund Quarter 3 2019/20 performance and financial position.

6. Pharmacy Needs Assessment

Dr Kerr updated the Board Members on the PAN Lancashire work that had started to review and update the current Pharmacy Needs Assessment (PNA), and the required period of public consultation.

Members heard that the Local Government took on a new role when Public Health transferred from the NHS in April 2013, including the production of a Pharmacy Needs Assessment (PNA). The PNA aimed to identify whether current pharmacy service provision met the needs of the local population and considered whether there were any gaps in service delivery.

The key issues and matters were shared with the Health and Wellbeing Board which must be regarded whilst developing the PNA.

Dr Kerr highlighted that as part of developing their PNA, Health and Wellbeing Boards must undertake a public consultation for a minimum of 60 days, which was planned for the autumn.

RESOLVED – The Health and Wellbeing Board:

- Note the report
- Note that a further update will be provided in Autumn 2020

7. Update: COVID 19 – Lancashire and Cumbria Response

The Director of Public Health, Dominic Harrison, shared a presentation on COVID 19 alongside a verbal update.

Members were informed that the situation was changing on a daily basis and was being led by the Government and Public Health England.

The Board looked at the potential impact of the virus and the current advice and

guidance. They also examined the way in which the council was disseminating information and advice and how we as an authority were working with partners to keep the community safe.

The fundamental objectives are to deploy phased actions to **Contain, Delay, and Mitigate** the outbreak, using **Research** to inform policy development, as described below. The different phases, type and scale of actions depended upon how the outbreak unfolded over time.

- **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- **Delay:** slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season
- **Mitigate:** provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.
- **Research – cross cutting:** to better understand the virus and actions that will lessen its effect; innovate responses including diagnostics, drugs and vaccines; and inform models of care

RESOLVED: The verbal update was noted.

8. Public Health Apprenticeships/Workforce Transformation

Laura Wharton, Public Health Consultant gave a verbal update on Public Health Apprenticeships/Workforce Transformation.

The Board heard that new posts would be created and 20% on job training would be provided by Blackburn College.

The Board were recommended to approve the proposal.

RESOLVED – That the Health and Wellbeing Members approved the proposal for Public Health Apprenticeships/Workforce Transformation.

9. Integrated Care System Strategy and Population Health Plan Priorities

The Board received a report on Integrated Care System Strategy from Claire Richardson, Director of Population Strategy and Transformation and Carl Ashworth, Director of Strategy and Transformation.

The draft strategy identified the Population Health Plan priorities which aimed at improving the health and wellbeing outcomes of the communities. A system wide approach to develop the Implementation Plan was under way, managed through the Population Health Steering Group of the Integrated Care System.

RESOLVED – That the Health and Wellbeing Board Members:

- Received and endorsed the draft Integrated Care System Strategy
- Confirmed commitment to the Population, Health Plan priorities identified in the draft Strategy
- Will engage with and support the development of the Integrated Care System Population Health Implementation Plan
- Endorsed the alignment of the existing population health and prevention activity across the Integrated Care System work streams and Integrated Care Partnership/Multi-speciality Community Provider plans (in West Lancashire)

10. Integrated Care system Commissioning Reform

Members received a report from Claire Richardson, Director of Population Strategy and Transformation and Carl Ashworth, Director of Strategy and Transformation on Integrated Care System Commissioning Reform

An update was provided on the upcoming discussions about the evolution of NHS commissioning in the Blackburn with Darwen CCG and Pennine Lancashire area, and across Lancashire and South Cumbria over the next two years.

Based on the collective vision to continue the journey of integrated care in neighbourhoods, local places and across Lancashire and South Cumbria, commissioning leaders had identified a number of options for the commissioning arrangements which can best support the next stage of development. Each option was assessed against the following criteria:

- Tackle inequalities and improve outcomes for patients
- Get our resources and capacity in the right place to support our integrated place-based models in Primary Care Networks, local health and care partnerships and (where there was value in acting collectively) across the Integrated Care System
- Reduce duplication of commissioning processes, governance arrangement and the use of staff time
- Support a consistent approach to standards and outcomes
- Be affordable, reduce running costs and support longer term financial sustainability
- Offer the potential for further development of integrated commissioning between the NHS and Local Authorities
- Be deliverable
- Be congruent with the NHS Long Term Plan expectation that there will “typically” be a single CCG for each Integrated Care system area.

The Case for Change document identified options which would lead to the creation of a single CCG for Lancashire and South Cumbria.

Members heard that no decisions had been taken at this point in time about future configuration of CCGs. The formal decision about any option to change the

number of CCGs will be taken according to each CCGs constitution through a vote of member GP practices, which was planned to take place in May 2020.

If the outcome of the vote was to support the creation of single CCG, then a full set of merger submission documents would be prepared in line with NHS England guidance. A formal merger application would be submitted to NHSE by 30th September 2020 with the aim of a single CCG for Lancashire and South Cumbria operating in shadow form from October 2020 and being fully established on 1st April 2021.

A lengthy discussion took place on the proposal and Members shared their opinions on a single CCG which identified that Blackburn with Darwen Health and Wellbeing Board were not in favour of a single CCG and did not approve the proposal shared.

The Chair advised Laura Wharton to create a document to highlight key issues identified by Members regarding the single CCG and forward to Dr Julie Higgins and Amanda Dole for noting.

RESOLVED – That the Health and Wellbeing Board noted the report.

11. PAN Lancashire Health and Wellbeing Board – next steps

Laura Wharton informed Members that the next Board meeting was scheduled to take place on 17th March 2020 where further information would be shared on the single CCG proposal.

RESOLVED – That Laura share the key issues identified by Members on the single CCG proposal at the next PAN Lancashire Health and Wellbeing Board meeting.

12. Date of Next Meeting

The next meeting of the Board was scheduled to take place at 5.30pm on 3rd June 2020.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

Agenda Item 6

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Dominic Harrison, Director of Public Health and Wellbeing
DATE:	3 rd June 2020

SUBJECT: Joint Strategic Needs Assessment (JSNA)

1. PURPOSE To ask the Health and Wellbeing Board to approve the recent Joint Strategic Needs Assessment [JSNA] Summary Review.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

- The Board is asked to approve the attached 2020 JSNA Summary Review as a key component of Blackburn with Darwen's Joint Strategic Needs Assessment;

3. BACKGROUND

Department of Health (now DHSC) guidance¹ describes the central importance in the modernised health and care system of an enhanced Joint Strategic Needs Assessment (JSNA), which should consider all the current and future health and social care needs of the area to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area. Formal responsibility for preparing the JSNA rests with the Health and Wellbeing Board. The local authority and CCG should be guided by the JSNA when developing their Joint Health and Wellbeing Strategy.

The production of Blackburn with Darwen's JSNA is overseen by the Integrated Strategic Needs Assessment Leadership Group. We have reverted to using the standard term 'JSNA' when referring to the statutory exercise, as mandated by DHSC. However, the group continues to be known as the 'ISNA Leadership Group' to reflect the fact that its interests are wider than the JSNA alone.

4. RATIONALE

Subject to approval by the Health and Wellbeing Board, the attached JSNA Summary Review will be the main component of Blackburn with Darwen's JSNA in 2020/21. It begins with a profile of the borough's population and local economy ('Setting the Scene'), and is then arranged under the same three themes as the borough's Joint Health and Wellbeing Strategy: 'Start Well', 'Live Well' and 'Age Well'.

5. KEY ISSUES

- The JSNA Summary Review does not address the topic of Coronavirus, as it was completed before the pandemic became a live issue locally.
- The previous JSNA Summary Review was also available in an online, interactive format. However the present author is leaving, and it is unlikely that a new version of the online version will be updated before then. The pdf should be regarded as the main product.

6. POLICY IMPLICATIONS

The new JSNA Summary Review forms a major component of the borough's Joint Strategic Needs Assessment (JSNA). The JSNA is a key input to the Joint Health and Wellbeing Strategy, and helps to inform a wide range of commissioning decisions.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this paper.

8. LEGAL IMPLICATIONS

There are no direct legal implications arising from this paper. Under the Health and Social Care Act 2012, local authorities and clinical commissioning groups (CCGs) are jointly responsible for preparing a JSNA, through the Health and Wellbeing Board.

9. RESOURCE IMPLICATIONS

There are no direct resource implications arising from this paper.

10. EQUALITY AND HEALTH IMPLICATIONS

There are no direct equality and health implications arising from this paper.

11. CONSULTATIONS

The development of the JSNA Summary Review has been overseen by the JSNA Leadership Group, which is a partnership organisation with representation from council departments, Blackburn with Darwen CCG, Blackburn College and the third sector.

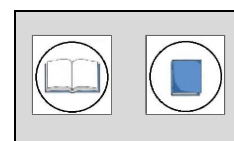
The contents of the Summary Review also draw upon consultation exercises carried out by a range of bodies, such as One Voice Blackburn and Healthwatch Blackburn with Darwen.

VERSION:	1.1
-----------------	-----

CONTACT OFFICER:	Anne Cunningham
-------------------------	-----------------

DATE:	19 th May 2020
--------------	---------------------------

BACKGROUND PAPER:	JSNA Summary Review pdf version (provided separately)
--------------------------	---



ⁱ DH (2013). *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. Available from <https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/18/files/2013/03/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf>



Joint Strategic Needs Assessment

Summary Review 2020

INTRODUCTION

Department of Health guidance¹ describes the central importance in the modernised health and care system of an enhanced Joint Strategic Needs Assessment (JSNA), which should consider all the current and future health and social care needs of the area. The local authority and CCG should be guided by the JSNA when developing their Joint Health and Wellbeing Strategy.

This document presents many of the key messages from Blackburn with Darwen’s JSNA. It begins with a profile of the borough’s population and local economy (‘Setting the Scene’), and is then arranged under the same three themes as the borough’s Joint Health and Wellbeing Strategy itself: ‘Start Well’, ‘Live Well’ and ‘Age Well’.

CONTENTS

(Ctrl+Click to go to page)

INTRODUCTION	1	NEETS	17	CARDIOVASCULAR DISEASE.....	32
CONTENTS	1	SPECIAL EDUCATIONAL NEEDS AND DISABILITY	17	DIABETES	33
SETTING THE SCENE	2	ACES	17	MENTAL HEALTH AND WELLBEING	34
POPULATION	2	CHILDREN’S MENTAL HEALTH SERVICES (CAMHS)	18	SEXUAL HEALTH.....	36
POPULATION ESTIMATES AND PROJECTIONS	2	YOUNG PEOPLE’S SEXUAL HEALTH	18	LIVER DISEASE	36
DEMOGRAPHIC CHARACTERISTICS	3	TEENAGE PREGNANCY.....	18	HEARING LOSS	37
DEPRIVATION	5	CHLAMYDIA SCREENING.....	18	ROAD SAFETY	38
LIFE EXPECTANCY.....	6	CHILDREN’S ORAL HEALTH	19	LEARNING DISABILITIES	39
PREMATURE MORTALITY	6	CHILD OBESITY AND UNDERWEIGHT	19	VETERANS	40
LOCAL ECONOMY	7	ROAD ACCIDENTS	21	HOMELESS AND VULNERABLE PEOPLE	41
SKILLS	7	CHILDREN KILLED OR SERIOUSLY INJURED (KSI).....	21	HOMELESSNESS.....	41
ECONOMIC ACTIVITY	7	ALL CHILD ROAD CASUALTIES.....	21	ASYLUM SEEKERS AND REFUGEES	42
EMPLOYMENT BY SECTOR	9	CHILD HEALTH OUTCOMES	22	AGE WELL	43
EARNINGS	9	AT DELIVERY.....	22	ISSUES PARTICULARLY AFFECTING OLDER PEOPLE	43
HOUSEHOLD INCOME	10	INFANT AND CHILD MORTALITY.....	22	TRIPS AND FALLS.....	43
SAFE AND HEALTHY HOMES AND NEIGHBOURHOODS	11	HOSPITAL ADMISSION/ ATTENDANCE	22	DEMENTIA	44
AIR QUALITY	11	CHILD VACCINATIONS	23	RECORDED DIAGNOSES	44
HOUSING	12	COVERAGE RATES	23	QUALITY AND LENGTH OF LIFE	45
CRIME AND VIOLENCE.....	13	REASONS FOR NATIONAL DECLINE	23	HEALTHY LIFE EXPECTANCY.....	45
START WELL	14	LIVE WELL	24	END OF LIFE	46
DETERMINANTS OF HEALTH FOR CHILDREN/YOUNG PEOPLE	14	LIFESTYLE FACTORS	24	CAUSE OF DEATH	46
CHILD POVERTY	14	PHYSICAL ACTIVITY	24	ICONS	47
EDUCATION	14	ALCOHOL	25	REFERENCES	47
VULNERABLE CHILDREN AND YOUNG PEOPLE	17	GAMBLING	26	<i>IF YOU HAVE ANY QUERIES OR COMMENTS, PLEASE CONTACT</i>	
CHILDREN IN NEED	17	SMOKING.....	26	<i>ANNE CUNNINGHAM,</i>	
‘TOXIC TRIO’ OF FAMILY ISSUES	17	DRUG MISUSE	27	<i>PUBLIC HEALTH INTELLIGENCE SPECIALIST:</i>	
		HEALTH OUTCOMES	30	<i>(anne.cunningham@blackburn.gov.uk)</i>	
		CANCER.....	30		

SETTING THE SCENE

POPULATION

POPULATION ESTIMATES AND PROJECTIONS

Mid-2018 estimate²

The latest ONS population estimates are for mid-2018, and show that Blackburn with Darwen had a total of 148,942 residents (an increase of 170 since mid-2017). In Figure 1 below, the England age structure is superimposed for comparison. This illustrates that Blackburn with Darwen has a much younger age profile than average. 28.4% of its population is aged under 20, which is the 6th highest proportion in England.

Population projections³

The latest population projections from ONS are still based on the population estimates for mid-2016, and look ahead to 2041. For Blackburn with Darwen overall, they predict a slow, almost imperceptible fall in population (Figure 2). However, the 65+ age-group (shown in green) is expected to rise by approximately 8,300 over the period - ie. by almost 40%. The 85+ group in particular is projected to rise by over 80%, from approximately 2400 to 4400.

Figure 1 - ONS mid-2018 population estimate for Blackburn with Darwen (with England profile for comparison)

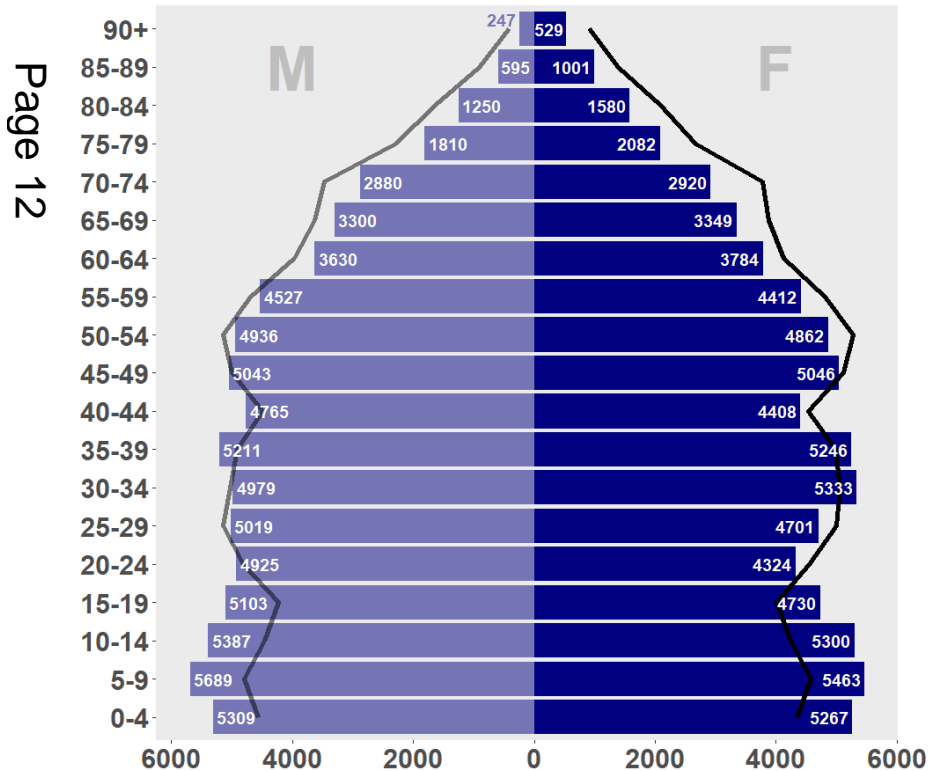
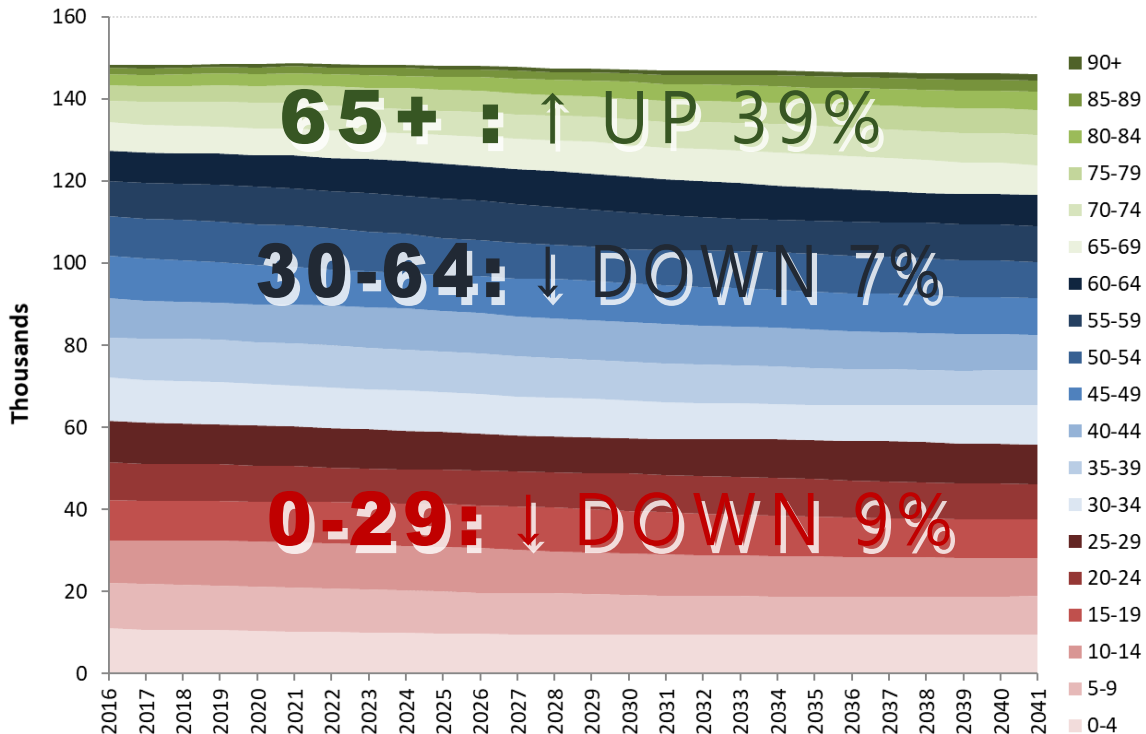


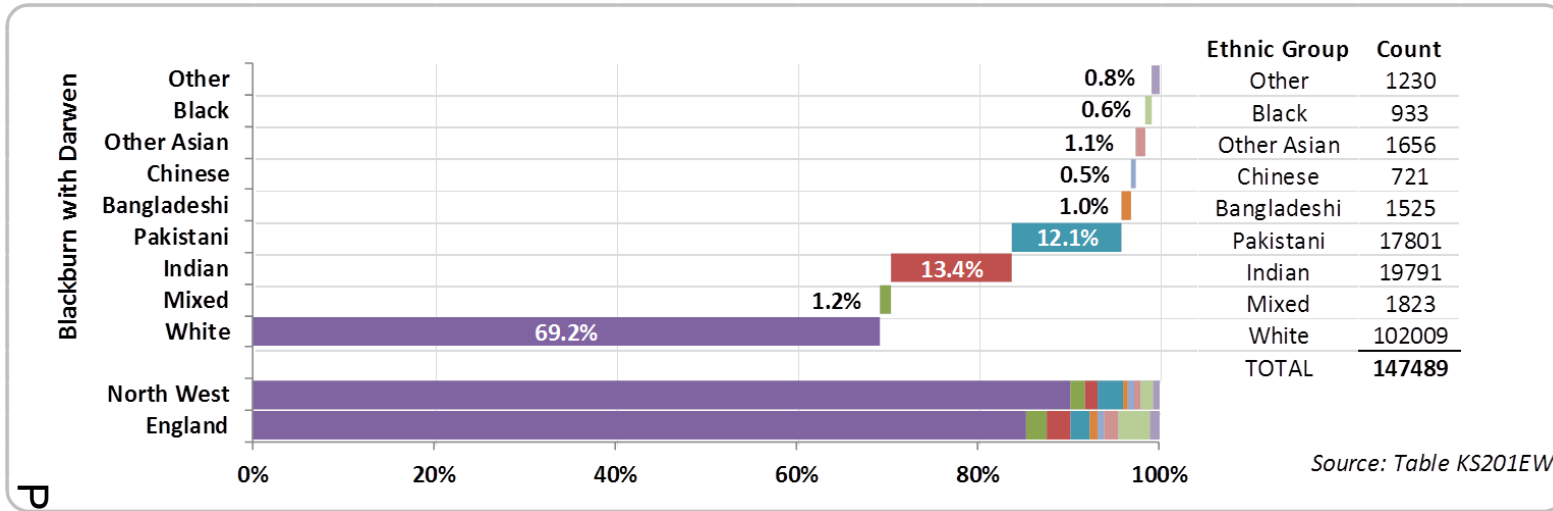
Figure 2 - 2016-based ONS population projections, Blackburn with Darwen



DEMOGRAPHIC CHARACTERISTICS

Ethnicity

Figure 3 - Ethnicity: Blackburn with Darwen v. NW and England, 2011 (showing counts for BwD)



The 2011 Census is still the most recent source of official statistics on the ethnic breakdown of the borough's population, and the relationship between ethnic group and other social characteristics. The proportion of Blackburn with Darwen residents who described themselves as Indian or Pakistani were the 11th highest and the 6th highest respectively of any local authority in England (Figure 3).

The Census also showed that the main ethnic groups had markedly different age profiles from each other (Figure 4):

Page 18

Since the Census, various bodies have attempted to produce more up-to-date estimates of the ethnic breakdown of the borough. One of these is the Consumer Data Research Centre (CDRC) at UCL. Their 'Ethnicity Estimator' works by applying name-matching software to the Electoral Register and consumer data (Figure 5):⁴

Figure 4 - Age profiles by ethnic group, Blackburn with Darwen, 2011

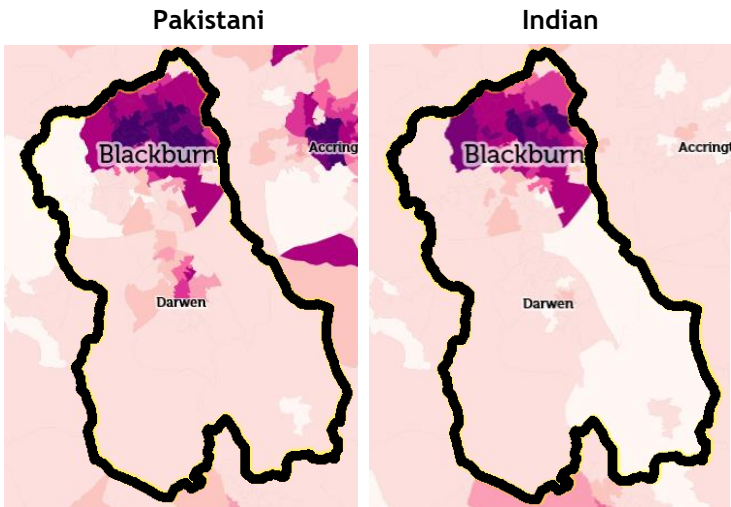
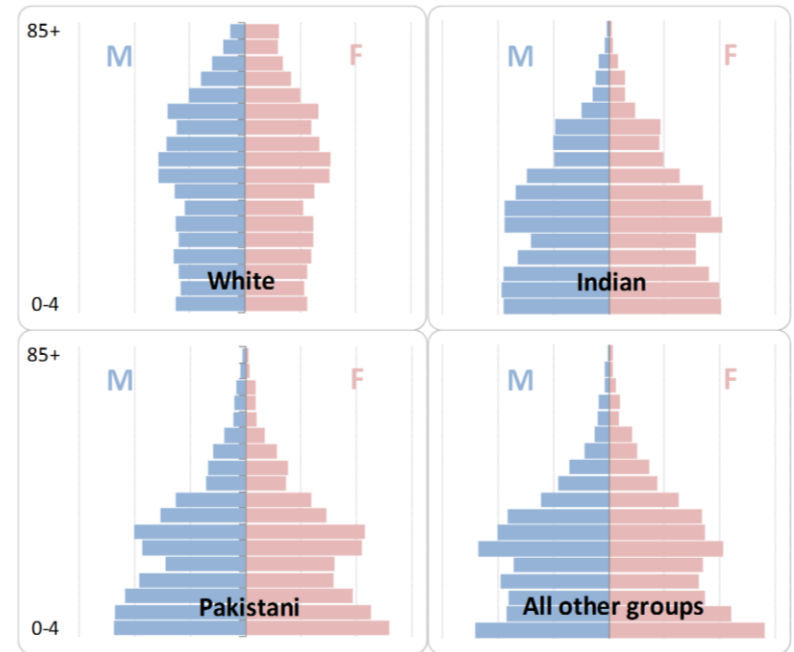
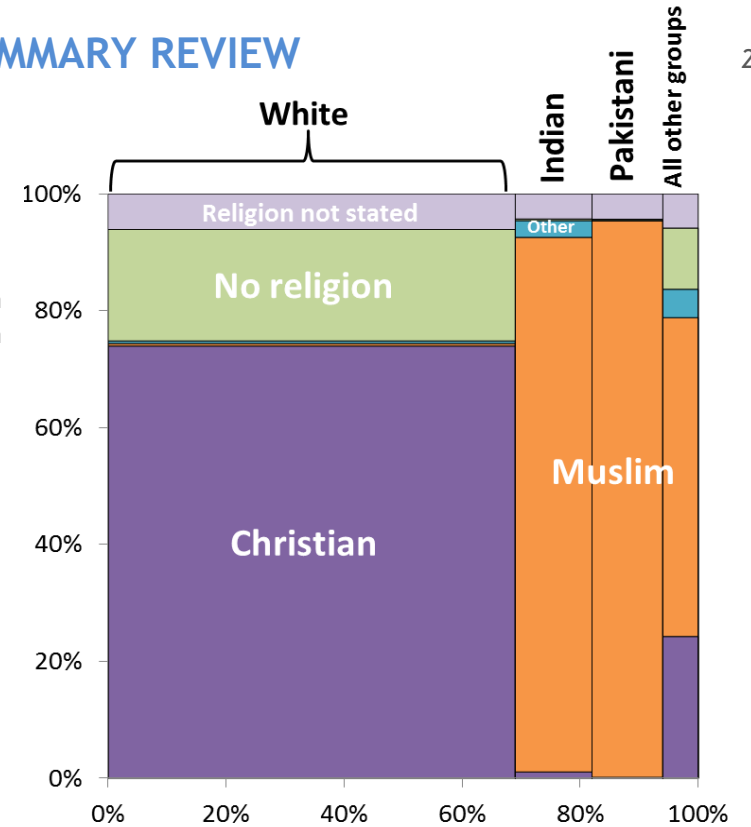


Figure 5 - CDRC estimates of Pakistani and Indian population, Blackburn with Darwen, 2016 (LSOA level)⁴

Religion

At the 2011 Census, 77,599 Blackburn with Darwen residents (52.6%) identified themselves as Christian, and 39,817 (27.0%) as Muslim. 13.8% had no religion, and 5.6% did not answer the question. Religion and ethnicity are closely interlinked, with the vast majority of Christians in the borough being White, and almost all Muslims being Indian, Pakistani or members of other minority ethnic groups (Figure 6).

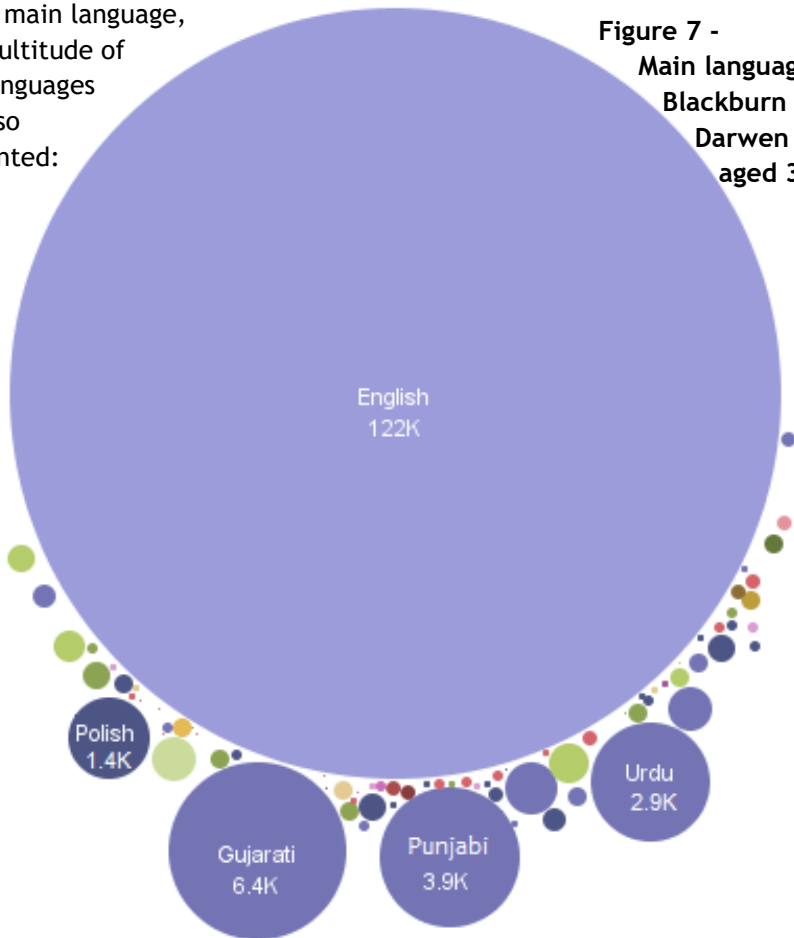
Figure 6 - relationship between ethnicity and religion in Blackburn with Darwen



Language

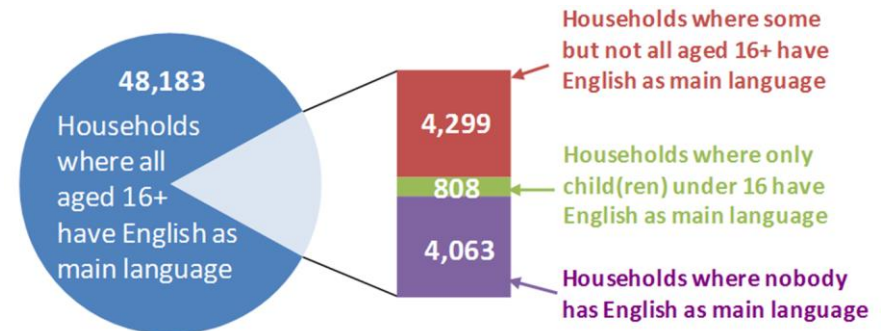
For the first time, the 2011 Census asked about the 'main language' of everybody aged 3 or above. Over 86% of Blackburn with Darwen residents had English as their main language, but a multitude of other languages were also represented:

Figure 7 - Main language of Blackburn with Darwen residents aged 3+



Out of 57,353 households in Blackburn with Darwen, there were just over 4,000 where *nobody* had English as their main language, and just over 800 more where only children did:

Figure 8 - Main language by household



However, it is important to appreciate that many of those with a main language other than English nevertheless speak English 'well' or 'very well'. Only 973 people in the borough could not speak it at all.

DEPRIVATION

The 2019 Indices of Deprivation⁵ were published in September 2019, replacing the previous 2015 edition. They are constructed from an array of deprivation indicators covering ‘domains’ such as poverty, health, education, crime, living environment, housing and access to services. The best-known output is the Index of Multiple Deprivation (IMD), which combines all 39 indicators.

Deprivation at the Lower Super Output Area (LSOA) level

Figure 9 shows the Index of Multiple Deprivation mapped for Blackburn with Darwen’s 91 Lower Super Output Areas. 33 of them (i.e. over a third) are among the most deprived tenth (or ‘decile’) of LSOAs nationally, so Blackburn with Darwen clearly has more than its ‘fair share’ of very deprived LSOAs. Two of these LSOAs (outlined in red) are among the most deprived 1% in England, and a further 12 (outlined in orange) are in the most deprived 5%.

The map is dominated by large, rural LSOAs which happen to be green (i.e. less deprived). However, the inset cartogram demonstrates that when we size the LSOAs according to population, the dominant colour is purple.

Each of the ‘domains’ also has its own index. On the Health Deprivation and Disability domain, 46 of Blackburn with Darwen’s LSOAs (i.e. just over half) are in the most deprived decile, and none at all are in the least deprived three national deciles.

Deprivation at the Borough level

There are various ways of summarising deprivation at the Borough level. All of the commonly-used methods suggest that Blackburn with Darwen is relatively more deprived* in 2019 than it was in 2015:

Table 1 - Summary measures at Borough level (from Indices of Deprivation 2019)

Summary Measure	Meaning	BwD ranking (out of 317)	
		2015	2019
Average Score	The average IMD score of all the LSOAs in the LA	15th	9th
Average Rank	The average rank (out of 32844) of all the LSOAs in the LA when ordered by their IMD score	24th	14th
Proportion of LSOAs in most deprived 10% nationally	The proportion of LSOAs in the LA whose IMD score is among the most deprived 10% in England	12th	9th

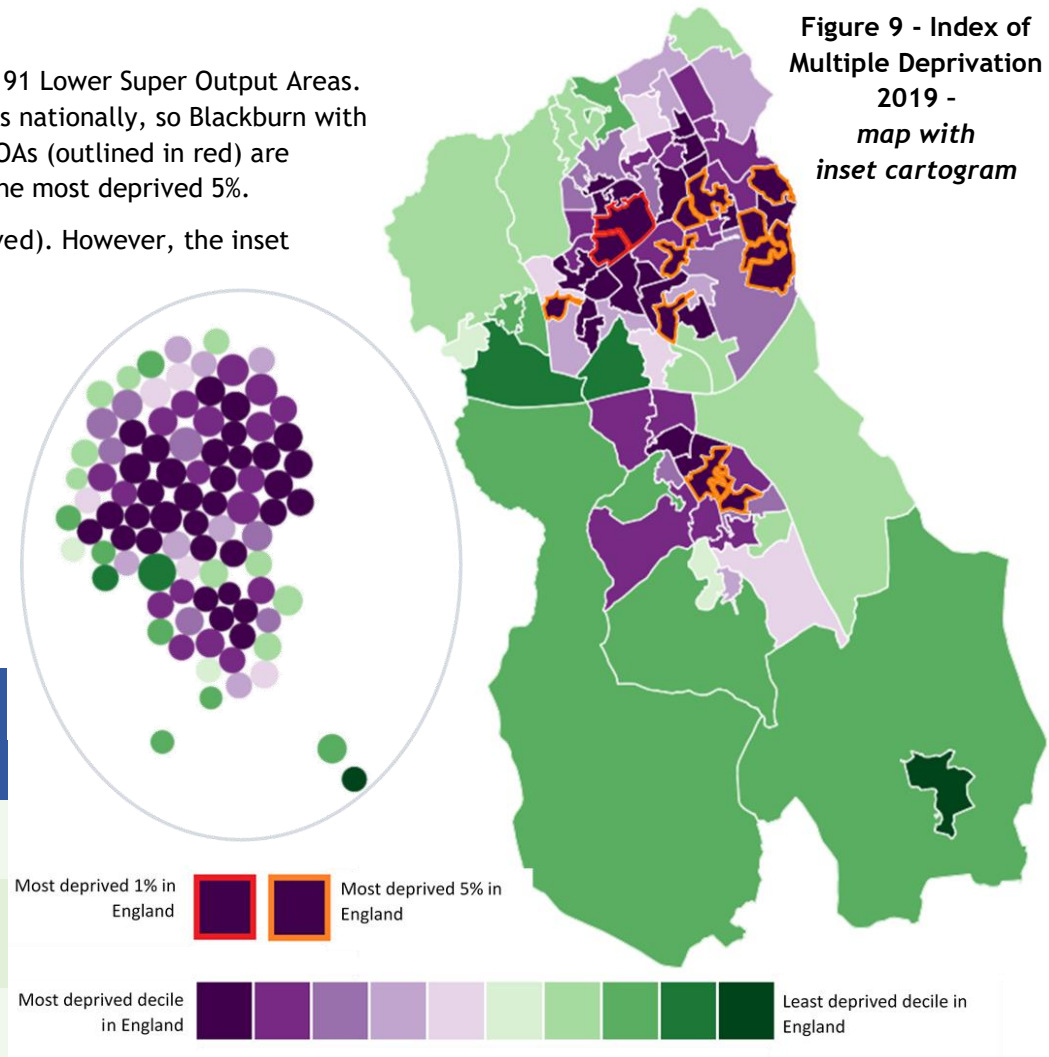
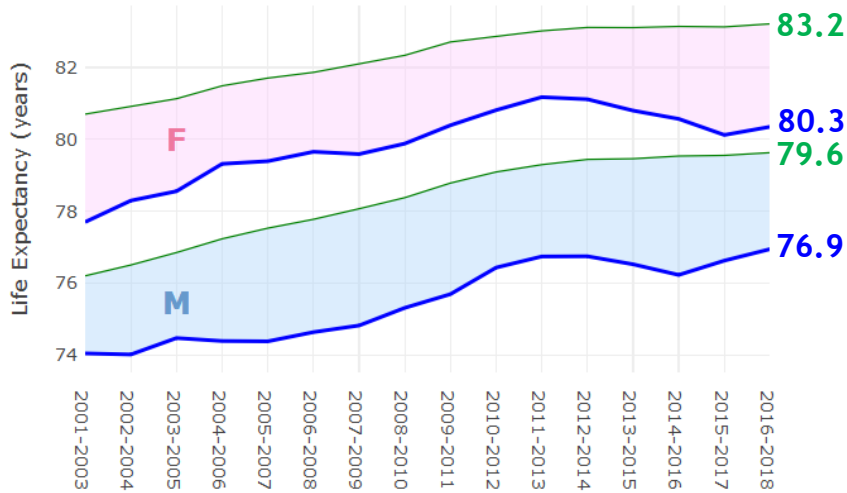


Figure 9 - Index of Multiple Deprivation 2019 - map with inset cartogram

* NB - We can only make relative comparisons with 2015, not absolute ones. For instance, BwD could have stayed the same while other places got better, or got better while other places got better faster.

Figure 10 - Life expectancy in England and Blackburn with Darwen, 2001-03 to 2016-18

England v. Blackburn with Darwen

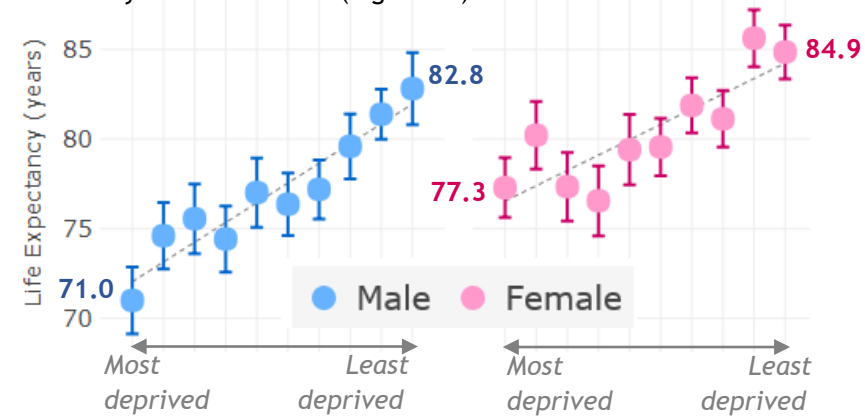


LIFE EXPECTANCY

Life expectancy in Blackburn with Darwen has always lagged well below the England average, which itself has plateaued in recent years (Figure 10). In 2016-18, the borough had the 11th equal lowest life expectancy for males, and the 6th equal lowest for females, out of 315 lower-tier authorities.⁶

Inequalities also exist *within* Blackburn with Darwen (Figure 11). To illustrate this, Public Health England has ranked the borough’s LSOAs by IMD score, divided them into ten equal groups (‘deciles’) of deprivation, and calculated the life expectancy for each.⁷ In 2016-18 (the most recent period for which this has been done), the difference between the most and least deprived tenths of the borough was 11.8 years for males and 7.6 years for females (Figure 11):

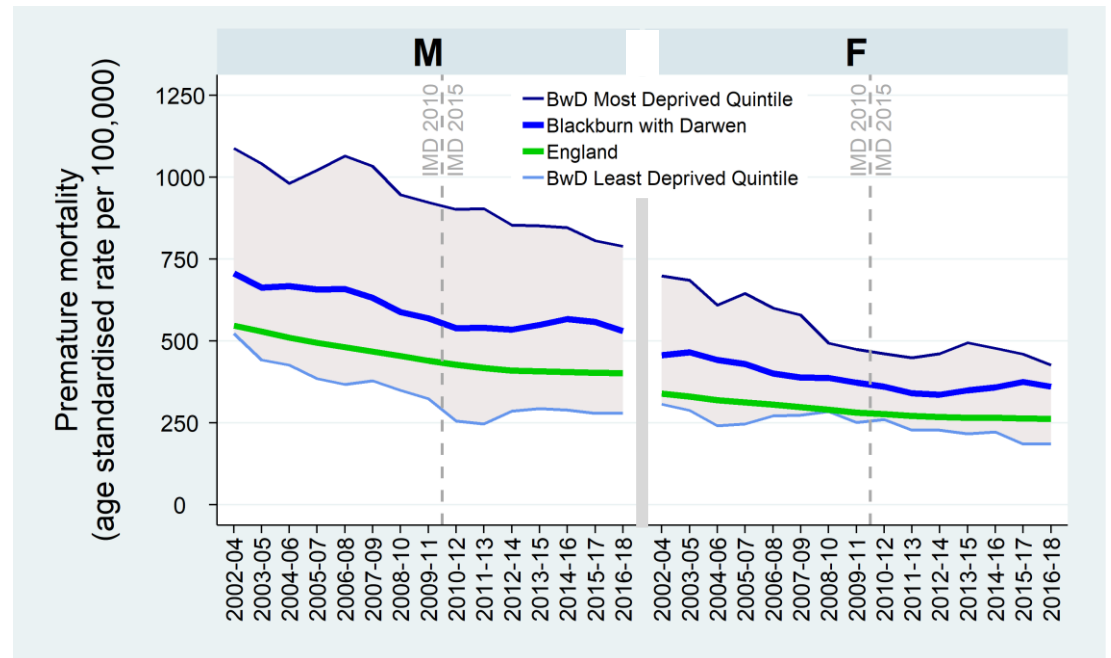
Figure 11 - Life expectancy by deprivation decile Blackburn with Darwen 2016-18



PREMATURE MORTALITY

The inequalities within Blackburn with Darwen are also evident when we compare the rate of premature mortality in the most and least deprived fifth of neighbourhoods in the borough (i.e. the most and least deprived ‘quintile’). The contrast is particularly stark for men:

Figure 12 - Premature mortality (under 75) for Blackburn with Darwen, England, & most/least deprived quintiles of Blackburn with Darwen for males and females



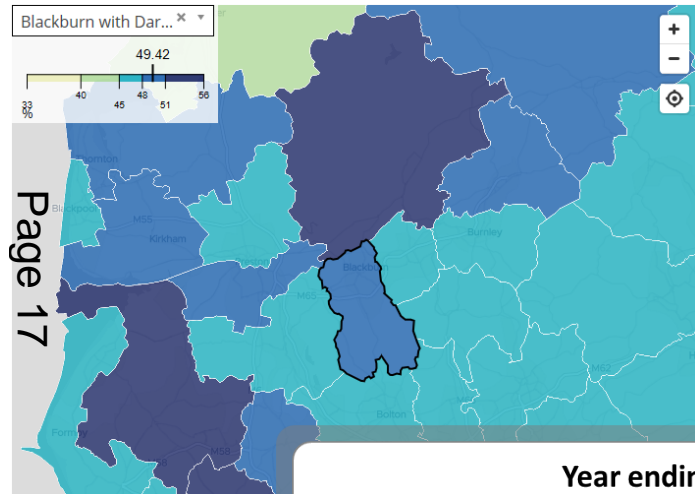
LOCAL ECONOMY

Any analysis of health and social care needs would be incomplete without a quick introduction to the local economy, not only because it helps to set the context, but also because the economy is a major determinant of health.

SKILLS

In 2018, 22.9% of people aged 16-64 in Blackburn with Darwen had a degree or equivalent, compared with an England average of 32%. This puts the borough 38th lowest out of 150 upper-tier local authorities.⁸

At the other end of the spectrum, there were estimated to be 11,400 people aged 16-64 in Blackburn with Darwen with no qualifications at all, or 12.4% of the working-age population (England 7.6%). This is the 13th highest rate.⁸ Figure 13 provides a stark illustration of the relationship between lack of qualifications and the



employment rate. Low-skill jobs are also particularly susceptible to automation. Figure 14 from the ONS shows that almost half of jobs in Blackburn with Darwen could face this risk in future.⁹

Figure 14 - Proportion of jobs at risk of automation (2017)

On a positive note, the proportion of the borough's 19-year-olds qualified to Level 3 (i.e. two A-levels or equivalent) has shown steady improvement, and is now above average:¹⁰

Figure 13 - Relationship between employment rate and lack of qualifications

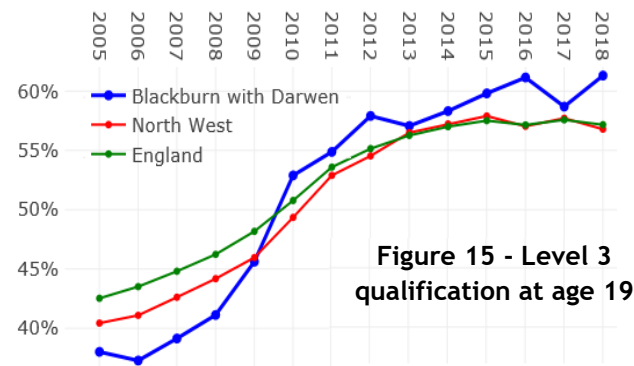
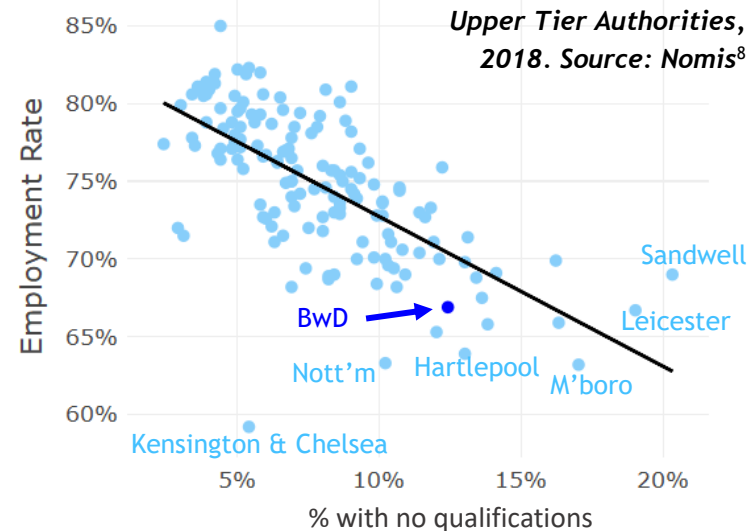
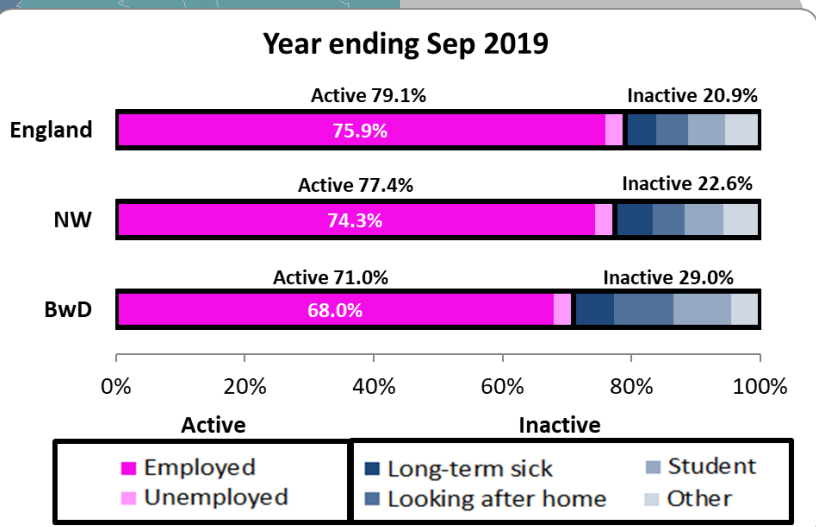


Figure 15 - Level 3 qualification at age 19

Figure 16 - Economic activity and inactivity & employment rate (age 16-64, year ending September 2019)⁸



ECONOMIC ACTIVITY

As seen in Figure 16, an estimated 68.0% of the borough's residents aged 16-64 are employed. This is the 12th lowest rate out of 149 upper tier local authorities (not including the City of London and Scilly Isles).

Together with those who are officially unemployed (i.e. actively seeking work and available to start), it means that only 71.0% are 'economically active', which is the 6th lowest rate in England (again not including the City of London or Scilly Isles).

LOOKING FOR WORK

Unemployment

Strictly speaking, unemployment is defined by whether people are actively seeking work and available to start, rather than by any benefits they may be claiming. The latest results (for the year ending September 2019) suggest that there are approximately 2800 unemployed people of working age in Blackburn with Darwen.⁸ It is conventional to express this as a percentage of the *economically active* population, which gives a rate of 4.3%. Encouragingly, this is not significantly higher than the England and North West rates. However, all these estimates depend on a survey, so there are large confidence intervals (Figure 17).

Claimant Count rates

For a long time, the 'Claimant Count' was simply the number of people claiming Job Seekers Allowance. Then it was redefined to include those claiming Universal Credit *who were required to seek work*. But more people are required to seek work under Universal Credit than previously. This means that as Universal Credit is rolled out, changes in the Claimant Count will be at least partly due to the fact that the 'goalposts' keep moving. The Claimant Count is therefore not much use for studying trends. However, we *can* use it to observe differences across the Borough at a snapshot in time (Figure 18).⁸

Figure 18 - Claimant Count rates as a % of residents aged 16-64 (MSOAs, December 2019, using mid-2018 population estimates)⁸

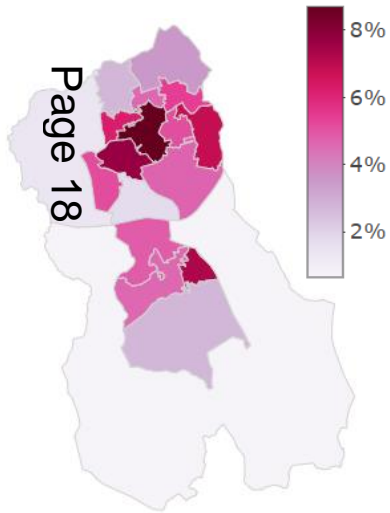
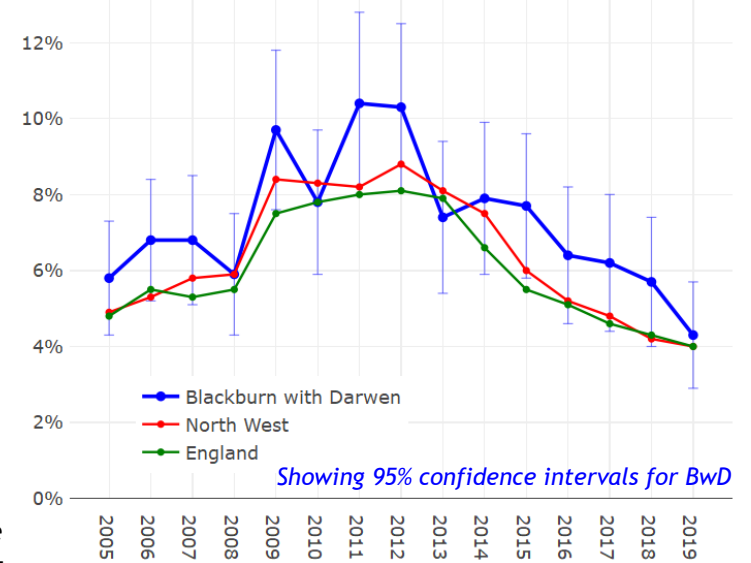


Figure 17 - Unemployment rate (age 16-64), year ending September, Blackburn with Darwen, North West and England⁸



ALTERNATIVE CLAIMANT COUNT

To get round the 'moving goalposts' problem, the Department of Work and Pensions (DWP) has introduced a new, experimental 'Alternative Claimant Count', which pretends that Universal Credit is *already* fully rolled out - and always has been.¹¹

According to the Alternative Claimant Count, Blackburn with Darwen has been consistently higher than England for several years, and now stands at 4.9% compared with 3.1% for England (Figure 20). This puts Blackburn with Darwen in the highest quintile nationally (Figure 19).

Figure 19 (right)- Alternative Claimant Count as a % of 16-64 year-old population (shaded by UK quintile, November 2019)

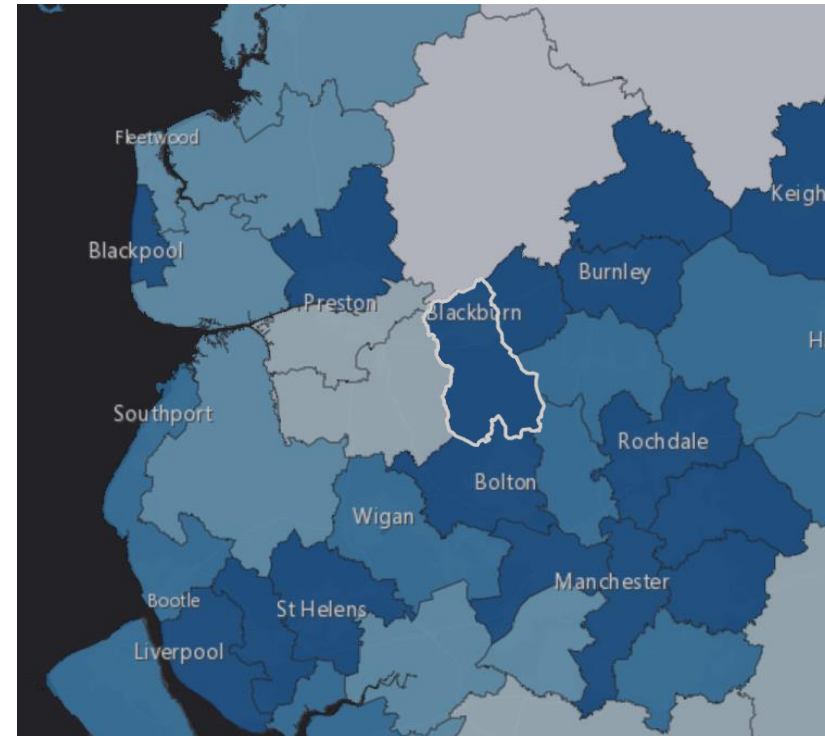


Figure 20 - Alternative Claimant Count as a % of 16-64 year-old population (Nov 2013 to Nov 2019)

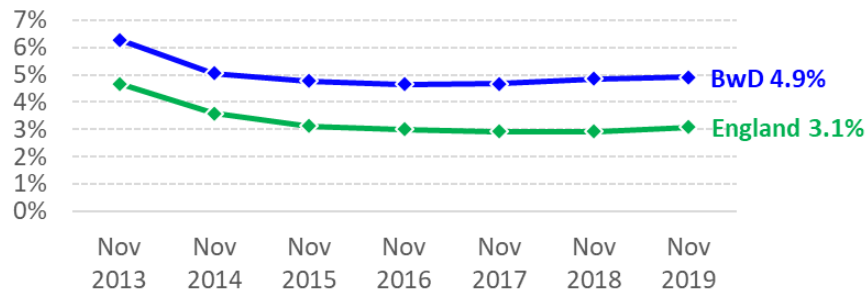
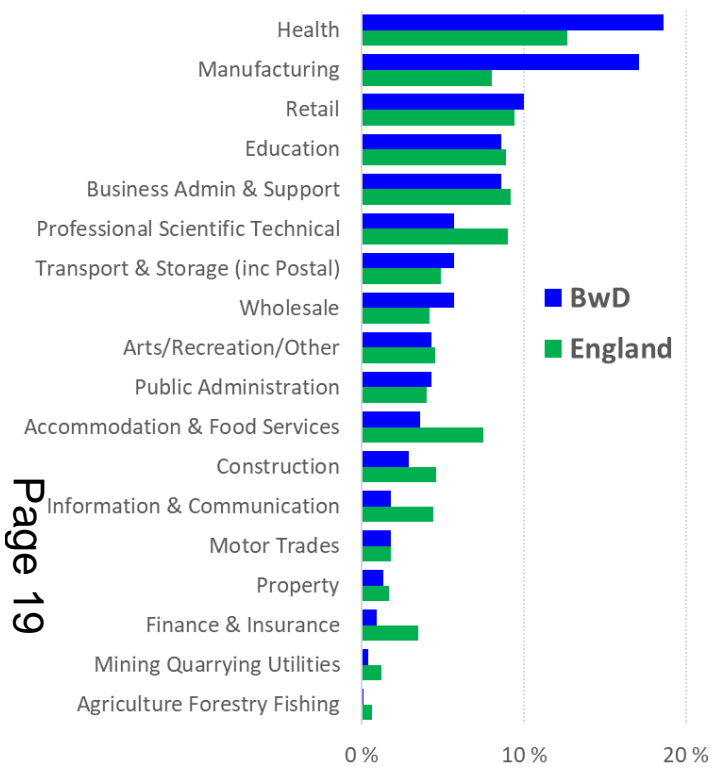


Figure 21 - Employees by sector - Blackburn with Darwen compared with England (2018)

Source: BRES data from NOMIS⁸



EMPLOYMENT BY SECTOR

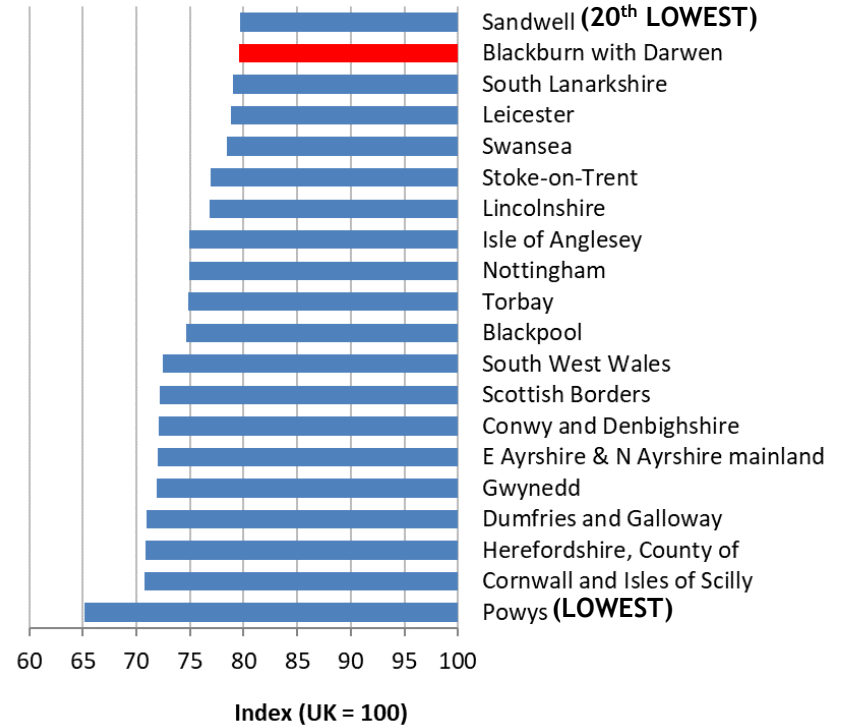
Both locally and nationally, the biggest sector for employment is Health (Figure 21). 17.1% of employees in Blackburn with Darwen work in Manufacturing, which is more than twice the England average of 8.0%.

PRODUCTIVITY

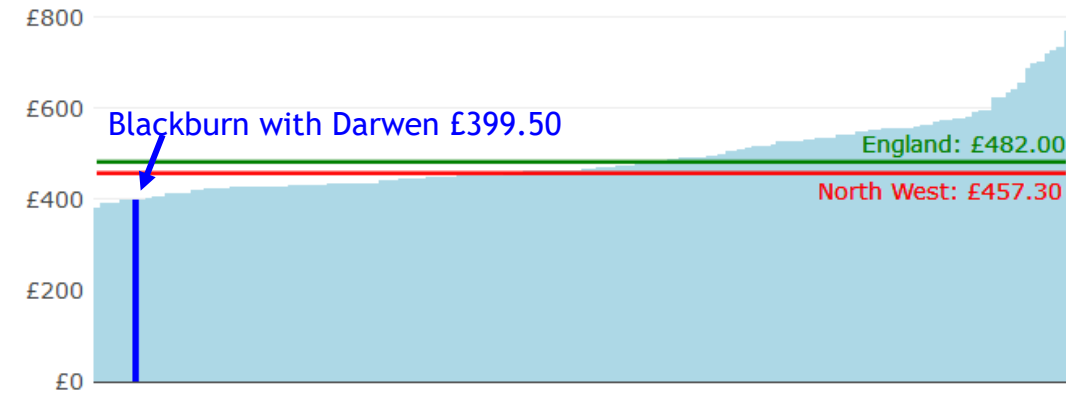
Productivity describes the ability to produce outputs from a given amount of inputs such as labour. Economic output can only be increased by raising the amount of inputs (e.g. employees) or by raising their productivity, so productivity is vital to improving standards of living.¹²

The preferred sub-regional measure of productivity is Gross Value Added (GVA) per hour worked. On this basis, Blackburn with Darwen has the 19th lowest productivity out of 168 'NUTS 3' areas in the UK (Figure 22), at 79.6% of the UK average.¹²

Figure 22 - Productivity (GVA per hour worked) - 20 lowest ranking NUTS3 areas, relative to UK (2017)



Page 19



EARNINGS

Provisional median gross weekly earnings for Blackburn with Darwen residents in 2019 were £399.50. This puts Blackburn with Darwen 7th lowest out of 150 upper-tier authorities in England (Figure 23).¹³

Figure 23 - Provisional Median Gross Weekly Earnings of residents - Upper Tier Authorities in England (2019)¹³

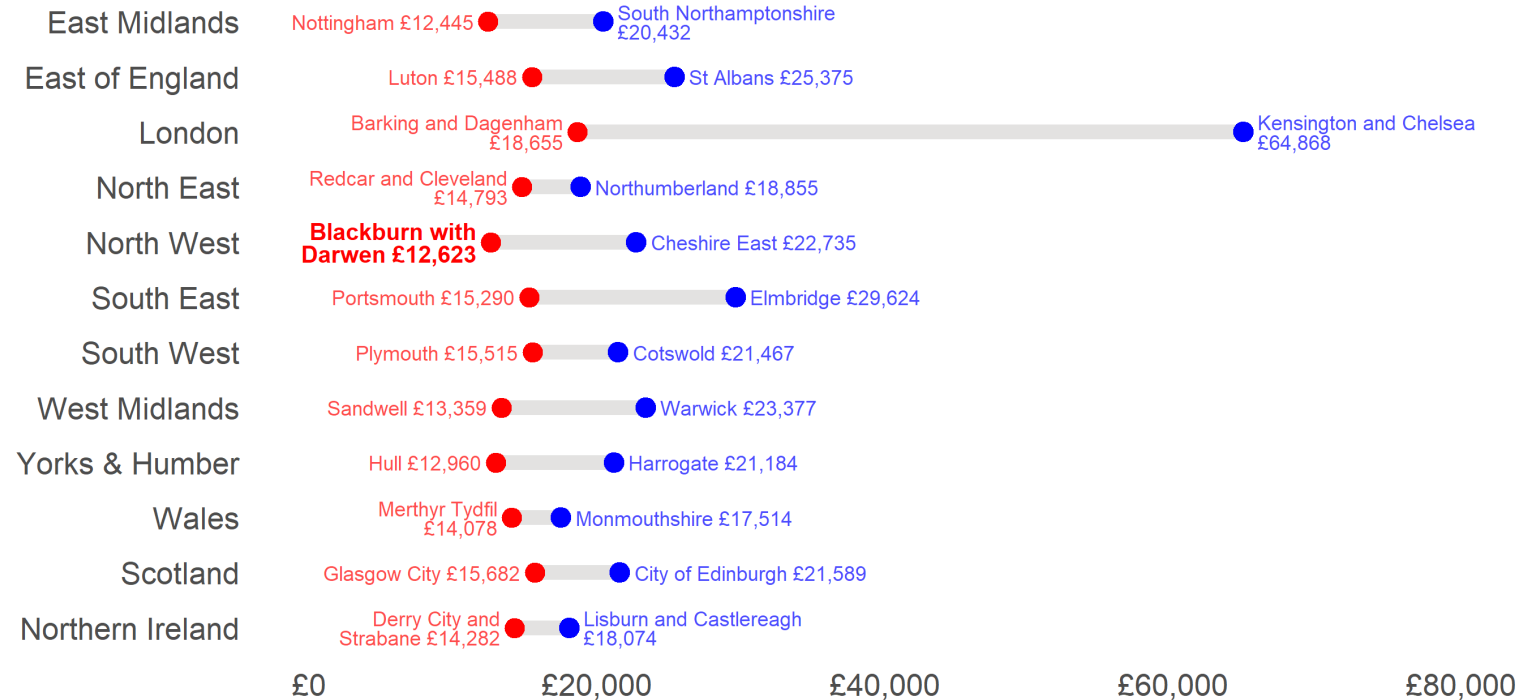
HOUSEHOLD INCOME

Gross Disposable Household Income

Gross Disposable Household Income (GDHI) is the amount of money that individuals in households have available for spending after taxes and benefits. Provisional estimates for 2017 are now available by local authority.¹⁴

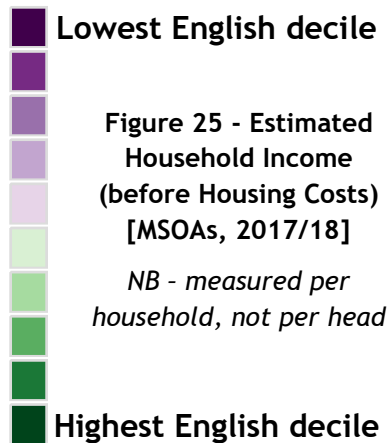
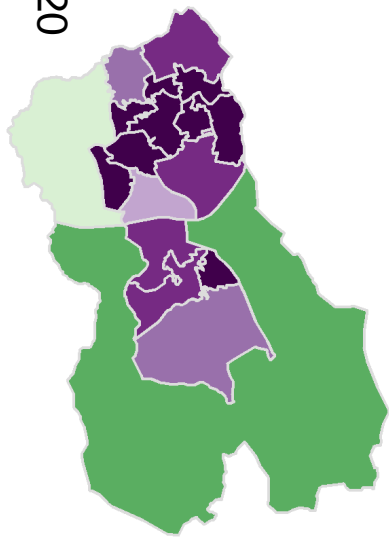
The Blackburn with Darwen average of £12,623 per head is the 3rd lowest in the UK (after Nottingham and Leicester), and the lowest in the North West. It compares with an England average of £19,988. Blackburn with Darwen has consistently been in 2nd or 3rd lowest place for the past seven years.

Figure 24 - Gross Disposable Household Income per head (2017, provisional): **lowest** and **highest** local authority per region



Page 20

Income estimates for small areas¹⁵



ONS also issues various modelled estimates of household income at the smaller Middle Super Output Area (MSOA) level. Figure 25 shows a map of how net Household Income (before housing costs) varies across the borough. The figures have been 'equivalised' to take account of varying household sizes.

Half of Blackburn with Darwen's 18 MSOAs are in the bottom national decile for household income (darkest purple), with estimated average incomes ranging from £19,300 to £24,500. Eight of them form a broad swathe across Blackburn. The lowest of all is in Audley, and this MSOA ranks 36th lowest in England (out of 6791). Blackburn with Darwen's most well-off MSOA is in the third-highest national decile (mid green), with an estimated average of £34,600.

It is stressed that these are only estimates, with a wide degree of uncertainty around them.

SAFE AND HEALTHY HOMES AND NEIGHBOURHOODS

Figure 26 - Air pollution in Blackburn with Darwen - Emissions and Ambient Air Quality^{16,17,18,19,20,21,22}

Pollutant	Emissions (2017) ¹⁶	Sources	Ambient Air Quality (2018) ¹⁷	Health effects
Nitrogen Dioxide (NO ₂)		Road transport, diesel vehicles, energy generation, domestic & industrial combustion. NB - the legends on the right do <i>not</i> apply to the Emissions maps. Emissions are measured on a different scale. Basically, blue is good, red is bad.		Exacerbates symptoms of those already suffering from lung or heart conditions. Official limit 40µg ⁻³
Particulates (PM _{2.5})		Domestic solid fuel, industrial combustion, road transport, industrial & agricultural processes.		PM2.5 particles can get into lungs and bloodstream and shorten lifespans. Official limit 25µg ⁻³
Sulphur Dioxide (SO ₂)		Burning of fossil fuels (e.g. heavy industry, power stations, shipping). Levels have decreased substantially over the years.		Respiratory irritant. People with asthma are particularly susceptible.

AIR QUALITY

Air quality is seldom out of the news, and is the subject of recent policy documents from HM Government¹⁸, and from the Directors of Public Health of Blackburn with Darwen, Blackpool, Lancashire and Cumbria councils.¹⁹

Pollutants & their effects^{18, 19, 20, 21, 22, 23, 24}

The ‘Emissions’ maps in Figure 26 indicate how much of each of three main types of pollutant is produced across Blackburn with Darwen. The ‘Ambient Air Quality’ maps show the annual mean amount in the air we breathe. Most of the borough is well within the statutory limits.

NITROGEN DIOXIDE

Blackburn with Darwen does have some small NO₂ hotspots, typically at busy urban junctions where emissions from slow-moving vehicles get trapped by high buildings. Several such localities have been declared Air Quality Management Areas (AQMAs). However, remedial actions have produced encouraging results. In 2019, three of the borough’s AQMAs were revoked, leaving only four.^{24,25}

PARTICULATES

One of the indicators in the Public Health Outcomes Framework is ‘fraction of mortality attributable to particulate air pollution’.³⁹ In 2017, it was estimated that 4.0% of adult deaths in BwD were attributable to man-made PM_{2.5} pollution. Although concerning, this is *lower* than the national proportion (England 5.1%), and is actually in the lowest quintile.

HOUSING

“THE PRIVATE-RENTED SECTOR IN THE UK IS GROWING AND HAS WORSE HOUSING CONDITIONS THAN ANY OTHER SECTOR.”

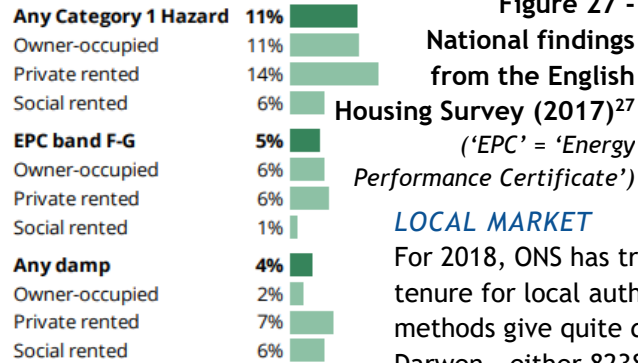


Figure 27 - Private Rented Sector HOUSING CONDITIONS

Nationally, the private rented sector has the highest rate of homes with serious (‘Category 1’) hazards, poor energy efficiency ratings, and damp (Figure 27).²⁷

LOCAL MARKET

For 2018, ONS has tried out two different ways of producing modelled estimates of housing tenure for local authorities. They stress that *neither* method is official statistics. The two methods give quite different estimates of the private rented housing stock for Blackburn with Darwen - either 8238 or 11425. The lower figure is considered to be the more reliable.²⁸

Data from the Valuation Office Agency shows that median private-sector rents in Blackburn with Darwen were the 16th lowest in England in 2018-19. The rental for a non-self-contained room was the lowest in the NW.²⁹

REGULATION

Selective licensing schemes for private rented housing can be an effective tool for driving up standards and reversing neighbourhood decline in areas of low demand. Blackburn with Darwen has one such scheme in Darwen, and one in the Infirmiry area of Blackburn (Figure 28).^{30,31}

‘Houses in Multiple Occupation’ (HMOs) often house some of the most vulnerable people. Since October 2018, mandatory licensing applies to any rented property occupied by 5+ unrelated people, sharing facilities such as a kitchen, toilet or bathroom.

Figure 28 - Licensed HMOs & Selective Licensing Areas in BwD

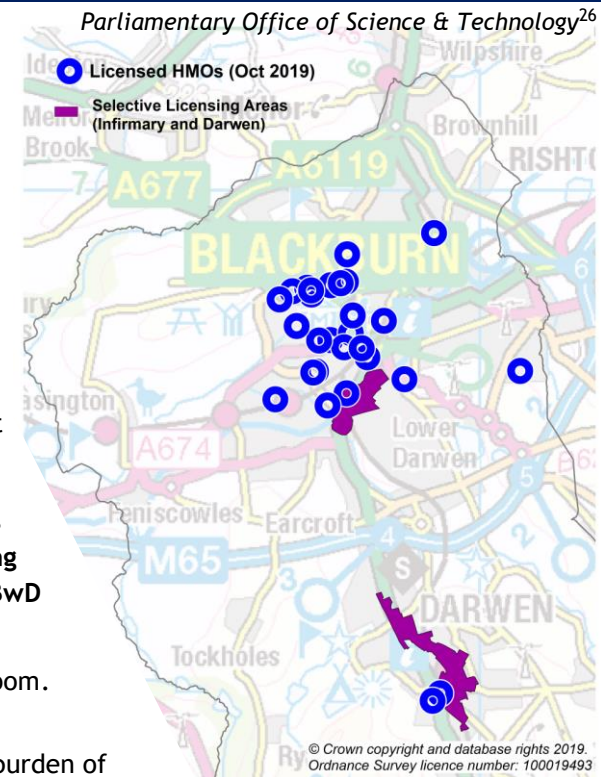
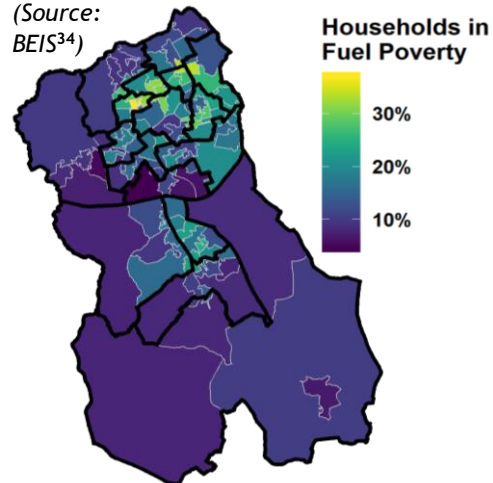


Figure 29 - % Households in Fuel Poverty, 2017 (modelled estimates)

LSOAs overlaid with Wards (Source: BEIS³⁴)



Cold housing and fuel poverty

As well as being a major contributor to excess winter deaths, cold housing adds to the burden of circulatory and respiratory disease, colds and flu, exacerbates chronic conditions such as rheumatism and arthritis, and has a negative effect upon mental health.³²

An estimated 9895 households in Blackburn with Darwen (16.5%) were classed as being in ‘fuel poverty’ in 2017, putting it 6th highest (England 10.9%, North West 13.1%). Figure 29 shows how these estimates vary across the borough.^{33,34} However, ONS is now suggesting a different estimation method, which would put Blackburn with Darwen on 15.2%, or 23rd in the country.³⁵ This is ‘experimental’ at the moment, but may become official in future.

Blackburn with Darwen does its best to promote energy efficiency and available grants via initiatives such as its ‘Heat and Eat’ events³⁶, and marked Fuel Poverty Awareness Day by holding ‘Blackburn with Darwen’s Biggest Housewarming’ event (Figure 30).³⁷

Figure 30 - Blackburn with Darwen’s “Biggest Housewarming Event” (Fuel Poverty Awareness Day, 2019)

- Access grants to keep your home warm
- Boiler servicing and home insulation
- Advice around managing fuel debt
- Get the most out of your benefits
- Priority Services Register
- Keep your bills down
- Switch energy provider

Hot prizes

- Win one of 5 slow cookers

Hot soup **Hot drinks**

Including...
Advice, information and support offered by Care Network’s Healthy Homes Team, Blackburn with Darwen Borough Council Home Energy Officer, Lancashire Fire and Rescue, Age UK, BwD Carers Service, Shelter, CHIL (Cosy Homes in Lancashire), Rhea.

CRIME AND VIOLENCE

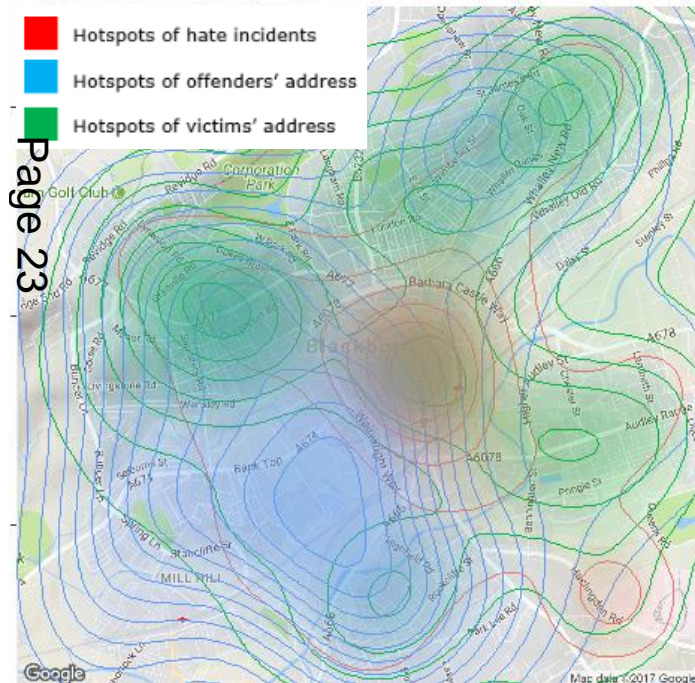
Crime and antisocial behaviour

Data about the type and whereabouts of every recorded incident of crime or antisocial behaviour is available from <http://data.police.uk/>. In Figure 32, the darkest pink shading denotes the areas with the greatest number of incidents in the year to December 2018.

Hate crime

Research at Leeds University has highlighted that hate crime victims and offenders tend to live in separate parts of Blackburn, with most of the incidents occurring in the town centre where they encounter each other (Figure 31)³⁸:

Figure 31 - Hate Crime hotspots (Dec 2015-Feb 2017)³⁸



Violent and sexual offences

In 2017/18, violent offences were significantly higher than average in Blackburn with Darwen. Both they and sexual offences were rising (but this was the case everywhere).³⁹ The borough also had the 13th highest rate of hospital admissions for violence in 2016/17 - 2018/19.³⁹ Violent crime is seen as a public health issue, not only because of its effect on health, but because a multi-agency public health approach is increasingly regarded as the best way of tackling and preventing serious violence at a local level.⁴⁰ Lancashire's Police and Crime Commissioner recently received funding to set up a new Violence Reduction Unit, which is committed to following a public health approach.⁴¹

SETTING THE SCENE

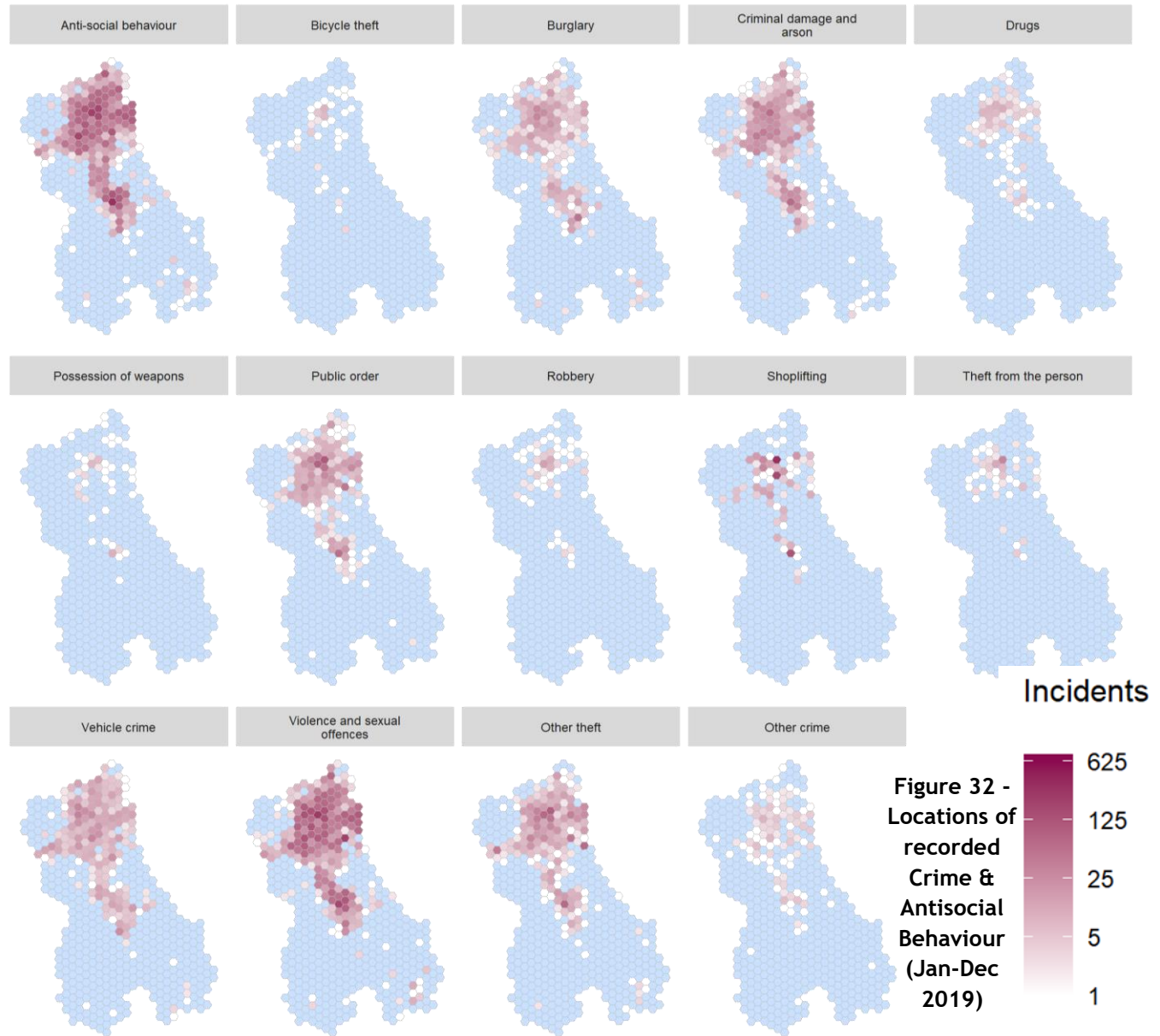
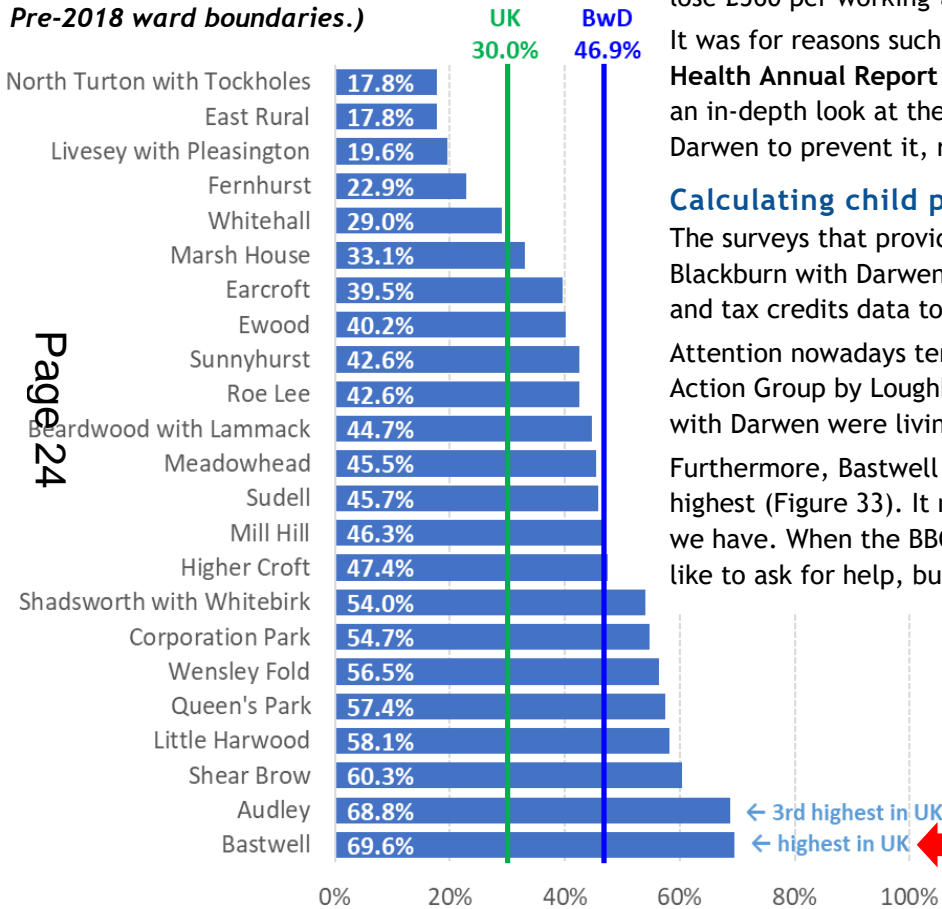


Figure 32 - Locations of recorded Crime & Antisocial Behaviour (Jan-Dec 2019)

START WELL

DETERMINANTS OF HEALTH FOR CHILDREN/YOUNG PEOPLE

Figure 33 - 'End Child Poverty' estimates for Blackburn with Darwen wards (2017/18, after housing costs. Pre-2018 ward boundaries.)



CHILD POVERTY

Places with large families and/or big Asian communities were always going to be hit particularly hard by the welfare reforms introduced in 2015.⁴² Sheffield Hallam University predicted that by 2020/21, Blackburn with Darwen was set to lose £560 per working-age adult per year, the highest equal impact out of 378 local authorities.⁴³

It was for reasons such as this that Child Poverty was chosen as the subject of Blackburn with Darwen's **2018/19 Public Health Annual Report** (<https://blackburn.gov.uk/health/public-health-report>). The Public Health Annual Report takes an in-depth look at the causes and effects of child poverty, and the steps being taken or planned in Blackburn with Darwen to prevent it, reverse it, or soften its impacts.⁴⁴

Calculating child poverty

The surveys that provide official UK poverty measures do not go down to the district level, so we cannot work out a Blackburn with Darwen rate in quite the same way as the national rate. HM Revenue & Customs (HMRC) uses benefits and tax credits data to produce modelled estimates at the local authority level, but these take a long time to come out.

Attention nowadays tends to focus on the more timely 'End Child Poverty' estimates, produced for the Child Poverty Action Group by Loughborough University. Their latest figures suggest that in 2017/18, **46.9%** of children in Blackburn with Darwen were living in relative poverty (after housing costs), which is the fifth highest rate in the UK.⁴⁵

Furthermore, Bastwell was estimated to have *the* highest ward rate in the entire country (**69.6%**), with Audley third highest (Figure 33). It must be acknowledged that these are 'modelled' (or 'synthetic') estimates, but they are the best we have. When the BBC visited Bastwell, they found it to be a quietly respectable area, whose BAME community did not like to ask for help, but where funding cuts have had a big impact.⁴⁶



What the papers say ...

Researchers at Liverpool University have found that any period of poverty in childhood is associated with worse physical and mental health in early adolescence - particularly if the poverty is persistent.^{47,48}



See p47 for icon references

EDUCATION

Early Years Foundation Stage

The Early Years Foundation Stage Profile (EYFSP) measures children’s development at the end of the school year in which they turn 5. In 2018-19, 68% of Blackburn with Darwen children were deemed to have a ‘good’ level of development.⁴⁹ This lags behind England (72%), and is in the lowest quintile.

Early Years Foundation Stage - Good Level of Development

Figure 34 also shows various breakdowns of the 2018-19 results. In BwD, there was relatively little inequality according to ethnicity or first language. However there is more of a gap according to eligibility for Free School Meals.

Primary education - Key Stage 2

66% of Blackburn with Darwen Key Stage 2 pupils achieved the ‘expected standard’ in reading, writing and maths in 2018-19 (England 65%).⁵⁰

Key Stage 2: ‘Expected standard’ in reading, writing and mathematics

The breakdown shows that the biggest inequality is again between disadvantaged and non-disadvantaged pupils, this time measured by the Pupil Premium. However, ‘Pupil Premium’ children do better in BwD than they do in the NW or England as a whole.

GCSE attainment

English and Maths GCSEs are now graded from 9 to 1 (where 9 is best). The simplest measure of attainment is the proportion of pupils obtaining grade 5+ in both subjects.

GCSE - Grade 5 or better in English & Maths

Final results for 2019 have been delayed, but Blackburn with Darwen’s provisional score was 43%, which is exactly the same as England.⁵¹ The 2019 breakdowns are not yet available, so Figure 34 shows them for 2018. BwD’s overall performance was close to average, but its White pupils fared considerably less well than those of Asian heritage. By this stage, pupils who did *not* have English as their first language were performing better than those who did. Disadvantage makes a big difference, but BwD’s ‘Pupil Premium’ students have the 3rd best results in the NW, and are in the 2nd highest quintile nationally.⁵²

Figure 34 - Foundation Stage, Key Stage 2 and GCSE results:



Figure 35 - 'Disadvantage Gap' (2018)
 between disadvantaged children locally
 and non-disadvantaged children nationally
 (Source: Education Policy Institute⁵³)

Disadvantage Gap

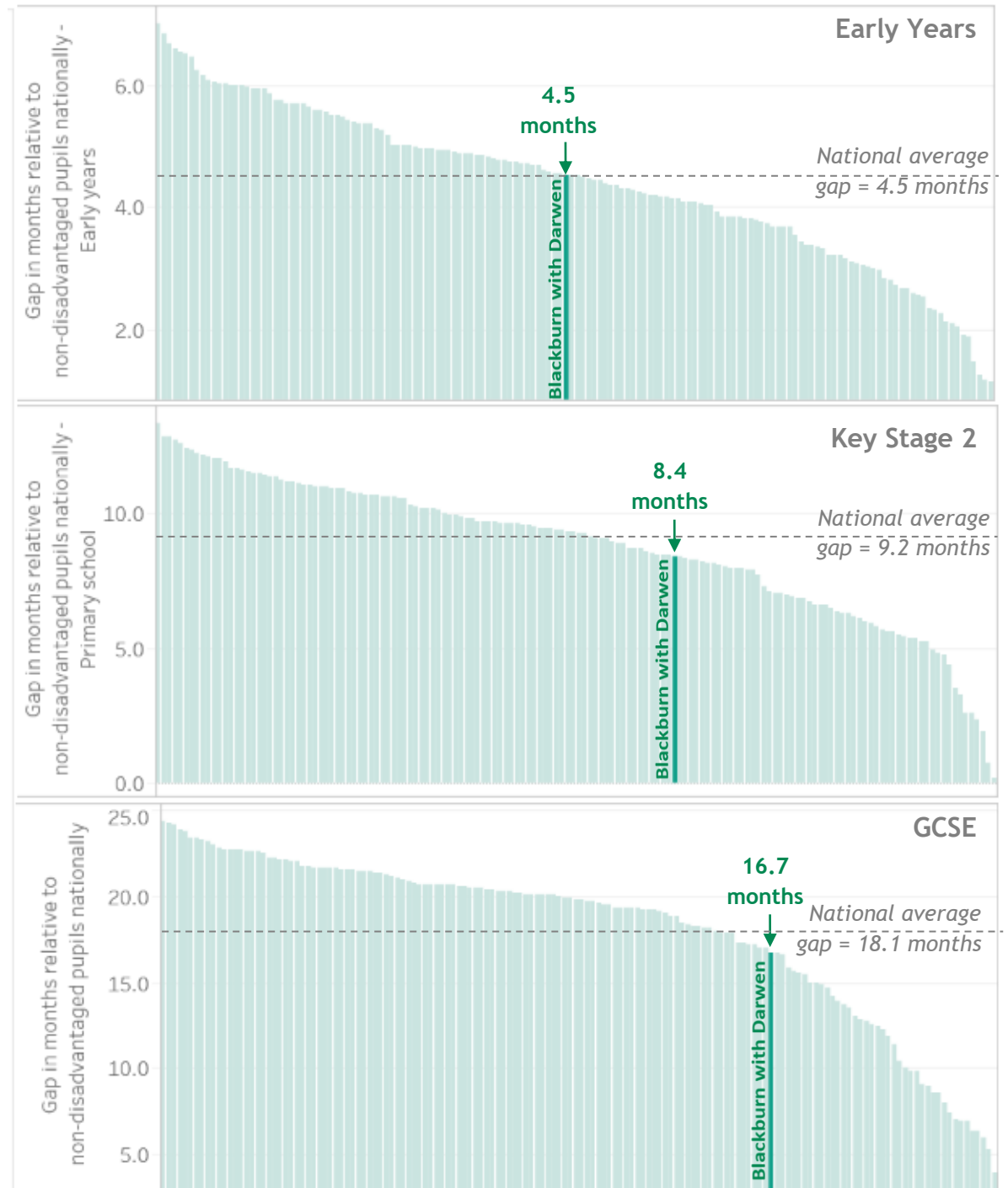
The Education Policy Institute (EPI) has published a report on what it calls the 'Disadvantage Gap', between disadvantaged pupils and their non-disadvantaged peers.⁵³ They have developed a way of converting the gap into 'months of learning', to make it easy to understand.'

EPI define 'disadvantaged' children as those who have been eligible for Free School Meals in any of the prior six years (which is most of the pupils eligible for Pupil Premium). Each chart in Figure 35 shows the gap in months between disadvantaged children *locally*, and non-disadvantaged children *nationally*. This ensures that the gap truly reflects the performance of the *disadvantaged* children in each area.

It can be seen that at the Early Years stage, the 'Disadvantage Gap' in Blackburn with Darwen is exactly the same as the national average, at 4.5 months. At the end of primary school (Key Stage 2), disadvantaged children in Blackburn with Darwen are 8.4 months behind non-disadvantaged children nationally, but this is not as big as the national average gap of 9.2 months.

By the time disadvantaged children in Blackburn with Darwen sit their GCSEs, they are 16.7 months behind non-disadvantaged children nationally. However, disadvantaged children nationally are on average 18.1 months behind.

Obviously it is concerning how the 'disadvantage gap' grows as children get older, and the ideal would be no gap at all. However, it can be seen that Blackburn with Darwen's disadvantaged children actually improve their *relative* position in the rankings as they move through the school system.



* When working this out, EPI have not necessarily used the same headline indicators at each stage as were used on the previous page

VULNERABLE CHILDREN AND YOUNG PEOPLE

CHILDREN IN NEED

'Children in Need' is the DfE's term for all those referred to the local authority and assessed to be in need of services. Blackburn with Darwen had a total of 1852 Children in Need at the end of March 2019, up from 1690 the year before. As a rate, this comes to 481 per 10,000 (NW 389, England 334), making BwD one of the top 20 upper-tier authorities.⁵⁴ Figure 36 shows the primary reason why these children were assessed as being in need.

Looked after children

A subset of 'Children in Need' is the 403 children looked after by the local authority as at 31st March 2019. This equates to 105 per 10,000 children under 18 (England = 65), and places the borough in the top quintile nationally.⁵⁵

'TOXIC TRIO' OF FAMILY ISSUES

- Domestic violence/abuse
- Substance misuse problems
- Mental health problems

The Children's Commissioner's Office has issued synthetic estimates of what it calls the 'Toxic Trio' of family issues⁵⁶, namely where a parent is affected by some or all of the issues in the box. Depending on severity, there may be between 7360 and 17530 children aged 0-17 in Blackburn with Darwen living in households where an adult has at least one of these problems, with 500-1340 living in a household where an adult has all three. It is important to appreciate that these are ball-park estimates, based on a national survey plus some modelling.

NEETS

Vulnerable young people are at particular risk of becoming **NEET (Not in Education, Employment or Training)**, which in turn can lead to increased risk of poor health, depression, early parenthood, and other negative outcomes. At the end of 2018/19, Blackburn with Darwen was estimated to have 180 young people aged 16-17 in the NEET category, or 4.5% of the age-group. This was down by 10 on the year before, or 60 on the year before that, and compares well with the England average of 5.5%.⁵⁷

SPECIAL EDUCATIONAL NEEDS AND DISABILITY

As at January 2019, there were 5112 children in Blackburn with Darwen schools with **Special Educational Needs and Disability (SEND)**, or 17.4% of all pupils. This is significantly higher than the average for England (14.9%) or the North West (15.2%).⁵⁸

Figure 37 shows the proportion of all pupils in the maintained sector having a Special Educational Need or Disability of each particular type.⁵⁹ The rate of Speech, Language and Communication Needs in Blackburn with Darwen is strikingly higher than average. The overall rate of SEND in the

borough's state-funded primary schools (19.2%) is in the top 5 nationally.⁵⁹

ACES

Adverse Childhood Experiences (ACEs) are stressful events in childhood which can be associated with poor outcomes in adult life. For the first time, a research team has constructed a local authority-level 'ACE Index', using publicly available administrative data that identifies recent ACE events (such as police reports of child abuse).⁶⁰ The Index shows a strong association with poverty. Blackburn with Darwen is not one of the very highest LAs (Figure 39), but it is in the top quintile.

Figure 36 - Children in Need in Blackburn with Darwen, by primary need at initial assessment (March 2019)⁵⁴

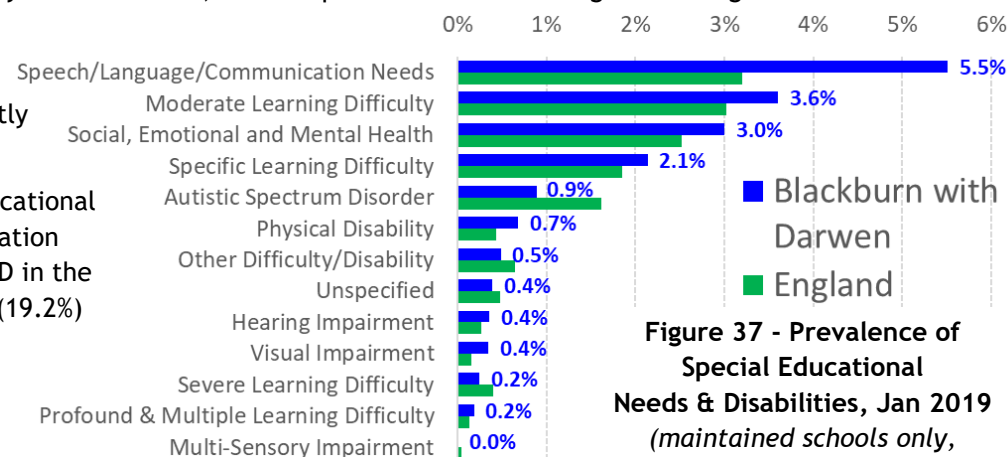
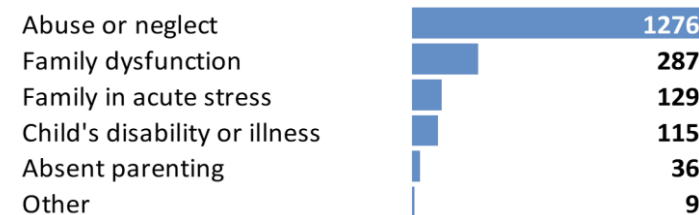


Figure 37 - Prevalence of Special Educational Needs & Disabilities, Jan 2019 (maintained schools only, primary type of need only)

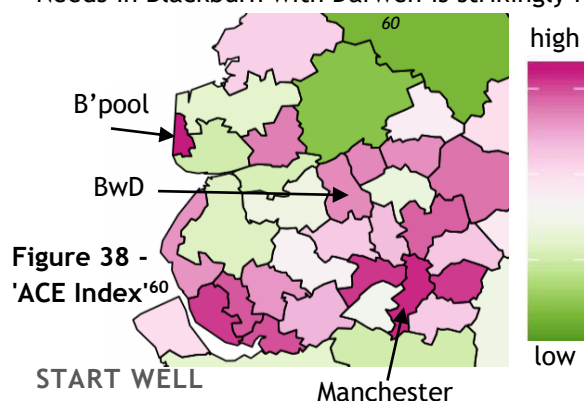


Figure 38 - 'ACE Index'⁶⁰

CHILDREN’S MENTAL HEALTH SERVICES (CAMHS)

In a report published in November 2018, the Children’s Commissioner uses five indicators to summarise Child and Adolescent Mental Health Services (CAMHS) provision per CCG.⁶¹ Blackburn with Darwen is not in the worst quintile for any individual indicator, but it does fall within the worst category when all five are considered together:

Table 2 - Five key indicators of CAMHS provision in Blackburn with Darwen, and resulting Composite Score Quintile (out of 208 CCGs): **worst** 1 2 3 4 5 **best**

(a) 2017/18 children’s mental health spend per child	(b) Children’s mental health spend as % of the CCG budget	(c) Total no. of children treated (as % of the population)	(d) Average waiting time for those children who do get seen	(e) % of children referred who are <i>not</i> accepted into treatment	Composite Score [based on which quintile the CCG falls in for each of indicators (a) to (e)]
£45 (England £54)	0.76% (England 0.87%)	2.56% (England 2.85%)	64 days (England 57)	41% (England 37%)	12 points (worst possible = 5, best = 25)

YOUNG PEOPLE’S SEXUAL HEALTH

TEENAGE PREGNANCY

The number of under-18 conceptions in Blackburn with Darwen fell to a new low of 52 in 2017. Nationally, the rate decreased for the 10th year in a row.⁶² Expressed as a rate (Figure 40), Blackburn with Darwen (17.6 per 1000) is not significantly different from the new England average (17.8).

Back in 1998, when the national Teenage Pregnancy Strategy was launched, Blackburn with Darwen had 169 under-18 conceptions in one year. The reduction since then puts it in the most improved quintile (Figure 41).

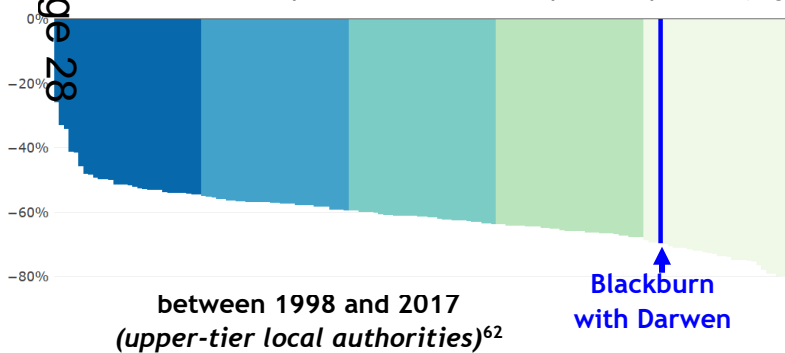


Figure 42 - Teenage conception rate by ward (2015-17) compared to England⁶³

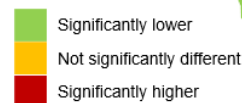
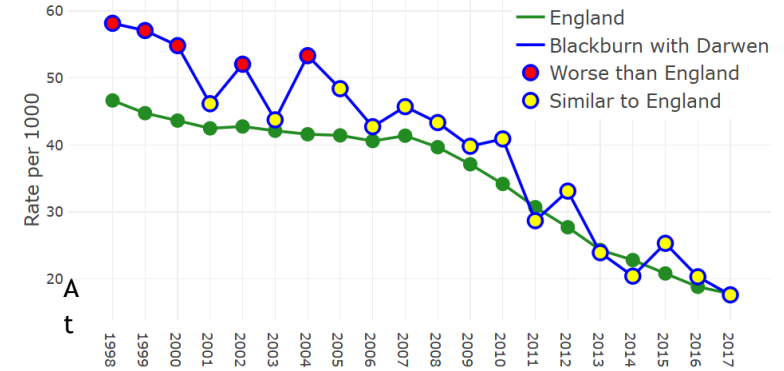


Figure 40 - Under-18 conception rate (per 1000 females aged 15-17)⁶²



At the ward level, it is best to combine data for three years. PHE have issued a map (Figure 42) showing whether the teenage conception rate in each BwD ward in 2015-17 was significantly higher than England, significantly lower, or not significantly different.⁶³

Rates for the smaller under-16 group are also summarised for three years at a time.

Blackburn with Darwen had 34 under-16 conceptions in 2015-17, giving it a rate of 3.8 per 1000, close to the England average of 3.2 per 1000.⁶²

CHLAMYDIA SCREENING

Chlamydia is a largely hidden condition, so cases are most often discovered through opportunistic screening. The National Chlamydia Screening Programme aims to diagnose and treat as many cases as possible in young people aged 15-24, and local authorities are encouraged to aim for a ‘Chlamydia Detection Rate’ of at least 2300 per 100,000.*

Latest figures for 2018 imply that Blackburn with Darwen’s detection rate is well below that target, at 1397 per 100,000 (England average 1975 per 100,000).¹⁶⁷ This is the lowest rate in the North West, and 20th lowest nationally. The reported high detection rates of a few years ago are now thought to have been due to postcoding anomalies.

* It is possible that the NCSP screening policy may change in the near future, as a consultation was launched in January 2020.⁶⁴

CHILDREN'S ORAL HEALTH

Dental health of Blackburn with Darwen children

In 2017/18, 343 children in Blackburn with Darwen needed to go into hospital to have teeth out because of dental caries. This is down from 371 the year before, but is higher than average, especially for the under-10 age-groups (Figure 43).⁶⁵ It does not tell the whole story, because many children also have teeth extracted in primary care.⁶⁶

Healthwatch engagement project

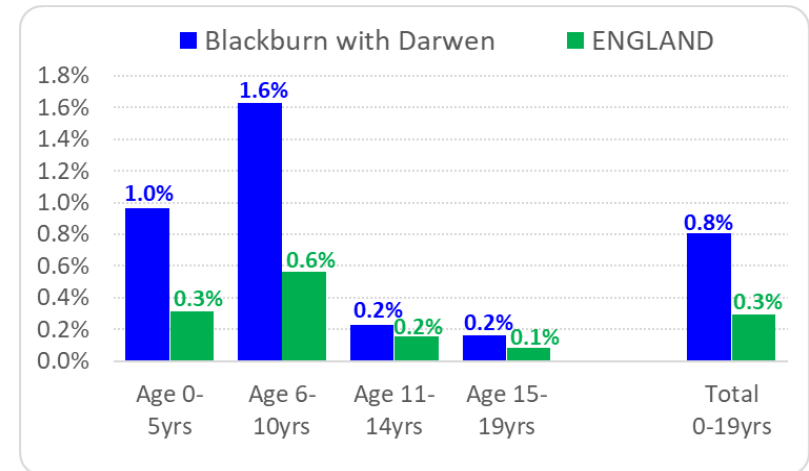
In 2019, Healthwatch Blackburn with Darwen undertook community engagement with children and parents from various parts of the borough on the subject of Oral Health.⁶⁷ There was general awareness of the importance of diet and brushing, but some felt under-informed about the consequences of giving juice in bottles, or dummies coated in honey. Finding a dentist seems to be less of a problem than it

was in the past, and 79% were satisfied with their overall experience of dental services, although it was sometimes difficult to find appointments that fitted in with work and school.

Most children had attended within the past year, but the study identified that the *first* visit to the dentist often took place after the age of 3, which is at least two years later than recommended. This is a theme of the Smile4Life campaign, which is being rolled out across Lancashire and South Cumbria.^{68,69}



Figure 43 - Hospital admissions for tooth extraction 2017/18

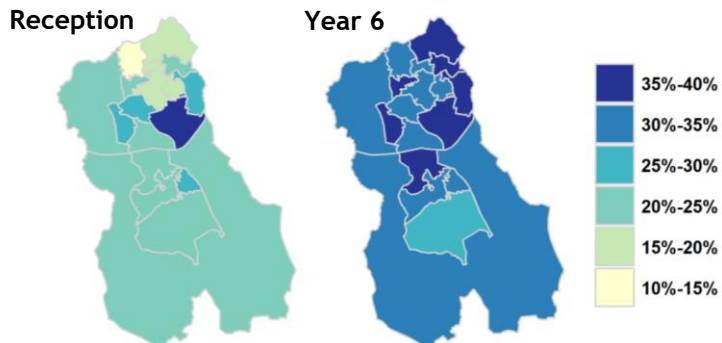


CHILD OBESITY AND UNDERWEIGHT

National Child Measurement Programme

Figure 44 shows the results of the latest National Child Measurement Programme (NCMP) survey in 2018/19.⁷⁰ In Reception, the proportion of underweight children in Blackburn with Darwen is significantly higher than

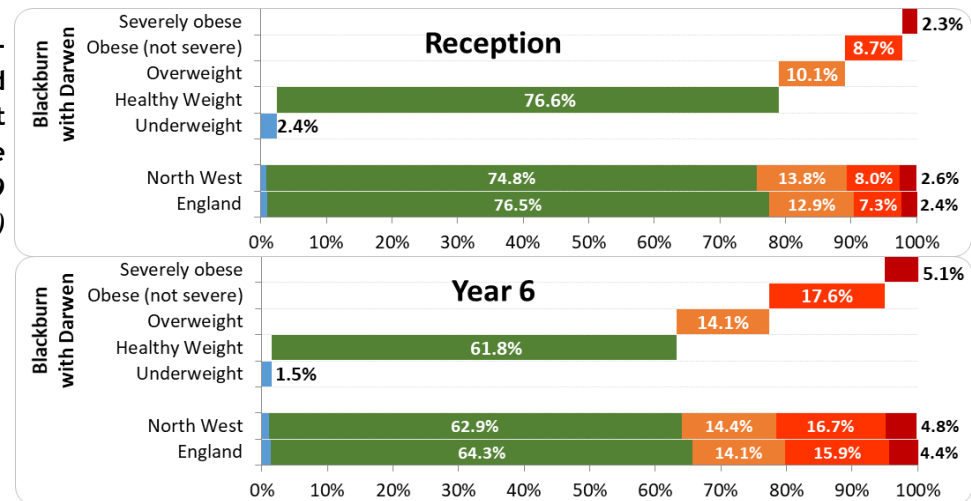
Figure 45 - Excess Weight, 2015/16 - 2017/18



average. By Year 6, however, the borough has an above-average proportion of children with excess weight (i.e. 'overweight' upwards), and with actual obesity.

Figure 45 shows that there are marked spatial inequalities in 'excess weight' (i.e. 'overweight' upwards) across Blackburn with Darwen. This tallies with research by Public Health England, which found that obesity tends to be highest in the most deprived areas, and lowest in the least deprived.⁷⁰

Figure 44 - National Child Measurement Programme 2018-19 (NHS Digital⁷⁰)



Child Obesity Trailblazer

Blackburn with Darwen’s forward thinking on childhood obesity and inequalities has received a major boost with the announcement that the borough has been chosen as one of only five child obesity ‘**Trailblazer Authorities**’. It will now receive £100k per year for three years to work across Pennine Lancashire with local businesses, promoting the drive for healthier, affordable food. The pilot initiatives will include:^{71,72,73}

- New consistent policies for effective control of fast food outlets and junk food advertising
- Rewards for offering healthier options, such as subsidies, free waste removal, and ‘health food hubs’
- Supporting councillors to become Healthy Weight Champions, and Youth MPs to lead on healthy food campaigns
- Giving a voice to communities and social movements advocating for healthier options

Figure 46 - Public Health Minister Seema Kennedy (front) visits Blackburn with Darwen 20th June 2019 to celebrate its Child Obesity Trailblazer status⁷³



“These pilots are rightly rooted in the needs of the communities they serve and I look forward to seeing what benefits this grassroots approach has on our nation’s obesity problem.”
Public Health Minister Seema Kennedy

COMMUNITY ENGAGEMENT

The Child Obesity Trailblazer has already consulted extensively across Pennine Lancashire with children, parents, elected members, planners, community leaders, and proprietors of A3 and A5 (café and hot food takeaway) businesses. Encouragingly, the young people and the businesses themselves are equally keen to promote healthy eating:

WHAT THE BUSINESSES SAID....

Page 30

“Stop dishing out planning permissions for junk food outlets!”

“Help us put together healthier menu options with low calories”

“More education for business owners. More courses like the allergen course.”

“Look around – people are overweight. Need to help people, it is a big problem in BwD.”

“Reduce number of takeaways, there are too many. Should be a limit.”



Figure 48 - Flashback to ‘Takeaway capital of England’ story, Guardian 2017⁷⁴

Figure 49 - comments from A3 and A5 business owners across Pennine Lancashire

Figure 47 - comments from schoolchildren across Pennine Lancashire

“Makes people fatter and it can ruin your life and make you have a heart issue.”

“Look at opening times – some take-aways open to get the school kids on their way home.”

“Don’t ban them, keep them but just don’t need as many as there is.”

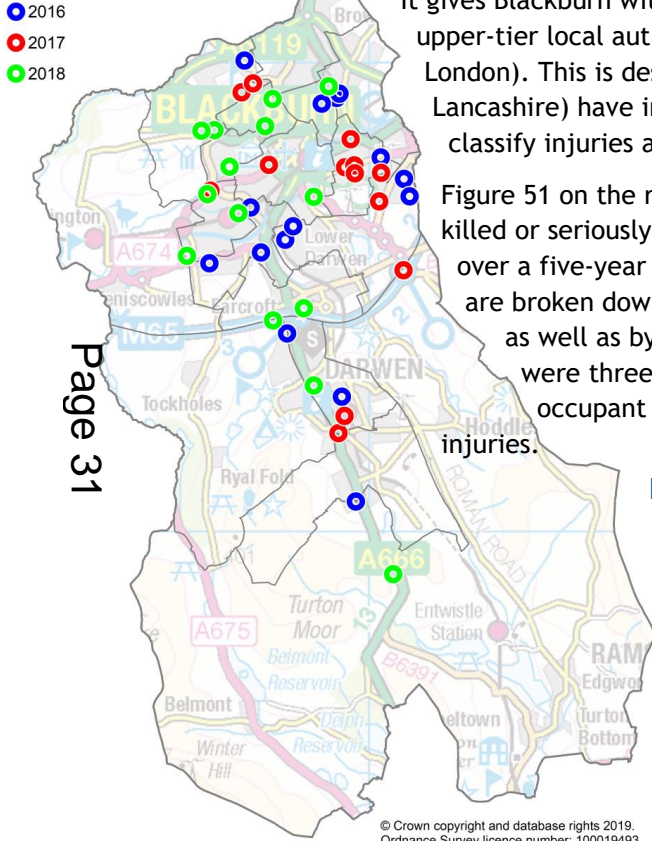
“It’s a shame there is so much junk food. We shouldn’t be eating junk food all the time because it’s bad for our health.”

WHAT THE YOUNG PEOPLE SAID....

ROAD ACCIDENTS

Figure 50- Children (0-15) Killed or Seriously Injured (KSI) in Blackburn with Darwen 2016-18⁷⁷ (showing ward boundaries)

Child KSI Accidents 2016-18 (showing ward boundaries)



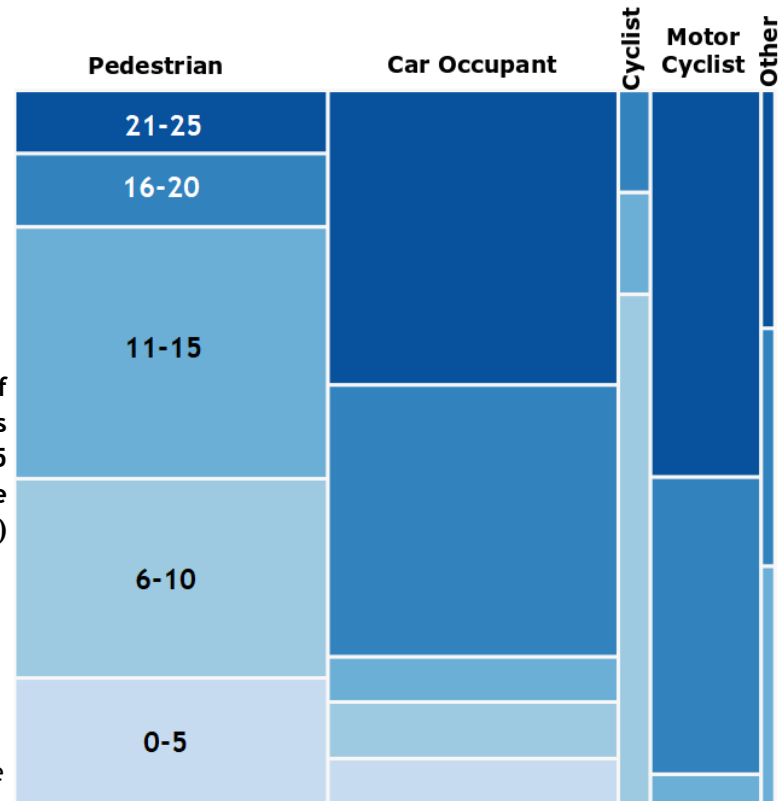
CHILDREN KILLED OR SERIOUSLY INJURED (KSI)

According to police figures, 43 children aged 0-15 were killed or seriously injured (KSI) on Blackburn with Darwen's roads in the three years from 2016 to 2018⁷⁵ (see Figure 50 for locations). This total included one child fatality in 2016, the first since 2006.

It gives Blackburn with Darwen the fourth highest crude child KSI rate of any upper-tier local authority in England (not including the very small City of London). This is despite the fact that many other police forces (not including Lancashire) have introduced new reporting systems which more readily classify injuries as 'serious'.⁷⁶

Figure 51 on the right looks at all young people killed or seriously injured up to the age of 25, over a five-year period (2014-18). The casualties are broken down by type of road user (columns) as well as by age (light to dark shading). There were three fatalities: a child pedestrian, and a motor-cyclist and a car occupant both aged 21-25. All the other casualties were serious injuries.

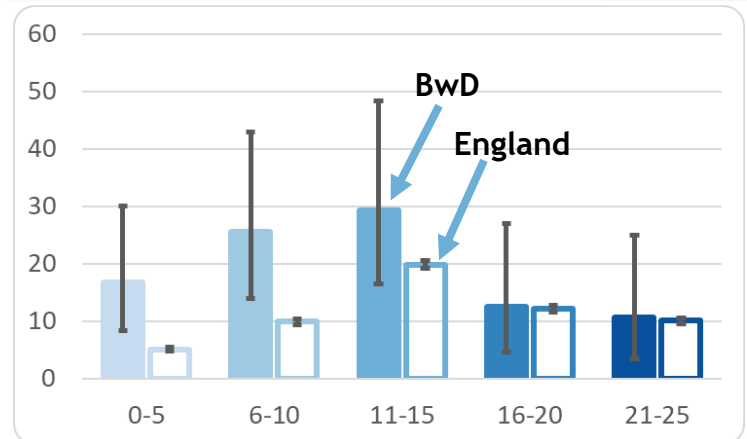
Figure 51 - Breakdown of 165 KSI casualties aged 0-25 by age & road user type (BwD, 2014-18)



Pedestrian Child KSI

The borough's rate of pedestrian KSI casualties among children and young people is well above the national average (Figure 52), particularly under the age of 11.⁷⁷ In 2012/13-16/17, it also had the highest rate of emergency admissions for pedestrian casualties aged 0-24.⁷⁸

Figure 52 - Pedestrian KSI rate per 100,000 children/young people (BwD versus England, 2014-2018) showing 95% confidence intervals⁷⁷



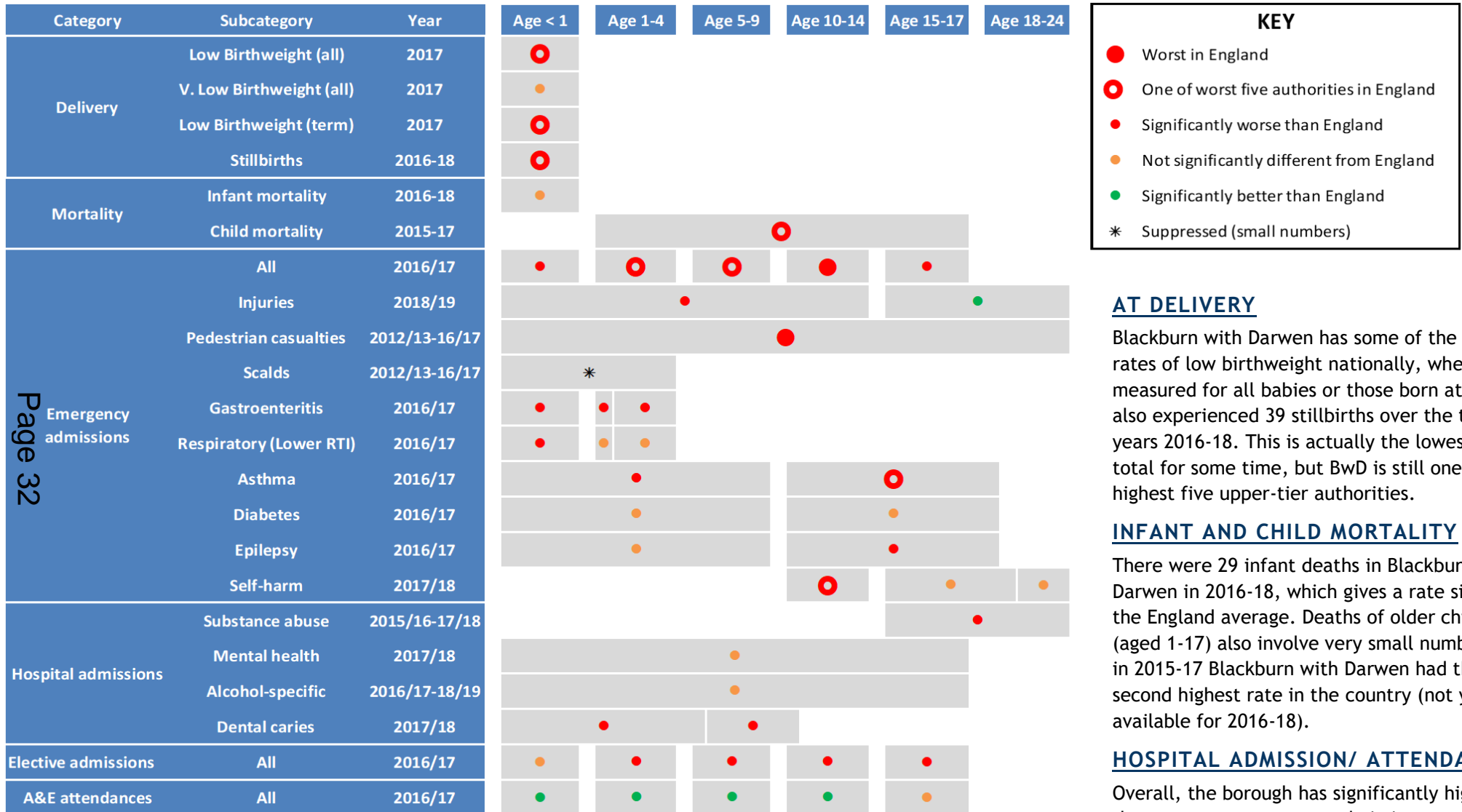
ALL CHILD ROAD CASUALTIES

If we broaden our scope to include all recorded child casualties on the road, whether serious or not, Blackburn with Darwen still compares badly. When we add up the total number of casualties aged 0-15 during the years 2016 to 2018, and express it as a crude rate (relative to the 0-15 year-old resident population), the borough ranks 4th highest out of 150 upper-tier authorities in England (not counting City of London and Isles of Scilly).⁷⁵

CHILD HEALTH OUTCOMES

Figure 53 - Key child health outcomes^{78,79,80,81}

Figure 53 shows how Blackburn with Darwen compares with England at various ages, on a cross-section of key outcomes:



Page 32

AT DELIVERY

Blackburn with Darwen has some of the highest rates of low birthweight nationally, whether measured for all babies or those born at term. It also experienced 39 stillbirths over the three years 2016-18. This is actually the lowest 3-year total for some time, but BwD is still one of the highest five upper-tier authorities.

INFANT AND CHILD MORTALITY

There were 29 infant deaths in Blackburn with Darwen in 2016-18, which gives a rate similar to the England average. Deaths of older children (aged 1-17) also involve very small numbers, but in 2015-17 Blackburn with Darwen had the second highest rate in the country (not yet available for 2016-18).

HOSPITAL ADMISSION/ ATTENDANCE

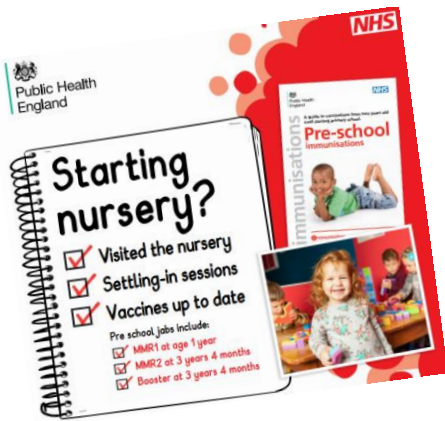
Overall, the borough has significantly higher than average emergency admissions at all stages

of childhood, and comes highest in the country for age 10-14. It is the top upper-tier authority for child admissions due to pedestrian casualties, and second highest for asthma in the 10-18 age-group. However, it is encouraging to note that admissions for injuries in the 15-24 year age-group are now significantly lower than average. Child A&E attendances in 2016/17 are also below-average for most age-groups, and have been for several years.

CHILD VACCINATIONS

COVERAGE RATES

It was widely reported in September 2019 that the coverage for all routine vaccinations for children under 5 had fallen compared to the previous year.^{82,83} What this meant was that all 13 indicators that can be compared to the previous year had registered a national decline. Some vaccinations give rise to more than one indicator, and one (the MenB booster) is being reported for the first time (Figure 54).⁸⁴



*NB: The ages in the chart are the ages at which the child's vaccination status is assessed, not the age at which the vaccination should have taken place. For full details and abbreviations, see page 8 of the annual report by NHS Digital.*⁸⁵

All the indicators are subject to a 95% target⁸⁵, but most of them failed to meet it, both locally and nationally.

REASONS FOR NATIONAL DECLINE

Several possible reasons for the national decline in childhood vaccine uptake have been identified by the National Audit Office (NAO)⁸⁶, but there is no certainty as to which are the most important:

- **Invitations and appointments:** The system of inviting children and parents to come and have the vaccines is considered to have become more fragmented and less coherent since NHS reform in 2013. Parents may also have difficulty in securing a convenient appointment.
- **'Vaccine hesitancy':** This is where people may be reluctant to vaccinate their children, rather than actively opposed.
- **Inadequate record keeping:** This may be making things look worse than they are, particularly in London.

There has been much speculation about the role of the 'anti-vaxxer' lobby, and their messages on social media, but the evidence suggests that their impact on uptake is mainly confined to other parts of the world. NHS England and PHE are keen to keep it at bay by promoting the positive case for vaccination.⁸⁶

START WELL

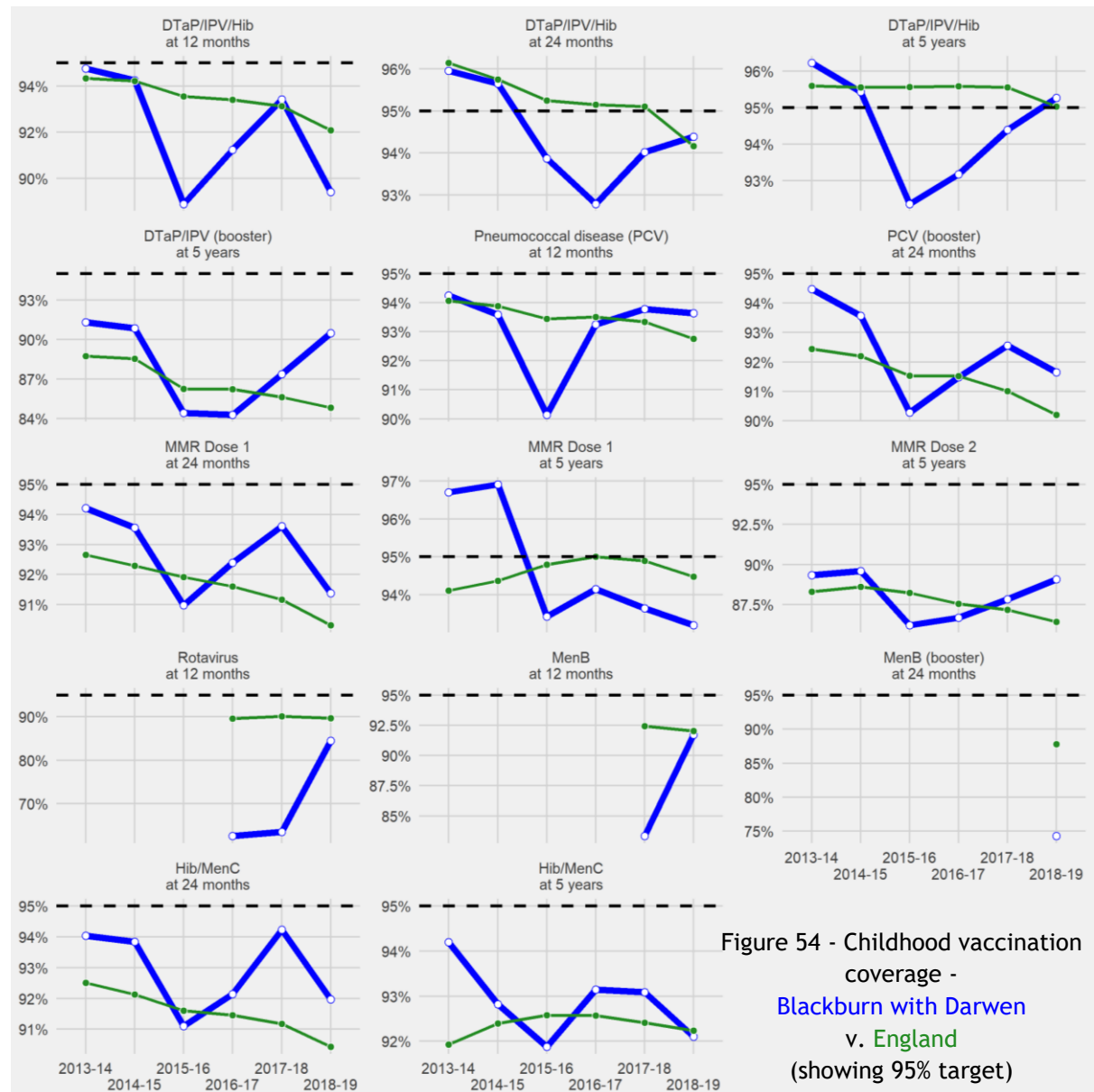


Figure 54 - Childhood vaccination coverage - Blackburn with Darwen v. England (showing 95% target)

LIVE WELL

LIFESTYLE FACTORS

PHYSICAL ACTIVITY

Levels of activity

Public Health England considers us ‘physically active’ if we do the equivalent of 150+ minutes of moderate intensity sporting or fitness activities per week, in bouts of at least 10 minutes. Below 30 minutes is ‘inactive’. With 57.5% of adults ‘active’ and 30.5% ‘inactive’ in 2017/18, Blackburn with Darwen is significantly worse than England.⁸⁷ First results from the 2018/19 survey suggest some signs of improvement⁸⁸, but these have yet to be converted to Public Health England’s definitions.

Updated guidelines issued in September 2019 by the Chief Medical Officers of the four UK nations set out the latest evidence base regarding desirable levels of physical activity and its health benefits for different groups. The take-home message is that even the smallest doses of physical activity are better than none at all.⁸⁹

Figure 55 - Physical activity in adults, 2017/18⁸⁷

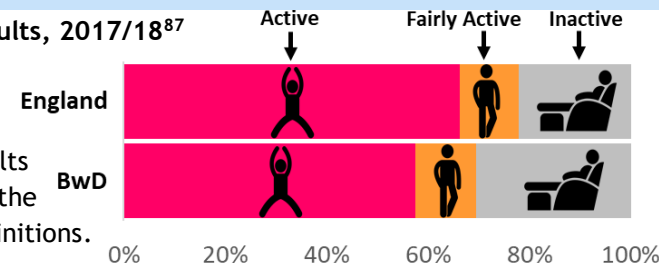


Figure 56 - 'Actively Moving Forward' strategy

Walking and cycling

By 2017/18 (the latest statistics available), Blackburn with Darwen was no longer *the* lowest in the country for adults who walked (for at least 10 minutes) or cycled in the past month. However, the improvement was small, and could just be a random fluctuation. The borough still lags significantly behind England, with only 70.1% of Blackburn with Darwen adults having done any walking (England 78.2%).⁹⁰ Pendle and Hyndburn also have some of the lowest levels in the country.

Far from being complacent about these figures, the local authorities across Lancashire, Blackburn with Darwen and Blackpool have come together to publish an ambitious joint ten-year strategy for cycling and walking, called ‘Actively Moving Forward’.⁹¹

OUR TARGETS:

TARGET 1: TO DOUBLE THE NUMBER OF PEOPLE CYCLING BY 2028

TARGET 2: TO INCREASE THE NUMBER OF PEOPLE WALKING BY 10% BY 2028*

TARGET 3: TO BRING LEVELS OF PHYSICAL INACTIVITY IN EVERY DISTRICT BELOW THE NATIONAL AVERAGE BY 2028

Figure 57 - Targets contained in 'Actively Moving Forward' strategy

Together an Active Future

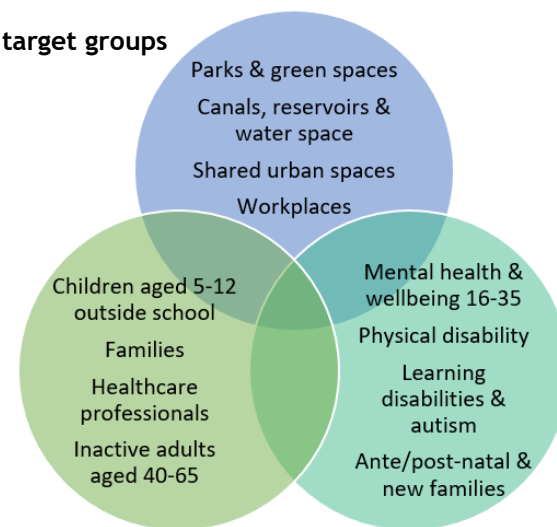


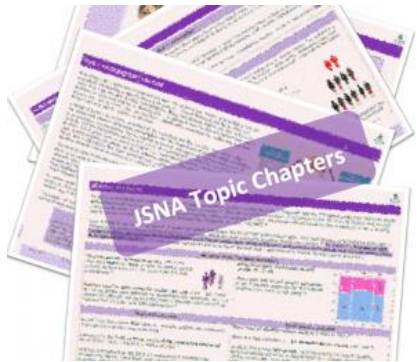
Together an Active Future

Pennine Lancashire (Blackburn with Darwen, Burnley, Hyndburn, Ribble Valley, Pendle and Rossendale) is one of twelve areas which successfully bid for up to £10m of funding from Sport England, to explore and address the challenge of physical inactivity. The Pennine Lancashire programme, known as ‘Together an Active Future’, is now in full swing, with a particular focus on the benefits of physical activity for mental wellbeing.⁹²

Each district within Pennine Lancashire is taking its own distinctive approach to ‘Together an Active Future’. In Blackburn with Darwen, the delivery principles include a commitment to being bold, sustainable and community-led. Local initiatives will focus on particular settings and target groups, as shown in Figure 58:

Figure 58 - Priority settings & target groups for Together an Active Future in Blackburn with Darwen





ALCOHOL

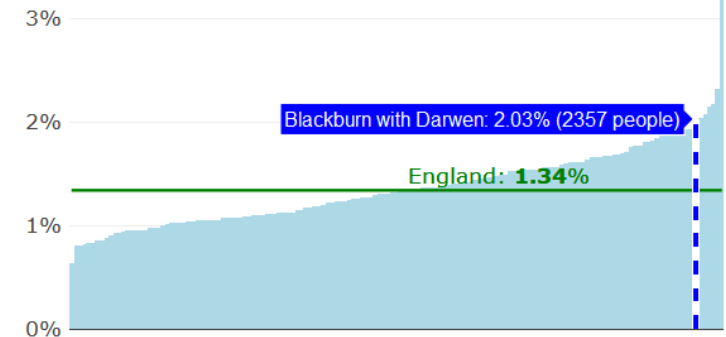
The issue of alcohol is of such importance in Blackburn with Darwen that it is the subject of a self-standing [JSNA chapter](#).⁹³

Alcohol dependency

Based on the 2014 Adult Psychiatric Morbidity Survey, Sheffield University has produced modelled estimates for Public Health England of the number and proportion of adults dependent on alcohol in each upper-tier local authority.⁹⁴ These suggest that Blackburn with Darwen had around **2357** dependent adults in 2017-18, although the true figure could be anywhere between 1447 and 4112. As a proportion, this comes to **2.03%** of the adult population (again with a wide confidence interval). The Blackburn with

Darwen estimate is the 7th highest rate in England, and compares with a national average of 1.34% (Figure 59). It is all the more concerning when you consider that many of the borough's residents do not drink at all.

Figure 59 - Alcohol dependency estimates (2017-18)



Scale of the local problem

Using their own definitions and methodologies, Sheffield University have produced an infographic summing up the impacts of alcohol upon Blackburn with Darwen in terms of deaths, hospital admissions, crimes and cost to the NHS (Figure 60):⁹⁵

MINIMUM UNIT PRICING

As well as setting out the scale of the problem in the borough (Figure 60), Sheffield University have worked out the difference that could be made locally by introducing a minimum price of 50p per unit of alcohol (50p 'MUP'). They show that the biggest reductions in consumption, and the consequences of consumption, would occur among higher risk drinkers, and in the most deprived areas. In Blackburn with Darwen alone, it would mean:

- 125 deaths prevented over the next 20 years
- 144 fewer hospital admissions each year
- 215 fewer crimes per year
- A saving of £300,000 per year to the NHS

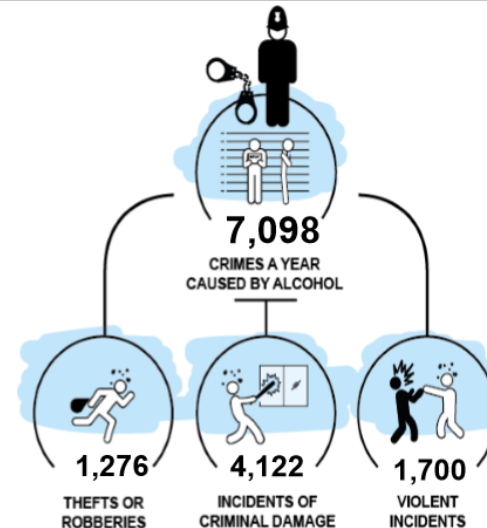
Figure 60 - Scale of the problem in Blackburn with Darwen⁹⁵

Sheffield Alcohol Research Group, University of Sheffield



2,203

HOSPITAL ADMISSIONS CAUSED BY ALCOHOL



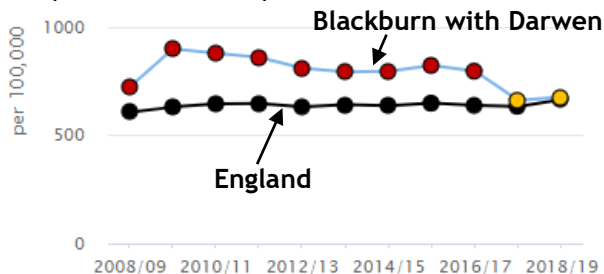
ALCOHOL COSTS THE NHS £10,370,000 A YEAR



What the papers say ...

Researchers from King's College London have estimated that one in five patients in UK hospitals use alcohol harmfully, and one in 10 is alcohol-dependent.⁹⁶

Figure 61 - Alcohol-related admissions (narrow measure)^{39,*}



Alcohol-related hospital admissions

A headline indicator of the health consequences of drinking is the rate of alcohol-related hospital admissions (weighted according to how likely the patient’s condition is to be attributable to alcohol). For the last two years, Blackburn with Darwen’s admission rate has not been significantly worse than average (Figure 61). In every age-group, the majority of admissions are male (Figure 62).⁹⁷

The borough continues to have particularly high admission rates for alcoholic liver disease (though no longer the worst in the country).⁹⁷

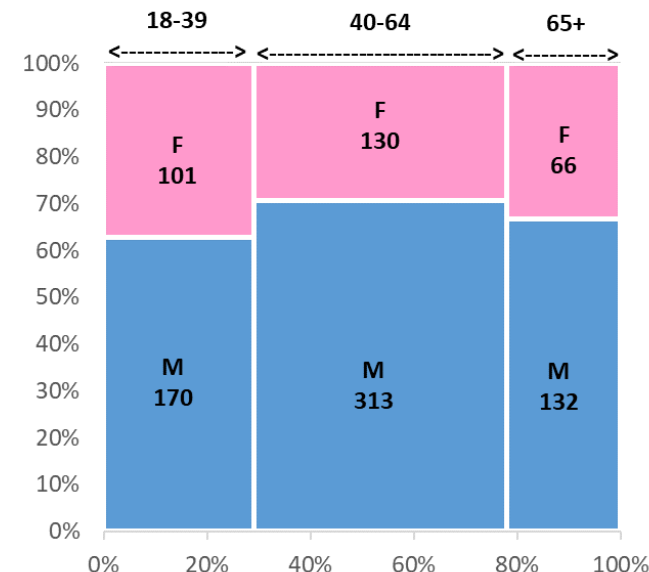


Figure 62 - Alcohol-related admissions (narrow)* by age and sex, 2018/19 (BwD residents)⁹⁷

Treatment services

In 2018, 174 Blackburn with Darwen residents successfully completed alcohol treatment and did not re-present within 6 months, which equates to 58.6% of those in treatment. This is *the* highest success rate in the country, well above the England average of 37.6%, and is on a rising trend.⁹⁷

ANKLE TAGGING

Blackburn with Darwen is the first authority to offer free, voluntary use of alcohol-tracking ankle tags, which detect alcohol use by analysing beads of sweat. These are proving an effective management tool in cases where alcohol use was a suspected factor in domestic violence or child neglect.^{98,99}



GAMBLING

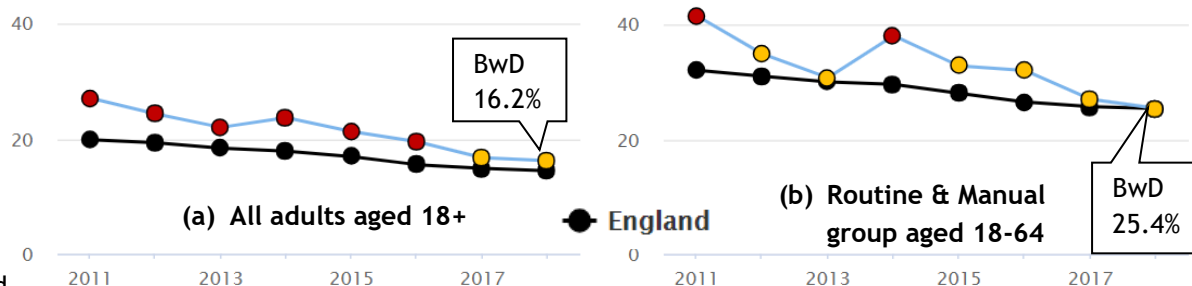
Research evidence continues to grow of the links between problem gambling and stress, depression and mental health problems, as well as the wider consequences for families and communities.^{100,101,102,103} Specialist treatment services have not previously been available outside London, but the NHS is now opening new clinics, including one in Manchester, where affected individuals can receive help from psychiatrists and clinical psychologists. Nationally, it is estimated that over half the adult population have gambled in the last year, with 400,000 problem gamblers across England, and another 2 million people at risk.¹⁰⁴

SMOKING

Prevalence

Smoking prevalence among adults in Blackburn with Darwen continues to decline, and at 16.2% in 2018 is no longer significantly higher than the England average (14.4%).¹⁰⁵ The smoking rate has always been higher in the ‘Routine & Manual’ (‘R&M’) group¹⁰⁶, but Blackburn with Darwen has closed the gap with England on this measure too (Figure 63).

Figure 63 - Estimated smoking prevalence for (a) all adults aged 18+, (b) R&M adults age 18-64



* ‘Narrow’ measures are principally based on the primary diagnosis (rather than any secondary diagnoses) on the admission record.



What the papers say....

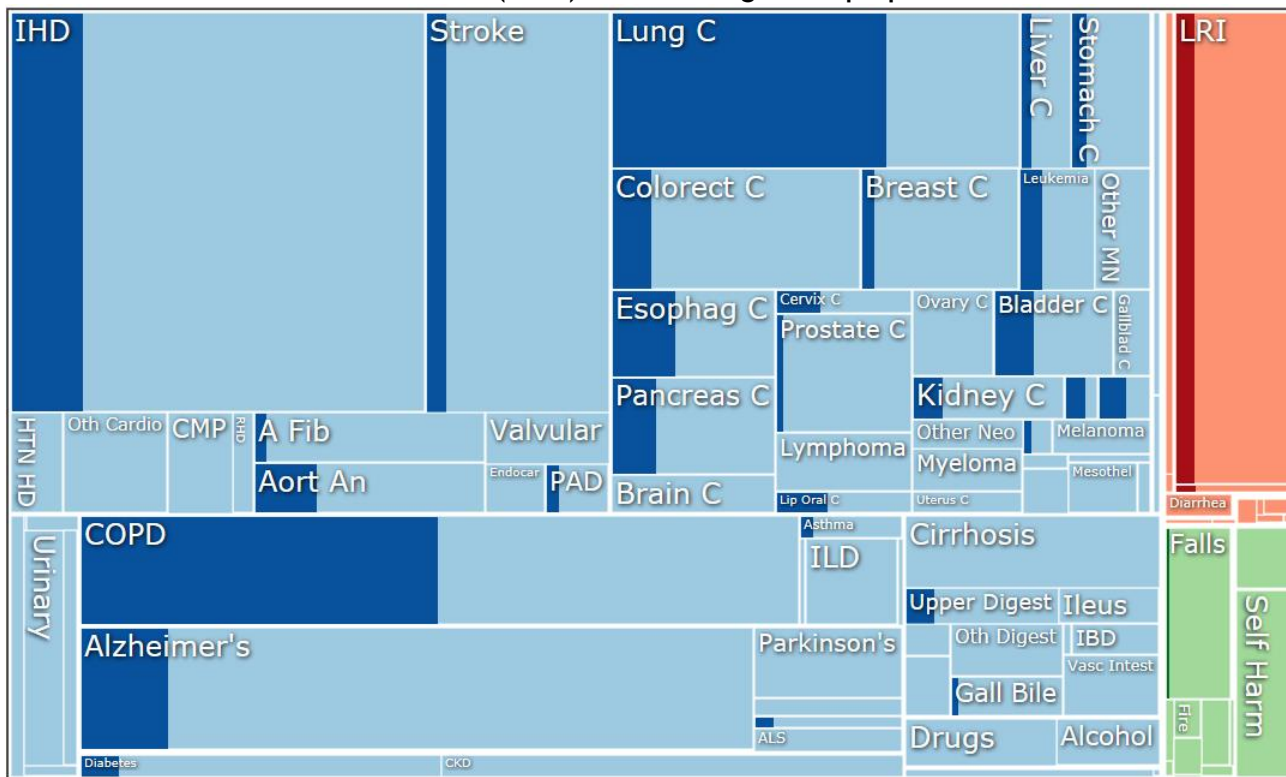
National research at University College London has found that not only is the prevalence of smokers falling, but the number of cigarettes consumed by those who *do* still smoke is declining too. The average smoker was consuming 10.6 cigarettes per day in 2018, compared with 12.4 per day in 2011.¹⁰⁹

Consequences of smoking

Blackburn with Darwen continued to have close to 250 smoking-attributable deaths each year during 2016-18, and was in the worst quintile for 8 out of the 9 mortality indicators in PHE’s Local Tobacco Control Profile. Smoking-attributable hospital admissions in 2017/18 were also significantly higher than average, and Blackburn with Darwen was in the top quintile for the cost per capita of such admissions.¹⁰⁵

The Global Burden of Disease provides a graphic illustration of the conditions that Blackburn with Darwen residents died from in 2017 (Figure 64). The dark portion of each rectangle (if there is one) shows the proportion of deaths from that cause that were attributable to Tobacco.¹¹⁰

Figure 64 - Causes of death in Blackburn with Darwen (2017). Dark shading shows proportion attributable to Tobacco.¹¹⁰



Costs of smoking

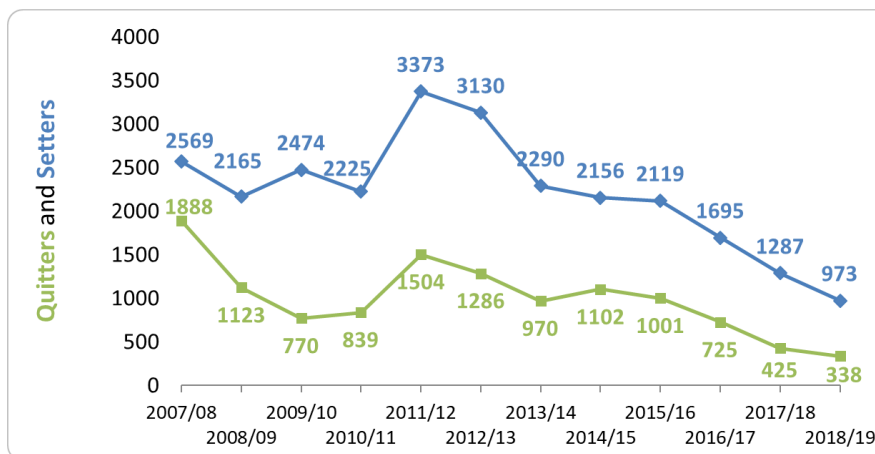
Latest estimates from ASH put the cost to society of smoking in Blackburn with Darwen at **£32.5m**. The biggest element is lost productivity (£23m), followed by costs to the NHS, cost of social care, and cost of fires.^{111,112}

If allowance was made for the people made ill by tobacco but *not* receiving formal care, and for the possible alternative uses of the money spent on tobacco, the cost would be even higher.

Stop Smoking Services

The use of ‘Stop Smoking’ services continues to decline, both locally and nationally. As shown in Figure 65, only 973 Blackburn with Darwen service users set a quit date in 2018/19, of whom only 338 successfully quit. When Blackburn with Darwen’s 338 quitters are expressed as a proportion of the area’s smoking population, this gives a success rate which is close to the England average.¹⁰⁵

Figure 65 - Smokers setting a quit date, and successfully quitting at 4 weeks (Blackburn with Darwen)



DRUG MISUSE

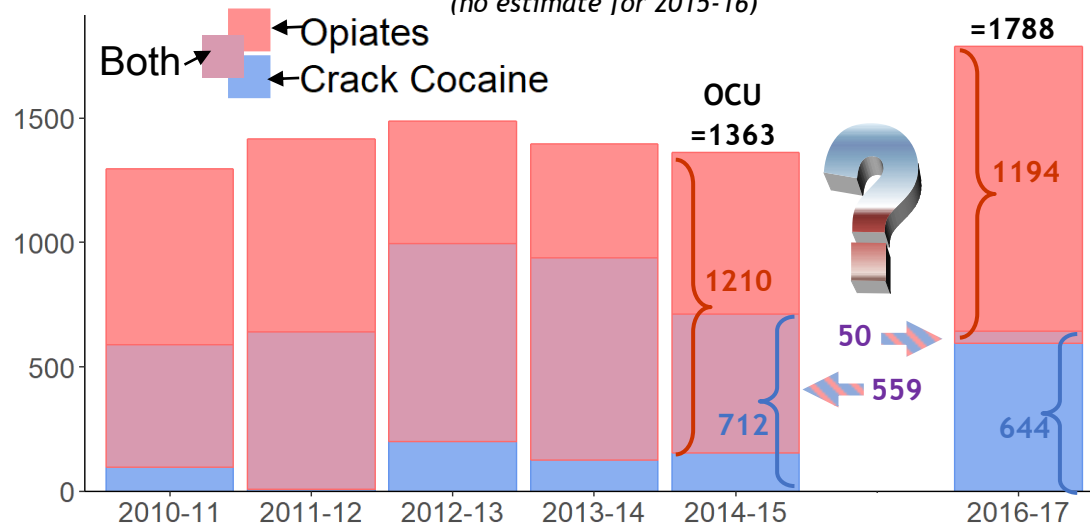
Prevalence

New official estimates of the prevalence of opiate and/or crack cocaine use (OCU) were issued in 2019, relating to the year 2016/17.¹¹³ These latest estimates are rather puzzling for Blackburn with Darwen (Figure 66), and it is unclear whether we should take them at face value.

The estimates appear to show a slight *drop* in the number of Opiate users since 2014/15 (down from 1210 to 1194), as well as a *drop* in the number of Crack Cocaine users (down from 712 to 644). However, they suggest that these groups have grown apart dramatically, so that the number of individuals using *both* types of drug has plummeted from 559 to 50. Hence, the estimated number using opiates and/or crack cocaine (OCU) has gone *up*, not down, from 1363 to 1788.

If this is to be believed, Blackburn with Darwen now has the 12th highest rate of Opiate usage, and the 38th highest rate of Crack Cocaine usage, but the 4th highest rate for opiates and/or crack cocaine (OCU) put together.

Figure 66 - Estimated users of Opiates and/or Crack Cocaine (OCU), Blackburn with Darwen (no estimate for 2015-16)



Drug-related deaths

2018 saw the highest-ever number of drug-related deaths in England and Wales, and the highest ever percentage increase on the year before. In the 3-year period 2016-18, there were 53 deaths in Blackburn with Darwen from drug poisoning (involving any drugs), of which 43 were classed as drug misuse deaths (i.e. involving illegal drugs). These counts compare with 38 deaths from drug poisoning and 29 from drug misuse in the previous non-overlapping period (2013-15). The borough's drug poisoning and drug misuse death rates in 2016-18 are both significantly higher than the England average, and in the top quintile of local authorities nationally.¹¹⁴

Hospital admissions

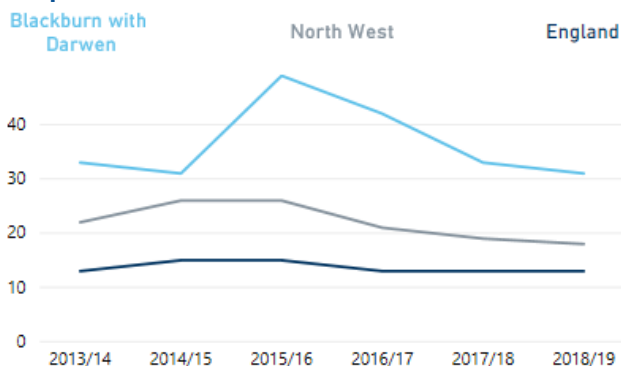


Figure 67 - Age-standardised admission rate per 100,000 for primary diagnosis of drug-related mental health or behavioural disorder (Chart by NHS Digital¹¹⁶)

Across England, hospital admissions where the primary diagnosis was a drug-related mental health or behavioural disorder have remained fairly steady in recent years. Blackburn with Darwen recorded a further reduction in 2018/19, but it remains well above the England and North West averages (Figure 67), and in the top ten nationally.^{115,116}

Public Health England points out that a non-fatal overdose can be a precursor to a fatal overdose, so drug poisoning admissions can be an indicator of likely future deaths.¹¹⁷

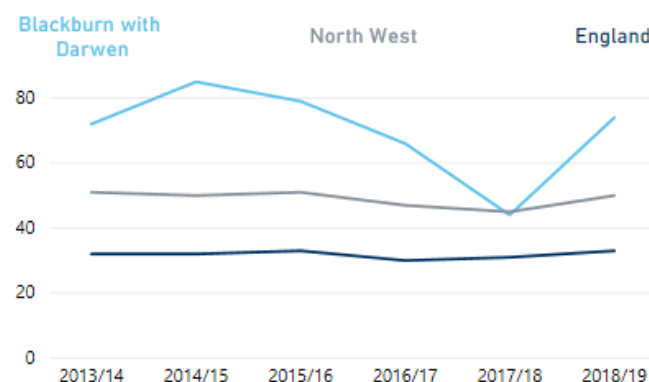
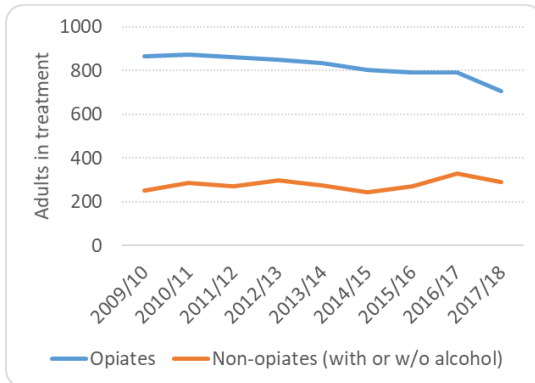


Figure 68 - Admission rate per 100,000 for poisoning by drug misuse (Chart by NHS Digital¹¹⁶)

In 2018/19, Blackburn with Darwen saw a reversal of its previously improving rate of hospital admission for poisoning by drug misuse (Figure 68). It now ranks in the top ten on this measure too.



Treatment

The total number of people receiving drug treatment in Blackburn with Darwen declined from 1129 in 2016-17 to 989 in 2017-18 (Figure 69). This dip was apparent for both opiate and non-opiate users.^{117,118,119}

Figure 69 - Number of adults in drug treatment, Blackburn with Darwen
(chart based on rounded figures¹¹⁹)

However, for those in treatment in Blackburn with Darwen, it continues to give good results. The Public Health Outcomes Framework monitors the proportion who successfully complete the programme, and do not re-present within six months. Blackburn with Darwen has a 7.3% success-rate for Opiate users (putting it in the second highest quintile), and a 47.8% success rate for non-opiate users (12th best in the country).^{39,117}

3 Prescription Drugs

Amid increasing concern about the addictive nature of some prescribed medicines (or other difficulties in coming off them), the government asked Public Health England to investigate the extent of the problem. PHE published its report in September 2019, covering benzodiazepines, z-drugs, gabapentinoids, opioids and antidepressants.^{120,121,122,123}

The report found that approximately a quarter of the population of England had been prescribed one (or more) of these kinds of drug in the year to March 2018, of whom half had been taking them for at least 12 months. For opioids and gabapentinoids in particular, prescribing rates rose with deprivation. People in more deprived areas were also likely to be prescribed the drugs for longer, and to be taking more than one kind. This may be partly due to higher rates of the conditions for which they are prescribed.¹²⁴

Blackburn with Darwen had significantly higher rates of prescribing than England for all five types of drug. For gabapentinoids, Blackburn with Darwen’s prescribing rate was 1.72 times the England average, which is the third highest ratio out of 195 CCGs. The comparison was done in a way which takes account of each CCG’s age and sex profile.

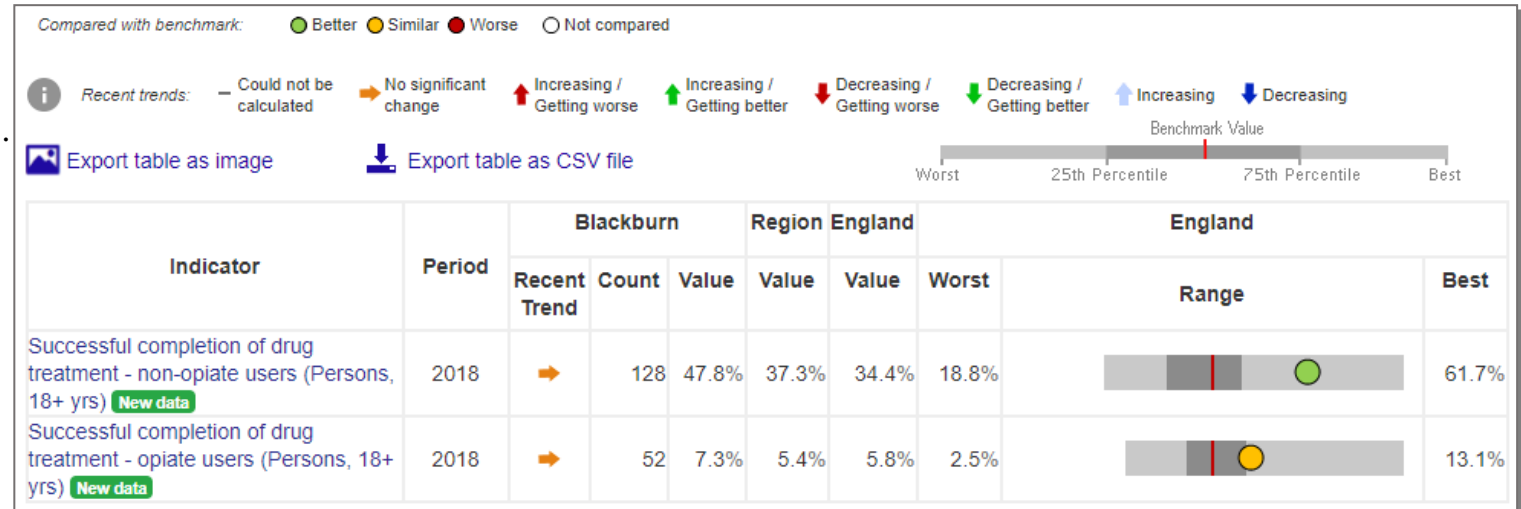


Figure 70 - Public Health Outcomes Framework spine-chart, showing Successful Completion of Drug Treatment in BwD³⁹

Drug type:	benzodiazepines	z-drugs	gabapentinoids	opioids	antidepressants
Used for:	mostly for anxiety	sleeping tablets	epilepsy, pain, anxiety	chronic pain*	depression
How many times more prescriptions than average in BwD?	1.15 x	1.12 x	1.72 x	1.33 x	1.15 x

Table 3 - Indirectly Standardised Prescribing Ratios (BwD v. England), 2017/18

Only Bradford has a service specifically catering for prescription drug users, even though they may feel uncomfortable approaching more generic substance misuse services.¹²⁵

* The study confined its attention to the use of opioids for chronic non-cancer pain

HEALTH OUTCOMES

CANCER

Incidence and Mortality

Every new case of cancer is logged with the Cancer Registry, so we have reliable statistics not only on **mortality** (i.e. death rates), but also on **incidence** (the rate at which new cases are diagnosed). It is helpful to look at these together, to see if they are moving in the same direction.

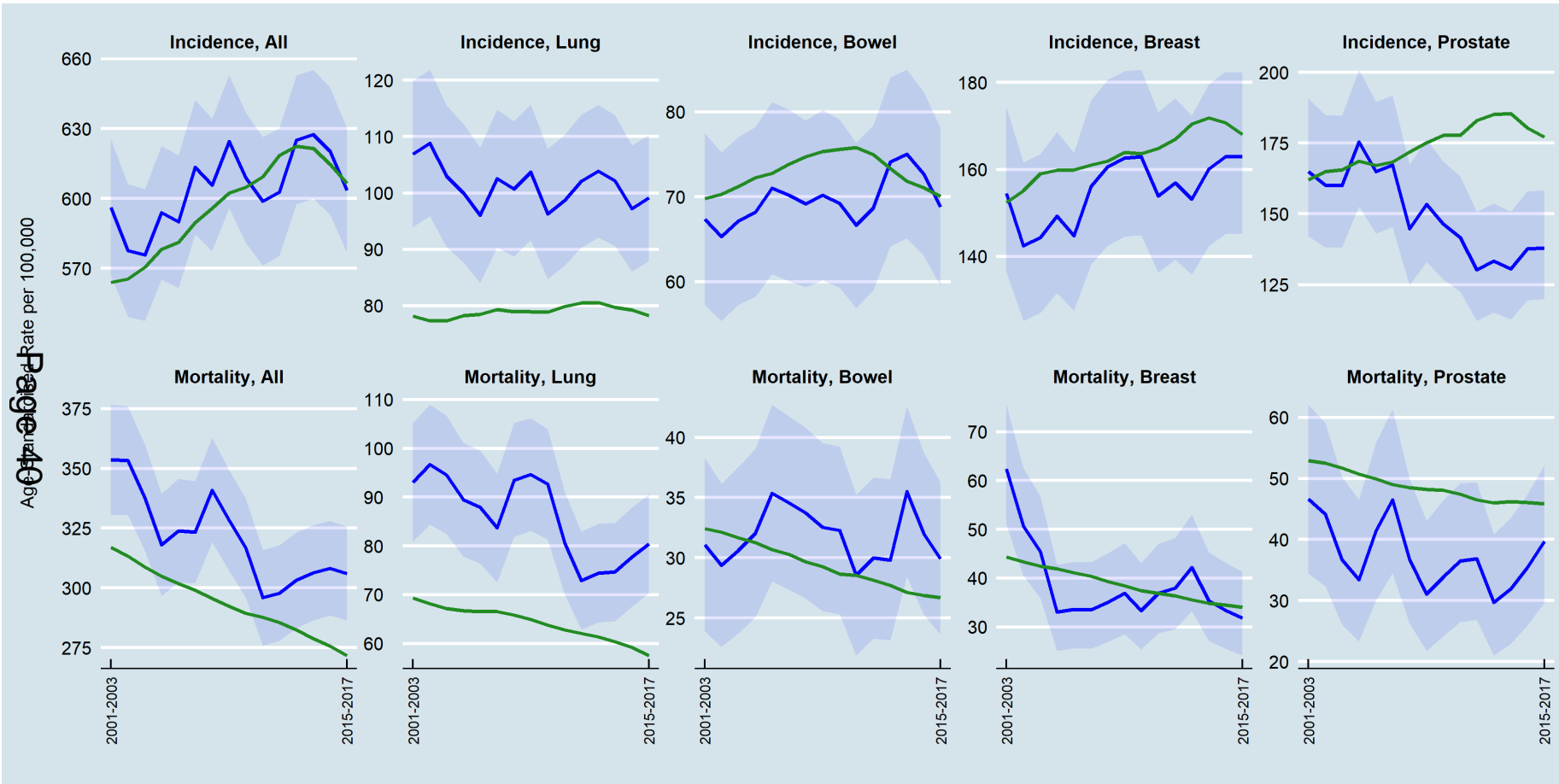


Figure 71 - Incidence and Mortality for All Cancers and 'Big Four' Cancers, Blackburn with Darwen v. England (all ages, showing 95% confidence interval for BwD)

National incidence rates had been rising until recently, which was attributed to changing risk factors and better diagnosis and recording.¹²⁶ However, that seems to have gone into reverse lately. National mortality rates have been firmly downwards for some time. Blackburn with Darwen rates inevitably fluctuate more than England. For all cancers combined, incidence is similar to the national trend, but overall mortality in most years has been higher than average.

For lung cancer, local incidence and mortality rates are both consistently and significantly higher than England. For prostate cancer, local incidence rates have been moving in the opposite direction to the national trend. Measured a slightly different way, Blackburn with Darwen's prostate cancer incidence in 2012-16 was the 4th lowest in England.¹²⁷ This may be a reflection of policy decisions, as it is not necessarily deemed beneficial to detect slow-growing prostate cancers that may never pose a danger.¹²⁸

Inequalities

The pattern of premature cancer mortality (under the age of 75) across the borough¹²⁷ bears strong similarities to the pattern of deprivation⁵ (Figure 72).

Routes to diagnosis

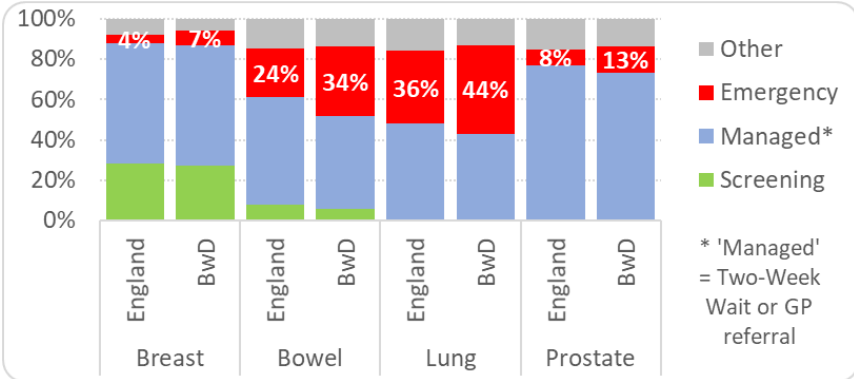
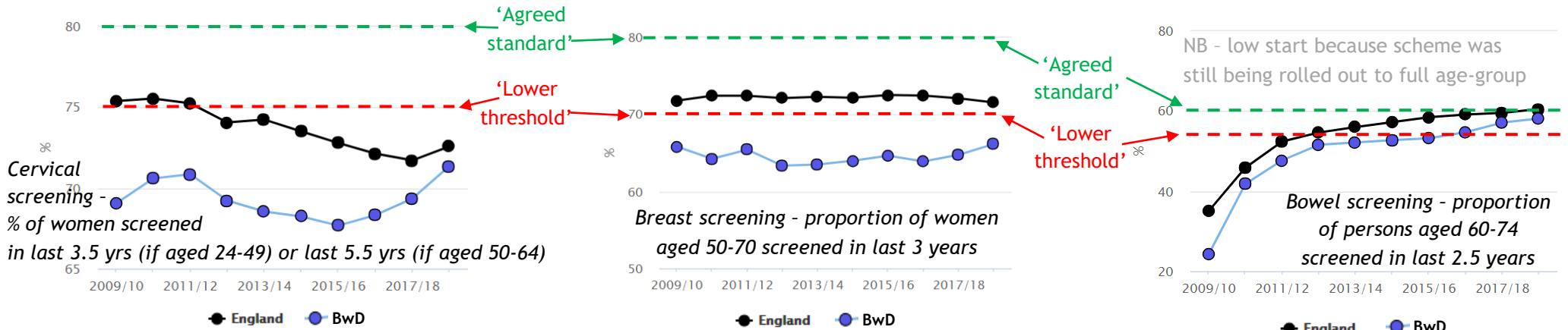


Figure 73 - Routes to Diagnosis for 'Big Four' Cancers, 2006-16¹³¹

Screening uptake

In contrast, patients whose cancer is picked up by screening have a 63% chance of it being at the earliest and most treatable stage (Stage 1), and only a 2% risk of it being at Stage 4.¹²⁹ There are national screening programmes for cervical, breast and bowel cancer.¹³² shows their 'coverage' - i.e. the proportion of the eligible population who have been screened as recently as they should have been. Blackburn with Darwen is significantly lower than England throughout.¹³³

Figure 74 - Cervical, breast and bowel screening coverage: BwD compared with England¹³³ & performance thresholds¹³²

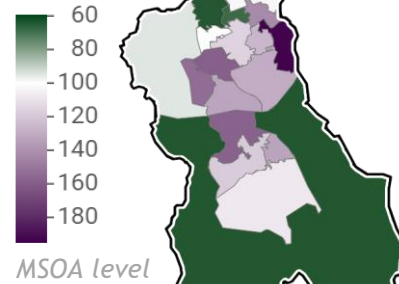


There is currently no screening programme for lung cancer, but Blackburn with Darwen has been selected as a pilot area for an ambitious new scheme of free 'Lung Health Checks' for people aged 55-74 who have ever smoked.¹³⁴

Figure 72 - Under-75 cancer mortality with Index of Multiple Deprivation for comparison

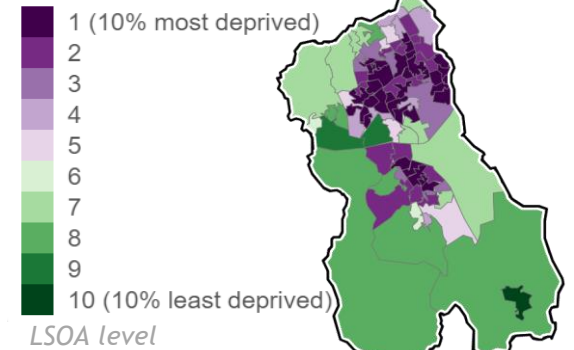
Deaths from cancer, under 75

Standardised Mortality Ratio (England = 100) 2013 - 17



Index of Multiple Deprivation

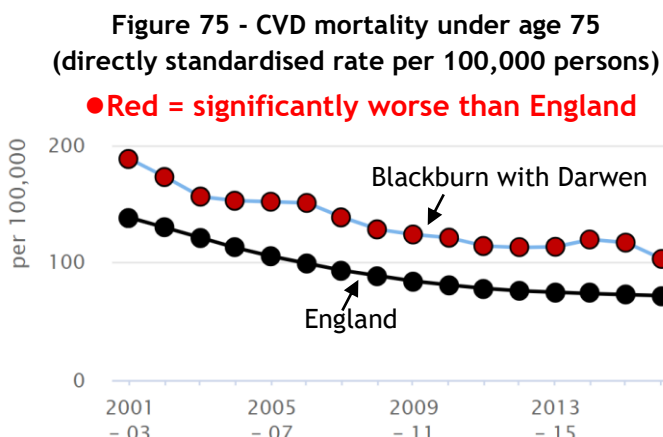
National Deciles 2019



If a patient's cancer is first diagnosed when they present as an emergency, there is a 58% chance that it has already reached Stage 4¹²⁹, and their survival rate is substantially lower than if they were diagnosed through another route.¹³⁰ For all four types of cancer shown in Figure 73, Blackburn with Darwen had a significantly higher proportion of emergency presentations than England.¹³¹

CARDIOVASCULAR DISEASE

Cardiovascular disease, or CVD, is an umbrella term for conditions of the circulatory system, such as coronary heart disease (CHD), stroke, heart failure and rhythmic heart disorders. Together these accounted for 20.8% of all deaths registered in Blackburn with Darwen in 2018, compared to 24.4% in England as a whole.⁸



CVD mortality

Rates of premature mortality from CVD (under age 75) have been declining over the years, although Blackburn with Darwen has always been worse than average (Figure 75). In 2016-18, it ranked 14th highest out of 152 upper-tier authorities in England. Within the borough, these deaths follow a familiar geographical pattern (Figure 76). The four areas with the darkest purple shading all have more than twice the England average rate.

Two-thirds of premature CVD deaths in BwD in 2016-18 had causes from which premature death is considered to be largely preventable, either via behaviour change or through public health measures. Blackburn with Darwen had the seventh highest rate of these preventable deaths.³⁹

Deaths from CVD, under 75

Standardised Mortality Ratio (England = 100) 2013 - 17

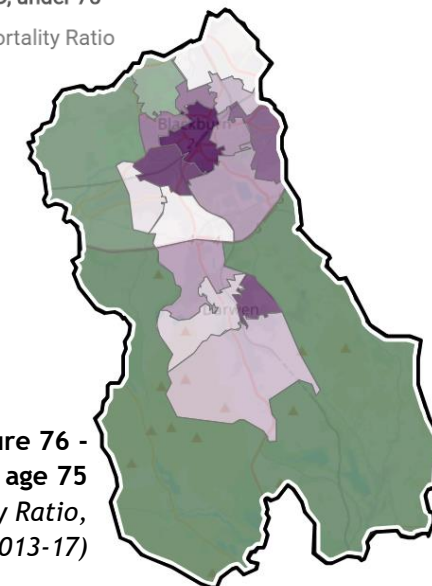
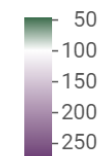


Figure 76 - CVD mortality under age 75 (Standardised Mortality Ratio, MSAO level, 2013-17)

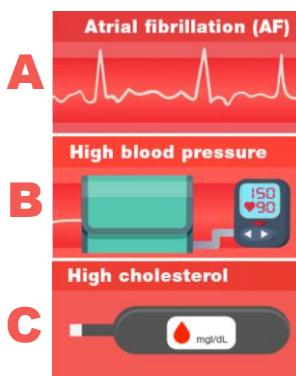
Blackburn with Darwen’s CVD mortality rate for older people (aged 65+) is also significantly and consistently above average, ranking 6th highest out of 152 upper-tier authorities in 2016-18.¹³⁵

Coronary Heart Disease (CHD)

Around half of all CVD deaths in Blackburn with Darwen each year are accounted for by Coronary Heart Disease (CHD). The local rate of premature mortality from CHD has always been high, and in 2016-18 was the 6th highest out of 195 CCGs in England. There were 920 hospital admissions for CHD in 2018/19 (all ages), which is the 5th highest rate in the country.¹³⁶

Stroke

Blackburn with Darwen is not significantly different from average in terms of its 2018/19 admission rate for stroke, or its 2016-18 stroke mortality rates (either above or below the age of 75). The proportion of BwD patients recorded as ever having had a stroke is now significantly lower than average, although this may be an underestimate.¹³⁶



NHS Health Checks

The NHS Health Check for 40-74 year-olds is primarily geared towards spotting and averting the risk factors for CVD. The cumulative measure for how many eligible people have had a Health Check now uses 1st April 2015 as its baseline. Since that date, 49.7% of eligible patients in Blackburn with Darwen have had a Health Check (position as at end September 2019). This is significantly better than the England average of 37.6%, but still not as high as neighbouring authorities such as Bolton, Bury and Lancashire.¹³⁷

Secondary Prevention

The NHS Health Check is a vital part of the secondary prevention of CVD, but not the whole answer. The NHS Long Term Plan calls for better detection and management of the so-called ‘ABC’ of high-risk conditions: **A**trial fibrillation, high **B**lood pressure and high **C**holesterol.¹⁰⁴ New ambitions are being set, and a new audit tool called ‘CVDPrevent’ is being developed which will extract anonymised data from GP systems, and detect any gaps in how these conditions are being handled.¹³⁸ PHE has estimated that over 10 years, the societal return will be £2.30 for every £1 spent.¹³⁹

Green / Amber / Red = significantly better than England / no significant difference / significantly worse than England

Measures prefixed with "*" relate to Type 2 diabetes only

DIABETES

Figure 77 - Blackburn with Darwen performance on Diabetes care pathway
 Main sources: PHE 142,143,70,39,144, QOF¹⁸⁸, Nat. Diabetes Audit 2017-18^{145,146}, 2018-19¹⁴⁷

Prevalence

Blackburn with Darwen's overall recorded prevalence of diabetes (QOF 2018/19) is 8.5%.¹⁸⁸ This is the second highest in the NW, and 14th highest in England.¹⁸⁸ Type 2 diabetes accounts for over 94% of the local caseload.¹⁴⁷

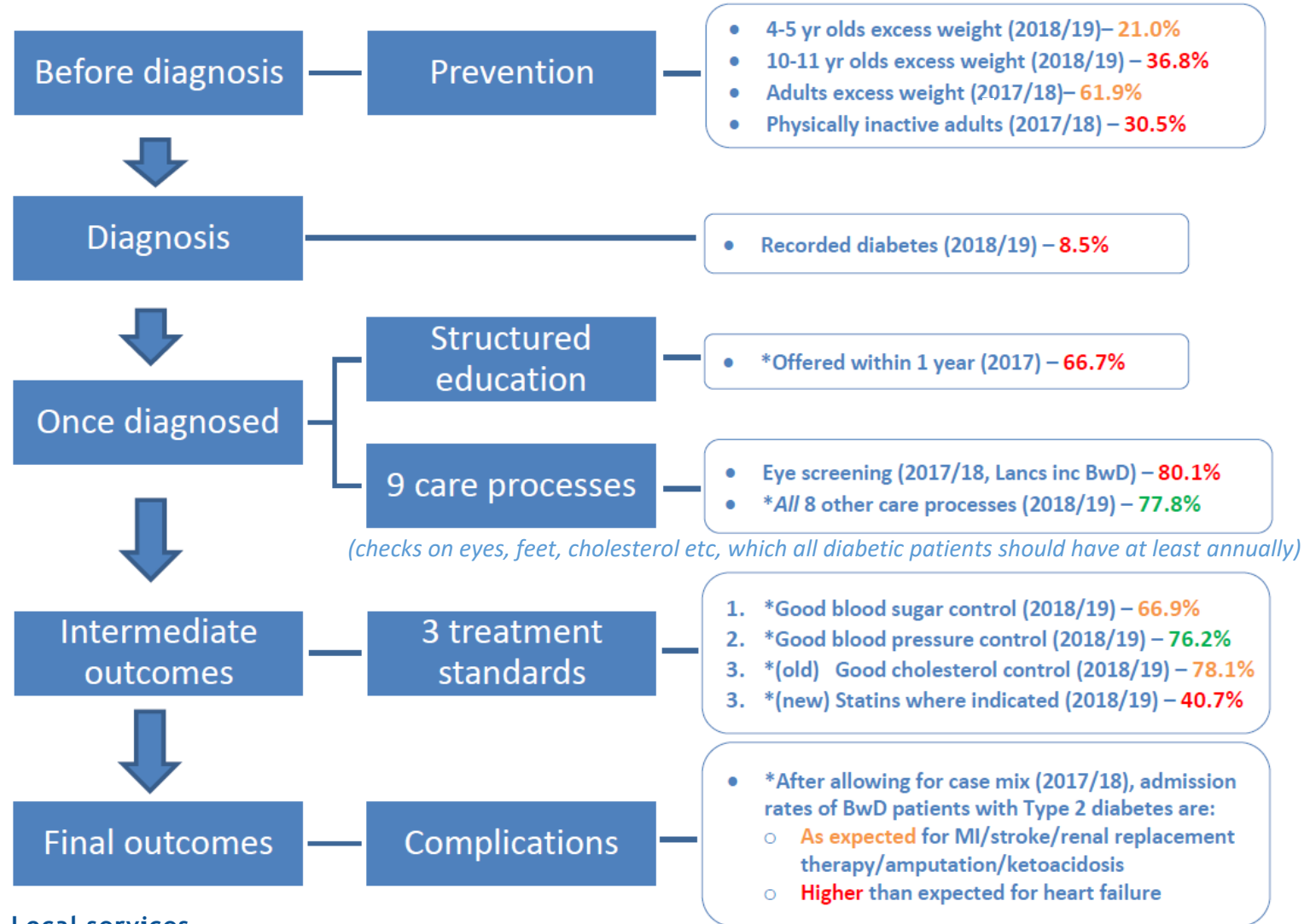
National Diabetes Audit (NDA)

100% of Blackburn with Darwen practices participated in the 2018/19 NDA. It shows that in 2018/19, BwD was 4th best out of 195 GPs at ensuring that patients with Type 2 diabetes received *all* eight statutory processes of care'. (The NDA does not cover the ninth process, which is eye screening.) Performance was at least as good as expected for each of the eight processes individually.



What the papers say

NHS England has drawn attention to a 'bidirectional' link between **diabetes** and **gum disease**, which it admits is not well known. Its new Commissioning Standard on Dental Care for People with Diabetes¹⁴⁹ sets out the need for awareness-raising, and urges that patients with diabetes should be signposted to a dentist.



(checks on eyes, feet, cholesterol etc, which all diabetic patients should have at least annually)

Local services

Healthwatch Blackburn with Darwen has carried out in-depth engagement work with service users in Blackburn East who have Type 2 diabetes. The case studies give a valuable insight into the experiences of both White British and British South Asian patients, and highlight the need for diabetes support and education to be accessible, culturally appropriate and non-judgemental.¹⁵⁰ For patients whose diabetes is accompanied by anxiety or depression, BwD and E Lancs have pioneered a new dedicated 'IAPT' (Improving Access to Psychological Therapies) service, specially tailored to their needs and integrated with diabetes clinics. This has proved to be highly cost-effective, resulting in fewer A&E attendances, admissions and ambulance call-outs.¹⁵¹

MENTAL HEALTH AND WELLBEING

Prevalence of mental illness

In 2019, 13.5% of Blackburn with Darwen patients aged 18 or over were recorded on their GP’s ‘QOF’ register as having **depression**. This is significantly higher than the England average of 10.7%, and means that the CCG ranks 22nd highest out of 191 nationally. There is also a QOF register for **severe mental illness**, defined as those diagnosed with schizophrenia, bipolar disorder or other psychoses, or on lithium therapy. Blackburn with Darwen has the 16th highest rate, at 1.26% (England 0.96%).¹⁸⁸

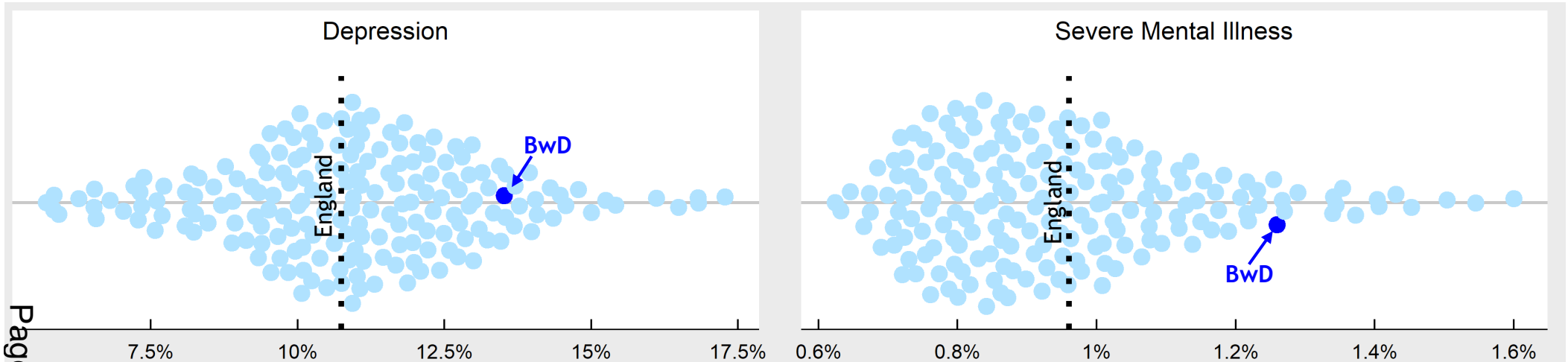


Figure 78 - QOF prevalence of Depression and Severe Mental Illness: Blackburn with Darwen v. other CCGs in England (2019)

Page 44

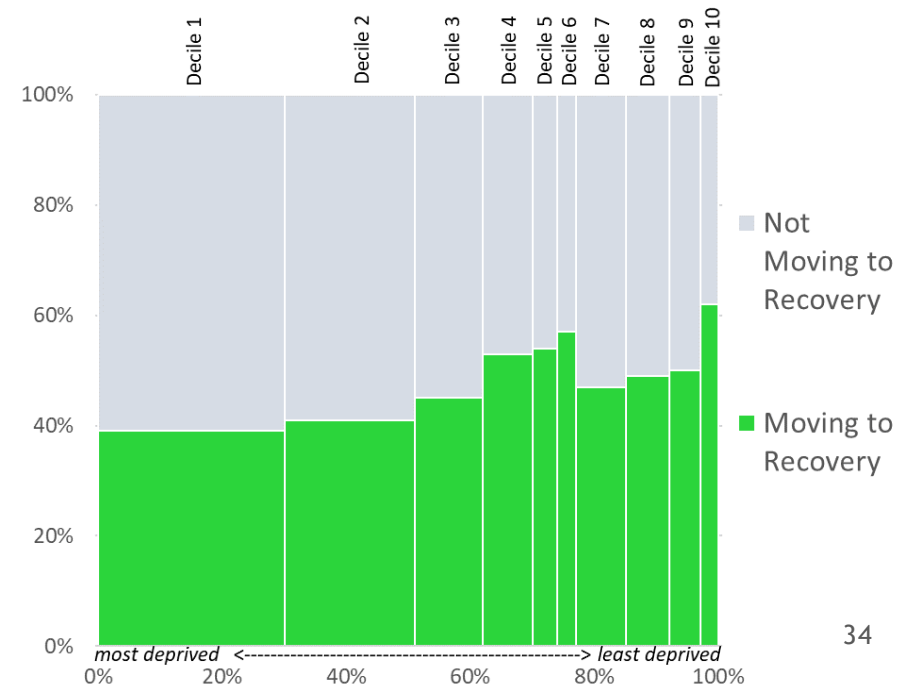
Services

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

The IAPT programme focuses on providing ‘talking therapies’ for people experiencing common mental health problems such as anxiety and depression. Deprived areas generally have higher referral rates, but lower success rates.¹⁵² Blackburn with Darwen’s rate of entry to IAPT treatment (Q1 2019/2020) is in the top quintile, and significantly higher than England, although the gap is not as large as it has sometimes been in the past.¹⁵³

An IAPT referral has ‘**moved to recovery**’ if their symptoms of anxiety or depression were severe enough to be regarded as a clinical case at the start of their treatment, but not by the end of it.¹⁵⁴ In 2018-19, 45% of eligible IAPT referrals in Blackburn with Darwen ‘moved to recovery’. This is significantly below the national average of 52.1% and government target of 50%, and joint eighth lowest out of 200 CCGs.^{154,155} Figure 79 shows how the recovery rate of Blackburn with Darwen CCG patients tends to be lowest for those living in the most deprived areas.

Figure 79 - IAPT recovery of Blackburn with Darwen CCG patients (2018-19) according to national deprivation decile of residence¹⁵⁵



SPECIALIST MENTAL HEALTH SERVICES

By Q4 of 2018/19, the proportion of BwD adults in contact with specialist (or ‘secondary’) mental health and learning disability services was 4999 per 100,000. This is slightly down from its peak, but still the 2nd highest rate in England (average 2403).¹⁵⁶ It does *not* include people who are only in contact with the IAPT programme. Local rates may be a reflection of the nature and extent of mental health service provision, as well as of need. The highest seven CCGs are all in Lancashire or Merseyside.

Being in contact with specialist mental health services does not equate with being in hospital. In Blackburn with Darwen, at the end of 2018/19, only 0.6% of mental health service users were in hospital. This is the 8th lowest proportion (England 2.0%), and several of the other lowest CCGs are also in Lancashire.

CAPACITY ISSUES

A recent report by the Midlands and Lancashire CSU for the Royal College of Pyschiatrists explores the mental health inpatient capacity of England’s 44 Sustainability and Transformation Partnerships (STPs).¹⁵⁷ It identifies Lancashire & South Cumbria as one of seven STPs with particularly high levels of ‘inappropriate’ out-of-area placements, and recommends investing in additional inpatient bed capacity. An investigation by the BMA found that BwD, East Lancashire and Greater Preston CCGs were all spending their entire mental health rehabilitation budget in the private sector.¹⁵⁸ Visiting a patient from Blackburn with Darwen or East Lancashire involves an average round trip of almost two hours.¹⁵⁹ New NICE guidance stresses the importance of providing mental health rehabilitation services in the local area wherever possible.¹⁶⁰

Lancashire & South Cumbria is well aware of the serious operational problems affecting its urgent mental health services, and has commissioned an independent review. The review highlights the interdependency of ‘urgent’ and ‘less urgent’ services, and therefore urges a ‘whole system’ approach, making 27 recommendations in all.¹⁶¹

Outcomes

SUICIDE AND SELF-HARM

As a number (37) and as a rate (9.8 per 100,000), the level of suicide in BwD in 2016-18 was the lowest in recent history. It is now very close to the England average (9.6 per 100,000), and near the middle of the rankings.

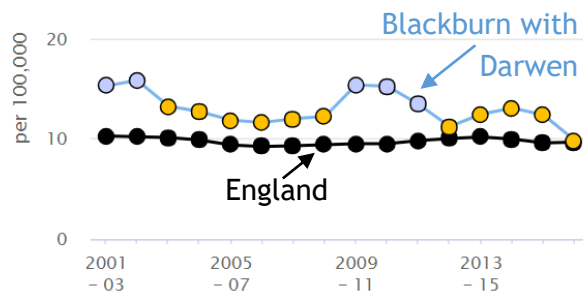


Figure 80 - Suicide (Directly age-standardised rate per 100,000)

A related indicator is the rate of emergency hospital admissions for intentional self-harm. The BwD rate is still significantly higher than England (Figure 81), but no longer in the top quintile.

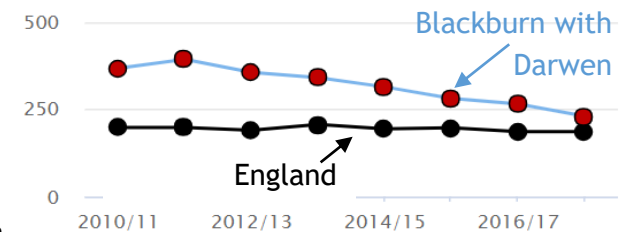


Figure 81 - Emergency Hospital Admissions for Intentional Self-Harm (Directly age-standardised rate per 100,000)³⁹



Engagement

Mental Health Champions help to spread the word about mental health, breaking down the associated stigma and discrimination.¹⁶² Blackburn with Darwen has its own member Mental Health Champion (Cllr Brian Taylor), and has signed up to the Mental Health Challenge¹⁶³ (right).

The ‘Baiter Sehat’ (Better Health) project at One Voice Blackburn is aiming to recruit up to 20 Mental Health Champions (left), in a bid to help tackle the particular taboos which still exist in some South Asian-heritage communities.^{164,165}



We will:

- Support positive mental health...
- Work to reduce inequalities...
- Work with local partners...
- Tackle discrimination...
- Proactively listen to people of all ages and backgrounds...

SEXUAL HEALTH

Sexually Transmitted Infections (STIs)

Across England, the total number of STI diagnoses in 2018 was 5% up on 2017.¹⁶⁶ In Blackburn with Darwen, it was down by 20%.¹⁶⁷ But it is difficult to know whether that is good or bad, because there is a push to achieve a *high* rate of Chlamydia detection in young people.

For that reason, Chlamydia under age 25 is omitted from Figure 82, and is discussed separately on page 18. Almost every other major STI is lower than average in Blackburn with Darwen (Figure 82), which is a good thing.

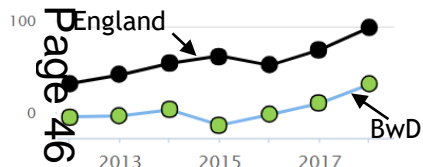
Figure 82 - Incidence of STIs
(source <https://fingertips.phe.org.uk/>)¹⁶⁷

Indicator	Period	Blackburn		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst (i.e. highest)	Range	Best (i.e. lowest)
New STI diagnoses (exc chlamydia aged <25) / 100,000 (Persons, 15-64 yrs)	2018	→	510	538	775	851	4,615		164
Syphilis diagnostic rate / 100,000 (Persons, All ages)	2018	→	10	6.7	12.0	13.1	157.4		0.0
Gonorrhoea diagnostic rate / 100,000 (Persons, All ages)	2018	↑	71	47.7	81.2	98.5	979.9		0.0
Chlamydia diagnostic rate / 100,000 aged 25+ (Persons, 25+ yrs)	2018	↑	122	125	194	213	1,514		44
Genital warts diagnostic rate / 100,000 (Persons, All ages)	2018	↓	104	69.9	101.2	100.1	258.9		15.9
Genital herpes diagnosis rate / 100,000 (Persons, All ages)	2018	→	73	49.1	58.7	59.0	166.6		12.9
New HIV diagnosis rate / 100,000 aged 15+ (Persons, 15+ yrs)	2018	↓	2	1.7	7.9	8.7	49.6		0.0

Figure 83 - Gonorrhoea diagnostic rate/100,000 (all ages, BwD v. England)¹⁶⁷

GONORRHOEA

Gonorrhoea diagnoses increased nationally by 26% in the year to 2018, and are now on a clear upward trend in Blackburn with Darwen too (Figure 83). However, BwD remains significantly lower than England. The rise in this disease is of particular concern because of the emergence of antibiotic-resistant strains.¹⁶⁸



HIV

Across the UK, new HIV diagnoses continue to decline, with a further 6% drop between 2017 and 2018.¹⁶⁹ Blackburn with Darwen now sees very low numbers of new diagnoses each year (e.g. 1 in 2017 and 2 in 2018), putting it in the lowest quintile.¹⁶⁷ Being diagnosed late with HIV greatly increases the patient's mortality rate. Blackburn with Darwen had only two 'late' diagnoses in the three years up to 2018, which as a proportion is not significantly different from the national average.¹⁶⁷ In 2018, 90 people in the borough were *living* with HIV, or 1.03 per 1000. This rate has been roughly the same for several years, putting Blackburn with Darwen in the 'low' category (below 2 per 1000), and significantly below the England average.¹⁶⁷ PHE has released a new map (Figure 84) which shows that every Middle Super Output Area in Blackburn with Darwen is below the 2 per 1000 threshold⁶³.

Figure 84 - Diagnosed HIV prevalence per 1000 residents (all ages), MSOAs in BwD, 2018

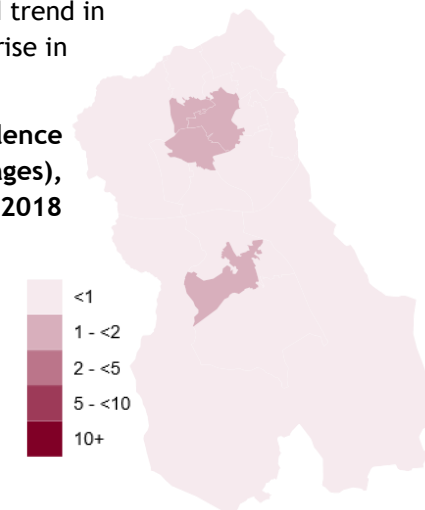
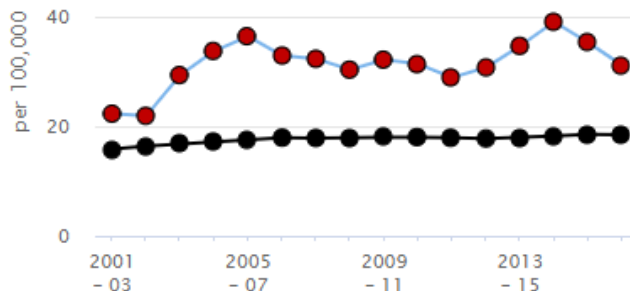


Figure 85 - Premature mortality from liver disease¹⁷⁰ (directly age standardised)



LIVER DISEASE

Mortality

In 2016-18, premature mortality (under age 75) from liver disease in Blackburn with Darwen was still significantly higher than average, and the sixth highest in England. However, there are some signs that it may now be moving in the right direction (Figure 85).¹⁷⁰ The main risk factors for liver disease are alcohol (see page 25), obesity, and viral hepatitis.^{171,172} Mortality from liver disease is strongly associated with deprivation^{170,172}, and disproportionately affects younger people.¹⁷²

VISUAL IMPAIRMENT

Risk factors and impacts ^{177, 173, 174, 175, 176}

Sight loss is related to many of the other topics in this review, either as a cause or a consequence (Figure 86). Several of the risk factors in the diagram are modifiable, and it is roughly estimated that about 50% of sight loss can be avoided.¹⁷⁷

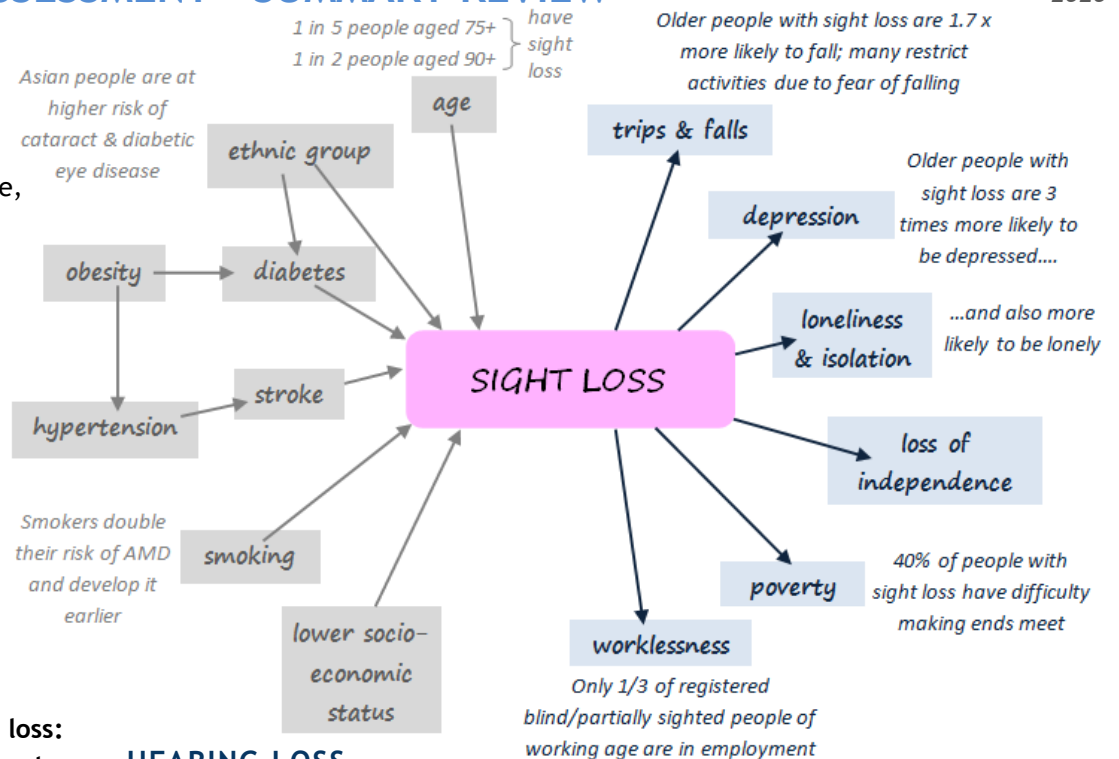
Blind and partially sighted residents

In 2016/17, 85 new patients in Blackburn with Darwen were certified as blind or partially sighted.¹⁷⁸ Registering with the council is optional, but as at March 2017, Blackburn with Darwen had approximately 620 residents registered as blind, and 825 as partially sighted.^{178, 179} (These figures only come out once every 3 years.)

Modelled estimates

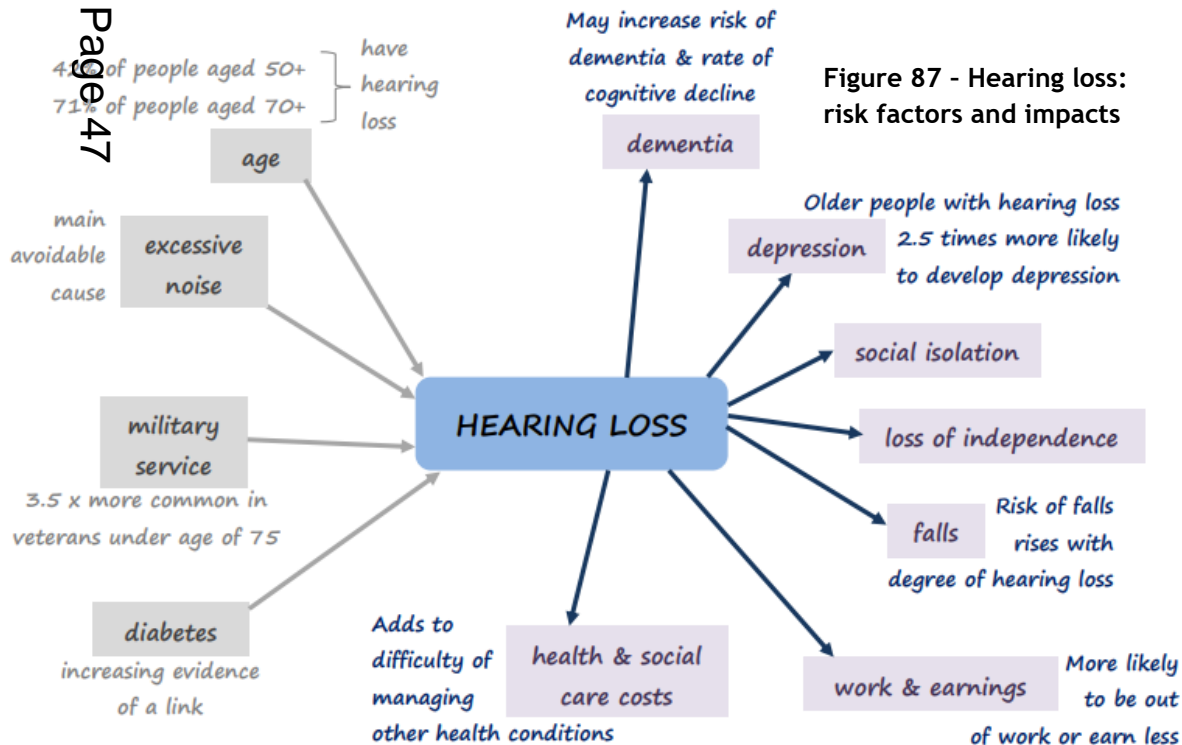
The RNIB estimates that the true number of people affected by sight loss in Blackburn with Darwen may be in the order of 3,660. This is expected to rise to 4,390 by 2030.¹⁷⁸ The direct cost to health services is put at £5.26m per year, with a further £9.92m for indirect costs such as unpaid care.¹⁷⁸

Figure 86 - Sight loss: risk factors and impacts



Page 47

Figure 87 - Hearing loss: risk factors and impacts



HEARING LOSS

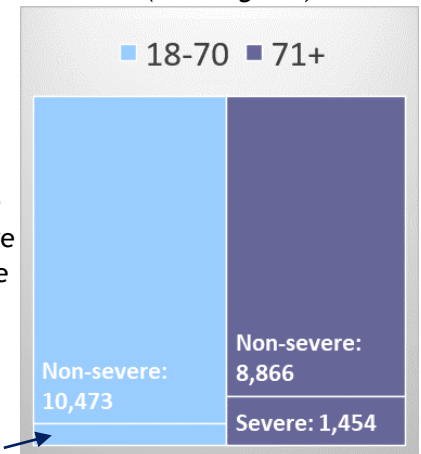
Risk factors & impacts ^{180, 181}

Like visual impairment, hearing loss is closely related to many of the other issues considered in this JSNA (Figure 87).

Projected numbers

Projections for Blackburn with Darwen suggest that by 2020, there will be 21,474 adults with hearing loss.¹⁸² Due to the borough's young age profile, just under half of this total (10,320) are over the age of 70, although most of the severe hearing loss is in this age-group (Figure 88). By 2035, there will be over 25,700 adults with hearing loss, with the over-70s in the majority.

Figure 88 - Projected Hearing Loss estimates for BwD adults, 2020 (NHS England)¹⁸²



Statistics on both vision and hearing loss are scarce, so researchers and charities are campaigning for a first-ever UK National Eye-Health and Hearing Study.¹⁸³

ROAD SAFETY

Overall casualties

In Blackburn with Darwen in 2018 there were 489 recorded road traffic casualties (of all ages), which is down from 515 in 2017, and 552 the year before that.¹⁸⁴ Nearly 70% of these casualties were car occupants (Figure 90).¹⁸⁵

The total of 489 puts Blackburn with Darwen 28th highest out of 152 upper-tier authorities in England (or 10th outside London) when expressed as a rate per resident.¹⁸⁶

Alternatively, as a rate per billion vehicle miles travelled, Blackburn with Darwen comes 34th highest in England (or 6th outside London).¹⁸⁷

Figure 89 - Road traffic casualties in Blackburn with Darwen (2018) broken down by age and road user type

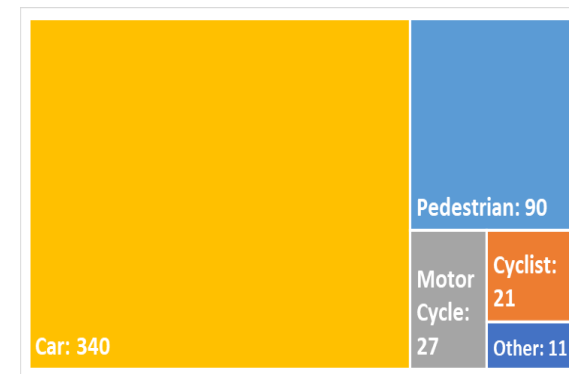
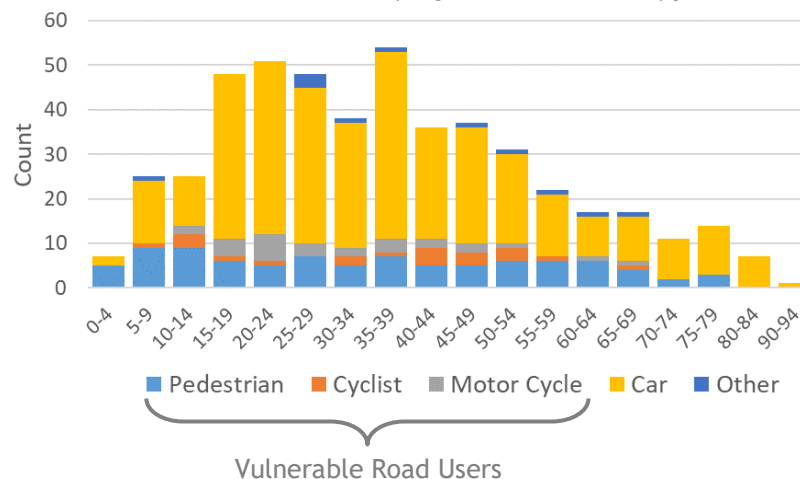


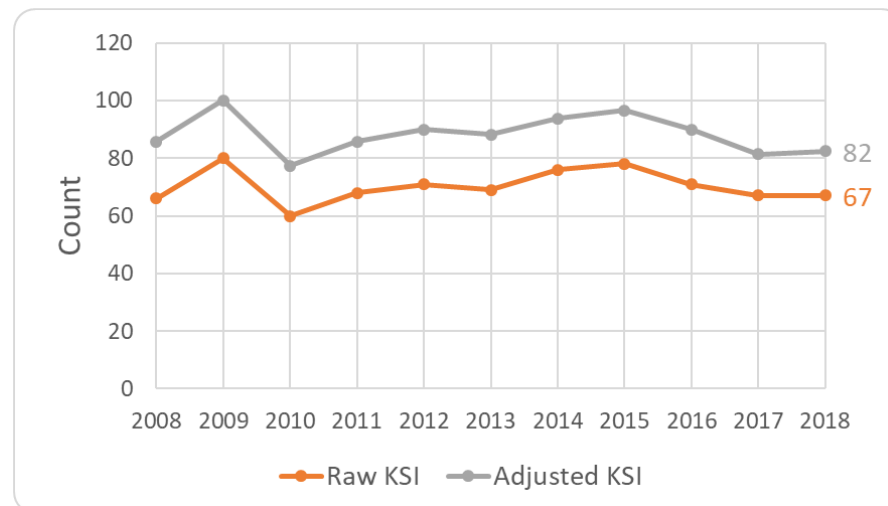
Figure 90 - Road traffic casualties in Blackburn with Darwen (2018) broken down by road user type

Killed or Seriously Injured (KSI)

Out of the 489 recorded casualties in Blackburn with Darwen in 2018, 422 had injuries which were classified as slight*, 64 were classified as serious, and three were fatalities, giving a total of 67 killed or seriously injured (KSI) in 2018. However, many police forces have switched to a new reporting system, which classifies more injuries as ‘serious’. Lancashire Constabulary is still using the old system. This means that the raw KSI figures are becoming increasingly irrelevant for comparison purposes.

The Department for Transport has now issued new, experimental figures which attempt to show how many KSI each authority *would* have had if everybody had been using the new system all along.¹⁸⁴ According to these estimates, Blackburn with Darwen would have had about 15 to 20 more KSI casualties each year - e.g. 82 in 2018, rather than 67 (Figure 91).

Figure 91 - 'Raw' KSI v. 'Adjusted' KSI for Blackburn with Darwen, 2008-18¹⁸⁴ ('Adjusted' showing likely outcome if new reporting system had been in place)



If we use the *adjusted* KSI figures for every upper-tier authority to work out a crude rate per 100,000 residents, Blackburn with Darwen is significantly higher than England in 2016-18 (56.9 versus 47.4), and ranks 29th highest out of 152.

* The recording of non-serious injuries is often less than complete.

LEARNING DISABILITIES

We know from the Quality and Outcomes Framework (QOF) that the total number of Blackburn with Darwen patients on GP Learning Disability registers at the end of March 2019 was 859 (or 0.47% of all those registered with a GP).¹⁸⁸ This compares with an England average of 0.50%.

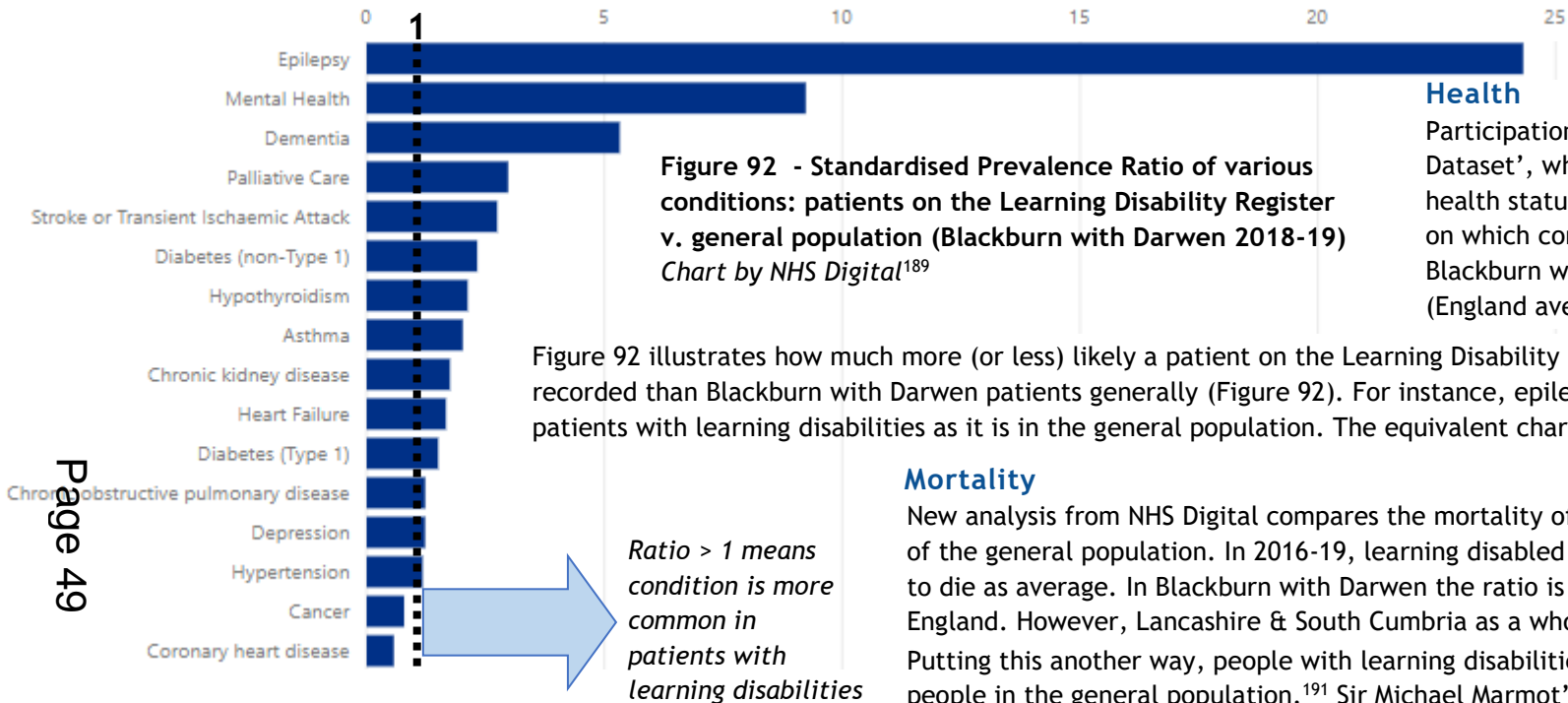


Figure 92 - Standardised Prevalence Ratio of various conditions: patients on the Learning Disability Register v. general population (Blackburn with Darwen 2018-19)
Chart by NHS Digital¹⁸⁹

Figure 92 illustrates how much more (or less) likely a patient on the Learning Disability Register is to have various conditions recorded than Blackburn with Darwen patients generally (Figure 92). For instance, epilepsy is well over 20 times as common among patients with learning disabilities as it is in the general population. The equivalent chart for England is broadly similar.

Health

Participation in the ‘Learning Disability Health and Care Dataset’, which collects data on the demographics and health status of learning disabled patients, depends a lot on which computer system GP practices use. Coverage in Blackburn with Darwen in 2018-19 was a respectable 86% (England average 54%).¹⁸⁹

Mortality

New analysis from NHS Digital compares the mortality of learning disabled people aged 0-74 with that of the general population. In 2016-19, learning disabled people in England were 3.99 times as likely to die as average. In Blackburn with Darwen the ratio is 4.42, which is not significantly different from England. However, Lancashire & South Cumbria as a whole is significantly higher (4.77).¹⁹⁰ Putting this another way, people with learning disabilities die, on average, 15-20 years younger than people in the general population.¹⁹¹ Sir Michael Marmot’s team has brought out a report which concludes that many of these early deaths could be reduced through improved healthcare and preventative actions, and contains recommendations based on the social determinants of health.¹⁹¹

Ratio > 1 means condition is more common in patients with learning disabilities

Page 49

Accommodation, social and health care

Of the working-age adults with learning disabilities supported by Blackburn with Darwen council in 2018/19, 90.8% were living in their own home or with their family, which is the 17th best proportion in England. Only 2.0%, however, were in paid employment. This equates to only 8 individuals, and places the borough firmly in the bottom quintile.¹⁹² Increasing this proportion is one of the objectives of Blackburn with Darwen’s forthcoming Learning Disability & Autism Strategy.

All patients aged 14 or over on their GP’s learning disability register are entitled to an annual health check. In Blackburn with Darwen in 2017/18, 55.7% received this check, which is significantly better than average (England 51.7%). However, it is only middling for the region, as some of the best performing authorities are in the North West.¹⁹³

Engagement

Engagement work carried out for the new Learning Disability & Autism Strategy gives an insight into the concerns of learning disabled residents and their carers.

LIVE WELL

- I am on my own all the time; I go out every day just to be with people
- What are young people supposed to do after finishing education?
- I am worried about working as there is no support
- Support & diagnosis BEFORE getting to a crisis situation
- Why are people with LD/ASD still dying unnecessarily ????

VETERANS

There are estimated to be around 2.4 million British Armed Forces Veterans in Great Britain, of whom 89% are male and 60% are aged 65 and over.¹⁹⁴ Local figures are hard to obtain, as the question was not asked in the 2011 Census. The ONS and Ministry of Defence have now done some data linkage work to try and derive estimates from the 2011 Census - although only for veterans *under 65*.¹⁹⁵ Fortunately, it has been decided that the 2021 Census *will* ask about veteran status.

In 2011, Blackburn with Darwen had an estimated 1638 veterans aged 16-64:

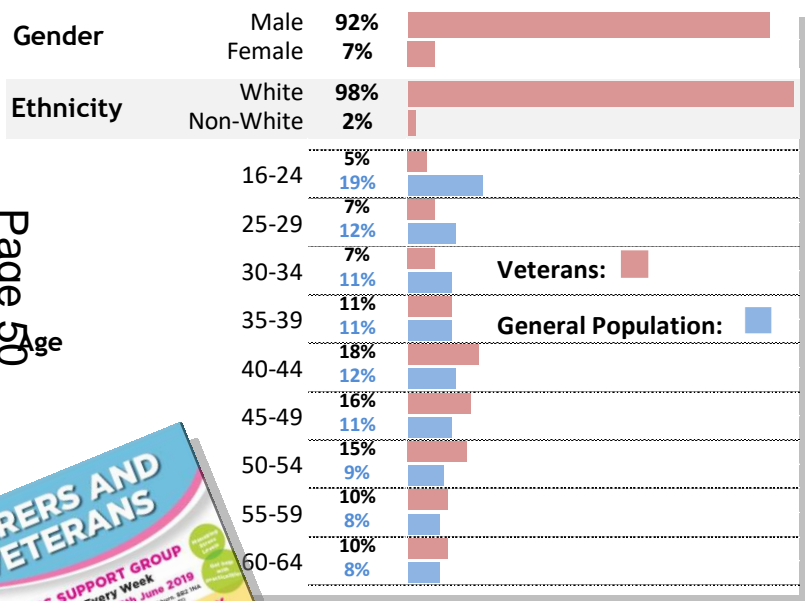
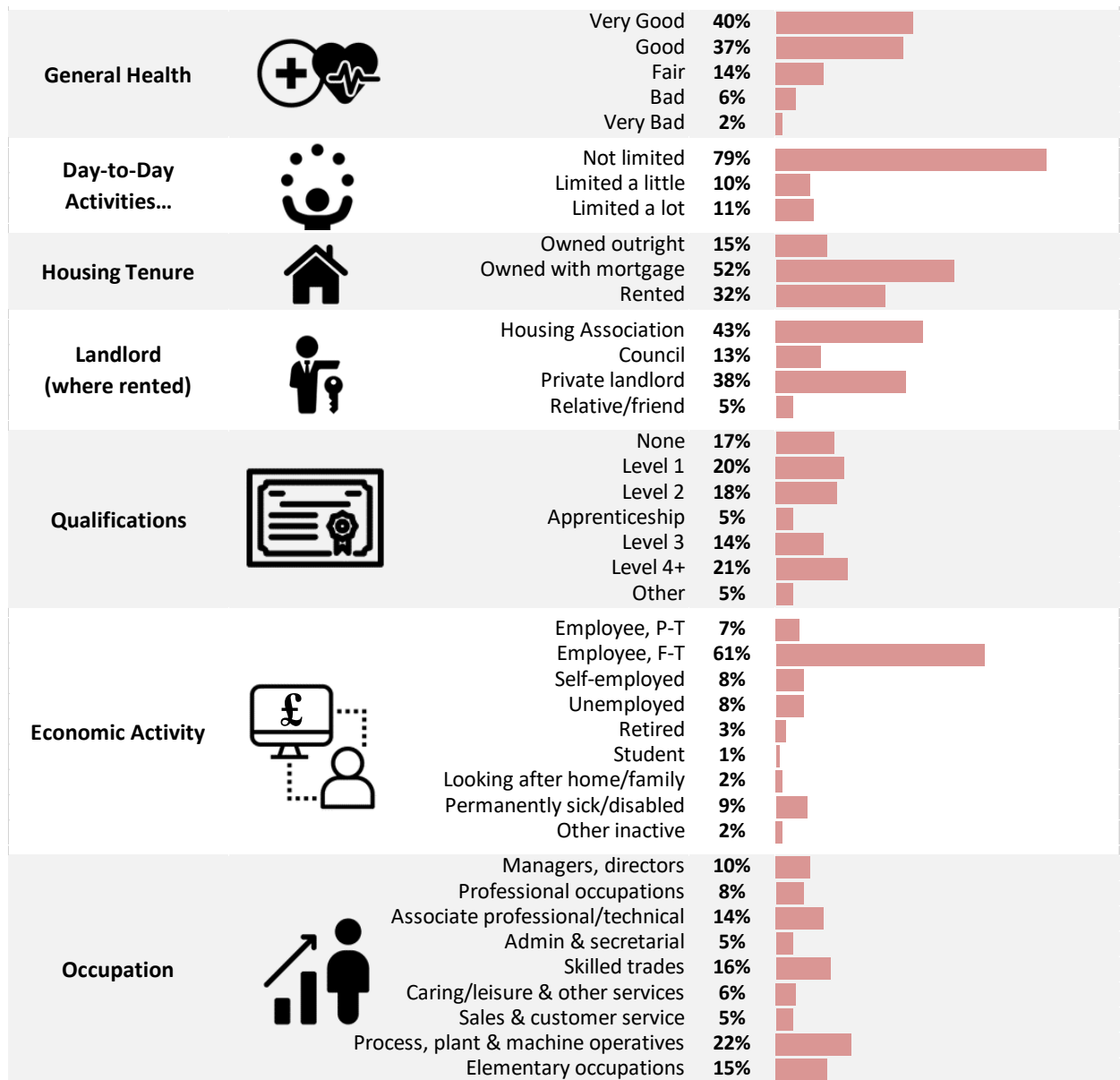
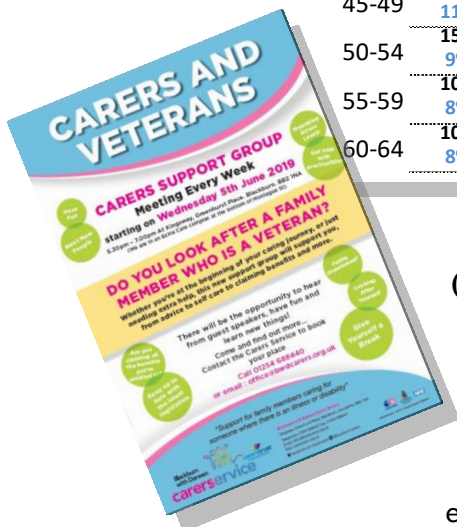


Figure 93 - Estimated veterans in Blackburn with Darwen in 2011 (age 16-64) and their characteristics

The particular needs of veterans and their carers are becoming more widely recognised, with specialised services such as this support group becoming established to meet them.



See p47 for icon references



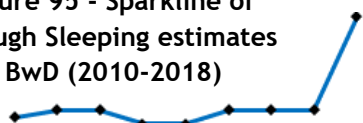
HOMELESS AND VULNERABLE PEOPLE

There are various definitions of what is meant by a ‘vulnerable’ person, or person with ‘complex needs’.^{196,197} Typically, what is meant is that the person is experiencing, or at risk of, some combination of the factors shown in Figure 94. This may include people living in supported housing or Houses in Multiple Occupation (HMOs).¹⁹⁶

These issues are estimated to affect approximately 750 individuals in the centre of Blackburn, of whom two-thirds are at the ‘at risk’ stage, and one-third already experiencing complex needs.¹⁹⁷

HOMELESSNESS

Figure 95 - Sparkline of Rough Sleeping estimates for BwD (2010-2018)



Rough Sleeping¹⁹⁸

The Ministry of Housing, Communities and Local Government publishes an annual estimate of the number of people sleeping rough on a particular night in October or November.¹⁹⁹ Each local authority works this out by the method considered most suitable for their area. In Blackburn with Darwen, an informed estimate is made by partner agencies. For every year from 2010 to 2017, the borough estimate had been 0, 1 or 2 people, but in 2018 it shot up to 15.¹⁹⁹ All fifteen were UK nationals, and all but one were male.

Figure 94 - Factors indicative of vulnerability or complex needs

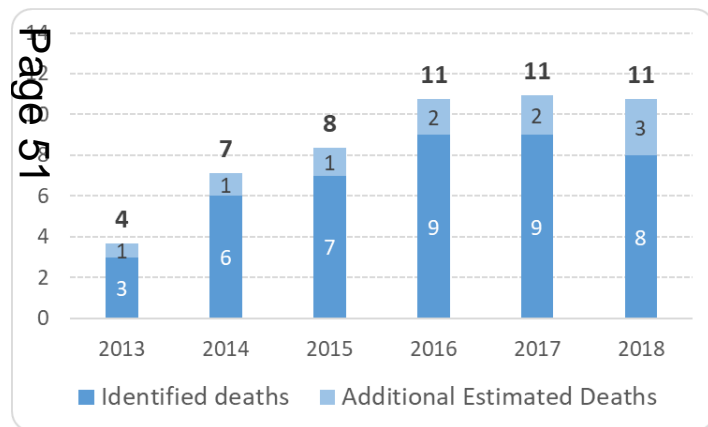
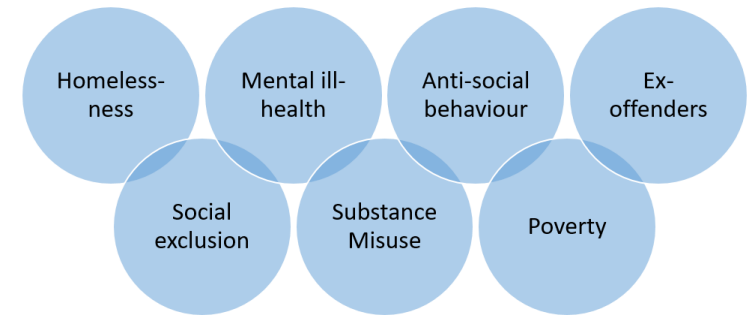


Figure 96 - Estimated deaths of homeless people (Blackburn with Darwen, 2013-18)

Deaths of homeless people

ONS has issued new, experimental estimates of deaths among homeless people going back to 2013.²⁰⁰ Deceased persons under 75 who can be identified as homeless from the death certificate (i.e. as being of no fixed abode, or in emergency accommodation, shelters or hostels) are counted as ‘identified deaths’. A further estimate is made of how many are likely to be homeless, but could not be ascertained as such from the death certificate. Nationally, the combined estimate of deaths among homeless people has risen by half between 2013 and 2018.

Deaths among homeless people have also risen sharply in Blackburn with Darwen (Figure 96), to reach 11 in each of the last three years. There is no official count of homeless people in general, so the only way of expressing their deaths as a rate is to divide by the *entire* population of the borough. When this is done, Blackburn with Darwen has the second highest rate out of more than 300 English districts in 2018, and for all six years combined (excluding City of London). It had the highest rate of all in 2017.²⁰⁰



What the papers say ...

Homelessness can be both a cause and a consequence of ill-health. A large study in Birmingham²⁰¹ has found that homeless people:

Have high rates of mental health problems, alcohol & substance misuse and hepatitis C

Have almost 60x the A&E attendance rate of the general population

Have the multimorbidity rates of people 25-30 years older

Are at risk of fragmented care

Services for homeless and vulnerable people

In 2019, Healthwatch Blackburn with Darwen updated an earlier 2016-17 report on homeless and vulnerable people in the borough, which had found the following issues¹⁹⁶:

- A lack of a joined-up approach
- A lack of awareness of services
- Barriers to accessing services
- A lack of 1-1 support
- A lack of Mental Health provision
- Difficulties in accessing GPs & Dentists

The new 2019 report finds that joined-up working and service provision has improved since 2016-17. There is a new vulnerable people liaison service called STEP, and outreach services from the Wellbeing Inclusion Team and Street Reach, in addition to care coordination by MEAM (Making Every Adult Matter) for those with the most traumatic and chaotic lifestyles. The biggest outstanding problem was that some homeless people continued to experience barriers to registering or making appointments with a GP, unless accompanied by their support worker. The CCG has reminded practices that being of no fixed abode does not constitute a reason to refuse registration.¹⁹⁶

Ending homelessness

The charity 'Crisis' spells out what the 'end of homelessness' would look like:²⁰²



1. No one sleeping rough.



2. No one forced to live in transient or dangerous accommodation, such as tents, squats, and non-residential buildings.



3. No one living in emergency accommodation, such as shelters and hostels, without a plan for rapid rehousing into affordable, secure and decent accommodation.



4. No one homeless as a result of leaving a state institution, such as prison or the care system.



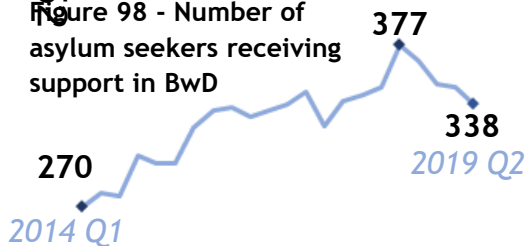
5. Everyone at immediate risk of homelessness gets the help they need that prevents it from happening.⁴

Figure 97 - 'Homelessness Ended' infographic by Crisis

Page 50

ASYLUM SEEKERS AND REFUGEES

Figure 98 - Number of asylum seekers receiving support in BwD



Asylum seekers are those who have entered the UK and applied for refugee status, and are waiting for their claim to be assessed. They are allocated Home Office accommodation on a no-choice basis, are not allowed to work for 12 months, and rely on cash payments to meet their 'essential living needs'. The number of asylum seekers placed in Blackburn with Darwen is notionally capped at 350. The latest number is back within this limit (Figure 98).²⁰³

Previous research with asylum seekers and refugees in Blackburn with Darwen has identified issues of: anxiety and depression; food poverty and malnutrition; poor dental health; high levels of communicable and non-communicable disease; language and other barriers impeding access to health services.^{204,205}

Asylum seekers may not be allowed to work, but Darwen Asylum & Refugee Enterprise (DARE) offers them volunteering opportunities, including dry-stone walling and lambing in the Yorkshire Dales (Figure 99).²⁰⁶



Figure 99 - Asylum-seekers and refugees from Darwen volunteering in the Yorkshire Dales

Blackburn with Darwen has a coordinating officer who acts as a single point of contact when asylum seekers, refugees or other migrant residents are at risk of homelessness. This officer is informed when a household has to leave its asylum accommodation, and supports them into temporary and then settled accommodation. A named support worker also helps with issues such as applying for benefits, enrolling children in school, and accessing training and employment. This approach has been very successful, and is commended by the charity Crisis in its 'Preventing Homelessness' report.²⁰²

AGE WELL

ISSUES PARTICULARLY AFFECTING OLDER PEOPLE

TRIPS AND FALLS

Each year, around a third of over-65s will experience one or more falls, rising to 50% of over-80s. Falls in this age-group can result not only in pain and injury, but also loss of confidence and independence.²⁰⁷ Hip fractures in particular severely impair the patient's prospects of being able to continue to live independently, and also carry a high mortality risk.^{207,208} The fear of falling will often restrict the activities even of those who have *not* yet experienced a fall themselves.²⁰⁹

**Hospital admissions**

In 2018/19, falls-related hospital admissions in Blackburn with Darwen continued to be similar to the England average, both among the 65-79 and the 80+ age-groups.³⁹

Hip fractures

The overall rate of hip fracture for older people aged 65+ in Blackburn with Darwen has been close to average for several years. Among the 80+ population (where most of these events occur), it has been more erratic. However, the latest (2018/19) rate for this age-group was close to the England average.³⁹

RECOVERY FROM HIP FRACTURE

For those suffering a fragility fracture of the hip over the age of 60, NHS Digital publishes data on the proportion who have recovered to their previous level of mobility within 120 days.²¹⁰ The latest data shows a BwD recovery rate of 38.0% in 2017, which is significantly below the England average of 64.4%, and one of the lowest in the country. The picture was much the same in each of the previous four years.

Prevention and response

- Blackburn with Darwen's Falls Prevention Service offers targeted exercise programmes to improve the balance, strength and mobility of anybody over 60 who is at risk of falling.²¹¹ The Chartered Society of Physiotherapists estimates that such programmes in Blackburn with Darwen can produce a return on investment of £3.85 per £1.²¹²
- If an older person does fall, it is vital that help can be summoned quickly. Blackburn with Darwen now has over 2500 users of assistive technology, including falls pendants, alarms and bed occupancy sensors. Most are linked to the provider's monitoring and response centre, ensuring a prompt and appropriate response.²¹³

FALLS PREVENTION IN THE ASIAN COMMUNITY

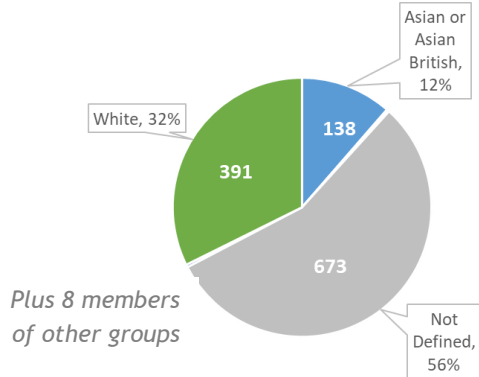
Concerned by the low attendance of South Asian heritage residents at falls prevention classes, Baiter Sehat ('Better Health') recently carried out a community engagement project on this topic with the borough's BME communities.

Focus group discussions confirmed that awareness of these services was low. However, when a special demonstration event was arranged for Asian ladies, it attracted nearly 50 enthusiastic participants. The report recommends that such sessions should be provided within community settings, for men and women separately. These should be promoted both verbally and in writing, in languages familiar to Asian elders. Two residents volunteered to become 'Falls Prevention Champions', who will help to spread the message.^{214,215}

Figure 100 - Ladies 'Strength and Balance' session organised by Baiter Sehat

* Actually defined as being no more than 1 category lower than their previous level of mobility, on a five-point scale. This data carries a warning about poor data completeness.

Figure 102 - Ethnic breakdown of recorded dementia patients (BwD CCG, all ages, September 2019)



DEMENTIA

Recorded diagnoses

As at September 2019, GP practices in Blackburn with Darwen had a total of 1143 patients aged 65 or over who had been formally diagnosed with dementia.²¹⁶ Their age breakdown is shown in Figure 101.²¹⁷ NHS Digital estimates the true total (whether diagnosed or not) to be nearer 1558, so this means that 73.4% of those affected have received a diagnosis (England average 68.8%). The target is for at least two-thirds (or 66.7%) of people with dementia to have a formal diagnosis.

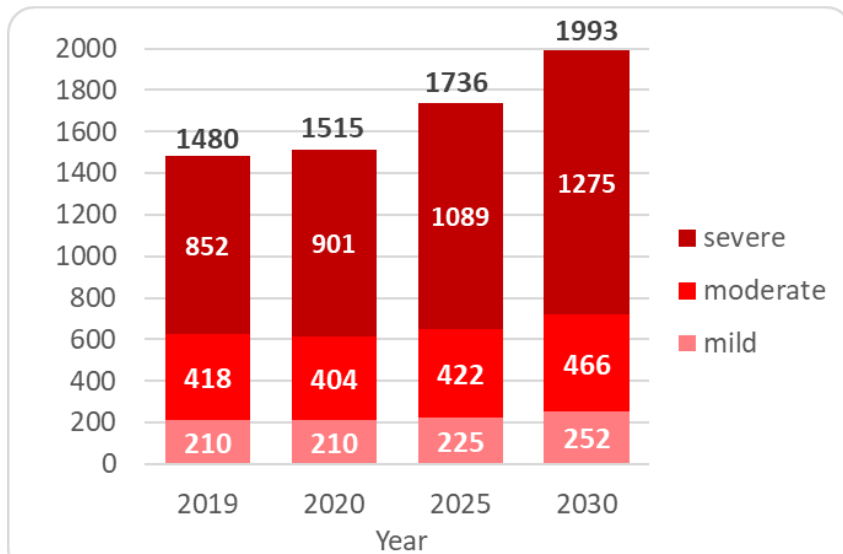
NHS Digital now also provides an ethnic breakdown of recorded dementia patients (Figure 102), but many people's ethnicity is not recorded. This breakdown is *not* restricted to patients over the age of 65.

Modelled projections

The London School of Economics (LSE) has produced modelled projections for the Alzheimer's Society, showing how the number of older people (aged 65+) with dementia in each local authority, and the cost of their care, is likely to increase between now and 2030.^{218,*} For Blackburn with Darwen, they suggest that the total number of people with dementia will rise by almost 35%. The bulk of this increase will be at the more severe end of the spectrum (Figure 103). This helps to account for the fact that care costs will rise even more steeply, by over 64% (Figure 104).

Age 54

Figure 103 - LSE projection of number of Blackburn with Darwen residents aged 65+ with severe, moderate or mild dementia



* NB - LSE's resident population of Blackburn with Darwen is based on the 2019 population of 114,300.

AGE WELL

Figure 101 - Age/sex breakdown of Blackburn with Darwen patients aged 65+ diagnosed with dementia (September 2019)

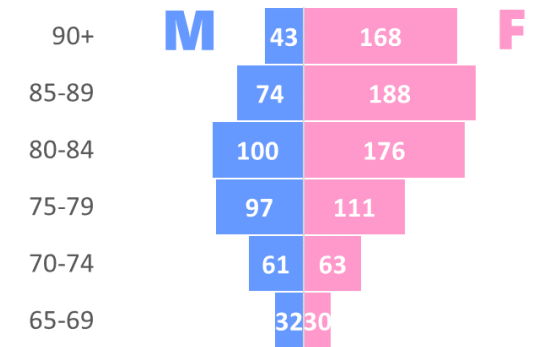
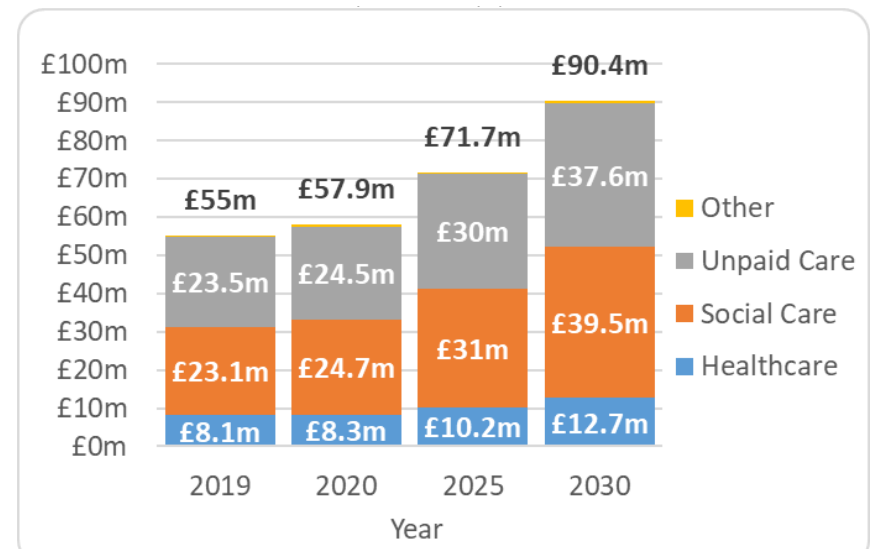


Figure 104 - LSE projection of cost of dementia care in Blackburn with Darwen



QUALITY AND LENGTH OF LIFE

HEALTHY LIFE EXPECTANCY

Everything within the Public Health Outcomes Framework is geared towards achieving two ‘overarching outcomes’, one of which is **increased healthy life expectancy**. The importance accorded to this indicator reflects the philosophy that the public health system should be concerned not just with extending life, but with improving health and wellbeing across the life course. The calculation of Healthy Life Expectancy involves splitting total Life Expectancy into the portion spent in ‘good’ health and the remainder spent in ‘not good’ health, based on responses to a survey question such as: “How is your health in general?” (Figure 105):⁶

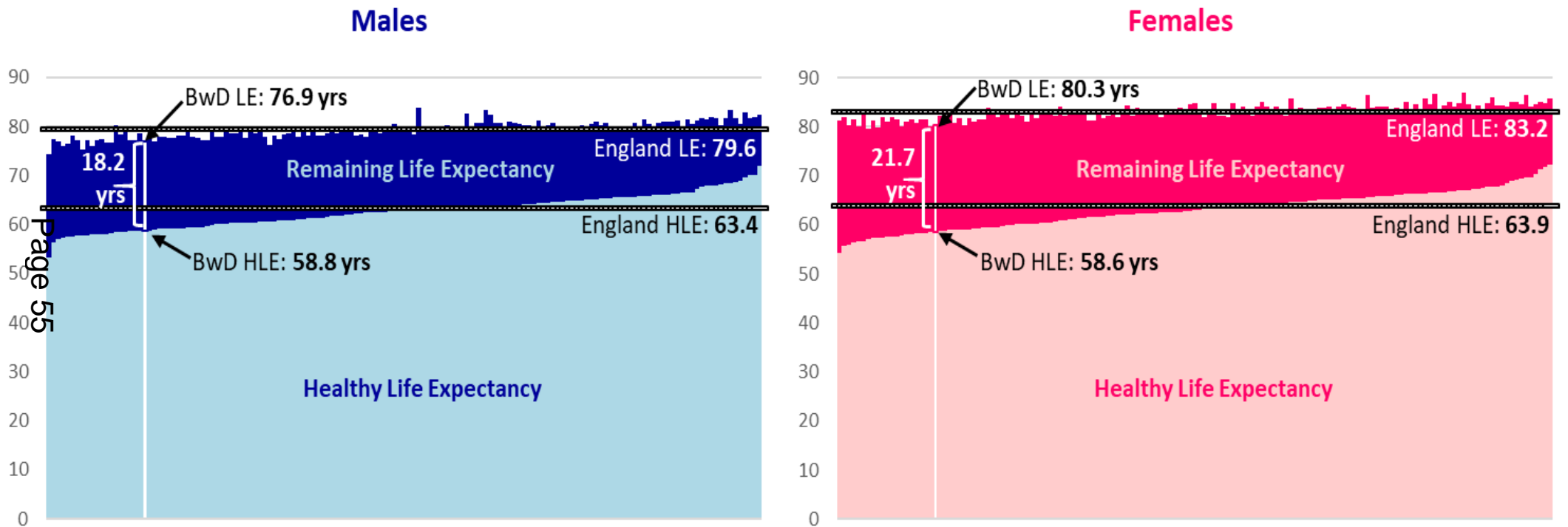


Figure 105 - Healthy Life Expectancy (HLE) - Blackburn with Darwen compared with 149 upper-tier local authorities and England (2016-18)³⁹

It can be seen that Healthy Life Expectancy in Blackburn with Darwen is 58.8 years for males and 58.6 years for females. Both sexes rank 21st lowest in England, and both are significantly lower than average. When Healthy Life Expectancy is divided by total Life Expectancy, we find that males in Blackburn with Darwen can expect to spend 76.4% of their life in good health (England 79.6%), and females 72.9% (England 76.8%).

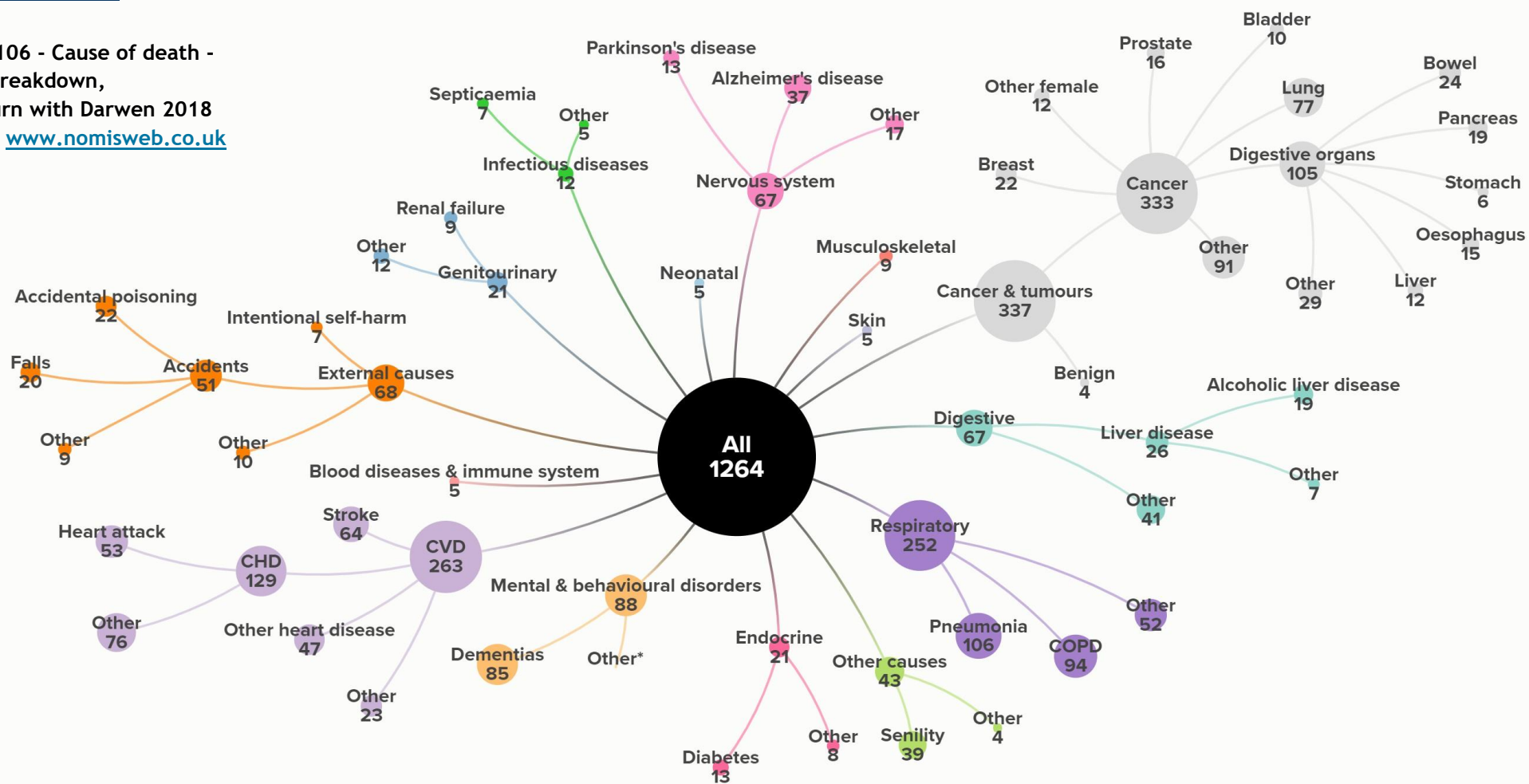
Healthy Life Expectancy is slow to show any significant change over time, which is why the Public Health Outcomes Framework contains a large collection of supporting indicators.⁶

END OF LIFE

CAUSE OF DEATH

Figure 106 - Cause of death - broad breakdown, Blackburn with Darwen 2018
Source: www.nomisweb.co.uk

Page 56



It is natural to ask 'What is the biggest cause of death in Blackburn with Darwen?'. The answer to that depends on how the causes have been grouped together, but if we accept the very broad classification used here, the biggest category is 'Cancer & tumours' (with 337 deaths in 2018), followed by 'CVD' (263). This reflects the position in England as a whole.

There is, however, no 'right' or 'wrong' way to split up the causes. The ONS prefers to combine the various forms of dementia, but split up CVD and cancers, which leads to the now-familiar headlines stating that Dementia and Alzheimer's disease is the biggest cause of death in England and Wales.²¹⁹

ICONS

Icons from [the Noun Project](https://thenounproject.com) (thenounproject.com):

- P5 - ‘[Health](#)’ icon by Samy Menai, ‘[Juggle](#)’ icon by Adrien Coquet, ‘[House](#)’ icon by Sergey Demushkin, ‘[Landlord](#)’ icon by Adrien Coquet, ‘[Certificate](#)’ icon by Fatahillah, ‘[Economic Activities](#)’ icon by Becris, ‘[Promotion](#)’ icon by Deemak Daksina
- P23 - ‘[Weight Scale](#)’ icon by Semmel Zenko, ‘[Fruit](#)’ icon by Eucalypt
- P24 - ‘[Resting](#)’ icon by Luis Prado, ‘[Standing Posture](#)’ icon and ‘[Exercise](#)’ icon by Gan Khoon Lay
- P26 - variation on ‘[Ankle](#)’ icon by Pham Than Loc
- P16. p24, p29, p32, p41 - ‘[Newspaper](#)’ icon by Loïc Poivet
- P31 - ‘[Heart Stroke](#)’ icon by Artem Kovyazin

REFERENCES

- ¹ DH (2013). *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. Available from <https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/18/files/2013/03/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf>
- ² ONS (2019). *Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>
- ³ ONS (2018). *Subnational population projections: 2016-based projections*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2016based>
- ⁴ CDRC (2019). *CDRC Maps – Ethnicity Estimator*. Available from https://maps.cdrc.ac.uk/#/indicators/ee_ain/default/BFTTFFT/11/-2.3267/53.7314/
- ⁵ MHCLG (2019). *English Indices of Deprivation 2019*. Available from <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
- ⁶ ONS (2019). *Health state life expectancies, UK: 2016 to 2018*. Available from <https://www.ons.gov.uk/releases/healthstatelifeexpectanciesuk2016to2018>
- ⁷ PHE (2018). *Public Health Outcomes Framework – downloadable data*. Available from <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/9/gid/1000049/pat/6/par/E12000002/ati/102/are/E06000008/iid/90366/age/1/sex/1>
- ⁸ NOMIS. Available from www.nomisweb.co.uk
- ⁹ ONS (2019). *Which occupations are at highest risk of being automated?* Available from <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/whichoccupationsareathighestriskofbeingautomated/2019-03-25>
- ¹⁰ DfE (2019). *Level 2 and 3 attainment by young people aged 19 in 2018*. Available from <https://www.gov.uk/government/statistics/level-2-and-3-attainment-by-young-people-aged-19-in-2018>
- ¹¹ DWP (2020). *Alternative Claimant Count Statistics*. Available from <https://www.gov.uk/government/collections/alternative-claimant-count-statistics>
- ¹² ONS (2019) *Regional and sub-regional productivity in the UK: February 2019*. Available from <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/regionalandsubregionalproductivityintheuk/february2019>
- ¹³ ONS (2018). *Earnings and hours worked in the UK: 2018*. Available from <https://www.ons.gov.uk/releases/analysesbasedonannualsurveyofhoursandearningsprovisional2018andrevised2017>
- ¹⁴ ONS (2019). *Regional gross disposable household income, UK: 1997 to 2017*. Available from <https://www.ons.gov.uk/economy/regionalaccounts/grossdisposablehouseholdincome/bulletins/regionalgrossdisposablehouseholdincomegdhi/1997to2017>

- ¹⁵ ONS (2020). *Income estimates for small areas, England and Wales: financial year ending 2018*. Available from <https://www.ons.gov.uk/releases/smallareamodelbasedincomeestimatesenglandandwalesfinancialyearending2018>
- ¹⁶ BEIS (2019). *National Atmospheric Emissions Inventory*. Available from <https://naei.beis.gov.uk/emissionsapp/>
- ¹⁷ DEFRA (2019). *UK AIR – Air Information Resource*. Available from <https://uk-air.defra.gov.uk/data/gis-mapping/>
- ¹⁸ HM Government (2019). *Clean Air Strategy 2019*. Available from <https://www.gov.uk/government/publications/clean-air-strategy-2019>
- ¹⁹ Lancashire & Cumbria (2018). *Air Quality and Public Health*. Available from https://www.healthierlsc.co.uk/application/files/7315/2950/2309/Air_Quality_and_Public_Health_report.pdf
- ²⁰ Independent (3rd February 2018). *Air pollution from UK shipping is four times higher than previously thought*. Available from <https://www.independent.co.uk/environment/air-pollution-uk-shipping-levels-record-environment-fumes-damage-nitrogen-dioxide-sulphur-a8189691.html>
- ²¹ CDCR (2019). *Why Britain’s rural areas may not be as healthy as we think*. Available from <https://indicators.cdrc.ac.uk/stories/ahah/>
- ²² DEFRA (2019). *Air quality: explaining air pollution – at a glance*. Available from <https://www.gov.uk/government/publications/air-quality-explaining-air-pollution/air-quality-explaining-air-pollution-at-a-glance>
- ²³ Blackburn with Darwen (2018). *2018 Air Quality Annual Status Report*. Available from <https://www.blackburn.gov.uk/sites/default/files/media/pdfs/Annual-Status-Report-2018.pdf>
- ²⁴ Blackburn with Darwen (2019). *2019 Air Quality Annual Status Report*. Available from <https://blackburn.gov.uk/sites/default/files/media/pdfs/Annual%20status%20report%202019.pdf>
- ²⁵ DEFRA (2019). *UK AIR – List of Local Authorities with AQMAs*. Available from <https://uk-air.defra.gov.uk/aqma/list>
- ²⁶ Parliamentary Office of Science & Technology (2018). *Health in Private-Rented Housing*. Available from <http://researchbriefings.files.parliament.uk/documents/POST-PN-0573/POST-PN-0573.pdf>
- ²⁷ House of Commons Library (2019). *Debate Pack – the Cost of Unhealthy Housing to the National Health Service*. Available from <http://researchbriefings.files.parliament.uk/documents/CDP-2019-0046/CDP-2019-0046.pdf>
- ²⁸ ONS (2019). *Research Output: Alternative estimates of subnational dwelling stock by tenure: 2018*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/researchoutputsubnationaldwellingstockbytenureestimatesengland2012to2015/2018>
- ²⁹ Valuation Office Agency (2019). *Private rental market summary statistics – April 2018 to March 2019*. Available from <https://www.gov.uk/government/statistics/private-rental-market-summary-statistics-april-2018-to-march-2019>
- ³⁰ Blackburn with Darwen Council (2017). *Darwen SLA Designation Report*. Available from <http://www.blackburn.gov.uk/Selective%20licensing/Darwen-SLA-Designation-Report-2017.pdf>
- ³¹ Blackburn with Darwen Council (2015). *Infirmity SLA Designation Report*. Available from <http://www.blackburn.gov.uk/Selective%20licensing/Infirmity%20Selective%20Licensing%20Redesignation%20Report.pdf>
- ³² Marmot Review Team (2011). *The health impacts of cold homes and fuel poverty*. Available from <https://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty>
- ³³ Dept for Business, Energy & Industrial Strategy (2019). *Annual fuel poverty statistics report: 2019*. Available from <https://www.gov.uk/government/statistics/annual-fuel-poverty-statistics-report-2019>
- ³⁴ Dept for Business, Energy & Industrial Strategy (2019). *Sub-regional fuel poverty, 2019*. Available from <https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-2019>
- ³⁵ ONS (2019). *Research Outputs: Small area estimation of fuel poverty in England, 2013 to 2017*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/researchoutputsmallareaestimationoffuelpovertyinengland2013to2017/2019-07-08#conclusions-and-next-steps>
- ³⁶ The Shuttle (31st August 2018). *‘Heat and Eat’ this winter*. Available from <https://theshuttle.org.uk/heat-and-eat-this-winter/>
- ³⁷ The Shuttle (6th February 2019). *Help is on hand to keep your home warm this winter*. Available from <https://theshuttle.org.uk/help-is-on-hand-to-keep-your-home-warm-this-winter/>

- ³⁸ Leeds Institute for Data Analytics (2018). *Analysis of police-recorded hate crime in Lancashire*. Available from <https://lida.leeds.ac.uk/research-projects/analysis-police-recorded-hate-crime-lancashire/>
- ³⁹ PHE (2019). *Public Health Outcomes Framework*. Available from <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
- ⁴⁰ PHE and Home Office (2019). *Preventing serious violence: summary*. Available from <https://www.gov.uk/government/publications/preventing-serious-violence-a-multi-agency-approach/preventing-serious-violence-summary>
- ⁴¹ Lancashire Police and Crime Commissioner (2019). *Lancashire secures funding to tackle knife crime and serious violence*. Available from <https://www.lancashire-pcc.gov.uk/lancashire-secures-funding-to-tackle-knife-crime-and-serious-violence/>
- ⁴² Financial Times (March 9th, 2016). *Welfare reforms: larger families to bear brunt of £131bn in cuts*. Available from <https://ig.ft.com/sites/welfare-map/>
- ⁴³ Sheffield Hallam University (2016). *The Uneven Impact of Welfare Reform*. Available from <http://shura.shu.ac.uk/15883/>
- ⁴⁴ Blackburn with Darwen (2019). *Annual Report of the Director of Public Health 2018/19*. Available from <https://blackburn.gov.uk/health/public-health-report>
- ⁴⁵ End Child Poverty (2019). *Poverty in your area, 2019*. Available from <http://www.endchildpoverty.org.uk/poverty-in-your-area-2019/>
- ⁴⁶ BBC (15th May 2019). *Blackburn: What is the ward with Britain's highest child poverty rate like?* Available from <https://www.bbc.co.uk/news/education-48275242>
- ⁴⁷ University of Liverpool (2019). *Persistent poverty affects one in five UK children*. Available from <https://news.liverpool.ac.uk/2019/06/12/persistent-poverty-affects-one-in-five-uk-children/>
- ⁴⁸ University of Liverpool (2019). *Poverty dynamics and health in late childhood in the UK: evidence from the Millennium Cohort Study*. Available from <https://adc.bmj.com/content/archdischild/early/2019/05/15/archdischild-2018-316702.full.pdf?ijkey=hKrHArIAeu7gg9F&keytype=ref>
- ⁴⁹ DfE (2019). *Early years foundation stage profile results: 2018 to 2019*. Available from <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2018-to-2019> (choose 'underlying data' then 'EYFSP_LA_1_key_measures_additional_tables_2018_2019')
- ⁵⁰ DfE (2019). *National curriculum assessments: key stage 2, 2019 (revised)*. Available from <https://www.gov.uk/government/statistics/national-curriculum-assessments-key-stage-2-2019-revised> (choose 'underlying data' then 'ks2_2019_revised_la_ud')
- ⁵¹ DfE (2019). *Key Stage 4 performance 2019 (provisional)*. Available from <https://www.gov.uk/government/statistics/key-stage-4-performance-2019-provisional>
- ⁵² DfE (2019). *Key Stage 4 and multi-academy trust performance 2018 (revised)*. Available from <https://www.gov.uk/government/statistics/key-stage-4-and-multi-academy-trust-performance-2018-revised>
- ⁵³ Education Policy Institute (2019). *Education in England: Annual Report 2019*. Available from <https://epi.org.uk/publications-and-research/annual-report-2019/>
- ⁵⁴ DfE (2019). *Characteristics of Children in Need in England, 2018-2019*. Available from <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2018-to-2019>
- ⁵⁵ DfE (2019). *Children looked after in England including adoption: 2018 to 2019*. Available from <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019>
- ⁵⁶ Children's Commissioner's Office (2019). *Children in families at risk – Local Area Maps*. Available from <https://childrenscommissioner.github.io/riskmaps2019/>
- ⁵⁷ DfE (2019). *NEET and participation: local authority figures*. Available from <https://www.gov.uk/government/publications/neet-and-participation-local-authority-figures>
- ⁵⁸ DfE (2019). *Special educational needs in England: January 2019 (Local Authority Tables - Table 15)*. Available from <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2019>
- ⁵⁹ DfE (2019). *Special educational needs in England: January 2019 (Local Authority Tables - Tables 14,16,17 & 18)*. Available from <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2019>
- ⁶⁰ Journal of Public Health (2019). *The ACE Index: mapping childhood adversity in England*. Available from <https://academic.oup.com/jpubhealth/advance-article/doi/10.1093/pubmed/fdz158/5688172>

- ⁶¹ Children’s Commissioner (November 2018). *Children’s mental health briefing*. Available from <https://www.childrenscommissioner.gov.uk/publication/childrens-mental-health-briefing/>
- ⁶² ONS (Apr 2019). *Conception Statistics, England and Wales, 2017*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2017>
- ⁶³ PHE (2020). *Summary profile of local authority sexual health – Blackburn with Darwen*. Available from <https://fingertips.phe.org.uk/static-reports/sexualhealth/e06000008.html?area-name=blackburn-with-darwen>
- ⁶⁴ PHE (2020). *Proposal for revised NCSP policy*. Available from <https://www.gov.uk/government/consultations/national-chlamydia-screening-programme-policy-update/proposal-for-revised-ncsp-policy>
- ⁶⁵ PHE (2019). *Hospital tooth extractions of 0 to 19 year olds*. Available from <https://www.gov.uk/government/publications/hospital-tooth-extractions-of-0-to-19-year-olds>
- ⁶⁶ BDA (2016). *New figures reveal extent of rotten teeth removed in primary care*. Available from <https://www.bda.org/news-centre/press-releases/new-figures-reveal-extent-of-rotten-teeth-removed-in-primary-care>
- ⁶⁷ Healthwatch Blackburn with Darwen (2019). *Dental – Views of Children & Young People & Parents in Blackburn with Darwen*. Available from http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/healthwatch_bwd_dental_report_1.04.19_gk240519.pdf
- ⁶⁸ Blackburn with Darwen (2019). *New dental scheme aims for ‘smiles for life’ in Blackburn with Darwen*. Available from <https://theshuttle.org.uk/new-dental-scheme-aims-for-smiles-for-life-in-blackburn-with-darwen-2/>
- ⁶⁹ Blackburn with Darwen (2019). *‘Smile 4 Life’: 0-5s dental health campaign launches*. Available from <https://theshuttle.org.uk/smile-4-life-0-5s-dental-health-campaign-launches/>
- ⁷⁰ NHS Digital (2019). *National Child Measurement Programme, England 2018/19 School Year*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2018-19-school-year>
- ⁷¹ LGA (2019). *Child Obesity Trailblazer Programme*. Available from <https://www.local.gov.uk/childhood-obesity-trailblazer-programme>
- ⁷² DHSC (2019). *Tackling childhood obesity: £1.5m funding for local projects*. Available from <https://www.gov.uk/government/news/tackling-childhood-obesity-15-million-funding-for-local-projects>
- ⁷³ Together a Healthier Future (2019). *Further success for local bid to tackle childhood obesity*. Available from <https://togetherahealthierfuture.org.uk/news-and-events/pennine-lancashire-news/further-success-local-bid-tackle-childhood-obesity>
- ⁷⁴ Guardian (28th July 2017). *‘Chips and a burger for a quid’ – welcome to the takeaway capital of England*. Available from <https://www.theguardian.com/inequality/the-northerner/2017/jul/28/chips-burger-for-quid-welcome-to-takeaway-capital-of-england-blackburn>
- ⁷⁵ DfT (2019). *Road Accidents – custom downloads tool*. Available from <https://roadtraffic.dft.gov.uk/custom-downloads/road-accidents>
- ⁷⁶ DfT (2019) *Reported Road Casualties Great Britain – main results 2018*. Available from <https://www.gov.uk/government/statistics/reported-road-casualties-great-britain-main-results-2018>
- ⁷⁷ DfT (2019). *Stats19 data* downloaded from <https://data.gov.uk/dataset/road-accidents-safety-data>
- ⁷⁸ PHE (2019). *Child and Maternal Health Profiles*. Available from <https://fingertips.phe.org.uk/profile/child-health-profiles>
- ⁷⁹ PHE (2019). *Hospital tooth extraction of 0-19 year olds*. Available from <https://www.gov.uk/government/publications/hospital-tooth-extractions-of-0-to-19-year-olds>
- ⁸⁰ ONS (2019). *Births in England and Wales: summary tables*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>
- ⁸¹ ONS (2019). *Deaths registered by area of usual residence, UK*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsregisteredbyareaofusualresidenceenglandandwales>

- ⁸² NHS Digital (2019). *Fall in coverage for all routine childhood vaccinations in England in 2018-19*. Available from <https://digital.nhs.uk/news-and-events/latest-news/childhood-vaccination-coverage-statistics-2018-19>
- ⁸³ BBC (2019). *Alarm as uptake drops for all routine child jabs*. Available from <https://www.bbc.co.uk/news/uk-england-49831581>
- ⁸⁴ NHS Digital (2019). *Childhood Vaccination Coverage Statistics – England 2018-19*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2018-19>
- ⁸⁵ NHS Digital (2019). *Childhood Vaccination Coverage Statistics – England 2018-19*. [Pdf report – see particularly p8]. Available from <https://files.digital.nhs.uk/4C/09214C/child-vacc-stat-eng-2018-19-report.pdf>
- ⁸⁶ National Audit Office (2019). *Investigation into pre-school vaccinations*. Available from <https://www.nao.org.uk/report/investigation-into-pre-school-vaccinations/>
- ⁸⁷ PHE (2019). *Physical Activity Profile*. Available from <https://fingertips.phe.org.uk/profile/physical-activity>
- ⁸⁸ Sport England (2019). *Active Lives Adult May 18/19 data*. Available from <https://www.sportengland.org/adultmay1819tables/>
- ⁸⁹ UK Chief Medical Officers (2019). *UK Chief Medical Officers' Physical Activity Guidelines*. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf
- ⁹⁰ DfT (2019). *Walking and cycling statistics (CW)*. Available from <https://www.gov.uk/government/statistical-data-sets/walking-and-cycling-statistics-cw>
- ⁹¹ Lancashire, Blackpool & Blackburn with Darwen Councils (2018). *Actively Moving Forward*. Available from <https://council.lancashire.gov.uk/documents/s137345/Appendix%20A.pdf>
- ⁹² Together an Active Future (2019). *Website*. Available from <https://togetherahealthierfuture.org.uk/together-active-future>
- ⁹³ Blackburn with Darwen (2019). *Blackburn with Darwen JSNA – Alcohol*. Available from <https://blackburn.gov.uk/sites/default/files/media/pdfs/JSNA%20Alcohol.pdf>
- ⁹⁴ PHE (2018). *Alcohol dependence prevalence in England*. Available from <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>
- ⁹⁵ Sheffield University (2019). *Sheffield Alcohol Research Group – Asset Bank*. Available from <https://www.sheffield.ac.uk/scharr/sections/ph/research/alpol/research/minimumunitpricinglocal/assetbank>. (Scroll down to 'Blackburn & Darwen' and see either the 'Short' or the 'Detailed' presentation).
- ⁹⁶ Roberts et al (2019). *The prevalence of wholly attributable alcohol conditions in the United Kingdom hospital system: a systematic review, meta-analysis and meta-regression*. Available from <https://onlinelibrary.wiley.com/doi/10.1111/add.14642>
- ⁹⁷ PHE (2019). *Local Alcohol Profiles for England*. Available from <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- ⁹⁸ Daily Telegraph (8th June 2019). *Alcohol-tracking ankle tags used voluntarily for first time in UK as part of rehabilitation efforts*. Available from www.telegraph.co.uk/news/2019/06/08/alcohol-tracking-ankle-tags-used-voluntarily-first-time-uk-part (subscription needed for full article).
- ⁹⁹ SCRAM Systems. *Sobriety tagging improves service user engagement, addresses alcohol offences – case study Blackburn with Darwen*. Available from <https://www.scramsystems.com/case-studies/sobriety-tagging-improves-service-user-engagement-addresses-alcohol-offence/>
- ¹⁰⁰ BMJ (2019). *Gambling and public health: we need policy action to prevent harm*. Available from <https://www.bmj.com/content/365/bmj.l1807>
- ¹⁰¹ Journal of Public Health (2019). *Is gambling an emerging public health issue for Wales, UK?* Available from <https://academic.oup.com/jpubhealth/article/41/4/858/5102479>
- ¹⁰² NHS England (2019). *NHS to launch young people's gambling addiction service*. Available from <https://www.england.nhs.uk/2019/06/nhs-to-launch-young-peoples-gambling-addiction-service/>
- ¹⁰³ Gambling Commission (2018). *Measuring gambling-related harms – a framework for action*. Available from <https://www.gamblingcommission.gov.uk/PDF/Measuring-gambling-related-harms.pdf>
- ¹⁰⁴ NHS England (2019). *NHS Long Term Plan*. Available from <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

- ¹⁰⁵ PHE (2019). *Local Tobacco Control Profiles for England*. Available from <https://fingertips.phe.org.uk/profile/tobacco-control>
- ¹⁰⁶ ONS (2018). *Adult smoking habits in the UK: 2017*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2017>
- ¹⁰⁷ DH (2017). *Towards a Smokefree Generation: A Tobacco Control Plan for England*. Available from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards a Smoke free Generation - A Tobacco Control Plan for England 2017-2022_2_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022_2_.pdf)
- ¹⁰⁸ Cabinet Office and DHSC (2019). *Advancing our health: prevention in the 2020s*. Available from <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>
- ¹⁰⁹ Times (29th August 2019). *Strict rules and high prices help smokers cut out 1.4bn cigarettes*. Available from <https://www.thetimes.co.uk/edition/news/strict-rules-and-high-prices-help-smokers-cut-out-1-4bn-cigarettes-wlxs70lbz> (requires registration)
- ¹¹⁰ Global Burden of Disease Study (2018). *GBD Compare tool*. Available from <https://gbd2016.healthdata.org/gbd-compare/>
- ¹¹¹ ASH (2019). *The Local Costs of Tobacco – 2019 edition*. Available from ash.lelan.co.uk
- ¹¹² ASH (2019). *The Cost of Smoking to Social Care*. Available from <https://ash.org.uk/local-resources/cost-of-social-care/>
- ¹¹³ PHE (2019). *Opiate and crack cocaine use: prevalence estimates by local area*. Available from <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations#history>
- ¹¹⁴ ONS (2019). *Deaths related to drug poisoning in England and Wales: 2018 registrations*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoningineEnglandandWales/2018registrations>
- ¹¹⁵ NHS Digital (2018). *Statistics on Drug Misuse, England, 2019*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2019>
- ¹¹⁶ NHS Digital (2019). *Hospital admissions related to drug misuse*. Available from <https://app.powerbi.com/view?r=eyJrjoiZTk3OWYyMTUyYjQyZS00NzI3LTgyYzAtZTA3ZjUzNTZiZTlwlwiwidCI6IjUwZjYwNzFmLWJiZmUtNDxYS04ODAzLTy3Mzc0OGU2MjllMiIsImMiOj9>
- ¹¹⁷ PHE (2018). *Adults – drugs commissioning support pack 2019-20: key data*. (Blackburn with Darwen report).
- ¹¹⁸ PHE (2017). *Adults – drugs commissioning support pack 2018-19: key data*. (Blackburn with Darwen report).
- ¹¹⁹ NDTMS (2019). 'Viewit' tool. Available from <https://www.ndtms.net/ViewIt/Adult>
- ¹²⁰ PHE (2019). *Prescribed medicines review: report*. Available from <https://www.gov.uk/government/publications/prescribed-medicines-review-report>
- ¹²¹ PHE (2019). *Dependence on prescription medicines linked to deprivation* (press release). Available from <https://www.gov.uk/government/news/dependence-on-prescription-medicines-linked-to-deprivation>
- ¹²² NHS England (2019). *1 in 4 people take 'addictive' medicines, finds review*. Available from <https://www.nhs.uk/news/medication/1-4-people-take-addictive-medicines-finds-review/>
- ¹²³ Guardian (2019). *Millions of people in England taking medicines they can find hard to stop*. Available from <https://www.theguardian.com/uk-news/2019/sep/10/addictive-medication-nhs-opioid-crisis-government-study-england>
- ¹²⁴ British Journal of General Practice (2018). *Patterns of regional variation of opioid prescribing in primary care in England: a retrospective observational study*. Available from <https://bjgp.org/content/68/668/e225>
- ¹²⁵ Guardian (2/11/19). *Lack of support for painkiller addicts 'hiding epidemic'*. Available from <https://www.theguardian.com/society/2019/nov/02/report-reveals-severe-lack-of-services-for-uk-opioid-painkiller-addicts>

- ¹²⁶ Cancer Research UK (2019). *Cancer incidence for all cancers combined*. Available from <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-One>
- ¹²⁷ PHE (2019). *Local Health*. Available from <https://fingertips.phe.org.uk/profile/local-health>
- ¹²⁸ NHS England (2018). *PSA Testing*. Available from <https://www.nhs.uk/conditions/prostate-cancer/psa-testing/>
- ¹²⁹ Cancer Research UK (2019). *Cancer in the UK 2019*. Available from https://www.cancerresearchuk.org/sites/default/files/state_of_the_nation_april_2019.pdf
- ¹³⁰ Elliss-Brookes et al (2012). *Routes to diagnosis for cancer*. British Journal of Cancer. Available from <https://www.nature.com/articles/bjc2012408>.
- ¹³¹ PHE (2019). *Routes to diagnosis 2006-2016 workbook*. Available from <http://ncin.org.uk/view?rid=3815> (within http://ncin.org.uk/publications/routes_to_diagnosis)
- ¹³² Sir Mike Richards (2019). *Independent review of national cancer screening programmes in England*. Available from <https://www.england.nhs.uk/wp-content/uploads/2019/02/independent-review-of-cancer-screening-programmes-interim-report.pdf>
- ¹³³ PHE (2019). *Cancer Services profile*. Available from <https://fingertips.phe.org.uk/profile/cancerservices>
- ¹³⁴ NHS Blackburn with Darwen (2019). *Free Lung Health checks set to benefit people in Blackburn with Darwen*. Available from <https://www.blackburnwithdarwenccg.nhs.uk/free-lung-health-checks-set-to-benefit-people-in-blackburn-with-darwen/>
- ¹³⁵ PHE (2019) *Productive Healthy Ageing Profile*. Available from <https://fingertips.phe.org.uk/profile/healthy-ageing>
- ¹³⁶ PHE (2019). *Cardiovascular disease profiles*. Available from <https://fingertips.phe.org.uk/profile/cardiovascular>
- ¹³⁷ PHE (2019). *NHS Health Check Profile*. Available from <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed>
- ¹³⁸ NHS England (2019). *The new GP contract: transforming primary care, transforming CVD prevention*. Available from <https://www.england.nhs.uk/blog/the-new-gp-contract-transforming-primary-care-transforming-cvd-prevention/>
- ¹³⁹ PHE (2019). *Health Matters: preventing cardiovascular disease*. Available from <https://www.gov.uk/government/publications/health-matters-preventing-cardiovascular-disease>
- ¹⁴⁰ HSCIC (2015). *National Diabetes Audit 2012-13 Report 2*. Available from <http://www.hscic.gov.uk/searchcatalogue?productid=16971&q=%22National+diabetes+audit%22&sort=Relevance&size=10&page=2#top>
- ¹⁴¹ PHE (2015). *NHS diabetes prevention programme: non-diabetic hyperglycaemia*. Available from <https://www.gov.uk/government/publications/nhs-diabetes-prevention-programme-non-diabetic-hyperglycaemia>
- ¹⁴² PHE (2018). *Diabetic eye screening: 2016 to 2017 data*. Available from <https://www.gov.uk/government/publications/diabetic-eye-screening-2016-to-2017-data>
- ¹⁴³ PHE (2019) *Diabetes Profile*. Available from <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/diabetes-ft>
- ¹⁴⁴ PHE (2019). *NHS screening programmes: KPI reports 2017 to 2018*. Available from <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018>
- ¹⁴⁵ NHS Digital (2018). *National Diabetes Audit Report 1 Care Processes and Treatment Targets 2017-18*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/report-1-care-processes-and-treatment-targets-2017-18-short-report>
- ¹⁴⁶ NHS Digital (2019). *National Diabetes Audit - Report 2 Complications and Mortality, 2017-18*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/report-2--complications-and-mortality-2017-18>
- ¹⁴⁷ NHS Digital (2019). *National Diabetes Audit Report 1 - Care Processes and Treatment Targets 2018-19, Short Report*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/report-1--care-processes-and-treatment-targets-2018-19-short-report>
- ¹⁴⁸ NHS England (2016). *Commissioning for Value*. Available from <https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>. (Specifically, Excel file available at <https://www.england.nhs.uk/wp-content/uploads/2016/05/web-data-file-updated.xlsx>).

- ¹⁴⁹ NHS England (2019). *Commissioning Standard: dental care for people with diabetes*. Available from <https://www.england.nhs.uk/wp-content/uploads/2019/08/commissioning-standard-dental-care-for-people.pdf>
- ¹⁵⁰ Healthwatch Blackburn with Darwen (2019). *Diabetes type 2*. Available from http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/diabetes_t2_final_report_0.pdf
- ¹⁵¹ Diabetes UK (2019). *Diabetes Update - Spring 2019: IAPT: Now supporting people with diabetes through integrated pathways*. Available from <https://www.diabetes.org.uk/resources-s3/2019-03/IAPTUpdatearticle.pdf>
- ¹⁵² House of Commons Library (2018). *Mental health statistics for England: prevalence, services and funding*. Available from <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06988>
- ¹⁵³ PHE (2019). *Common Mental Health Disorders Profile*. Available from <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders>
- ¹⁵⁴ NHS Digital (2019). *Psychological Therapies: Annual report on the use of IAPT services (England, 2018-19)*. Available from <https://files.digital.nhs.uk/1C/538E29/psych-ther-2018-19-ann-rep.pdf>
- ¹⁵⁵ NHS Digital (2019). *Ditto – Data Files*. Available from <https://files.digital.nhs.uk/88/EBA9A6/psych-ther-ann-2018-19-csvs.rar>
- ¹⁵⁶ PHE (2018). *Severe Mental Illness Profile*. Available from <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness>
- ¹⁵⁷ Midlands and Lancashire CSU (2019). *Exploring Mental Health Inpatient Capacity*. Available from https://www.strategyunitwm.nhs.uk/sites/default/files/2019-11/Exploring%20Mental%20Health%20Inpatient%20Capacity%20across%20Sustainability%20and%20Transformation%20Partnerships%20in%20England%20-%2020191030_1.pdf
- ¹⁵⁸ BMA (2019). *BMA investigation finds mental health patients being warehoused in out-of-area private premises*. Available from <https://www.bma.org.uk/news/media-centre/press-releases/2019/june/hundreds-of-mental-health-patients-being-placed-in-out-of-area-private-premises>
- ¹⁵⁹ Lancashire Telegraph (28th June 2019). *Mentally ill in Blackburn with Darwen sent 'hundreds of miles to private wards'*. Available from <https://www.lancashiretelegraph.co.uk/news/17731868.mentally-ill-blackburn-darwen-sent-hundreds-miles-private-wards/>
- ¹⁶⁰ NICE (2019). *Use of out-of-area rehabilitation placements for adults with complex psychosis should be curtailed says NICE*. Available from <https://www.nice.org.uk/news/article/use-of-out-of-area-rehabilitation-placements-for-adults-with-complex-psychosis-should-be-curtailed-says-nice>
- ¹⁶¹ Healthier Lancashire & South Cumbria (2019). *Review of urgent mental health services across Lancashire and South Cumbria*. Available from <https://www.healthierlsc.co.uk/mentalhealth>
- ¹⁶² MIND (2019). *Time to Change Champions Volunteer*. Available from <https://www.mind.org.uk/vacancies-and-volunteering/time-to-change-champions/>
- ¹⁶³ Mental Health Challenge (2018). *Mental Health Challenge – Current list of Councils & Member Champions*. Available from http://www.mentalhealthchallenge.org.uk/wp-content/uploads/2018/05/Website_Champions_List_2018.pdf
- ¹⁶⁴ One Voice (2019). *New mental health leaflet launched*. Available from <https://onevoicenetwork.org.uk/projects-2/projects/creating-mental-health-champions/>
- ¹⁶⁵ One Voice (2019). *Time to change*. Available from <http://onevoicenetwork.org.uk/our-work/time-to-change/>
- ¹⁶⁶ PHE (2018). *Sexually transmitted infections and screening for chlamydia in England, 2017*. Available from https://assets.publishing.service.gov.uk/uploads/system/uploads/attachment_data/file/713944/hpr2018_AA-STIs_v5.pdf
- ¹⁶⁷ PHE (2018). *Sexual and Reproductive Health Profile*. Available from <http://fingertips.phe.org.uk/profile/sexualhealth>
- ¹⁶⁸ PHE (2019). *Sexually transmitted infections and screening for chlamydia in England, 2018*. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806118/hpr1919_stis-ncsp_ann18.pdf
- ¹⁶⁹ PHE (2019). *Trends in new HIV diagnoses and in people receiving HIV-related care in the United Kingdom: data to the end of December 2018*. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835084/hpr3119_hiv18-v2.pdf
- ¹⁷⁰ PHE (2018). *Liver Disease Profiles*. Available from <https://fingertips.phe.org.uk/profile/liver-disease>

- ¹⁷¹ PHE (2017). *Liver Disease Atlas of Variation*. Available from <https://fingertips.phe.org.uk/profile/atlas-of-variation>
- ¹⁷² Foundation for Liver Research (2017). *Financial case for action on liver disease*. Available from www.liver-research.org.uk/liverresearch-assets/financialcaseforactiononliverdiseasepaper.pdf
- ¹⁷³ RNIB (2014). *Key information and statistics*. Available from <http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics>
- ¹⁷⁴ The College of Optometrists (2014). *Focus on Falls*. Available from <http://www.college-optometrists.org/en/EyesAndTheNHS/focus-on-falls.cfm>
- ¹⁷⁵ Thomas Pocklington Trust (2014). *Loneliness, social isolation and sight loss*. Available from http://www.pocklington-trust.org.uk/news/news/news_channels/loneliness-and-social-isolation
- ¹⁷⁶ RNIB (2012). *Safe statistics and key messages about sight loss*. Available from http://www.vision2020uk.org.uk/core_files/Safe_stats_v3_-_Final.doc
- ¹⁷⁷ UK Vision Strategy (2013). *Eye health and sight loss; statistics and information for developing a Joint Strategic Needs Assessment*. Available from [http://www.ukvisionstrategy.org.uk/sites/default/files/JSNA_Guidance_for_Eye_Health_and_Sight_Loss_2015_refresh_FINAL_1%20\(1\).docx](http://www.ukvisionstrategy.org.uk/sites/default/files/JSNA_Guidance_for_Eye_Health_and_Sight_Loss_2015_refresh_FINAL_1%20(1).docx)
- ¹⁷⁸ RNIB (2019). *RNIB Sight Loss Data Tool version 4*. Available from <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>
- ¹⁷⁹ NHS Digital (2017). *Registered blind and partially-sighted people, England 2016-17*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/registered-blind-and-partially-sighted-people/registered-blind-and-partially-sighted-people-england-2016-17>
- ¹⁸⁰ NHS England (2016). *Commissioning services for people with hearing loss – a framework for clinical commissioning groups*. Available from <https://www.england.nhs.uk/wp-content/uploads/2016/07/HLCF.pdf>
- ¹⁸¹ Action on Hearing Loss (2015). *Hearing Matters*. Available from <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/hearing-matters-report/>
- ¹⁸² NHS England (2019). *Hearing Loss Data Tool*. Available from <https://www.england.nhs.uk/publication/joint-strategic-needs-assessment-toolkit/>
- ¹⁸³ Vision UK (2019). *Poor eyesight and hearing loss costs billions*. Available from <https://www.visionuk.org.uk/poor-eyesight-and-hearing-loss-costs-billions/>
- ¹⁸⁴ DfT (2019). *Table RAS30038*. Available from <https://www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents#table-ras30038>
- ¹⁸⁵ DfT (2019). *Table RAS 30043*. Available from <https://www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents>
- ¹⁸⁶ DfT (2019). *Table RAS30045*. Available from <https://www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents>
- ¹⁸⁷ DfT (2019). *Table RAS30040*. Available from <https://www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents>
- ¹⁸⁸ NHS Digital (2019). *Quality and Outcomes Framework (QOF) 2018-19*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2018-19-pas>
- ¹⁸⁹ NHS Digital (2020). *Health and Care of People with Learning Disabilities, Experimental Statistics: 2018 to 2019*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2018-to-2019>
- ¹⁹⁰ NHS Digital (2020). *Learning Disabilities: Standardised Mortality Ratio Indicator 2016-19*. Available from https://files.digital.nhs.uk/43/AB9DA6/Health_care_learning_disabilities_SMR_CSV_16_19.csv
- ¹⁹¹ Institute of Health Equity (2018). *A fair, supportive society – Summary Report*. Available from <http://www.instituteoftheequity.org/resources-reports/a-fair-supportive-society-summary-report>
- ¹⁹² NHS Digital (2019). *Measures from the Adult Social Care Outcomes Framework, England, 2018-19*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/upcoming/measures-from-the-adult-social-care-outcomes-framework-england-2018-19>
- ¹⁹³ PHE (2019). *Learning Disability Profiles*. Available from <https://fingertips.phe.org.uk/profile/learning-disabilities>

- ¹⁹⁴ MoD (2019). *Annual population survey: UK armed forces veterans residing in Great Britain 2017*. Available from <https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017>
- ¹⁹⁵ MoD (2018). *Census 2011: Working age UK armed forces veterans residing in England and Wales*. Available from <https://www.gov.uk/government/statistics/census-2011-working-age-uk-armed-forces-veterans-residing-in-england-and-wales>
- ¹⁹⁶ Healthwatch Blackburn with Darwen (2019). *Revisit of the Homelessness & Vulnerable People's Project*. Available from http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/uploads/revisit_of_homelessness_vulnerable_report_-_final.pdf
- ¹⁹⁷ Blackburn with Darwen Council (2019). *Vulnerable People Strategy 2020-2023*. Currently in draft.
- ¹⁹⁸ PHE (2019). *Health Matters – Rough Sleeping*. Available from <https://www.gov.uk/government/publications/health-matters-rough-sleeping>
- ¹⁹⁹ MHCLG (2019). *Rough Sleeping in England – Autumn 2018*. Available from <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2018#history>
- ²⁰⁰ ONS (2019). *Deaths of homeless people in England and Wales: 2018*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2018>
- ²⁰¹ University of Birmingham (2019). *Study highlights the need for integrated healthcare and preventative services for the homeless*. Available from <https://www.birmingham.ac.uk/news/latest/2019/07/homeless-healthcare-access-drugs-alcohol.aspx>
- ²⁰² Crisis (2018). *Preventing homelessness: it's everybody's business*. Available from https://www.crisis.org.uk/media/239551/preventing_homelessness_its_everybodys_buisness_2018.pdf
- ²⁰³ Home Office (2019). *Section 95 support by local authority*. Available from <https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets#local-authority-data>
- ²⁰⁴ Shepherd, W (2018). *Blackburn with Darwen Asylum Seekers and Refugees Health Needs Assessment 2018*.
- ²⁰⁵ Healthwatch Blackburn with Darwen (2018). *Asylum Seeker and Refugee Community Report*. Available from https://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/asylum_seekers_report_final_0.pdf
- ²⁰⁶ UNHCR (2018). *Building walls to break down barriers in Yorkshire*. Available from <https://www.unhcr.org/uk/news/stories/2018/9/5b9961284/building-walls-to-break-down-barriers-in-yorkshire.html>
- ²⁰⁷ PHE (2018). *Falls: applying All Our Health*. Available from <https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health>
- ²⁰⁸ UEA (2017). *Screening could prevent a quarter of hip fractures*. Available from <https://www.uea.ac.uk/about/-/screening-could-catch-a-quarter-of-hip-fractures-before-they-happen>
- ²⁰⁹ PHE (2017). *Falls and fracture consensus statement – supporting commissioning for prevention*. Available from <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/03/falls-fracture.pdf>
- ²¹⁰ NHS Digital (2019). *3.5.ii Hip fracture: Proportion of patients recovering to their previous levels of mobility / walking ability at 120 days*. Available from <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-3-helping-people-to-recover-from-episodes-of-ill-health-or-following-injury-nof/3-5-ii-hip-fracture-proportion-of-patients-recovering-to-their-previous-levels-of-mobility-walking-ability-at-120-days>
- ²¹¹ Re:fresh(2019). *Falls Prevention Service*. Available from <https://refreshbwd.com/service/falls-prevention/>
- ²¹² Chartered Society of Physiotherapists (2018). *The cost of falls*. Available from <https://www.csp.org.uk/professional-clinical/improvement-and-innovation/costing-your-service/cost-falls>
- ²¹³ LGA (2018). *Blackburn with Darwen Council: making the most of telecare*. Available from <https://www.local.gov.uk/blackburn-darwen-council-making-most-telecare>
- ²¹⁴ One Voice Blackburn (2018). *Ladies test their strength and balance*. Available from <http://onevoicenetwork.org.uk/projects/falls-prevention/>
- ²¹⁵ One Voice Blackburn (2018). *Baiter Sehat 5 – Falls Prevention FINAL report 2017 2018*. (Not available online.)
- ²¹⁶ NHS Digital (2019). *Recorded Dementia diagnoses September 2019*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/september-2019>

²¹⁷ NHS Digital (2019). *Recorded Dementia diagnoses April 2019*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/april-2019>

²¹⁸ LSE (2019). *Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019-2040*. Available from https://www.alzheimers.org.uk/sites/default/files/2019-11/cpec_report_november_2019.pdf

²¹⁹ ONS (2019). *Deaths registered in England and Wales: 2018*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2018>

Agenda Item 7

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Dominic Harrison, Director of Public Health and Wellbeing
DATE:	June 2020

SUBJECT: Pan-Lancashire Pharmacy Needs Assessment 2021-24 (requirement suspended until April 2022)

1. PURPOSE

The purpose of this paper is to update the Health and Wellbeing Board on the pan-Lancashire work that has started, to review and update the current Pharmacy Needs Assessment (PNA) and the required period of public consultation.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board is asked to

- Note this report
- Receive a further update in 2021

3. BACKGROUND

Local Government took on a new role when Public Health transferred from the NHS in April 2013, including the production of a Pharmacy Needs Assessment (PNA).

The PNA aims to identify whether current pharmacy service provision meets the needs of the local population and considers whether there are any gaps in service delivery.

The PNA is used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The PNA also informs commissioners such as the clinical commissioning group (CCG) and local authority, of the current provision of pharmacy services and where there are any gaps in relation to the local health priorities.

4. RATIONALE

From 1st April 2013 every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmacy services for its local population, known as the Pharmacy Needs Assessment (PNA).

A published PNA has a maximum lifetime of three years.

The current pan-Lancashire PNA, undertaken on behalf of, and endorsed by, all three Health and Wellbeing Boards in Lancashire, runs from April 2018 to the end of March 2021.

There have been no Local Authority organisation or boundary changes in the last 3 years and it is

intended that a refresh of the current pan-Lancashire PNA is undertaken and an appropriate steering group has been set up to that effect.

The PNAs are due to be renewed and published by Health and Wellbeing Boards in April 2021. However, due to current pressures across all sectors in response to the COVID-19 pandemic, the requirement to publish renewed PNAs was suspended by the Department of Health and Social Care until April 2022. Health and Wellbeing Boards retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time.

The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 will be updated in due course.

5. KEY ISSUES

The key issues for the PNA are:

- It is a statutory responsibility of the Health and Wellbeing Board.
- Pharmacies provide a wide range of services beyond core contracts
- The PNA is the basis for future pharmacy commissioning intentions
- Pharmacies may challenge commissioning decisions and therefore the PNA must be robust to ensure decisions are made on relevant and appropriate evidence.

Matters which the Health and Wellbeing Board must have regard to when developing the PNA include :

- the demography of its area;
- whether there is sufficient choice with regard to obtaining pharmaceutical services;
- any different needs of different localities in its area;
- the pharmaceutical services provided in the area of any neighbouring HWB which affect the need for pharmaceutical services in its own area

Process and Deadlines

As part of developing their PNA, Health and Wellbeing Boards must undertake a public consultation for a minimum of 60 days, which is planned is expected to take place during autumn 2021.

6. POLICY IMPLICATIONS

There are no direct policy implications

7. FINANCIAL IMPLICATIONS

The findings of the PNA have no financial implications

8. LEGAL IMPLICATIONS

The statutory responsibility for PNAs transferred from PCTs to the Health and Well-being Boards on the 1 April 2013, as a result of the changes introduced by the Health and Social Care Act 2012. At the same time, the responsibility for market entry decisions transferred from PCTs to NHS England. In particular, the Health and Well-being Board had a duty to deliver a Pharmaceutical Needs Assessment before April 2015 under Section 128A of NHS Act 2006 (as amended by the Health and Social Care Act 2012). Thereafter this assessment needs to delivered every 3 years The regulations setting out the responsibilities are contained in Part 2 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ('the Regulations').

The PNA assists in the commissioning of pharmaceutical services for local priorities and will be

used by NHS England when making decisions on applications to open new pharmacies. These decisions may be appealed by pharmacies and challenged via the courts. Therefore it is vital to comply with regulations and that systems are put in place to keep the PNA up to date. The Regulations prescribe the matters which the Health and Well-being Board must have regard to when undertaking the PNA.

Regulation 8 sets out consultation requirements.

9. RESOURCE IMPLICATIONS

The resources for producing the PNA have been incorporated into Public Health plans and therefore there are no additional resource implications.

10. EQUALITY AND HEALTH IMPLICATIONS

The PNA aims to

- Identify gaps in provision or accessibility, including by area or population group
- Help support a healthier population

11. CONSULTATIONS

A 60 day public consultation on the draft PNA will be undertaken.

Those being consulted will include :

- any relevant local pharmaceutical committee (LPC) for the Health and Wellbeing Board area
- any local medical committee (LMC) for the Health and Wellbeing Board area
- any persons on the pharmaceutical lists and any dispensing GP practices in the Health and Wellbeing Board area
- any local HealthWatch organisation for the Health and Wellbeing Board area, and any other patient, consumer and community group that, in the opinion of the Health and Wellbeing Board, has an interest in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in the Health and Wellbeing Board area
- NHS England
- any neighbouring Health and Wellbeing Board

VERSION:	0.1
CONTACT OFFICER:	Dr Gifford Kerr, Consultant in Public Health
DATE:	29 May 2020
BACKGROUND PAPER:	

